

Meeting of the Council

To be held from 09:30am on Thursday 08 October 2015
at 23 Portland Place, London, W1B 1PZ.

Agenda

Dame Janet Finch
Chair

Fionnuala Gill
Secretary

- | | | | |
|----------|--|-----------|-------|
| 1 | Welcome and Chair's opening remarks | NMC/15/73 | 09:30 |
| 2 | Apologies for absence | NMC/15/74 | |
| 3 | Declarations of interest | NMC/15/75 | |
| 4 | Minutes of the previous meeting: 29 July 2015 | NMC/15/76 | |
| | Chair of the Council | | |
| 5 | Summary of actions | NMC/15/77 | |
| | Secretary | | |
| 6 | Chief Executive's report | NMC/15/78 | 09:35 |
| | Chief Executive and Registrar | | |

Matters for decision

- | | | | |
|----------|--|-----------|---------------------------|
| 7 | Revalidation | NMC/15/79 | 9.45
90
<i>mins</i> |
| | Chief Executive and Registrar | | |
| | 7a Introduction of Revalidation for nurses and midwives | | |
| | 7b Revalidation policy, standards and guidance | | |

BREAK (11: 15 – 11:35)

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| 8 | English language requirements for registration | NMC/15/80 | 11:35 |
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Director of Strategy

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| 9 | Governance: Amendment to the scheme of delegation | NMC/15/81 | 12:00 |
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Secretary

Corporate reporting

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| 10 | Performance and risk report | NMC/15/82 | 12:10 |
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Interim Chief Operating Officer

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| 11 | Financial monitoring report to 31 August 2015 | NMC/15/83 | 12:30 |
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Interim Director of Estates, Finance and Procurement

Matters for discussion

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| 12 | Annual equality and diversity report 2014-2015 | NMC/15/84 | 12:50 |
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Director of Strategy

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| 13 | Questions from observers | NMC/15/85 | 13:10 |
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Chair of the Council

(oral)

The next meeting of the Council will be held on Wednesday 25 November 2015 at 09:30 at 23 Portland Place, London, W1B 1PZ.

Meeting of the Council
Held at 09:30 on 29 July 2015
at 23 Portland Place, London W1B 1PZ

Minutes

Present

Members:

Dame Janet Finch	Chair
Karen Cox	Member
Maura Devlin	Member
Maureen Morgan	Member
Robert Parry	Member
Quinton Quayle	Member
Louise Scull	Member
Carol Shillabeer	Member
Amerdeep Somal	Member
Stephen Thornton	Member
Dr Anne Wright	Member

NMC officers:

Jackie Smith	Chief Executive and Registrar
Jon Billings	Director of Strategy
Camilla Black	Interim Director of Finance
Katerina Kolyva	Director of Continued Practice
Sarah Page	Director of Fitness to Practise
Alison Sansome	Director of Registration
Rachel Murphy	Chief Technology Officer
Fionnuala Gill	Secretary to the Council
Helen Lalor	Council Services Officer

Minutes

NMC/15/55 Welcome from the Chair

1. On behalf of the Council, the Chair welcomed all attendees to the meeting and extended a particular welcome to Camilla Black, interim Finance Director.

NMC/15/56 Apologies for absence

1. Apologies for absence were received from Lorna Tinsley.

NMC/15/57 Declarations of Interest

1. All registrant members present declared an interest in NMC/15/61- Revalidation update and NMC/15/62- Shape of Caring by virtue of being members of the nursing and midwifery professions.
2. Louise Scull declared an interest in paper NMC/15/61- Revalidation update and NMC/15/62, Shape of Caring by virtue of being the Chair of a NHS Trust which employs registrants.
3. The Chair determined that the interests declared were not material and that all members would be permitted to participate in discussions.

NMC/15/58 Minutes of previous meeting

1. The minutes of the previous meeting of the Council held on 21 May 2015 were confirmed as a correct record.

NMC/15/59 Summary of actions

1. The Council noted the report on progress in implementing actions from the meeting held on 21 May 2015.

NMC/15/60 Chief Executive's report

1. The Council discussed the Chief Executive's report on key external developments; strategic engagement; and media activity since the Council held on 21 May 2015.
2. In discussion, the following points were noted:
 - a) The recent confirmation by the Department of Health that there would be a section 60 order to address midwifery regulation and some fitness to practise changes was welcome. The aim was for this to be in place by June 2016.
 - b) In light of this, the NMC would not now proceed with interim changes to Midwifery Standards. This approach was supported

by the Midwifery Committee (NMC/15/71).

- c) The appointment of the senior nursing and midwifery professional advisers was welcomed.
- d) The Joint guidance with the General Medical Council on the Duty of Candour had been launched at a successful event on 29 June 2015 attended by the Chair and Chief Executive. It was now important to ensure that the guidance was translated into practical action.
- e) The Chief Executive and Registrar and the Director of Registration were engaging on an ongoing basis with the Home Office on issues relating to international and EU recruitment. The Chief Executive and Registrar noted that the test of competence was running smoothly and was not a factor in any delays being experienced in recruitment of international applicants.
- f) In relation to NMC presence at major events and conferences, it was important to ensure such activity extended across the four countries.

Action: Ensure the Council is kept up to date with the outcomes of discussions with the Home Office relating to EU and international recruitment

For: Director of Registration
By: 8 October 2015

Action: Ensure four country activity factored into NMC plans for attending/exhibiting at conferences

For: Director of Strategy
By: 8 October 2015

NMC/15/61 Revalidation update

1. The Council received an update on the revalidation programme, including a presentation from the Director of Continued Practice on initial findings from the independent evaluations of the pilots and system readiness.
2. In discussion, the following points were noted:
 - a) There was significant momentum behind revalidation as a force for professionalism; the pilots showed that revalidation was both positive and achievable. There were examples of different approaches and good practice across all four countries. The ongoing work and support of the four country programme boards led by the CNOs was appreciated.
 - b) The independent evaluation reports on the experiences of the pilots; and on system readiness and cost/benefit analysis were

being finalised and would be published in September.

- c) A reliable assessment of costs attributable solely to revalidation might be challenging. There were wide variations in estimates and it appeared that organisations were using revalidation as an opportunity to develop or embed good HR/staffing practices. Interestingly some pilot sites envisaged lower costs than others, and the reasons for this were still being explored as part of the evaluation.
- d) Other findings confirmed the need for further work by the NMC to strengthen communication and awareness, particularly for settings and individuals outside the NHS and larger organisations and to provide more clarity in guidance on the requirements of revalidation both for registrants and employers
- e) The Midwifery Committee had held a seminar on revalidation in June and had heard directly from two pilot sites on their experiences. Some midwives felt that revalidation compared favourably with statutory supervision.
- f) Revalidation was about promoting professionalism and enabling nurses and midwives to remain on the register by demonstrating continuing engagement with, and reflection on, the Code. Examples and case studies would be provided to help those in a range of differing roles to show how they could meet the requirements, such as Directors of Nursing, or Chief Executives.
- g) Participants in the pilots had of necessity been required to undertake all the activity in a compressed period: normally, this activity would take place over three years. The role of confirmers needed further clarity: NMC communications would focus on addressing this as part of the updated guidance and other material.
- h) Work was ongoing to ensure NMC organisational readiness focusing on people, systems and processes. The biggest impact was expected to be on the Registration Call centre. An independent review led by internal audit would assess NMC readiness and be shared with Audit Committee members in September to inform the Council's decision-making.
- i) The current model had to fit within the constraints of existing legislation and had always been envisaged as phase one, with learning informing future phases in the medium to longer term.
- j) The Council would need to be clear about what was proposed in relation to the process for 'auditing/verifying' a proportion of revalidation submissions and be comfortable with this. Absolute clarity about both system and NMC readiness would also be

needed to inform decisions in October.

- k) There had been 6% of pilot registrants who had not proceeded with revalidation for various reasons. Action to address this would include developing guidance and case studies for those in particular situations such as on sick leave or working outside the UK. Whilst it would be inappropriate to extrapolate from this given the specific conditions of the pilots, the NMC would need to consider how it moved from managing the risks to implementation of revalidation to identifying and managing the risks 'of' revalidation.
- l) It was important to build in appropriate evaluation from the start. Careful consideration should be given to the scope of such evaluation, including NMC responsibilities for evaluating whether the model was working and those of the wider system in terms of the impact of revalidation on public and patient protection.
- m) There was considerable further work to be done in communicating and raising awareness and communications plans would address the short, medium and longer term issues.

3. In summary, the Chair concluded that whilst there was considerable further work to be done, progress was good and there was nothing to suggest that a major change of direction was needed; so the NMC should proceed as planned towards reaching a decision at the October 2015 meeting.

4. On invitation from the Chair, observers had an opportunity to comment and raise questions. Key points included:

- a) The 'audit/verification' process would focus on compliance with the process: it was not intended to be a means of removing individuals from the register. The process had been tested as part of the pilots and the outcomes would be included in the independent reports when published.
- b) Good progress was being made across all four countries thanks to the hard work of the programme boards. Each would report on readiness in September 2015.
- c) The instigation for revalidation had been Dame Janet Smith's report on the Shipman inquiry. It was important to recognise that that the current model reflected both financial and legislative constraints and was only the first step of the journey. Nevertheless it represented an improvement on existing arrangements.
- d) Instances such as the Chua case were rare and no system of regulation would prevent a determined murderer. The public and

registrants could be assured that the NMC would continue to do all it could to ensure that professional regulation impacted positively on both registrants and public protection.

- e) In relation to lapsing and readmission to the register and potential breaks in continuity of service, the NMC was already in the process of reviewing these policies.

Action:	Ensure that clear information is provided around a) both NMC and system readiness; and b) the proposed 'audit/verification' process to inform the Council's decisions
For:	Director of Continued Practice
By:	8 October 2015
Action:	Consider the potential risks arising from implementation of revalidation and actions necessary to address these
For:	Director of Continued Practice
By:	8 October 2015
Action:	Consider plans for evaluation and the role of the NMC and others
For:	Director of Continued Practice
By:	8 October 2015

NMC/15/62 Shape of Caring review

1. The Council received a report on proposals to undertake a scoping review to consider what the NMC would need to do to implement the Shape of Caring report recommendations.
2. The NMC was conscious of the England only nature of the report and was determined to ensure that the picture, including good practice, across all four countries was taken into account in considering the report's recommendations and determining the size of the challenge.
3. **Decision: The Council approved commissioning of a review to inform any future decisions relating to the Shape of Caring review.**

Action:	Commission a review to inform any future decisions relating to the Shape of Caring review
For:	Chief Executive and Registrar
By:	25 November 2015

Secretary's note: The Chair asked observers to respect parliamentary requirements and not communicate the content of the draft annual report and accounts or the draft annual fitness to practise report prior to publication following submission to Parliament in October 2015.

NMC/15/63 Draft annual report and accounts 2014-2015

1. The Council received the draft annual report and accounts for 2014-2015.
2. The Chair of the Audit Committee confirmed that the Committee had reviewed the draft report and accounts and endorsed these for approval by the Council.
3. The Chair of the Remuneration Committee confirmed that the Committee had reviewed the remuneration review and was satisfied with the content. At the Committee's suggestion the review made clear that variation in members' expenses was due to the distances some members had to travel to meetings.
4. In discussion the following points were noted:
 - a) The report recorded significant achievements an impressive body of work during 2014-2015; given past history, the Chief Executive and Registrar, staff and the Council could be justifiably proud.
 - b) Plans for public and patient activity in each of the four countries were welcome.
 - c) The transparency within the annual governance statement, for example in disclosing risks around IT and midwifery regulation, and the actions taken to address these was commendable.
 - d) It was important to ensure that the report was widely communicated when published, including encouraging registrants to access and read the report. Work was underway to develop an effective communications plan.
 - e) Consideration might be given in future years to holding an annual public meeting to launch the report, which was a practice adopted by some other organisations.
5. **Decision: The Council**
 - **Approved the draft annual report and accounts 2014-2015 for submission to Parliament, subject to post balance sheet review.**
 - **Authorised the Chair to sign the letter of representation to the external auditors.**
 - **Authorised the Chair and Chief Executive to sign the letter of representation to the National Audit Office.**
 - **Approved the post balance sheet review process.**

Action:	Ensure the communication plan for the annual report and accounts encourages the widest possible readership by both public and registrants
For:	Director of Strategy

By: 8 October 2015

Action: Consider the scope for an annual public meeting to launch the annual report and accounts in future years.

For: Director of Strategy

By: 8 October 2015

NMC/15/64 Draft fitness to practise annual report 2014-2015

1. The Council received the draft fitness to practise annual report 2014-2015. In discussion, the following points were noted:
- a) The draft report incorporated additional material, including trend data for previous years, as requested by the Council in commenting on the 2013-2014 draft report. Equality and diversity data would be included in the annual equality and diversity report 2014-2015 which the Council would consider in October 2015.
 - b) The draft report reflected amendments suggested by the Audit Committee. A synopsis would be included as part of the foreword to the draft report, which would be added prior to submission to Parliament.
 - c) The trend data was very interesting and in line with the strategy, it would be good to undertake further analysis to identify what intelligence might be derived from this.
 - d) The increase over time in allegations of misconduct (Chart 3) was primarily the product of the current approach to categorisation. It was not possible to draw any conclusions from the data about the reasons for this or the relative decline in 'lack of competence' allegations. Work was beginning to look at ways of improving the categorisation of allegations which should yield a richer data picture in time.
 - e) The Midwifery Committee had been pressing for data disaggregated by profession for some time and had been pleased to receive an initial report at its meeting in June 2015. The Committee looked forward to further progress on this front.
2. **Decision: The Council approved the draft fitness to practise annual report 2014-2015 for submission to Parliament.**

Action: Continue work to improve categorisation of data and to analyse the trend data.

For: Director of Fitness to Practise

By: 8 October 2015

Action: Continue work to provide disaggregated data on fitness to practise activity in relation to nurses and midwives.

For: Director of Fitness to Practise
By: 8 October 2015

NMC/15/65 Performance and risk report: Quarter 1 2015-2016

1. The Council received a report on operating performance and risk, including a summary of performance for quarter 1 2015-2016; directorate updates, KPI reports and dashboards and the corporate risk register.

Corporate plan quarter 1 2015-2016 report

2. In discussion, the following points were noted:
- a) The Council welcomed further improvements to the presentation and layout of the report on progress against the corporate plan, including reference to the relevant PSA standards.
 - b) In relation to the corporate plan commitment around education, whilst there was a lot of good work going on, the red rating related to the delay in progressing revision to standards around prescribing and medicines management. In future it might be helpful for commentary to focus on the assurance required by the Council in relation to the substantive issues.
 - c) More information would be welcome on the role of the register work relating to Specialist Community Public Health Nurses (SCHPN).
 - d) The commitment around a student forum and survey was being reviewed to take stock of options and work with others, as well as the Shape of Caring review. It was important not to miss the opportunities in this area. The addition of two student members of the Education Advisory Group had been welcome. It was suggested that the NMC might usefully tap into the strong student network in Nottinghamshire.
 - e) The progress being made on customer service was welcome and it was important to maintain the momentum, particularly given the PSA performance report.
 - f) The work to develop a formalised programme of efficiencies must be a high priority and Council would seek assurance on this in October 2015.

Action: Ensure commentary in future progress reports is focused on the substantive issues on which the Council requires assurance
For: All Directors
By: 8 October 2015

Action: Provide further information on the policy position work on the

For:	SCPHN part of the register
By:	Director of Strategy
	8 October 2015
Action:	Reflect on options for taking forward student related work
For:	Director of Continued Practice
By:	8 October 2015
Action:	Update the Council on work to develop a formalised programme of efficiencies
For:	Interim Director of Finance
By:	8 October 2015

Directorate updates, KPIs and dashboards

3. In discussion, the following points were noted:
- a) FTP: The Council welcomed the proactive updating of policies and guidance notes and that the changes suggested by the Council at the last meeting were now reflected on the FTP dashboard.
 - b) In relation to KPI 2 (Interim Orders), a fuller explanation of how performance against the target had been calculated would be helpful.
 - c) The apparently increasing level of adjournments and part heard cases was a concern; however, the data as presented were somewhat confusing. Further explanation of the difference between adjourned cases and part-heard cases would be helpful including separating out data relating to 'planned part-heard' cases.
 - d) It was too early yet to draw any learning from the new power to review decisions, however, a number of cases had been referred internally and the number of reviews requested was expected to increase. Similarly, whilst it was too early yet to draw any conclusions from the introduction of case examiners, throughput had been improving.
 - e) Continued Practice: an extraordinary review had been undertaken in North Wales and the report would be published in September. It was important to keep under review whether the right resources were available to address issues arising across the country.
 - f) In relation to the revision of education standards, the intention was to separate out standards of competence and those for educational institutions and that these would be both be outcome based.

- g) The importance of distinguishing between clinical supervision and 'regulatory supervision' was stressed. High quality clinical supervision was critical and should continue, for example, in relation to SCPHN. This would be picked up as part of the communications around the section 60 order and changes in Midwifery supervision.
- h) Corporate Services: two major work streams were underway - an organisational review and an accommodation review. Outcomes of the reviews would be discussed by the Council in December 2015.
- i) In relation to KPI 5 (staff turnover), it might be appropriate to consider whether a high staff turnover rate should be accepted as an ineluctable feature of the workforce and be built into how the NMC positioned itself as an employer. A clearer picture of the relevant benchmarks would aid understanding of the current position. This would be part of the debate emerging from the organisational review.
- j) Strategy: In relation to customer service, work was progressing towards the Cabinet Office Customer Service Excellence standard. A baseline assessment had just been completed which had identified both good practice and areas for further work.
- k) ICT: the Council welcomed the progress being made and the picture of improving performance. The Audit Committee had previously received regular reports on IT progress, but was now satisfied that reporting should be regarded as 'business as usual' as the focus was now on progressing improvement.
- l) Additional resilience had been provided for NMC online, to support revalidation a month ahead of target; a staff skills assessment had been undertaken and steps were being taken to stabilise permanent staff resource; work with procurement meant that the organisation was in a stronger position to renegotiate contracts with third party suppliers.
- m) The clarity of the dashboard was welcome. Future iterations might be further improved by less technical terminology; staffing information; and more specifics on timelines and deadlines.
- n) A key indicator would be when the organisation could start work on business transformation. Business transformation needed to be led by the business with IT as an enabler, rather than driver. The organisational review would help determine how to ensure the NMC was equipped to deliver the strategy.

Action: a) Provide a fuller explanation of how performance against KPI

For:	2 target (interim orders) is calculated and b) Separate out data on 'planned part-heard' cases on the dashboard
By:	Director of Fitness to Practise
	8 October 2015
Action:	Keep under review the resources available to address issues and risks requiring extraordinary reviews or similar action
For:	Director of Continued Practice
By:	26 November 2015
Action:	Ensure the continued importance of clinical supervision is stressed in communications on midwifery regulation
For:	Director of Strategy
By:	8 October 2015
Action:	Consider staff turnover rate tolerance levels as part of outcomes of organisational capability review; identify key benchmarks; and reflect in positioning of NMC as an employer
For:	Interim Director of HR
By:	8 December 2015
Action:	Ensure future iterations of the ICT dashboard use more non-technical terminology; and include both staffing information and more specifics on timelines and deadlines
For:	Interim Chief Technology Officer
By:	8 October 2015

Corporate Risk Register

4. The Council noted the update on work to refresh the corporate risk register: the underpinning principles had been agreed by the Audit Committee in June 2015; the latest iteration had been sent to the Council sub-group members for comment; and the Executive would be considering shortly. The refreshed risk register would be brought to the October meeting.
5. In discussion the following points were noted
 - a) Some risks remained at the same level post mitigation. The revised risk register would help by being clear about the trajectory of the risk and prompt discussion about risk appetite.
 - b) In relation to revalidation (CR13B), despite the positive progress discussed earlier, the risk remained red pending receipt of the four country readiness reports.
 - c) On midwifery supervision (CR14), it was important to communicate the current position clearly.
 - d) In relation to the report of an increasing red risk relating to

workforce planning (CS4), this was a holding position pending further work. It was a product of refreshing directorate risk registers and had yet to be considered by the Executive to determine escalation to the corporate risk register. If this was deemed to be an increasing risk then it would need priority attention.

- e) In response to concerns that the information security risk (CR6) remained red, it was noted that there had been capacity issues within the team and that an external review was being commissioned to help plan future action. More urgency needed to be given to this work and an update provided to the October meeting.

Action: Ensure clear communications around the changes to midwifery supervision (CR14)

For: Director of Strategy

By: 8 October 2015

Action: Consider whether to escalate workforce planning as a corporate risk and, if so, ensure given urgent attention (CS4)

For: Interim Director of HR

By: 8 October 2015

Action: Ensure more urgency attached to addressing information security risk (CR6)

For: Director of Strategy

By: 8 October 2015

NMC/15/66 PSA performance review 2014-2015

1. The Council welcomed the Professional Standards Authority performance review 2014-2015. An additional three Standards of Good Regulation had been met: one in Registration and two in Fitness to Practise and the report recognised significant achievements across all regulatory functions as well as examples of good practice, such as the NMC's work in Guernsey.
2. In discussion, the following points were noted:
 - a) The clarity of the NMC report in setting out actions addressing the PSA findings and taking account of good practice was commended.
 - b) The data table showed a welcome improvement in NMC performance compared with other regulators.
 - c) The PSA comments on revalidation stemmed from its fundamental disagreement with the model adopted by the NMC, since it had a stated preference for a risk based model. Council was reminded that the King's Fund review of midwifery regulation

had been unable to find a sound evidence base for regulatory risk which made it difficult to adopt a risk based approach at this stage. More work was needed to widen appreciation that revalidation was about encouraging professionalism for all on the register not about identifying weaknesses. The current model was always envisaged as phase one; the audit process and evaluation discussed at NMC/15/61 would be important in helping shape future phases of revalidation, which might indeed incorporate a risk-based approach. Despite the disagreement about principles, for the first time, there was welcome positive recognition by the PSA of the progress being made.

- d) The NMC should develop and report on its own assessment of expected levels of acceptable performance, for example in relation to register error rates (paragraph 17.53, annexe 1).
- e) The recognition of customer service improvement in registration was welcome. Significant work in Fitness to Practise, such as witness liaison, had not yet led an improved assessment of customer service and this would continue to be an area of future focus.
- f) In relation to FTP standard 8 - quality of decisions, considerable work was underway to drive improvements in this area, including through the Decision Review Group, including seeking to identify learning from PSA section 29 appeals. The PSA report provided insight into the quality of decision-making. Currently, performance reporting focused on speed of throughput; consideration should be given to ensuring that the Council was better sighted on quality as well as timeliness

Action: Develop own assessment of expected levels of performance, as appropriate

For: Director of Strategy

By: 8 October 2015

Action: Consider how to incorporate reporting on quality as well as timeliness in performance reporting to the Council

For: Director of Fitness to Practise

By: 8 October 2015

NMC/15/67 Financial monitoring report: June 2015

1. The Council noted the report, which set out a strategic picture of financial performance to June 2015.
2. In discussion, the following points were noted:
 - a) The interim Director of Finance was reviewing the financial monitoring information to ensure that in future this included a rounder picture of both income and spend; better trend analysis;

and risks and opportunities.

- b) The picture at June showed income in line with expectations and some underspend against forecast, mainly due to staff recruitment, although this was offset in part by interim staff.
- c) The Council would welcome further information on the financial implications of the pension deficit once the interim Director of Finance had an opportunity assess the position.
- d) The success in securing a refund from HMRC was welcome: details of the amount involved would be confirmed once certain.
- e) In relation to KPI 4 - available free reserves, the figures had been revised to reflect the final audited out-turn. This showed an additional £2m at year end, primarily due to slower than anticipated spend on ICT in 2014-2015; early payment by the Department of Health grant; and a favourable rent review outcome.

Action: Develop format of revised financial monitoring report for next meeting

For: Interim Director of Finance
By: 8 October 2015

Action: Provide further information on the financial implications of the pension deficit

For: Interim Director of Finance
By: 8 October 2015

NMC/15/68 Health and Safety annual report 2014-2015

1. The Council received the annual health and safety report 2014-2015, describing the NMC's compliance with health and safety obligations.
2. In discussion, the following points were noted:
 - a) Health and safety guidance should be developed for staff working at home.
 - b) Health and safety was an important indicator of organisational health and could assist with understanding staff turnover and other issues. There were a range of benchmarks, such as those relating to mental health, which could provide useful insight in this respect.

Action: a) Ensure health and safety guidance in place for staff working at home; and b) consider the scope to use relevant benchmarks to provide insight into staff turnover and other organisational health analysis.

For: Interim Director of HR

By: 8 October 2015

NMC/15/69 Questions from observers

1. The Chair of the Council invited questions from observers. The following points were noted:
 - a) In relation to a question about consultation on pre-registration education standards (Corporate plan quarter 1 progress report commitment 6), it was noted that the evaluation would be reported to the Council's November meeting and consultation would be launched by the end of December 2015.
 - b) In relation to a question about the potential impact on NMC income should nurses and midwives choose not to revalidate, the Chief Executive and Registrar confirmed that this was being assessed as part of future financial modelling but noted that similar concerns relating to Doctors had not materialised following introduction of revalidation by the General Medical Council.

NMC/15/70 Report of the Audit Committee

1. The Council received and noted the report.

NMC/15/71 Report of the Midwifery Committee

1. The Council received and noted the report.

NMC/15/72 Chair's action taken since the last meeting of the Council

1. The Council noted the Chair's action to appoint a Chair and a member of the Appointments Board, on the recommendation of the Selection Panel following an open competition.

The date of the next meeting is 8 October 2015.

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

SIGNATURE: *DRAFT*

DATE: *DRAFT*

Council

Summary of actions

Action:	For information.
Issue:	A summary of the progress on completing actions agreed by the meeting of Council held on 29 July 2015 and progress on actions outstanding from previous Council 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 Council.
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.

Secretary: Fionnuala Gill
Phone: 020 7681 5842
Fionnuala.gill@nmc-uk.org

Summary of outstanding actions arising from the Council on 29 July 2015

Minute	Action	Action owner	Report back to: Date:	Progress to date
NMC/15/60	<p>Chief Executive's report</p> <p>Ensure the Council is kept up to date with the outcomes of discussions with the Home Office relating to EU and international recruitment.</p>	Director of Registration	Council 8 October 2015	An update regarding the outcomes of discussions with the Home Office has been provided in the CEO report.
NMC/15/60	<p>Chief Executive's report</p> <p>Ensure four country activity factored into NMC plans for attending/exhibiting at conferences.</p>	Director of Strategy	Council 8 October 2015	Ensuring attendance/exhibition at conferences and events across the four countries has been factored into all event planning. For example, the NMC are exhibiting and speaking at the Scottish Regulatory Conference in Scotland in November as well as organising events for patient and public stakeholders in each of the four countries early next year.
NMC/15/61	<p>Revalidation</p> <p>Ensure that clear information is provided around a) both NMC and system readiness; and b) the proposed 'audit/verification' process to inform the Council's decisions.</p>	Director of Continued Practice	Council 8 October 2015	<p>An update on revalidation is scheduled for presentation and discussion at item 7 on the agenda.</p> <p>Information on four country readiness and verification process is included in the Council papers. An independent assessment report of the NMC's own readiness is included an annexe to the Council papers.</p>

Minute	Action	Action owner	Report back to: Date:	Progress to date
NMC/15/61	<p>Revalidation</p> <p>Consider the potential risks arising from implementation of revalidation and actions necessary to address these.</p>	Director of Continued Practice	Council 8 October 2015	Risks and options appraisals are included in Council papers on revalidation.
NMC/15/61	<p>Revalidation</p> <p>Consider plans for evaluation and the role of the NMC and others.</p>	Director of Continued Practice	Council 8 October 2015	It has been agreed that evaluation will be a clear focus for the NMC from when the revalidation process begins in April 2016. This is included in the Council papers.
NMC/15/62	<p>Shape of Caring review</p> <p>Commission a review to inform any future decisions relating to the Shape of Caring review.</p>	Chief Executive and Registrar	Council 25 November 2015	A project team has been appointed to support Dame Jill McLeod Clark in leading the NMC's response to the Shape of Caring review. Council is due to discuss at its November meeting.
NMC/15/63	<p>Draft annual report and accounts 2014-2015</p> <p>Ensure the communication plan for the annual report and accounts encourages the widest possible readership by both public and registrants.</p>	Director of Strategy	Council 8 October 2015	The dissemination plan for the annual report is currently being developed and will take into account the Council's position regarding increasing readership across the board.

Minute	Action	Action owner	Report back to: Date:	Progress to date
NMC/15/63	<p>Draft annual report and accounts 2014-2015</p> <p>Consider the scope for an annual public meeting to launch the annual report and accounts in future years.</p>	Director of Strategy	Council 8 October 2015	Council's suggestion regarding an annual public meeting to launch the annual report will be factored into the dissemination planning.
NMC/15/64	<p>Draft fitness to practise annual report 2014-2015</p> <p>Continue work to improve categorisation of data and to analyse the trend data.</p>	Director of Fitness to Practise	Council 8 October 2015	Fitness to Practise (FtP) has commissioned the Office for Public Management to undertake an analysis of FtP data to improve future coding and reporting of the types of allegations. A decision is to be made on the sample size of data. This work is scheduled to be completed by the end of 2015.
NMC/15/64	<p>Draft fitness to practise annual report 2014-2015</p> <p>Continue work to provide disaggregated data on fitness to practise activity in relation to nurses and midwives.</p>	Director of Fitness to Practise	Council 8 October 2015	We have started collecting data in CMS about whether allegations relate to midwifery practice. We are in the process of commissioning research into allegation types.
NMC/15/65	<p>Performance and risk report: Corporate plan progress report Quarter 1 2015-2016</p> <p>Ensure commentary in future progress reports is focused on the</p>	All Directors	Council 25 November 2015	Due to be reported on at November meeting.

Minute	Action	Action owner	Report back to: Date:	Progress to date
	substantive issues on which the Council requires assurance.			
NMC/15/65	<p>Performance and risk report: <i>Corporate plan progress report Quarter 1 2015-2016</i></p> <p>Provide further information on the policy position work on the specialist community public health nursing (SCPHN) part of the register.</p>	Director of Strategy	Council 8 October 2015	The Department of Health (DH) requested input from the NMC to the consideration of the SCPHN part of the register in early 2015 in preparation for a possible Law Commissions Bill. We provided DH with an issues document. Council has not taken a position on this matter to date so our issues paper sets out the complexities arising from the current structure of the register and possible options, but does not conclude a preferred position. A briefing note and our issues document will be circulated shortly to Council Members for their information. Our Role of the Register project is progressing, and has been the subject of a Council seminar.
NMC/15/65	<p>Performance and risk report: <i>Corporate plan progress report Quarter 1 2015-2016</i></p> <p>Reflect on options for taking forward student related work.</p>	Director of Continued Practice	Council 25 November 2015	Options for piloting a student survey are being considered by the regulation board. An update will be provided to Council in November as part of its response to the Shape of Caring review. Student membership of the Education Advisory Group has been reviewed and strengthened.

Minute	Action	Action owner	Report back to: Date:	Progress to date
NMC/15/65	<p>Performance and risk report: <i>Corporate plan progress report Quarter 1 2015-2016</i></p> <p>Update the Council on work to develop as formalised programme of efficiencies</p>	Interim Director of Finance	Council 8 October 2015	This has been addressed in the financial monitoring report at Item 11.
NMC/15/65	<p>Performance and risk report: <i>FTP KPI2 and FTP dashboard</i></p> <p>a) Provide a fuller explanation of how performance against KPI 2 target (interim orders) is calculated and b) Separate out data on 'planned part-heard' cases on the dashboard.</p>	Director of Fitness to Practise	Council 8 October 2015	Completed. Details can be found in the Performance and Risk Register on the agenda.
NMC/15/65	<p>Performance and risk report: <i>Continued Practice Update</i></p> <p>Keep under review the resources available to address issues and risks requiring extraordinary reviews or similar action.</p>	Director of Continued Practice	Council 25 November 2015	To monitor both as part of the contract management with Mott McDonald and the budget for next financial year.
NMC/15/65	<p>Performance and risk report: <i>Continued Practice Update</i></p>	Director of Strategy	Council 8 October 2015	The importance of clinical supervision is a key message in our midwifery change communications and engagement plan. We are

Minute	Action	Action owner	Report back to: Date:	Progress to date
	Ensure the continued importance of clinical supervision is stressed in communications on midwifery regulation.			also following through on Council's commitment to discussions about the future of supervision outside of regulatory legislation through continuing to participate in the Department of Health/Chief Nursing Officer working group on future arrangements across the four UK countries. A full update on plans for legislative change and communication will come to the next Midwifery Committee on 29 October 2015.
NMC/15/65	<p>Performance and risk report: HR& OD Update/KPI</p> <p>Consider staff turnover rate tolerance levels as part of outcomes of organisational capability review; identify key benchmarks; and reflect in positioning of NMC as an employer.</p>	Interim Director of HR	Council 25 November 2015	Staff turnover rates will be considered when outcomes of the KPMG organisational review are known. The review is expected to be completed by the end of 2015 In the meantime, HR is carrying out an analysis of recruitment and retention to better understand the different categories of leaver and reasons for turnover.
NMC/15/65	<p>Performance and risk report: ICT Update/Dashboard</p> <p>Ensure future iterations of the ICT dashboard use more non-technical terminology; and include both staffing information and more specifics on timelines and deadlines.</p>	Interim Chief Technology Officer	Council 8 October 2015	No update received.

Minute	Action	Action owner	Report back to: Date:	Progress to date
NMC/15/65	<p>Performance and risk report: <i>Corporate Risk Register</i></p> <p>Ensure clear communications around the changes to midwifery supervision (CR14).</p>	Director of Strategy	Council 8 October 2015	A full communication and engagement plan regarding changes to midwifery supervision will be delivered and discussed at the next Midwifery Committee in October. In the meantime, we have updated our web content and we are also initiating monthly teleconferences with key stakeholders throughout the passage of the Section 60.
NMC/15/65	<p>Performance and risk report: <i>Corporate Risk Register</i></p> <p>Consider whether to escalate workforce planning as a corporate risk and, if so, ensure given urgent attention (CS4).</p>	Interim Director of HR	Council 8 October 2015	HR intends on developing a workforce strategy in 2016. This will be informed by the outcome of the organisational review and also by the analysis of recruitment and retention being undertaken by HR & OD. It is expected that the report will be delivered by the end of October 2015.
NMC/15/65	<p>Performance and risk report: <i>Corporate Risk Register</i></p> <p>Ensure more urgency attached to addressing information security risk (CR6).</p>	Director of Registration/CTO	Council 8 October 2015	No update received.
NMC/15/66	<p>PSA performance review report 2014-2015/Performance and Risk report</p> <p>Develop own assessment of expected levels of performance,</p>	Director of Strategy	Council 8 October 2015	Individual directorates have and continue to develop detailed performance and quality standards, which are incorporated into their processes and procedures. We will consider the need for agreed tolerances where these are not in place.

Minute	Action	Action owner	Report back to: Date:	Progress to date
	as appropriate.			A programme of reviews undertaken by the corporate QA team include an assessment of whether the directorate processes and procedures under review comply with PSA standards and whether managerial checks are sufficiently robust to ensure that they are adhered to.
NMC/15/66	<p>PSA performance review report 2014-2015</p> <p>Consider how to incorporate reporting on quality as well as timeliness in performance reporting to the Council.</p>	Director of Fitness to Practise/ Director of Strategy	Council 8 October 2015	Proposals regarding how to incorporate reporting on quality as well as timeliness in performance reporting will be discussed with the Audit Committee on 28 October and brought to Council for consideration at the November 2015 meeting along with other proposals on targets and measures.
NMC/15/67	<p>Financial monitoring report</p> <p>Develop format of revised financial monitoring report for next meeting.</p>	Interim Director of Finance	Council 8 October 2015	We are considering how best to develop our efficiency programme in light of the organisational and accommodation reviews currently taking place. Further details will be provided to Council in due course.
NMC/15/67	<p>Financial monitoring report</p> <p>Provide further information on the financial implications of the pension deficit.</p>	Interim Director of Finance	Council 8 October 2015	The interim HR Director and the interim Finance Director are undertaking an assessment of the work done to date with a view to providing an update on the position to the Council in January 2016, including on the long term financial implications.

Minute	Action	Action owner	Report back to: Date:	Progress to date
NMC/15/68	<p>Health and Safety annual report 2014-2015</p> <p>a) Ensure health and safety guidance in place for staff working at home; and b) consider the scope to use relevant benchmarks to provide insight into staff turnover and other organisational health analysis.</p>	Interim Director of Finance	Council 8 October 2015	The Interim Director of Finance will consider health and safety guidance for staff working from home and staff turnover.

Summary of outstanding actions arising from the Council on 21 May 2015

Minute	Action	Action owner	Report back to: Date:	Progress to date
NMC/15/47	<p>MRPQ: Consideration of English language policy and consultation</p> <p>Report to the Council on :</p> <ul style="list-style-type: none"> • consultation outcomes; • clarification on the implications of the policy for applicants from countries where English is an 'official 	Director of Strategy	Council 8 October 2015	A paper regarding MRPQ has been provided for the 8 October 2015 Council Meeting. The Council paper includes a summary report of the consultation exercise and seeks Council approval for the draft language controls policy. There is a detailed communications plan for the introduction of language controls and this is being overseen by the corporate MRPQ programme board.

Minute	Action	Action owner	Report back to: Date:	Progress to date
	<p>language' and Welsh language speakers</p> <ul style="list-style-type: none"> • proposed mitigations to the risks identified in point 4 e) above; • the requirement of IELTS to be undertaken at approved centres; and • the communication methods proposed for employers and other relevant stakeholders on the potential introduction of the policy. 			
NMC/15/48	<p>Time limits in NMC education standards</p> <p>Engage with the Council of Deans on how best to evaluate the impact of the devolution of management of timescales to AElS</p>	Director of Continued Practice	Council 08 October 2015	Following a meeting with the Council of Deans we are considering using their communication channels to seek feedback from AElS on the time limits policy.

Summary of outstanding actions arising from the Council on 25 March 2015

Minute	Action	Action owner	Report back to: Date:	Progress to date
NMC/15/26	<p>KPI 3</p> <p>ii) bring forward proposals for primary and secondary targets in October 2015;</p> <p>iii) consider further how to account for cases affected by third party activity</p>	Director of Fitness to Practise	Council 08 October 2015	Proposals regarding primary and secondary targets will be brought to the 25 November 2015 Council meeting when six month data will be available.

Council

Chief Executive's report

Action: For information.

Issue: The Council is invited to consider the Chief Executive's report on (a) key developments in the external environment and (b) key strategic engagement activity.

Core regulatory function: This paper covers all of our core regulatory functions.

Strategic priorities: Strategic priority 3: Collaboration and communication.

Decision required: None.

Annexe: 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.

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- Context:**
- 1 This is a standing item on the Council agenda and reports on (a) key developments in the external environment; and (b) key strategic engagement activity. The focus of recent strategic engagement has been primarily around revalidation, the Shape of Caring Report and legislative reform.
 - 2 Updates on operating performance can be found in the Performance and Risk Report.

Discussion: External developments

Legislation issues

- 3 We have continued to liaise with the Department of Health over the summer months about the scope of the Section 60 Order announced by the Secretary of State before the summer recess. We will be making a significant input into the Department's consultation and impact assessment work as well as offering advice on legal drafting. The Department's timeline is for completion of the passage of the Section 60 Order by July 2016.

Accountability and oversight

Health Committee

- 4 Following Dr Sarah Wollaston MP's election as Chair of the Health Committee, the remaining members of the Committee have now been selected by the House of Commons. The Chief Executive is due to meet with the Chair at this year's Conservative Party Conference in October. We are also in the process of proactively seeking meetings with other Committee members at each of their Party's autumn conferences. We are yet to receive confirmation of timings for our next accountability hearing with the Committee, which we anticipate may be early next year.

Professional Standards Authority (PSA) issues

- 5 We await the outcomes of the PSA consultation on revision to the performance review process, along with details of the timetable and content of the 2015-2016 performance review.
- 6 Along with other regulators, we issued a press release in response to the PSA's policy paper "Rethinking Regulation" published in August 2015 reiterating the need for legislative reform.
- 7 As reported to the July Council meeting, earlier this year we responded to the PSA's consultation on its funding requirements for 2015-2016 and expressed our concern about the proposed fee levels. The PSA subsequently submitted its proposals and the responses to the consultation to the Privy Council who makes the final determination. In accordance with legislative requirements, the

Privy Council has consulted the regulators before making a final decision. The Privy Council indicated that in its view the 25% budget increase sought by the PSA was reasonable but made clear that any underspend in 2015-2016 should be offset against future fees. It has also requested that in future, the PSA provide the regulators with greater detail around future costs, including in relation to Fitness to Practise (FtP) cases; that it should demonstrate greater accountability for staff costs and that there should be greater liaison with regulators to ensure more robust cost estimates are developed. Our response to the consultation reiterated our concerns about the proposed funding increase and consequent fee levels and our view that there remains scope for the PSA to adopt a more proportionate risk based approach to its work, particularly review of final FtP decisions. We again urged the Privy Council to recognise that in effect the largest share of the PSA costs are being met from the earnings of nurses and midwives. The final fee for 2015-2016 for the NMC is likely to be £1.288m. Consultation on the fees for 2016-2017 is expected to begin later this year.

Ethics for regulators review

- 8 The Committee on Standards in Public Life is undertaking a short review into the ethical standards of regulators. The review is focusing on how regulators' own governance and other arrangements seek to uphold the Seven Principles of Public Life - selflessness, integrity, objectivity, accountability, openness, honesty and leadership. At the Committee's request, we completed a short survey responding to some initial questions about our current arrangements at Council and management level by the deadline of 25 September 2015. We will keep the Council informed of developments.

Appointment of Senior Professional Advisor

- 9 We have now appointed a Senior Midwifery Advisor, Donna Ockenden, who joined us on 30 September 2015 on a 12 month, one day a week basis, to augment the NMC's access to dedicated, high level professional advice to support our regulatory work.

Stakeholder Engagement and Communication

Revalidation

- 10 We continue to engage closely with the revalidation programme boards in the four countries, key stakeholders and all of the revalidation pilot organisations. The Chief Executive attended all the four country revalidation programme boards during August and September.
- 11 We have contacted all nurses and midwives on our register urging them to ensure they are 'revalidation ready' by having an NMC

Online Account, finding out about their renewal date and getting familiar with the provisional guidance. The latest issue of Revalidation Round-up was sent to key stakeholders in late August.

- 12 We engaged in a round table discussion on revalidation on 1 September 2015 with senior members of Unite, focusing on the benefits of revalidation and the relevance to community nurses, practice nurses and Specialist Community Public Health Nurses.
- 13 The Chief Executive spoke on revalidation at the following events:
 - 13.1 Legal Birth Conference in London (7 July 2015)
 - 13.2 The Trust Development Authority/Royal College of Nursing 'summer school' event in London (13 July 2015)

Midwifery issues

- 14 We have continued to maintain close contact with midwifery stakeholders about forthcoming legislative change. We met with Department of Health colleagues to take stock of progress on the plans for supervision outside of regulatory legislation, and with the Royal College of Midwives to understand where there are concerns about transition and change and to explore the scope for resolution.
- 15 We are sharing our communications and engagement plan with our Midwifery Committee for its advice and oversight and we will be introducing monthly telephone conferences for key stakeholders throughout the passage of the Order.
- 16 We attended the first engagement session with the English Maternity Review in London in July; there will be a further session this autumn in Birmingham. We will seek an opportunity for involvement in the Scottish review announced recently.
- 17 Our Professional Strategic Advisory Group met in July and discussed the recommendation in the Kirkup report into midwifery at the Morecambe Bay Trust about the development of standards for leaders in the health professions. We held a meeting with the Chief Nursing Officer for England and senior nurses in the Department of Health, the National Health Service (NHS) Trust Development Authority and the Care Quality Commission on the same theme and we will develop proposals in this area in due course.

Education

- 18 The Chief Executive has undertaken significant activity following the publication of Health Education England's (HEE) Shape of Caring Report. This has included hosting a dinner, attended by the NMC Chair, for a number of key stakeholders, including Lord Willis of Knaresborough, Lisa Bayliss Pratt, the HEE's Director of Nursing, Dame Eileen Sills, the NMC's Senior Nursing Advisor and Dame Jill

Macleod Clark, Professor of Nursing at the University of Southampton. Dame Jill has been commissioned by the NMC to undertake work to explore competencies of the registered nurse for the future.

- 19 A series of twitter chats to explore the Shape of Caring recommendations have been planned in collaboration with HEE. The chats will be held on dates throughout September 2015 and will each focus on different themes. These chats will give stakeholders and interested parties the opportunity to voice their views.
- 20 As part of her wider engagement with HEE colleagues, the Chief Executive, accompanied by Lisa Bayliss Pratt, met Jane Cummings, the Chief Nursing Officer for England (3 August 2015) and Cathy Warwick, the Chief Executive of the Royal College of Midwives (20 July 2015). The Chief Executive also met Gareth Bevington, the Deputy Director for Workforce and Organisational Development and Elaina Chamberlain, Policy Lead for Education Commission and Professional Regulation at the Welsh Government.
- 21 The Director of Continued Practice and the Assistant Director, Education and Standards, attended the HEE Commission on Education and Training for Patient Safety meeting on 2 September 2015. Draft recommendations to inform the final report were discussed, with the possibility of some recommendations for professional regulators. It is intended that the final report will be published in November 2015.

Phased payment of registration fees

- 22 The work on the introduction of a facility for registration fees to be paid by instalments is being progressed in two stages. The first preparatory stage introduces a system change to amend the current administrative arrangements should nurses or midwives allow their registration to lapse. From November 2015, once registration has lapsed the only route to return to the register will be through applying for re-admission. This is necessary to anchor the start date and the payment points.
- 23 We have written to those registrants whose registration expiry date falls in November, December and January to give early notice and highlight the importance of maintaining registration in advance of the due date as required. We are now communicating more widely and are taking the opportunity to highlight that the online system provides the quickest way to renew or retain registration. We are anticipating the full phased payment system being implemented in early 2016.

Engagement with other regulators

- 24 We attended the latest meeting of “the Concordat”, hosted by Healthcare Inspectorate Wales and bringing together professional and system regulators in Wales. Healthcare Improvement Scotland and NHS Education Scotland co-host a risk focused meeting of system regulators in health and care which is now being opened up to professional regulators. The NMC participated in the first of these wider meetings in August which involved detailed information exchange about two health boards.
- 25 The Chief Executive continues to engage with senior colleagues from other healthcare regulatory bodies on a range of issues of mutual interest, including separate meetings with Niall Dickson, the Chief Executive and Susan Goldsmith, the Chief Operating Officer of the General Medical Council (8 July 2015). The Chief Executive also met with Duncan Rudkin, the Chief Executive of the General Pharmaceutical Council. The Chief Executive has also met with Anthony Omo, the Director of Fitness to Practise and Una Lane, the Director of Registration and Revalidation, at the General Medical Council.

European Union (EU) and International matters

- 26 We have continued to engage with the Migration Advisory Committee as it continues with its renewed focus on capturing available evidence from employers to determine the need to change current certificate of sponsorship and visa priorities in support of international (non-EU) recruitment.
- 27 We have also liaised with the British Ambassador to Romania to clarify EU rules as they are applied to all EU applications following specific media interest in Romanian applications to the NMC.
- 28 On 21 July 2015, the Registrar and the Director of Operations of the College of Registered Nurses of British Columbia (CRNBC) visited the NMC as part of a wider fact-finding visit to the UK on nursing regulation. Colleagues discussed the NMC’s role in education, registration and the relationship with the PSA. The CRNBC visitors were also keen to explore the implementation of recommendations and learning following the inquiry into the Mid Staffordshire NHS Foundation Trust.
- 29 On 9 and 10 September we hosted the first meeting of the network of European Nursing Competent Authorities which we have convened in partnership with nursing and midwifery regulators from Ireland and Spain. Representatives from 13 Member States attended to discuss issues of mutual interest, with others committing to participate in the future. Further meetings are planned for May and September 2016.

- 30 In September we welcomed a delegation of visitors from the Indian government on a benchmarking tour investigating the regulation of nursing and midwifery in the UK. Colleagues from across the business presented and answered questions on education, registration and revalidation.

Other engagement by the Chief Executive

- 31 The Chief Executive has continued to engage regularly with Chief Nursing Officer colleagues during this period, including Jane Cummings on 3 August 2015, Jean White, the Chief Nursing Officer for Wales (25 August and 2 September 2015) and Charlotte McArdle, the Chief Nursing Officer for Northern Ireland (25 August 2015).
- 32 In addition to attending Peter Carter's farewell dinner as the General Secretary of the Royal College of Nursing, on 7 August 2015, the Chief Executive met his successor in the post, Janet Davies.

Media activity

- 33 Proactive media coverage has centred on revalidation and involved a number of commissioned articles for specialist publications including:
- 33.1 Community Practitioner
 - 33.2 Practice Nurse
 - 33.3 Nurse Prescribing
 - 33.4 Nursing Times (an eight part series)
- 34 Additional articles are due to be published and include interviews with individuals from the pilot sites from across the UK and in a variety of care settings.
- 35 As part of the Chief Executive's media activity, there have been interviews on revalidation with the Nursing Standard.

Public protection implications:

- 36 No direct public protection implications.

Resource implications:

- 37 No direct resource implications.

Equality and diversity implications:

- 38 No direct equality and diversity implications.

Stakeholder engagement:	39	Stakeholder engagement is detailed in the body of this report.
Risk implications:	40	No direct risk implications.
Legal implications:	41	No direct legal implications.

Council

Introduction of revalidation for nurses and midwives

Action: For decision

Issue: The introduction of the first phase of revalidation for all the nurses and midwives on our register. If revalidation is introduced, the first registrants who will have to meet the new revalidation requirements are those who are due to renew their registration in April 2016.

Core regulatory function: Standards and Registration (revalidation)

Strategic priorities: All

Decision required: The Council is recommended to:

- Agree to the introduction of the first phase of revalidation for all nurses and midwives on our register and to agree that the first registrants to have to meet the new revalidation requirements will be those who are due to renew their registration in April 2016.
- Agree that the proposed revalidation model should be the subject of a full evaluation process, to be scoped and determined at the earliest opportunity.

Annexe: The following annexe is attached to this paper:

- Annexe 1: Moore Stephens NMC Revalidation readiness assessment report

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.

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Context:

- 1 In the Francis Report published in February 2013 into the events that took place at Mid-Staffordshire NHS Foundation Trust, one of the key recommendations for the NMC was that it should consider introducing a system of revalidation for nurses and midwives. That report, and many of the reports that followed, highlighted the need for us to play a more significant role in supporting improvements in nursing and midwifery practice and encouraging professionalism amongst nurses and midwives.
- 2 In fact, by the time the Francis report was published, scoping work on a potential model for revalidation for nurses and midwives was already underway following the introduction of medical revalidation for doctors by the General Medical Council in December 2012. The Francis report recommendation was accepted in principle by the coalition government in its response.
- 3 After an initial period of evidence-gathering and scoping, it was considered that revalidation for nurses and midwives would be best implemented through a phased approach, to ensure that the chosen model was effective, proportionate and affordable across all four countries of the UK.
- 4 The starting point for developing a revalidation strategy was the public expectation that all registered healthcare professionals will undergo some form of check and balance whilst they remain on a register. We recognised that the existing Prep standards did not add any significant value to the quality of practice of nurses and midwives as the requirements were input based, not linked to the Code and did not encourage and support reflection, learning and improvement.
- 5 We also recognised that revalidation needed to reinforce the importance of professionalism amongst nurses and midwives and to raise awareness of our Code and the important professional standards it contains about candour, openness and honesty.
- 6 Finally, we were keen to develop a model which allowed us to build on existing appraisal systems for those in employment (which was another key recommendation from the Francis report) whilst also being achievable by those working independently and across the wide range of nursing and midwifery practice.
- 7 In September 2013, the Council approved the revalidation strategy. It agreed that the first phase of revalidation would be designed and implemented within our current legislation and based on our existing mechanism of renewal every three years. The Council also agreed that the revalidation model should be underpinned by the introduction of an improved and updated Code.
- 8 An extensive consultation in relation to the new Code and our

proposals for revalidation took place in 2014. A very large number of individuals and organisations responded to the consultation and a full evidence report was provided to the Council and published in 2014.

- 9 The new Code was published in January 2015 and took effect in March 2015. The response to the introduction of the new Code has been extremely positive from the professions and patient groups alike.
- 10 A revised model of revalidation was then developed based on the learning from the consultation. This provisional revalidation model was focused on encouraging the use of feedback and continuing professional development towards the development of more reflective and supportive professional practice. It was then piloted in 19 settings from January to June 2015. The pilot sites reflected many different types of setting and practice and were based across all four UK countries.
- 11 Meanwhile, the Council launched its new over-arching strategy for 2015-20, in which it reaffirmed its commitment to introducing revalidation and prioritised the need to redress the imbalance of its spending in relation to fitness to practise, so that a greater proportion of our resources are spent on supporting the majority of our registrants who practise safely and effectively.
- 12 The learning from the pilots was captured in a number of ways. We undertook our own survey of pilot participants and recorded all the feedback that we received directly from those involved in the pilots, and others who raised questions about the provisional guidance. We also commissioned independent reports from Ipsos MORI in relation to the experiences of the revalidation pilots, and from KPMG in relation to system and organisation readiness for revalidation across the UK and the expected costs and benefits of its introduction. Copies of these reports have been shared with the Council and the four country programme boards and will be published on the NMC website alongside the Council papers. A report summarising the key findings of all the evidence we have collated from the pilots will also be shared with the Council and published on our website.
- 13 We have listened to all the feedback and used all this evidence to refine the final revalidation model, to improve the main standards and guidance document, and to develop additional supporting material for registrants, confirmers and employers.
- 14 The Council is now being asked to formally agree to the introduction of the first phase of revalidation for all nurses and midwives on our register and to agree that the first registrants to have to meet the new revalidation requirements will be those who are due to renew their registration in April 2016.

- 15 If the new model of revalidation is approved, all registered nurses and midwives will need to undergo revalidation every three years in order to renew their registration and remain on the NMC register.
- 16 If the Council accepts the recommendation to agree to the introduction of revalidation, it will then be asked to consider and formally approve the final version of the revalidation policy, and the new standards and guidance which support the proposed revalidation model. These matters are addressed in the separate paper¹ on the Council agenda.
- 17 A decision to proceed with the introduction of revalidation will mark the beginning of a very significant change in the way nurses and midwives are regulated in the United Kingdom and we recognise that it will be necessary for us to monitor and evaluate the new process from the outset. The model which is proposed for the first phase of revalidation is a starting point, but we fully expect that changes will be made throughout the lifetime of this process to ensure that it continues to meet our objectives of being effective, achievable and proportionate.

Discussion:

- 18 In reaching its decision to proceed with the introduction of revalidation, the Council will want to be satisfied of three key matters:
 - 18.1 That the proposed revalidation model is effective, achievable and proportionate and is likely to bring the anticipated benefits.
 - 18.2 That the four countries of the UK are ready and prepared to offer sufficient support for the introduction of revalidation to be effective across the UK.
 - 18.3 That we are also ready for the introduction of revalidation, in terms of our systems and processes and our communications and engagement plans.

The proposed revalidation model

- 19 The process of development of the proposed model of revalidation, which has taken place over a number of years, is outlined in paragraphs 1 to 13 above.
- 20 The model builds on the existing renewal process (and should therefore be broadly familiar in terms of process to our registrants) but introduces some additional requirements which are intended to support the development of more reflective practice and an increased sense of professionalism. These include collecting feedback, preparing written reflective accounts, having a reflective

¹ NMC/15/79, Item 7b Revalidation standards, policy and guidance, October 2015

discussion with another registered nurse or midwife and obtaining confirmation that these requirements have been met. The revalidation model will complement the work we have already done in relation to the introduction of the new Code and support nurses and midwives to incorporate the principles of the Code into their professional practice.

Anticipated benefits

- 21 The main benefits which are likely to result from the introduction of revalidation are:
 - 21.1 to raise awareness of the Code and professional standards expected of nurses and midwives;
 - 21.2 to require nurses and midwives to reflect on the role of the Code in their practice, so that they 'live' these standards;
 - 21.3 to encourage nurses and midwives to stay up to date in their professional practice;
 - 21.4 to encourage a culture of sharing, reflection, learning and improvement;
 - 21.5 to encourage nurses and midwives to engage in professional networks and discussions about their practice;
 - 21.6 to strengthen public confidence in the nursing and midwifery professions;
 - 21.7 to bring about improvements in the practice of nursing and midwifery across the UK and therefore bring public protection benefits.

- 22 All of the research sources highlighted that many participants, both organisational and registrant, recognised that revalidation can deliver a range of benefits. In both the KPMG organisation survey and Ipsos MORI registrant survey, participants were presented with a list of potential benefits for each of the different elements of revalidation. The reports from Ipsos MORI and KPMG demonstrated that these benefits were recognised across the revalidation requirements (though not each benefit was asked about for every revalidation requirement). Where they were, the majority taking part in each of the surveys agreed with each of these benefits.

- 23 Across the requirements, when the survey asked about benefits there was a trend for those relating to the Code and a culture of reflection to consistently be among the most recognised. Ipsos MORI also reported that in their qualitative work, the participants reported that they valued the opportunity to reflect and that the requirements overall encouraged them to do so.

- 24 The individual accounts given both to Ipsos, and to us directly, of the benefits that were experienced as a result of being involved in this process during the pilots were extremely compelling.
- 25 We consider, on the basis of all the evidence from the pilots, that the revalidation model which was piloted was achievable and effective. We also note that the majority of the individuals and organisations who participated in the pilots believed that it would deliver the anticipated benefits.

Changes to the revalidation model following pilot feedback

- 26 The KPMG and Ipsos MORI reports also identified a number of ways in which the provisional revalidation guidance could be improved in order to reduce the variability of interpretation and the resulting need for additional support and guidance to be provided by employers.
- 27 All of these recommendations for improvement, together with all the individual pieces of feedback received during the pilots and from other stakeholders have been taken into account in our improvements to the model and the guidance. The majority of these changes address the need for more clarity in relation to the evidence needed to meet the requirements. Other key changes are to simplify the language used in the guidance and to address issues raised following the completion of our further equality impact assessment and the need to ensure compliance with data protection legislation. Changes have also been made to the main guidance document to make it easier to navigate and to clarify the intended purpose of each requirement.
- 28 The revised “How to revalidate with the NMC” publication, which includes full details of all the final requirements and guidance, is annexed to the second revalidation paper². Examples of some of the changes made in response to the pilot feedback include:
- 28.1 clarifying the scope of nursing and midwifery practice for the purpose of meeting the practice hours requirements;
 - 28.2 renaming ‘professional development discussion’ (PDD) as ‘reflective discussion’ and providing more guidance about its nature and purpose;
 - 28.3 providing mandatory forms for recording the reflective accounts, reflective discussion and confirmation discussion to provide clarity for registrants and confirmers and reduce variability in approach;
 - 28.4 clarifying the nature and purpose of confirmation and who can act as a confirmer;

² NMC/15/79, Item 7b Revalidation standards, policy and guidance, October 2015

- 28.5 removing the need to routinely upload evidence during the verification process in response to user-feedback and data protection concerns raised during the pilots: all the required evidence will now be inputted directly into the system; and
- 28.6 ensuring that appropriate alternative arrangements are in place for those who cannot meet the new revalidation requirements as a result of exceptional circumstances or who need reasonable adjustments to enable them to complete the revalidation process.
- 29 We have also revised the guidance for confirmers and produced additional guidance for employers. All the guidance documents will make clear how revalidation can be completed by individual registrants without adding unnecessary costs to the wider system.
- 30 In partnership with the pilot organisations we are also developing additional supporting materials including case studies and examples of good practice and we are supporting all four countries with a series of training workshops about the new revalidation process.

Change to continuing professional development hours in the final model

- 31 The proposed final model also reflects one more significant change from the provisional model which the Council is particularly asked to note. Each nurse or midwife will be required to complete a total of 35 continuing professional development (CPD) hours over three years (which is the same as the current requirement) rather than the increased total of 40 hours used in the provisional model. The proposed final model retains the new requirement for 20 of those CPD hours to be participatory in order to encourage professional contact, engagement, learning and support.
- 32 This change has been proposed in response to concerns raised by stakeholders that there is insufficient evidence of the likely benefits of an increase in the overall CPD hours when compared with the benefits attributed to the other new requirements of participatory CPD hours, feedback and reflection and discussion. Concerns were also raised about the impact of any increase in CPD hours on those working in the independent and social care sectors and in smaller organisations and whether the proposed increase in hours was proportionate given the impact in terms of time and costs for nurses and midwives and their employers.
- 33 We agree that there is limited evidence to support increasing the requirement for total CPD hours from 35 hours to 40 hours. Although there was some support for the increase in hours, the main benefits which pilot participants highlighted about the CPD requirement focused on encouraging a culture of reflection and improvement; and ensuring that nurses and midwives do not work in professional

isolation. These findings are also in line with the feedback in the 2014 consultation which stressed the importance of an approach to CPD that was outcomes-focused (in terms of impact on practice), rather than inputs-based (in terms of number of CPD hours completed). It is also in line with the revalidation models of other healthcare regulators both in the UK and worldwide, which focus on CPD outcomes rather than inputs.

- 34 We recently discussed this proposed change with our Revalidation Strategic Advisory Group and it was broadly supported for the reasons outlined above, however there were strong dissenting views from some professional bodies and unions, who were very supportive of retaining an increase in mandatory CPD hours.
- 35 Taken together, the proposed changes to the final model and the supporting guidance material should reduce the variability in the model and the need for additional resources and support to be provided by employers or other organisations. This should reduce the associated costs. This means that the final model will be more proportionate in terms of costs and benefits than the provisional model which was piloted.
- 36 Overall, the Council can properly conclude that, given all the improvements that have been made to the model and the guidance, the proposed final model is effective, achievable and proportionate and is likely to bring the anticipated benefits outlined above.
- 37 The introduction of the first phase of revalidation will enable us to build a greater knowledge base about our registrant population and to gain evidence about risk. We will then be able to consider how the model could evolve in the future and whether any legislative change is required to allow us to develop a more risk-based approach to revalidation.

Readiness and costs and benefits

- 38 Our plans for revalidation have been developed from the outset in partnership with the four UK countries. Programme Boards were set up in each of the four UK countries to oversee the introduction of revalidation and to provide assurance to the Council that they will be ready and prepared to offer sufficient support for revalidation to be implemented effectively across the UK.
- 39 The report prepared by KPMG explored the areas of system and organisation readiness and analysed the expected additional costs and benefits based on the provisional model.

Readiness

- 40 The key points to note from KPMG's report in relation to readiness are as follows:

- 40.1 Awareness of revalidation was generally good in large organisations, both in the NHS and independent sector. However, concerns were expressed that awareness was lower in smaller organisations, or in settings where registrants were more professionally isolated, such as practice and school nurses, care homes staff; self-employed registrants.
- 40.2 Some participants in organisations suggested that midwives may be well-positioned for the introduction of revalidation, because they are already familiar with having an annual review of their practice.
- 40.3 Most organisations that responded to the survey were making plans to support registrants. More than 98% of the organisational survey respondents indicated that they were putting measures in place to support revalidation.
- 40.4 However, only 20% of organisations who responded to the survey in July 2015 had started to implement their plans for revalidation. It appeared that organisations were awaiting the final model, and were looking for greater clarity in the guidance before making more extensive preparations.
- 40.5 Many participants in organisations stressed the importance of the revalidation model being finalised as soon as possible as they were holding back from making detailed preparations and communicating widely about the requirements of revalidation, because they thought that the model being piloted might be subject to change.

Communications

- 41 The KPMG report highlighted the need for us to develop a comprehensive communications plan to raise awareness of revalidation across all areas of the system. The report included a number of specific steps identified by stakeholders that could be taken to ensure that awareness of revalidation is spread to all practice settings, especially the smaller or more isolated settings, including engagement with employers through quality and system regulators in the four countries.
- 42 It should be noted that this readiness assessment was completed at the end of the pilots in July 2015. Since then, organisations and the wider system in all four countries have been continuing to prepare for revalidation and made further progress towards readiness for the full rollout of the programme.
- 43 In addition, we have developed a full communications plan with input from stakeholders across all four countries to address the issues raised in the KPMG report and we have already communicated directly with every nurse and midwife on our register about the need

to be ready for revalidation.

Costs and benefits

- 44 In terms of costs and benefits, it was recognised by all concerned that if revalidation was to be effective in changing behaviours, encouraging professionalism and supporting more reflective practice, it would result in some associated increases in cost.
- 45 KPMG's cost benefit analysis sought to identify all potential additional costs and benefits associated with revalidation and to obtain evidence of the scale of these through the organisation and registrant surveys, interviews and focus groups.
- 46 The key points to note from KPMG's report in relation to costs and benefits are as follows:
- 46.1 Both registrants and employers were strongly positive about the anticipated benefits of the revalidation requirements, including in terms of protecting patients and public through improved professional practice.
- 46.2 There was a wide variation in organisations' estimated costs of revalidation but on average the pilot organisations estimated considerably lower costs of revalidation than non-pilot organisations. As the pilot organisations have had the benefit of testing the model and supporting their registrants through the pilot they are likely to better understand what will be required of them. Therefore, it may be the case that their estimates more accurately reflect the costs that organisations may face.
- 46.3 While there will be costs associated with revalidation, some of these costs will be one-off upfront costs, for example associated with putting systems and processes in place. The KPMG analysis suggests that organisations estimate the ongoing costs of revalidation to fall after the first 3 year cycle, once revalidation becomes embedded.
- 46.4 Larger organisations generally reported higher total costs but lower costs on a per registrant basis which is likely to be due to the realisation of economies of scale.
- 46.5 KPMG's analysis of estimated costs of revalidation was based on organisations' understanding of the support they would be required to put in place, at the time they were surveyed.
- 46.6 Putting a robust evaluation of revalidation in place at its launch will give a more accurate and granular understanding of its impact, including its costs and benefits.
- 47 KPMG has indicated that it is not currently possible to provide a

single overall figure for the anticipated costs of introducing revalidation across the UK due to the wide range of nursing and midwifery practice settings, the variability of anticipated costs across the system and insufficient data about where our registrants work. It was also recognised that some employers may not be supporting the current Prep process so that their estimated anticipated costs are not limited to those incremental costs resulting from revalidation.

Conclusions on readiness, cost and benefits

- 48 Overall, we consider that the available evidence about costs indicates that they will reduce significantly as revalidation becomes the norm. Further, the evidence of the average anticipated costs from the pilot organisations (after the initial set-up costs and the initial cycle) indicates that the long-term annual costs of supporting revalidation are reasonable and proportionate.
- 49 All four UK programme boards confirmed at their most recent meetings in September that the state of readiness in their countries is sufficient for them to be able to support the introduction of revalidation in October 2015 and the planned timetable for it to “go live”.
- 50 Whilst all the UK administrations are understandably concerned about affordability in the current climate, they, like us, are all committed to public protection and improving the quality of healthcare across the UK. None of the four UK programme boards or governments have indicated that cost is a determinative issue in their readiness to support the introduction of revalidation or that our plans for revalidation should be stopped or delayed due to concerns about costs. Formal written confirmation of their readiness is now awaited from the four countries following their recent programme board meetings.

NMC readiness

- 51 Our internal revalidation programme board has been focussed on ensuring that we will also be ready for the introduction of revalidation if the Council makes the recommended decision to proceed with revalidation. To this end, it has been concerned with three areas of readiness:
- 51.1 Regulatory readiness - including the finalising of the policy, standards and guidance and the communications and engagement plans needed to support the implementation of revalidation across the UK and across all settings and scopes of practice.
- 51.2 Business system readiness - including the development of the new IT and business systems needed to support the introduction of revalidation, which will be undertaken by

registrants via the existing NMC online system.

- 51.3 Operational readiness across the NMC – including assessing the impact of introducing revalidation across the organisation, making changes to other business processes affected by revalidation, developing appropriate customer service systems, identifying and addressing data and reporting needs, developing internal training and communication and engagement plans and contingency planning.
- 52 The programme board considered all the programme plans at its meeting in August 2015 and was satisfied that the Council could be properly assured that we would be ready for the introduction of revalidation if the decision was made to proceed.
- 53 That decision, and all the evidence underpinning it, was then the subject of an independent assessment by Moore Stephens, during August 2015. That independent assessment supports the programme board's conclusions about readiness and provides the Council with further assurance that we will be ready to introduce revalidation. A copy of that independent assessment is attached to this paper at Annexe 1.
- 54 Since the end of August, the full communications plan has been completed and delivery of that plan is underway. Staff training plans have also been completed and training is being delivered in preparation for the Council decision.

Options appraisal

Option1 - Do not introduce revalidation

- 55 A decision by the Council at this time not to introduce revalidation would not be a neutral option. The momentum behind this change is considerable across all four countries in the UK and it has the backing of both individual nurses and midwives and healthcare and professional organisations. We are ready to introduce revalidation now and the four countries have worked very hard to reach the stage where each programme board could confirm sufficient readiness to allow this process to go forward.
- 56 If the Council makes a decision not to introduce revalidation for nurses and midwives, the current momentum will be lost and the long-term public protection benefits which will result from the introduction of revalidation will not be realised. The effect on the nursing and midwifery professions will be damaging and the public and the professions will not understand why this process has not been introduced.
- 57 Furthermore, all the preparatory costs incurred by us and by all the organisations across the UK who have started to make preparations

for revalidation will have been wasted, for no benefit.

- 58 Finally, if revalidation does not go ahead, we, and the government, will have failed to deliver a key recommendation in the Francis report and there is a significant risk that the public will lose confidence in the quality of care being provided by nurses and midwives and in us as their regulator.

Option 2 – Delay or stagger the introduction of revalidation

- 59 Our revalidation programme team has been working towards a specific timetable for the implementation of revalidation and all the business system, IT and communications planning has been undertaken to meet that timetable. Likewise, all the preparations in the four countries have been planning towards the same timetable and all our communications to registrants have indicated that this change is likely to apply to all renewals from April 2016.
- 60 A decision to delay the introduction of revalidation will delay the benefits for the practice of nursing and midwifery and to public protection that will start to be delivered as soon as the model is approved, and long before all the 680,000 nurses and midwives on our register have actually been through the process, as reflective, learning and improvement-focused practice becomes the norm.
- 61 It follows that a change to the proposed timetable could only be justified if we or the four countries were not ready or a delay would result in either a significant cost saving or a significant increase in benefits.
- 62 In fact, a decision to delay the introduction of revalidation in October would result in a significant loss of momentum (similar to that outlined in option 1 above) and a significant increase in the implementation costs to be incurred by ourselves and others as the current temporary programme resources would have to be retained until implementation had been completed.
- 63 A decision to delay would not result in any benefit for individual nurses and midwives, nor in any overall savings in costs for organisations, as there is no evidence to suggest that introducing revalidation at any later time would cost less than it will now, or that the wider healthcare system across the UK will be in any better financial position in relation to absorbing such costs in a year's time or in the foreseeable future.
- 64 Furthermore, if the purpose of the delay was to seek further cost benefit analysis we do not consider that this is justified. Any further cost benefit analysis at this stage would be disproportionate in terms of cost and is very unlikely to result in any more meaningful figures given the current data that is available. One of the benefits of revalidation will be to improve our knowledge of where our

registrants work and what type of practice they are undertaking which will allow for a more granular assessment of costs and impact across the system in the future which is not possible at present.

- 65 The same considerations would apply to any other alternative options which fall short of the current roll-out plans, including phasing in revalidation over a longer period of time than three years by not mandating the new requirements for all registrants. Such alternatives would have the result of delaying the realising of the benefits across the system, and result in very confusing messages for registrants and the public. They are also unlikely to have any significant impact on costs or readiness as most organisations will put plans in place to support revalidation irrespective of how many of their individual registrants are actually being required to revalidate in the first year.
- 66 Finally, our new IT and business systems are being developed to deliver revalidation for all our registrants next year. Any change to these requirements at this late stage would have a serious impact on our delivery plans and would be likely to increase rather than decrease the implementation costs.
- 67 Rather than addressing any outstanding concerns about costs or readiness by delaying the roll-out of revalidation, the Council should agree that these issues will be addressed by our plans to monitor and evaluate the model from the outset. By keeping the model under review from the outset, we can address any significant concerns as they arise and monitor its effectiveness and proportionality as it is rolled out. It will take 3 years for all our 680,000 registrants to go through revalidation which will give us sufficient time to ensure that it is working effectively and delivering the anticipated benefits.

Option 3 - (recommended) – introduce revalidation

- 68 The recommendation from the executive, which is supported by the four countries of the UK, is for the Council to proceed with the introduction of the first phase of revalidation.
- 69 The decision to be taken by the Council is a very significant one and not entirely without challenge or risk. These risks and challenges are all highlighted in this paper along with all the steps we have taken to address and mitigate them.
- 70 Our plans for revalidation have been carefully developed and tested since 2013 and during that time considerable momentum has been established across the UK in support of its introduction and everyone is now as ready as they ever will be for revalidation to be introduced for nurses and midwives.
- 71 The Council, like all the UK governments, will be concerned about proportionality in the current climate, but its primary duty is to public

protection and supporting the delivery of good quality healthcare by all our registrants across the UK.

- 72 In the light of all the evidence outlined above the Council can be satisfied:
- 72.1 that the proposed final revalidation model is effective, achievable and proportionate and is likely to bring the anticipated benefits;
 - 72.2 that the four countries of the UK are ready and prepared to offer sufficient support for its introduction to be effective; and
 - 72.3 that we are also ready to introduce it.
- 73 **Recommendations: The Council is recommended:**
- 73.1 **to agree to the introduction of the first phase of revalidation for all nurses and midwives on our register and to agree that the first registrants to have to meet the new revalidation requirements will be those who are due to renew their registration in April 2016; and**
 - 73.2 **to agree that the proposed revalidation model should be the subject of a full evaluation process, to be scoped and determined at the earliest opportunity.**

Next steps

- 74 As outlined above, if the Council accepts the recommendation to agree to the introduction of revalidation:
- 74.1 it must then consider and formally approve the final version of the revalidation policy, and the new standards and guidance which support the proposed revalidation model. These matters are addressed in the separate paper³ on the Council agenda.
 - 74.2 we will give the Council an update on our evaluation plans by December 2015.

Public protection implications:

- 75 Revalidation will help to protect the public by assuring that all the 680,000 nurses and midwives on our register participate in a structured process where they regularly consider how they are maintaining a good standard of practice through reflection on the Code. Concerns should be identified earlier and remediated at a local level before they escalate or require referral to us for investigation. Overall, the public will have greater assurance and

³ NMC/15/79, Item 7b Revalidation standards, policy and guidance, October 2015

confidence in our registrants.

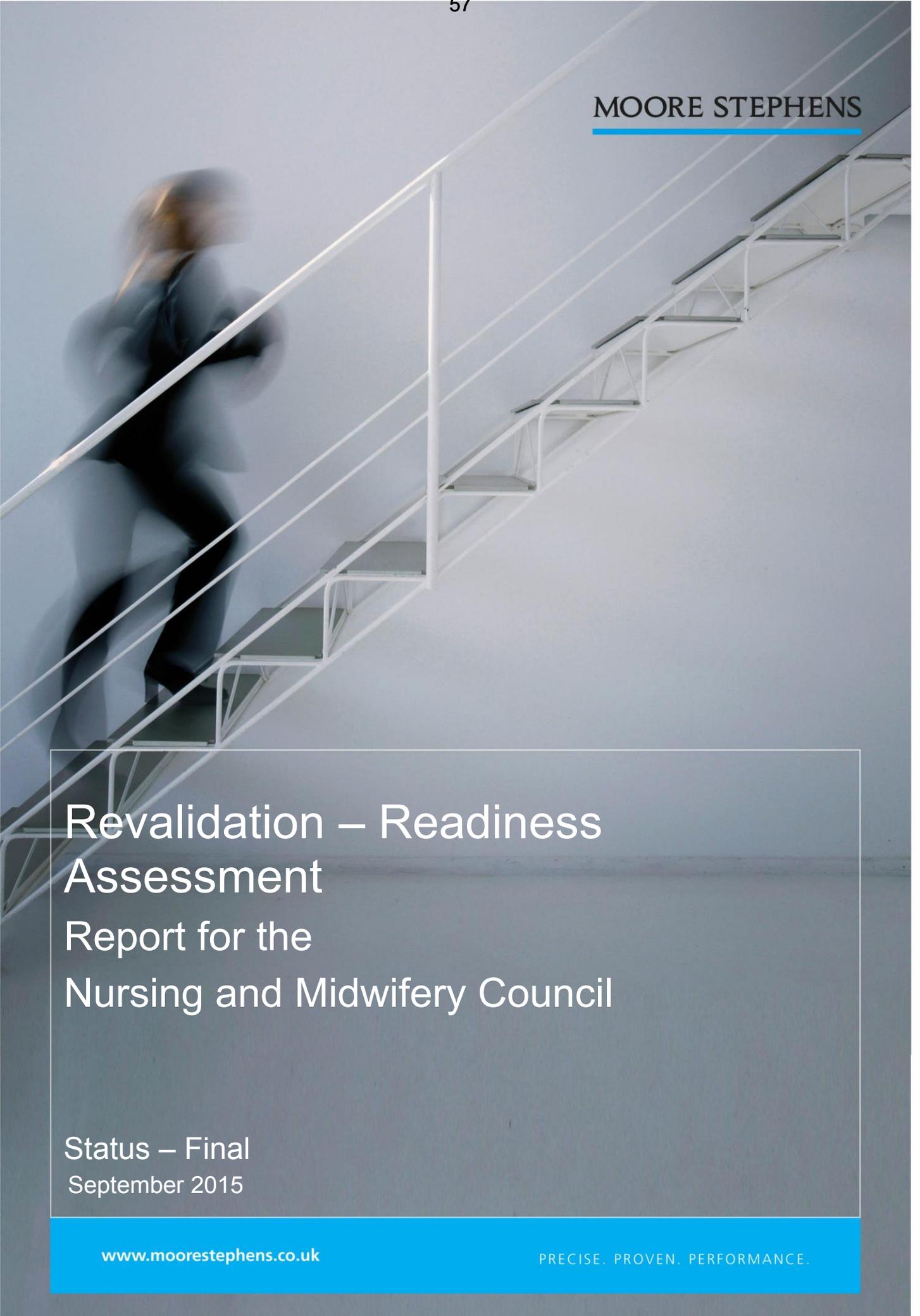
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| Resource implications: | 76 | All budget and staff time to carry out the policy and process development for the revalidation process has been accounted for within the 2015/16 business planning cycle. |
| | 77 | We have estimated that our total costs for the development of the proposed revalidation process will be £4.431 million. This is the budgeted amount in our financial strategy for 2013 to 2016. |
| Equality and diversity implications: | 78 | An updated equality impact assessment of revalidation has been undertaken and has been provided to the Executive Board. This included a review of revalidation policy as well as all the feedback from the pilot. It identified a number of areas where it would be harder for some groups to meet the revalidation requirements. |
| | 79 | Findings from the assessment have been reviewed and the policy and guidance have been clarified or amended to address these issues within the limits of our existing legislation. |
| | 80 | We will monitor the implementation of revalidation to identify any further issues and any potential for adverse impact that may become apparent over time and will take appropriate steps to address them. |
| Stakeholder engagement: | 81 | Our approach to revalidation has been developed through extensive engagement with key stakeholders across the UK. We ran a two-part public consultation from January to August 2014 and the second part of the consultation involved workshops, focus groups and online forums with nurses and midwives, patients and the public, and groups that we seldom hear from. The <i>Revalidation evidence report</i> (published on our website) provides an overview of what we learnt through the consultation and other engagement activities, and how that further informed our approach. |
| | 82 | The pilots took place in 19 settings from January to June 2015. The pilot settings reflected many different types of practice and were based across all four UK countries. |
| | 83 | Our engagement activities have continued throughout the development period and we have had advice and challenge from many individual stakeholders as well as from our revalidation strategic advisory group and our patient and public forum. All of this feedback has informed our plans in the ways outlined in this paper. |
| Risk implications: | 84 | The risks associated with the introduction of revalidation fall into |

three categories:

- 84.1 Operational risks: the risks of us not being ready to deliver our revalidation plans due to IT or business systems deficiencies, insufficient staffing levels or inadequate communication planning and delivery - these risks are being mitigated by effective programme management, as outlined under the heading NMC readiness above, and our plans have been the subject of an independent assessment.
- 84.2 Reputational risks: (1) the risk of the Council not proceeding with revalidation, resulting in a loss of momentum across the system and loss of confidence in the professions and the regulators, which is not the recommended option and (2) the risk of the Council proceeding with the introduction of revalidation and it not delivering the anticipated benefits or falling short of the expectations of some external stakeholders. This risk can be mitigated by clear communications, ongoing monitoring and early evaluation.
- 84.3 Financial risks: (1) that the costs of revalidation may increase if more robust systems are needed following the early evaluation work – this risk can be mitigated by following a proper evaluation and planning process for any future revisions to the model (2) that we may see a loss of income if registrants do not revalidate – this risk is mitigated by the model itself which provides alternative arrangements in appropriate circumstances. There is no evidence to suggest that there will be any significant increase in the number of registrants who choose to cease practice and leave the register each year as a result of revalidation but we will be monitoring this information.

Legal implications:

- 85 The standards and guidance which underpin the proposed final model of revalidation have been subject to legal review including specific advice around compliance with data protection legislation, and we are satisfied that they are compliant with all relevant legislation. We have also engaged directly with the Information Commissioner's Office in relation to our plans.



Revalidation – Readiness
Assessment
Report for the
Nursing and Midwifery Council

Status – Final
September 2015

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General Disclaimer

Our work and deliverables are designed to meet applicable recognised internal audit standards. Our work is not designed or intended to comply with the International Auditing and Assurance Standards Board (IAASB), International Framework for Assurance Engagements (IFAE) and International Standard on Assurance Engagements (ISAE) 3000.

1 Executive Summary

Introduction

- 1.1 The revalidation of nurses and midwives is a strategically significant project for the Nursing and Midwifery Council (NMC) for improving public protection. The revalidation programme is entering a crucial phase, with the completion of the pilot and the preparation for 'go live'. There are various strands of the programme.
- 1.2 As part of a wider programme of independent research and assessment on readiness for revalidation, the NMC commissioned us to evaluate the NMC's IT, operational and regulatory readiness. The NMC are seeking to gain assurance from our work with a view to being in a position to give the Council assurance that revalidation can go ahead as planned, with the IT system being ready from January 2016 and the first nurses and midwives revalidating in April 2016.
- 1.3 Our review has been in two main parts – an 'initial checkpoint' assessment conducted in July 2015, which was based on the information made available and accessible to us at that time, followed by a more detailed assessment at the end of August 2015. This report contains the findings of our second, more detailed assessment.
- 1.4 **Our review evaluated the NMC's own assessment of its internal readiness. We compared management's assertions on readiness at the end of August 2015 with the evidence to support that assertion.**

Review objectives and approach

- 1.5 The key risks with the NMC's operational and regulatory readiness relate to:
 - the clarity in the definition of 'readiness' and sufficiency of the depth and breadth in use of the term;
 - the completion of a final suite of signed off policy, standards and guidance to support and create a sound framework for revalidation;
 - IT registration and revalidation systems including back up arrangements and handling capacity of processing;
 - call centre and customer handling systems;
 - data and reporting needs are clear and reports will be ready to go when needed;
 - communication and engagement internal to NMC;
 - required changes to other business processes affected by revalidation;
 - governance and oversight arrangements post 'go live';
 - implications for other projects and other projects on revalidation;
 - fall back arrangements should systems fail at 'go live' or 'go live' is postponed.
- 1.6 This report is intended to give a commentary on how the NMC is progressing its readiness assessment and intended to draw to management's attention any areas of concern which management may have not identified. This evaluation of readiness is based on our assessment of whether there is a coherent, credible, resourced and complete plan for internal and regulatory readiness for the revalidation programme. Where parts of the plan need to be completed, we have assessed their completeness; where parts of the plan require completion in the future, we have assessed whether the timing of the planned completion is appropriate and whether those plans are in place, realistic, meet the requirements and are people resourced. The assessment criteria for our work are given in Appendix A.

- 1.7 In order to present our findings simply and allow a short as possible a step between our fieldwork and report, we have developed a readiness assessment dashboard. This is set out in Section 2 of this report. Our overall conclusions are given below.

Key conclusions

Overall conclusions

- 1.8 Our conclusions are made in the context that the revalidation programme is not a programme with one start date as different elements are required at different times, although most elements will need to be complete and quality assured by January 2016, when the IT system is intended to go live. The first batch of registrants that will need to revalidate is in April 2016, amounting to some 16,000 people about 2.5 percent of the registrant population. A phased implementation process provides the NMC with some opportunities to make adjustments to the system in the summer of 2016, before the larger cohort of revalidating nurses and midwives is expected in September 2016. However, the naturally long timeline for first time revalidations means that the programme has a long implementation phase, which may require project resources to be retained for longer than other programmes might typically require.
- 1.9 **Our evaluation of NMC's assessment of internal readiness indicates that the NMC is prepared for revalidation and has a realistic and pragmatic assessment of its readiness. However, there are some areas of work to complete which, although largely planned for, resourced and on track, are significant to the success of the programme overall. Until all these work areas are complete, the programme retains some degree of risk, albeit that the risk is well understood by the NMC and is being addressed appropriately and that the work is on track.**

Positive findings

- 1.10 The programme in most respects is in a good position. Particularly strong and important elements of the NMC's readiness are:
- Policy, standards, registrant guidance and process design have all been defined and quality assured. This is particularly important as many of the other elements of the programme are dependent on the policy and guidance being in place.
 - The definition of readiness and the NMC's understanding of how the whole organisation might be affected by revalidation at each stage is clear. We found parts of the NMC which are not directly affected by revalidation yet have a good understanding of the potential impact of revalidation on them.
 - The development of the revalidation IT systems is on track. The milestones in the IT plan are being met and the plan has an adequate level of built-in contingency. Development work is continuing effectively and the project team has shown a high degree of accuracy in the estimates of time required for individual activities. Capacity requirements have been tested to ensure that systems cope with anticipated volumes once the system is live.
 - Programme level planning for revalidation is detailed and thus gives the NMC and ourselves assurance that the various components of the programme are known, communicated and that plans are in place.
 - A sufficiently comprehensive and considered contingency plan is in place should, for any reason, the decision be made to defer the timing of revalidation or modify the process of revalidation.
 - Engagement with external stakeholders has been adequately planned and programmed in, although elements are linked to the communications strategy, which is discussed in paragraph 1.13.
- 1.11 We also concluded that good preparation has been made in terms of the 'customer journey' for revalidation, with the online revalidation process and the readiness of the call centre to handle any enquiries. We noted

also that data requirements have been developed and the tools in which to provide NMC and external parties with information about revalidation – ranging from performance of the system through to the future intelligence gathering on potential patterns or data on nursing and midwifery practice – are in place.

- 1.12 Nonetheless, our review has been conducted at a specific point in time, where some project elements have been started relatively recently or require work to be done later in the programme. Our assessment overall is that these activities are properly identified and planned from September 2015. Our evaluation concludes that the lead managers on these areas, through to senior management, seem to have a good grip of what is required, but there remains much work to be done.

Areas of potential risk

- 1.13 The most significant part of revalidation that is currently under development is the internal and external communication plan. Effective external communication will be essential to manage other risks of revalidation – including ensuring registrants have sufficient information to conduct revalidation online, on a self-service basis, and avoid drawing on the resource of the NMC's call centre. External consultants were engaged in mid-August to develop the communication strategy and they have been working at a rapid pace to assist the communications team in putting those plans in place. Thus, whilst communications are 'in hand', there is much to do to plan and execute the communications strategy.
- 1.14 There is also some further work to do to complete the approach and plan for oversight of the revalidation process during the transition from an implementation programme to 'go live'.
- 1.15 One other key feature of the revalidation business model is that revalidation is conducted by the registrant online. Currently, the NMC has about 60 percent of registrants who have signed up to the online portal. The percentage of adoption for online use is growing, but if the online take up is not sufficient, there could be significant implications on the effectiveness of the programme. A focussed plan is being developed for the first batch of revalidations to ensure that those revalidating in April 2016 and thereafter are online.
- 1.16 A further element that is not currently complete is the staff training needs identification, analysis and the deployment of training. The timeline for training staff so they are knowledgeable about revalidation is planned in the programme and is expected to be delivered between mid-September to mid-October, with the priority being the call centre as the primary point of contact for registrants. The timeline is quite tight to achieve the training across the organisation, as once the Council decision is made in October, the NMC will need to respond accurately to questions and enquiries. This includes those staff outside of the call centre in areas such as 'fitness to practise'.
- 1.17 The following tables in Section 2 show the results of our analysis of readiness in more detail.

2 Our evaluation ‘dashboard’ of NMC’s readiness assessment

Area of activity	Our rating	Analysis
<p>1 Clarity on readiness definition (regulatory and operational) and sufficiency of the depth and breadth in use of the term</p>	<p>Impacts understood and mitigations in place.</p>	<ul style="list-style-type: none"> • A high level map of the impact of revalidation has been developed and accompanied with detailed definitions of the impacts revalidation will have across all of the NMC operations defined. These impacts range from the very significant impacts on the core registration and call centre, through to business areas and activities that will have a moderate impact, such as the continued practice and quality assurance functions; and less impacted areas such as building facilities. • The detail of the impacts, how they are to be properly prepared for, the resources required for preparation and operating during the complete duration of implementation, have been assessed and quality assured. We consider the process for arriving at the assessment of operational impact, including the thorough engagement with staff and managers at all levels and across all disciplines, gives us a good degree of confidence that the NMC has a good grip of what is required. The NMC has also set out a realistic plan for implementation. • We note that many impacts of revalidation will not take effect until the revalidation systems are live, which gives the project team sufficient time to implement the changes required. Other than the tasks associated with the main projects in areas such as registration and the call centre, which are covered by separate dedicated project teams, the assessment of operational impacts exercise has brought a greater degree of clarity on the planning for revalidation and should help to ensure that there are no significant impacts without corresponding mitigations in place. Nonetheless, there is much to do to ensure that the projects are completed and thus it is important to make sure that the more significant projects remain the priority and the programme board maintain close scrutiny. • A detailed work programme plan has been established which lists individual tasks and their respective completion dates in terms of revalidation. We selected a sample of 20 tasks that the programme plan details as being in progress and confirmed that completion deadlines appeared reasonable in all cases. • The product description matrix details individual activities relating to revalidation, and monitors whether individual items have been ‘closed’ or ‘completed’. This document is categorised according to work streams and sub-work streams. However, through comparison of the product description matrix against the programme plan, we found that it is difficult to cross-check individual activities on the documents, as there is no identifiable reference or link between the two documents. In addition, in a small number of cases, it was identified that some ‘target production dates’ on the product description matrix did not align with the corresponding deadlines for the same activity on the programme plan. However, we did not consider these to be material items.
<p>2 A final suite of signed off policy, standards and guidance to support and create a sound framework for revalidation</p>	<p>On track</p>	<ul style="list-style-type: none"> • The NMC’s revalidation pilot, the findings from the work by MORI and feedback through the NMC’s engagement confirms that the policy and procedures are stable and not likely to change significantly. This stability has continued to allow the IT team and the other project teams to work within a clear and stable business requirement. • The preparation now is in terms of the completion of drafting the guidance. After internal checks from the in-house legal team,

Area of activity	Our rating	Analysis
		<p>the guidance is currently being verified by external lawyers.</p> <ul style="list-style-type: none"> We consider it a good decision to provide Council with the 'printer's proof' of the guidance as this will provide Council with the opportunity to see how the guidance is being presented to registrants.
<p>3 IT registration and revalidation systems including back up arrangements and handling capacity of processing;</p>	<p>On track</p>	<ul style="list-style-type: none"> Given the policy for revalidation to be conducted online, the need for the IT systems to operate effectively is essential to the success of revalidation. A well-defined and realistic plan for the design, build, and deployment of the Revalidation systems has been produced. The plan is realistic, with suitable milestones being met and has an adequate level of contingency built-in. Feasibility has been successfully demonstrated through the working pilot system. The operation of the pilot system has been assessed and the functional and technical issues identified have been incorporated into the requirements for the full system. Although the development methodology being used – Agile – is new to NMC, we consider that the IT Project team, under its new leadership, has a clear understanding of this approach and are using it effectively in the process of implementing technical functions, undertaking testing, and managing any remedial or evolving requirements. We found that the team has a good level of flexibility in dealing with arising issues in order to optimise development and testing resources in line with planned deadlines. We consider that adopting an Agile approach has been a suitable choice for revalidation and has contributed to a lowering of risk with regards to defining requirements, undertaking testing and building the features of the system. Strong processes are in place to identify and capture functional, technical and compliance requirements and ensure that they are incorporated within the design of the system. The technical design has been reviewed and signed-off by the NMC's Technical Design Authority to ensure compliance feasibility and compatibility with existing systems. Estimated time requirements for the iterative individual development activities have been progressively refined over the life of the project, so the project team have been able to estimate the remaining required activities with a high degree of accuracy. Capacity requirements have been tested through stress tests to ensure that the system should cope with the anticipated volumes once the system has gone live. In addition, the phased roll-out of the overall revalidation process should allow any capacity issues which arise following go live to be addressed in a structured way in order to minimise disruption to users. Although external development is being carried out by consultants Fortesium, we note that, currently, neither Fortesium nor any other suitable technical partner are contracted to provide support and maintenance services once the initial warranty period has expired. TBS Management is aware of this risk and are working to identify a suitable longer-term maintenance partner. Given the widespread use of Microsoft Dynamics CRM across many industries we consider that it should be straightforward for the NMC to address this risk within an adequate timescale. Due to the impending data centre move scheduled for Quarter 4 of 2015, comprehensive security tests over the NMC online and revalidation services have not yet been undertaken. However, TBS management are planning for independent security consultants to undertake both external and internal penetration tests by December 2015, which should allow for any resulting

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Area of activity	Our rating	Analysis
		security issues to be addressed by March 2016.
4 Call Centre and customer handling systems	On track, but some work to complete	<ul style="list-style-type: none"> • It is important to note that only a small proportion of registrants will be revalidating in April 2016 – revalidation is a rolling activity which will steadily work through the registrant population over a three year period. • The call centre project work has now come to a conclusion on the likely number of callers and the nature of the calls. The levels of increase are expected to be about 10 percent, providing sufficient information and guidance is readily available and that the systems, including the online system registrants will be using, is working properly. We are satisfied that the team have put in additional resource to cover the likely level of the increase in calls. The NMC has also allowed for additional spikes in demand and has the ability to deploy additional staff from across the directorate to significantly increase capacity, should the need arise. While revalidation is a significant change, the NMC has experience of launching other changes and has managed those surges in demand with success. • NMC has also looked at how other regulators have handled similar changes and there is good evidence to suggest that the demand levels will be as predicted. • A further element that is not currently complete is the training needs identification, analysis and the deployment of training. The timeline for training staff so they are knowledgeable about revalidation is planned in the programme. Training is expected to be delivered between mid-September to mid-October. The timeline is quite tight to achieve this as staff need to be able to respond to queries about revalidation as soon as the Council decision is made. It is noted that the timing for training staff in the call centre is scheduled for the earlier part of this period so that this is complete in advance of the Council decision. • The other risk area is the reliance NMC is placing on their assumption and business model that registrants will be using the online portal for revalidation and not other means (those other means would be likely to be a paper version of the forms received and scanned by the NMC's UK registration team with the possibility to include interaction with the call centre). Currently, around 60 percent of registrants have registered with the online portal. The NMC will be targeting the 16,000 April 2016 revalidating cohort with additional information and encouragement to sign up to the online portal. The risk of a significant number of registrants not going online remains until the registrant population goes online completely as the NMC does not intend to provide alternative methods (there are separate arrangements in place for registrants with disabilities in the event that they are not able to use the online system).
5 Data and reporting needs are clear and reports will be ready to go when needed	On track	<ul style="list-style-type: none"> • Data and information requirements have been evaluated and identified by the NMC for internal and external audiences, including regular 'insight' reporting, performance reporting and management information. Data requirements have been drawn up. The data and information requirements range from the performance of the revalidation process, the online system and call centre operability perspectives. • We also noted that early this year, the information team evaluated whether the design of the revalidation process would capture enough types of information to enable meaningful insight. We noted that a small number of adjustments to the data

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Area of activity	Our rating	Analysis
		<p>requirements were built in to the requirements of the online system to facilitate this (these items included whether the registrant has an annual appraisal and whether they have a line manager).</p> <ul style="list-style-type: none"> • The means to capture trends with regard to the composition of the community of revalidating registrants has been included in the data analytics requirement. • The data capture mechanism and means for data analysis have been built. NMC intend to build information reports on revalidation and include them as part of the NMC’s publication scheme. • The frequency of reporting has been incorporated into the planning of data and reporting. • For management information reporting (of the performance of revalidation as a system), a suite of reports has been identified, building on the existing suite of registration team dashboards, renewal process reports and a revalidation-specific requirements list. • We have confirmed that there is a plan in place for consultation with stakeholders, the likely information reports, their source, timescale and reporting frequency. • Many of the insight reports considered for adoption are not required immediately – some being required in the period 2016 to 2019.
<p>6 Communication and engagement internal to NMC</p>	<p>On track, but some work to complete</p>	<ul style="list-style-type: none"> • Communication and engagement are critical to the success of revalidation as revalidation involves a change in the requirements and instruction to registrants on how to follow it. The NMC needs to communicate the new revalidation requirements effectively to all registrants to ensure that they are aware of the process and what they will need to do, so that it does not expose the NMC to legal challenge. A clear engagement plan has been operating for some time and there has been engagement with the key professional bodies and employer stakeholders throughout the summer. This engagement is set to continue throughout the autumn of 2015, as revalidation comes closer and the outcome of the Council’s decision in October is given. Particular effort has been made to develop the revalidation model and approach to communications with the ‘four countries’. The engagement plan has been drawn up with an intense programme of activity across stakeholder groups through the period from July 2015 to December 2015. Further work is being planned in the run up to April 2016 and beyond. • Communication planning has been slower to develop than engagement, but a strategy is being developed with the assistance of external advisors. The communication strategy is to be completed mid-September for both internal staff and external communications. The delivery of the strategy is in two key stages – “go ahead” after October’s Council meeting and “go live” from the date the system goes live. • The content of the strategy is dependent on the outcome of the Council decision on revalidation in October 2015, but the method by which that communication is delivered and to whom is not dependent on Council’s decision. As the communication strategy is not completed at the time of writing, we consider that there is a risk exposure currently, although the draft strategy developed by the advisors at this stage appears to be within the resource budget of the NMC and covers all media channels

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Area of activity	Our rating	Analysis
		and audiences.
7 Required changes to other business processes affected by revalidation.	On track	<ul style="list-style-type: none"> The impact assessment work has been completed and all projects across the NMC that are being affected by revalidation have been integrated into the programme and project planning, with milestone dates, interdependencies understood and, resources identified (quantity of resource and the naming of individuals).
8 Governance and oversight arrangements post go live	Developing, no immediate need	<ul style="list-style-type: none"> The NMC is developing plans to ensure there is clarity of responsibility for oversight, governance and management of revalidation processes following implementation and transition from a 'programme' to 'business as usual'. Plans will be drawn up by 31 October 2015. We consider that the timeline is reasonable both to develop the plan and implement it afterwards.
9 Implications for other projects and other projects on revalidation	On track	<ul style="list-style-type: none"> The governance arrangement for projects is such that the assistant director lead for programmes has the authority to manage resources across projects across the NMC, according to the priorities of the Council and Executive. This provides a framework for ensuring that strategic projects are prioritised appropriately. We noted that cross-programme co-ordination currently means that revalidation takes priority. We have seen good evidence that revalidation is being appropriately managed amongst other projects at this crucial phase. Delivering the other key projects (MRPQ and phased payments) is not putting the revalidation programme at risk.
10 Fall back & roll back arrangements should systems fail at go live or go live is postponed.	On track	<ul style="list-style-type: none"> Contingency arrangements are in hand with regard to the call centre should the system fail, including the option to deploy additional staff to supplement the capacity of current call centre staff, with almost immediate effect. IT system back up risks have now been resolved, reducing the likelihood of an IT system failure. However, we note that currently both the live and back-up servers providing the NMC Online service are located in the same data centre. In mitigation, TBS management have plans to deploy an off-site replication of these servers from November 2015. It should be noted that if these enhancements to the IT disaster recovery arrangements are not implemented successfully, a disaster or disruption affecting the primary data centre altogether could cause significant prolonged interruption to the NMC online and revalidation services As previously noted, only about 2.5 percent of the registration population will be renewing through revalidation in the first tranche in April 2016. The nature of the registrant renewal cycle (registrants renew once every three years) allows for a managed implementation. Also, the 'go live' date for the online system is January 2016, which allows registrants to begin their process in good time. Revalidation is one of many project implementations that the NMC registration team have managed, so responses to system break down have been well rehearsed. The impacts of postponement have been assessed and are to be presented to the revalidation programme board. Delay to the programme could occur due to a senior management or Council decision for policy or readiness reasons. The impact of a

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Area of activity	Our rating	Analysis
		<p>postponement has been assessed, which gives a clearer indication to decision makers of the cost/benefit of any postponement.</p> <ul style="list-style-type: none"> Roll back arrangements are being planned for the revalidation system and, internal NMC processes, and will be built into the communication and engagement plan.
11 Programme planning	On track	<ul style="list-style-type: none"> A programme plan with detailed project plans, with realistic milestones and clear, relevant product descriptions, together with adequate resources to deliver, will provide assurance over the realism of the programme meeting its objectives. Our analysis indicates that the programme is adequately planned and governed. The impact assessment has been completed, work has been planned across both the larger and already known projects. The projects range from the online revalidation system and call centre changes, as already noted, through to impacts on the work of the continued practice team and the corporate governance teams (for example, the impact of revalidation on freedom of information requests).
12 Programme reporting	On track	<ul style="list-style-type: none"> The reporting of the programme including the internal readiness uses a standard approach. We consider this to be satisfactory.
13 Risks and issues assessed and being managed	On track	<ul style="list-style-type: none"> The projects and programme board are reviewing and maintaining risk registers regularly, and these are subsequently feeding into the corporate risk register which is reviewed by Council. Our analysis indicates that the risks register reflects the project teams' focus on the risks and issues. From discussion with programme and project team members, risks and their mitigation are core to the project. The attitude to risk and risk management is consistent with our previous findings on the way the NMC use risk management as a management tool in its day-to-day operation.

A Our evaluation criteria for this assessment

Assessment Criteria	Rationale
1. Extent and scope of impacts understood and in the programme and individual projects.	Programme and project level assessment. Includes project plans.
2. Timing of 'go live' for project products is ascertained, agreed and documented.	Ensuring that products are ready when needed, not too early, nor after. Readiness in this programme is not one single date, but several key dates.
3. Interdependencies between projects, risks and issues are clearly understood, documented and have mitigations in place, which are being actively monitored, reviewed, updated and closed off.	Programme level understanding of the interconnections between projects within the programme (mindful of resources required across the programme and across the NMC).
4. Project products that need to be in place for the Council decision in October are ready, with testing completed, accepted by users. There is nothing significant more to do in terms of preparing the project product, according to the project documentation – the project plan, issues and risks log. Resources are in place for the go live and thereafter.	Products need to be ready at different times, but for the products that require delivery for October, the expectation is that they are 'good to go'. Timing for when products need to go live are covered in item 2 above.
5. Project products that need to be live in the future are at the stage that they should be, based on the project plan. Project issues and risks are being identified, documented, monitored and managed. Resources are in place at the current stage of the project and are in place for the remaining future stages, including post go live.	As all products from the programme will not be required to be ready in October or December 2015, we need to understand with confidence that they are likely to be delivered to the right standard when they are needed.
6. Stress testing and simulation has been carried out to ensure individual products and the suite of products in the programme taken together can function in peak workloads. Peak load testing is realistic but can deal with 'flash' spikes in activity and there are satisfactory 'work arounds' that have been accepted by NMC senior management. Cost and people resource needs are in place or planned to be in place to manage these peak workloads.	This is to ensure that the NMC has the capacity to handle the expected and reasonably unexpected consequences of demands on the 'system' as a whole, which includes IT systems and the call centre, but areas that might be affected. Some containment may be carried out rather than responding with additional resource, but that containment strategy (such as altering the number of verification checks in the first week of operation) needs the sign off of senior management and possibly, in some instances, Council approval.
7. Fall back and roll back considerations in place across the programme	Whether NMC has got plans to reverse or postpone implementations and the readiness of the business to accommodate this – including communications.

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Assessment Criteria	Rationale
8. Data, information and reporting needs are identified and the mechanisms for providing this are properly anticipated in the planning, meet the needs of users and ready when required.	Success of the programme as it comes into force and the development of business as usual are properly covered.
9. Communications – implications understood, plans and resources planned or in place.	Evaluate whether the right internal communications are in place and external communication is properly planned and resourced.
10. Governance and transition to business as usual, including transition plans, 'to be' processes and governance of both the programme, project and 'to be' process and management arrangements. Resources in place, risks and issues, governance structure agreed.	Ensuring that the NMC in being ready has properly considered and has realistic arrangements for transition to a live environment and that includes governance of the transition period and clarity on governance in the live environment.

B Review Objectives, Risk Areas Covered & Scope

Terms of reference	
Objectives	<p>The objective of the work is to provide assurance on whether the NMC considered as part of its readiness assessment all the impacts and risks to its own business across all of its functions and done so appropriately. Ultimately, the internal audit work will provide assurance to Council when they meet in October 2015 as to whether NMC's definition of operational and regulatory readiness is clear and that the NMC's assessment of operational and regulatory readiness is correct and thus the NMC should proceed with the final countdown to go live.</p>
Key risk areas	<ul style="list-style-type: none"> • The clarity in the definition of 'readiness' and sufficiency of the depth and breadth in use of the term; • a final suite of signed off policy, standards and guidance to support and create a sound framework for revalidation • IT registration and revalidation systems including back up arrangements and handling capacity of processing; • Call centre and customer handling systems; • Data and reporting needs are clear and reports will be ready to go when needed; • Communication and engagement internal to NMC; • Required changes to other business processes affected by revalidation; • Governance and oversight arrangements post go live; • Implications for other projects and other projects on revalidation; • Fall back arrangements should systems fail at go live or go live is postponed.
Scope	<p>Council will be seeking assurance that management have got the plan right, are clear and robust around impact and risk to the business and have clear mitigations and plans in place to address any issues and that these can be delivered on time. The review will assess the NMC's own assessment of its readiness. We will not be conducting the readiness assessment itself. Moreover, we will not be conducting a review of readiness of other parts of the programme such as the four countries. Time, quality and cost considerations will be included. Consideration of the readiness of systems and resources (capacity of resources to meet the demand and capability) will be included. We will evaluate planning and the way in which activities have been identified. Reporting mechanisms and their robustness will be covered also and whether the readiness assessment is based on sound governance, planning, appreciation of the issues, risk management, resource allocation, stakeholder management, communication needs.</p> <p>The IT work will be focussed on the following key areas:</p> <ul style="list-style-type: none"> • Robustness of the system delivery plan (an overall plan for the delivery of system changes and not just the ICT element) and the focus should be on sprint planning, requirement prioritisation, change process and key risks to the delivery of the plan; • Robustness of the test plan with focus on clear entry and exit criteria and traceability of test cases back to the business requirements which should provide assurance that the system will meet business requirements; • Plans for releasing the system in production including ensuring all pre-requisites are in place and a go/no go mechanism through which a decision will be made to release the system in production; • Plans for transitioning to support, both within ICT and Registration. <p>There may be impacts from the introduction of revalidation such as an increase in lapses or readmissions or an increase in referrals. These potential consequences have a longer timeframe and thus not directly related to operational readiness and the Council decision in October 2015.</p>
Approach	<ul style="list-style-type: none"> • An initial assessment of the work stream project scope, governance, plan, methodology as at July 2015, to identify any risks or gaps not anticipated by the NMC, to provide assurance that the business readiness project is soundly based. • Regular communication with internal audit will also take place on key deliverables on an agreed two to three weekly basis, in line with the project reporting cycle. • A final assessment will be carried out in early August to inform Council's decision in October, which will also follow up matters covered by the previous period of our work. • The IT specific work will be part of the final assessment in early August

C Staff consulted during the review

Name	Job title
Jackie Smith*	Chief Executive and Registrar
Katerina Kolyva*	Director of Continued Practice
Katy Healy*	Revalidation Implementation Manager
Richard Bloomfield*	Project Manager
Manaza Qasam*	IT Readiness Project Manager
Roxanne Burns	Regulatory Readiness Project Manager
Alison Sansome*	Director of Registration and ICT
Tom Kirkbride*	Assistant Director Registration
Rachel Murphy*	Chief Technology Officer
Chris Hartnett	ICT Programme Manager
Ian Fuller	Continuous Improvement Manager, Registration
Clare Padley	Corporate Legislation Advisor and Programme Lead
Sarah Page	Director of Fitness to Practise
Jon Billings	Director of Strategy
Emma Westcott	Assistant Director, Strategy
Ben Whur	Senior Strategic Engagement Lead
Gaurav Shrivastava	Assistant Director Change and Programmes
Rachel Dufton	Assistant Director Communications

The staff listed above were interviewed during the fieldwork to assist in completion of the assignment. Staff marked with a * were met as part of the initial work in July as well as for the Key Report work in August.

We would like to thank these staff for the assistance provided during the completion of this review.

Council

Revalidation policy, standards and guidance

Action: For decision.

Issue: The policy and standards required to implement revalidation.

Core regulatory function: Registrations and setting standards.

Strategic priorities: Strategic priority 1: Effective regulation.

Decision required: The Council is recommended to:

- Approve the final revalidation policy in Annexe 1.
- Approve the final revalidation and readmission standards in Annexe 2.
- Approve the revised UK Registrations Policy in Annexe 3 which includes consequential changes relating to revalidation and readmission.
- Note the “How to revalidate with the NMC” online publication set out in Annexe 4 which incorporates all the legislative requirements and the standards relating to revalidation, and provides guidance in relation to those requirements for nurses and midwives.

Annexes: The following annexes are attached to this paper:

- Annexe 1: Revalidation policy
- Annexe 2: Standards for revalidation and readmission
- Annexe 3: UK Registration policy
- Annexe 4: “How to revalidate with the NMC” publication [circulated separately]

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.

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- Context:**
- 1 The overall context and background to revalidation are set out in the main decision paper “Introduction of revalidation for nurses and midwives”¹.
 - 2 In December 2014 the Council approved a provisional revalidation policy for the purpose of the revalidation pilots and in January 2015 the Council approved the provisional revalidation standards. The provisional requirements for the revalidation pilots were published in the provisional ‘How to revalidate with the NMC’ publication.
 - 3 We have revised each of these documents based on our learning from the pilots. The learning from the pilots and the most significant changes to the policy and the standards resulting from that learning are summarised in the main decision paper “Introduction of revalidation for nurses and midwives”² and also detailed below.
 - 4 The final revalidation policy (Annexe 1) sets out the final revalidation model for the first phase of revalidation and details all the legislative requirements and standards which need to be made by the Council to introduce the proposed revalidation model.
 - 5 The new revalidation and readmission standards (Annexe 2) will apply to all registrants who are due to renew their registration with the NMC after 1 April 2016 and will replace the current Prep standards which relate to both renewal of registration and readmission to the register³ from that date.
 - 6 As a result of revalidation, there are a number of consequential changes to the UK Registration Policy (Annexe 3).
 - 7 All the revalidation requirements will be published together in our “How to revalidate with the NMC” publication set out in Annexe 4 which also provides additional guidance in relation to those requirements for nurses and midwives
 - 8 Other supporting guidance will be published including information for confirmers and employers. In partnership with the pilot organisations, additional supporting materials such as templates, case studies and factsheets are also being produced to support the introduction of revalidation. All these materials will be available on the NMC website.
 - 9 The new requirements for revalidation and renewal will apply to all registrants who are due to renew their registration with the NMC after 1 April 2016.

¹ NMC/15/79, Item 7a, Introduction of Revalidation for nurses and midwives, October 2015

² NMC/15/79, Item 7a, Introduction of Revalidation for nurses and midwives, October 2015

³ The post-registration education and practice standards.

**Discussion
and options
appraisal:**

Revalidation policy

- 10 The revalidation policy is at Annexe 1. It sets out our revalidation model and the legislative basis for each component. Under this policy, some of the requirements for revalidation are based on the existing provisions in our legislation relating to renewal and some requirements are to be set out in new standards.
- 11 The main changes to the provisional revalidation policy (with references to the relevant page number in the policy) are set out below.
- 11.1 The requirement for continuing professional development (CPD) will remain at 35 hours over three years as at present, rather than being increased to 40 hours, but the policy retains the new requirement that 20 of these hours must be participatory (page 8).
- 11.2 Clarification of the Council's standard-making powers in relation to continuing professional development (including the feedback and reflective elements of the model) (Page 8).
- 11.3 Inclusion of the requirement to declare any determinations made by another regulatory body in relation to impaired fitness to practise (page 10).
- 11.4 The inclusion of further information about the verification process (page 12).
- 11.5 The inclusion of further information about the Equality Act provisions (page 15).
- 12 **Recommendation: The Council is recommended to approve the policy for the revalidation of nurses and midwives set out in Annexe 1.**

Standards for revalidation and readmission

- 13 The new standards for revalidation and readmission are at Annexe 2. If approved, the revalidation standards will be made by the Council using its existing powers to set standards in relation to professional practice hours and continuing professional development, and will replace the current Prep standards.⁴
- 14 We are also recommending changes to our readmission and return to practice standards as a result of introducing revalidation.
- 15 The readmission standards set out what nurses and midwives who have previously been registered with the NMC need to do if they wish to return to the register after their previous registration has

⁴ The post-registration education and practice standards.

lapsed. New readmission standards have been created to make sure that it is not easier to lapse from the register and seek readmission rather than completing the revalidation process. If we identify that someone is seeking to use readmission to avoid revalidation when it is due, these standards will enable us to require that the nurse or midwife demonstrate that they had completed the relevant revalidation requirements while they were on the register.

- 16 Standards in relation to return to practice courses are currently published in the Prep handbook. It sets out what these courses must cover and their duration, and is aimed at course providers rather than nurses and midwives. When the Prep handbook is withdrawn, we need to make sure that this information is still published.
- 17 At this stage we are not changing the return to practice standards. However, we will be reviewing these standards through engagement with higher education institutions and the return to practice standards may be updated in 2016 as a result of this work.
- 18 **Recommendation: The Council is recommended to approve the standards for revalidation and readmission set out in Annexe 2.**

UK Registration Policy

- 19 The revised UK Registration policy is at Annexe 3. The Council last considered the UK Registration policy at its meeting in December 2014. The Council approved the UK Registration policy subject to there being more clarification of the health and character requirements.
- 20 The necessary clarification to the policy has now been made as part of the preparation for revalidation, and decision-making guidance for the Registrar and Panels in relation to health and character has been produced and approved by the Executive Board.
- 21 The new guidance consolidates and clarifies the existing requirements in our legislation and the guidance on character and health contained in the 2010 Guidance for approved education institutions. It will apply to decisions relating to health and character made during the revalidation process as well as other registration decisions. It will become effective once the Council approves the revised UK Registration policy.
- 22 Consequential amendments have also been made to the UK Registration policy as a result of the proposed revalidation policy. These include:
 - 22.1 the inclusion of information relating to the granting of extensions; and
 - 22.2 reference to the revalidation and readmission standards.

“How to revalidate with the NMC” online publication

- 23 The ‘How to revalidate with the NMC’ online publication is at Annexe 4 and includes all the legislative requirements and the Council standards relating to revalidation. It also provides guidance and advice for nurses and midwives on how to meet those requirements.
- 24 We piloted the provisional version of this publication, along with information for confirmers and a range of templates. We received a significant amount of feedback about these documents through the pilots which is summarised in the main Council revalidation decision paper⁵. Based on that feedback, we have made a number of changes to these documents, in addition to the substantive changes to the standards outlined above.
- 24.1 We clarified our guidance where areas of confusion had been highlighted by pilot participants and included additional guidance in many areas, including scope of practice, confirmation, and verification.
- 24.2 We strengthened messages relating to the purpose of revalidation and what each requirement was designed to achieve.
- 24.3 We made some changes to the language used to describe certain requirements, such as changing ‘professional development discussion’ to ‘reflective discussion’ and ‘third party confirmation’ simply to ‘confirmation’.
- 24.4 We developed a more accessible layout and format for the guidance and introduced mandatory forms for the reflective accounts, reflective discussion and confirmation to reduce variability in approach.
- 25 If Council make the decision to introduce revalidation, we will be publishing other supporting guidance including specific information for confirmers and employers and additional supporting materials such as templates, case studies and factsheets to support the introduction of revalidation
- 26 **Recommendation: The Council is recommended to note that the “How to revalidate with the NMC” online publication set out in Annexe 4 includes all the legislative requirements and the standards relating to revalidation, and provides guidance in relation to those requirements for nurses and midwives.**
- 27 The guidance and advice elements of this publication may be amended from time to time to keep it up to date and in response to feedback as revalidation is introduced, but no changes will be made

⁵ NMC/15/79, Item 7a, Introduction of Revalidation for nurses and midwives, October 2015

to the policy or the standards without seeking Council's approval.

- Public protection implications:** 28 These are the same as set out in the main revalidation decision paper.
- Resource implications:** 29 There are no separate resource implications resulting from the recommendations in this paper beyond those identified in the main revalidation decision paper. The 'How to revalidate with the NMC' publication will be published online as a web document and can be downloaded for free. We do not intend to provide printed copies of this document for nurses and midwives as it will be a "live" document that may be updated, but we will be producing a "printer friendly" version and special arrangements will be made for those who need a paper copy.
- Equality and diversity implications:** 30 We have undertaken a full equality impact assessment for revalidation. The assessment was largely based on what we already know about the make-up of the register, and information we learnt through the two consultations we did in 2014 as well as the revalidation pilots. The impact assessment considered the impact of revalidation on a range of people with protected characteristics.
- 31 We have put in place several solutions to help mitigate any detrimental impact on these groups, such as offering alternatives to the online application route, allowing extensions to the application deadline and the provision of alternative renewal arrangements for those in exceptional circumstances. As part of the revalidation application process we will ask registrants to provide a range of equality and diversity data which will help us gain insight into the profile of our registrants and better tailor our wider policies going forward. We will continue to assess the impact of the policy during implementation from April 2016 onwards and, as appropriate, seek to mitigate any adverse impact that may become apparent.
- 32 Our Welsh Language Scheme⁶ states at paragraph 34 that '*standards, guidance and other technical or specialised material aimed at professionals and not directly at the public will be in English. However, we will offer a translation in Welsh on request*'. Since we anticipate receiving such requests we intend to go beyond this requirement and publish Welsh language versions of the "How to revalidate with the NMC" guidance for registrants and the guidance documents for employers and confirmers on our website. We will also accommodate any requests for the supporting guidance and documents to be translated into the Welsh language in line with

6

<http://www.nmc.org.uk/globalassets/sitedocuments/consultations/welshlanguagescheme/2011/welshlanguage20110119.pdf>

our policy.

- | | | |
|--------------------------------|----|--|
| Stakeholder engagement: | 33 | See the information set out in the main revalidation decision paper. |
| Risk implications: | 34 | If the Council does not approve the policy, standards and guidance for revalidation, we will not be able to publish the requirements or expect nurses and midwives to begin working towards meeting these requirements. This will delay the implementation of revalidation and is likely to mean that the first nurses and midwives due to revalidate will be put back. The consequences of such delay are outlined in the main paper. |
| Legal implications: | 35 | The policy, standards and guidance have been subject to an internal and external legal review including specialist legal advice relating to data protection requirements. We have also engaged with the Information Commissioners Office about our proposed model. |

Policy for the revalidation of nurses and midwives

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Introduction

- 1 This policy sets out how nurses and midwives maintain their registration through revalidation at the point of renewal.

Who the policy applies to

- 2 This policy applies to all NMC registered nurses and midwives.

Aims of the policy

- 3 This policy outlines the requirements that all nurses and midwives must comply with in order to maintain their registration.

Legislative framework

- 4 In this document, any reference to the Order is a reference to the Nursing and Midwifery Order 2001. Any reference to the Rules or a rule is referring to the Nursing and Midwifery Council (Education, Registration and Registration Appeals) Rules 2004.
- 5 The Nursing and Midwifery Order 2001 (the Order) established the NMC and sets out its powers.
- 6 Article 10(1) of the Order requires a nurse or midwife to make an application for renewal if they wish to renew their registration at the end of the 'prescribed period'. Rule 10(3) sets the registration period at three years.
- 7 Article 10 of the Order sets out the basis for which the Registrar will grant an application for renewal of registration.

10. —(2) *The Registrar shall grant the application for renewal if the applicant—*

(a) meets the conditions set out in article 9(2)(b) and (c)¹

(aa) satisfies the Registrar that there is in force in relation to the applicant or there will be as necessary for the purpose of complying with article 12A, appropriate cover under an indemnity arrangement;

(b) satisfies the Registrar that he has met any prescribed requirements for continuing professional development within the prescribed time; and

(c) where he has not practised, or has practised for less than the prescribed period, since his first registration or, as the case may be, his latest renewal, has met such requirements as to additional education, training or experience as the Council may specify under article 19(3) and which apply to him

¹ Article 9(2)(b) of the Nursing and Midwifery Order 2001 requires the applicant to satisfy the Registrar that they are capable of safe and effective practice based on standards and requirements set by Council under Article 5(2). Article 9(2)(c) requires the registrant to pay the prescribed fee.

8 Article 9(2)(b) and (c) states:

(b) satisfies the Registrar in accordance with the Council's requirements mentioned in article 5(2) that he is capable of safe and effective practice as a nurse or midwife; and

(c) has paid the prescribed fee.

9 Article 5(2) states:

5.—(2) The Council shall from time to time—

(a) establish the standards of proficiency necessary to be admitted to the different parts of the register being the standards it considers necessary for safe and effective practice under that part of the register; and

(b) prescribe the requirements to be met as to the evidence of good health and good character in order to satisfy the Registrar that an applicant is capable of safe and effective practice as a nurse or midwife.

10 Article 19 of the Order sets out rule-making powers in relation to post-registration training.

19.—(1) The Council may make rules requiring nurses and midwives to undertake such continuing professional development as it shall specify in standards.

(2) The rules may, in particular, make provision with respect to registrants who fail to comply with any requirements of the rules, including making provision for their registration to cease to have effect.

(3) The Council may by rules require persons who have not practised or who have not practised for or during a prescribed period, to undertake such education or training or to gain such experience as it shall specify in standards.

11 A nurse or midwife must make an application for renewal to the Registrar in accordance with rules made by the Council.² Rule 13 sets out what the Registrar must have received from the applicant in order to renew the registration.

13.—(1) No later than the date specified in the notice to renew her registration, issued in accordance with rule 11(c), the Registrar must have received

(a) an application on the personalised documentation provided by the Council which shall include a declaration by the applicant, with which the Registrar is satisfied, as to her good health and good character;

(aa) evidence that there is in force in relation to the applicant, or there will be as necessary for the purpose of complying with article 12A of the Order, appropriate cover under an indemnity arrangement;

² Article 10(1) of the Order

(b) confirmation from the applicant that—

(i) she has undertaken continuing professional development in accordance with rule 3(3) and has recorded such learning activity in accordance with standards provided by the Council; and

(ii) she has, subject to rule 3(5), practised for no fewer than 450 hours in the three years preceding the date of her application for renewal of her registration;

(c) the fee for renewal prescribed in rule 3(e) of the Fees Rules

(d) such other documents, information or evidence as the Registrar may have reasonably requested for the purpose of verifying the information in and determining the application for renewal.

- 12 Registration will not be renewed if the nurse or midwife fails to comply with Rule 13.³
- 13 Article 10(3) of the Order gives the Registrar discretion to approve a renewal application on the condition that the nurse or midwife satisfies the requirements within a specified timeframe. Rule 14(5) sets out the process for exercising this discretion - “...the Registrar may decide, prior to the date on which the registration is due to lapse, to allow a further period not exceeding three months...”
- 14 Rule 14(3) requires the Registrar to notify the nurse or midwife if their registration lapses under Article 10(3) and inform them of the right of appeal.
- 15 Article 37 of the Order sets out the decisions of the Registrar that a registrant can appeal. These include the refusal of an application for renewal, the imposition of additional conditions and removal from the register for breaching a condition in respect of continuing professional development (CPD).
- 16 Article 37(2) of the Order states there will be no appeal for failure to pay the fee or failure to apply in the prescribed form and manner in accordance with article 10. Furthermore, 37(2B) states there will be no appeal based on a complaint that a provision of the rules under Article 10 is invalid. Part 4 of the Rules sets out the process to be followed in an appeal.
- 17 Where a nurse or midwife’s registration has lapsed, article 10(4) of the Order allows them to apply to the Registrar to be readmitted. Rule 15 provides further detail around readmission including:
- requirements that currently apply to admission⁴
 - requirement for referees⁵

³ Rule 13(2)

⁴ Rule 15(2) and rule 5(1), 5(2)(aa) and (b), and rule 6(1) to (1E)

⁵ Rule 15(3)

- taking into account any information that raises concerns about the registrant's fitness to practise⁶
- meeting any additional requirements around education, training and experience.⁷

The Code, standards and guidance

- 18 The Code *Professional standards of practice and behaviour for nurses and midwives* (known as 'the Code') contains the professional standards that registered nurses and midwives must uphold. This includes general requirements for maintaining registration.⁸
- 19 The revalidation requirements are contained in standards set out by the Council under article 19(1) of the Order.
- 20 Guidance is available to nurses and midwives to help them understand the revalidation requirements.

Revalidation requirements for nurses and midwives

- 21 Every three years, at the point of renewal, all nurses and midwives will be required to make declarations to confirm they have met the requirements for revalidation. All nurses and midwives must declare that they:
- have met the practice hours requirement⁹
 - have met requirements relating to CPD by:
 - undertaking CPD hours;¹⁰
 - obtaining practice-related feedback¹¹;
 - preparing written reflective accounts based on their CPD and/or feedback and/or an event or experience in their practice, and how this relates to the Code; and
 - having a reflective discussion with another NMC registrant¹²
 - have made a health and character declaration¹³
 - have, or will have, an appropriate professional indemnity arrangement in place¹⁴

⁶ Rule 15(4)

⁷ Rule 15(2) and rule 3(4)

⁸ Paragraph 22 of the revised Code *Professional standards of practice and behaviour for nurses and midwives* (the Code)

⁹ Article 10(2)(c), Article 19(3), Rule 13(1)(b)(ii)

¹⁰ Article 10(2)(b), Article 19(1), Rule 3(3) and Rule 13(1)(b)(i)

¹¹ Standards set under Article 19(1) of the Order, Rule 3(3) and Rule 13(1)(b)(i)

¹² Standards set under Article 19(1) of the Order, Rule 3(3) and Rule 13(1)(b)(i)

¹³ Rule 13(1)(a)

- have obtained confirmation from another person that they have demonstrated that they have met the revalidation requirements.¹⁵
- 22 The registrant must pay the fee for renewal no later than the date specified in the notice.^{16 17}
- 23 To support and evidence these declarations, all nurses and midwives must keep records of their participation. We recommend that these are kept in a portfolio. The portfolio can be kept in any format that the registrant chooses, and must be kept in English¹⁸.
- 24 Our standards and guidance will set out the records that must be kept and the information that must be provided to us on request if the registrant is selected to provide further information to verify their application.¹⁹ Our standards and guidance will also provide examples to help nurses and midwives maintain their revalidation records.
- 25 The following sections set out these requirements in detail.

Practice hours

Legislative basis

- 26 Rule 13(1)(b)(ii) of the Rules requires a nurse or midwife to confirm as part of their renewal of registration that they have practised no fewer than 450 hours in the three years preceding their application.

Requirement

- 27 All nurses and midwives are required to practise a minimum number of hours in the three years preceding their application for renewal.²⁰ Nurses and midwives are already required to confirm this as part of the renewal process.

¹⁴ Article 10(2)(aa) and Rule 13(1)(aa)

¹⁵ Rule 13(1)(d)

¹⁶ Rule 13(1)(c)

¹⁷ Rule 3(e) of The Nursing and Midwifery Council (Fees) Rules 2004 sets the fee for renewal at £120 each registration period.

¹⁸ We will make adjustments for those registrants who train and practise in Welsh and choose to maintain their portfolio in Welsh. Our Welsh language scheme sets out how we will implement the principle of equal treatment for the Welsh language in aspects of our business including service planning and delivery, and communications. Our Welsh Language Scheme is available at <http://www.nmc.org.uk/about-us/our-equality-and-diversity-commitments/welsh-language->. This scheme was approved by the Welsh Language Board in accordance with section 14(1) of the Welsh Language Act 1993 on 19 January 2011.

¹⁹ Rule 13(1)(d)

²⁰ Subject to Article 10(2)(c) which provides that those who have not practised the minimum number of hours must meet any requirements specified under Article 19(3) as to additional education, training or experience.

Registration	Total practice hours required
Nurse	450
Midwife	450
Nurse and SCPHN ²¹ (Nurse/SCPHN)	450
Midwife and SCPHN (Midwife/SCPHN)	450
Nurse and midwife (including Nurse/SCPHN and Midwife/SCPHN)	900

- 28 Those who have not practised the minimum number of hours in the three years preceding their application for renewal must meet requirements relating to additional education, training or experience.²² These requirements are set out in standards and guidance.
- 29 Specific requirements apply to registered midwives who are also registered on the specialist community public health nursing (SCPHN) part of the register and whose only practice is solely in a SCPHN role.²³ These requirements are set out in standards and guidance.
- 30 Registered nurses or midwives who are admitted to another part of the register in the three years preceding their application for renewal only need to meet the practice hours requirement for their initial registration. They will need to meet the practice hours requirements for registration in both parts in subsequent registration periods²⁴.

Continuing professional development

Legislative basis

- 31 Article 19(1) of the Order enables Council to make rules requiring nurses and midwives to undertake CPD as it shall specify in standards. Article 10(2)(b) of the Order requires the Registrar to be satisfied that the applicant has met the prescribed requirements for CPD since their registration was last renewed or they joined the register.
- 32 Rule 3(3) places a requirement on a nurse or midwife to undertake CPD as specified in the standards set by Council in accordance with article 19(1) of the

²¹ Specialist Community Public Health Nursing

²² Standard set under Article 19(3) of the Order.

²³ Standard set under Article 19(3) of the Order.

²⁴ Standard set under Article 19(3) of the Order

Order. Rule 13(1)(b)(i) requires the applicant to confirm as part of the application for renewal, that they have undertaken CPD in accordance with rule 3(3) and recorded this learning activity in accordance with standards provided by Council.

Requirement: continuing professional development hours

- 33 All nurses and midwives will be required to undertake 35 hours of CPD in each three year renewal period. The requirements are specified in standards and guidance. Of those 35 hours of CPD, at least 20 must include participatory learning²⁵.

Requirement: practice-related feedback

- 34 The Code highlights the importance of providing honest, accurate and constructive feedback to colleagues, as well as obtaining and reflecting upon feedback from a variety of sources, and using it to improve practice and performance.²⁶

- 35 The standards made under article 19(1) of the Order require nurses and midwives to have obtained five pieces of practice-related feedback as part of their CPD. Details of the requirement will be set out in standards and guidance.

Requirement: written reflective accounts on your CPD and/or practice-related feedback and/or an event or experience in your practice, and how this relates to the Code

- 36 The standards made under article 19(1) of the Order require nurses and midwives to produce five written reflective accounts on their CPD and/or the feedback they have received about their practice and/or an event or experience in their practice and how this relates to the Code. Details of the requirement will be set out in standards and guidance.

Requirement: reflective discussion with another NMC registrant

- 37 The standards made under article 19(1) of the Order require nurses and midwives to have a reflective discussion with another NMC registrant about their written reflective accounts. Details of the requirement will be set out in standards and guidance.

Professional indemnity arrangements

Legislative basis

- 38 Article 10(2)(aa) requires a nurse or midwife to satisfy the Registrar they have, or will have as necessary, appropriate cover under an indemnity arrangement. Article 12A provides further detail in relation to indemnity arrangements, including definition of 'appropriate cover'.

²⁵ Standards set under Article 19(1) of the Order, Rule 3(3) and Rule 13(1)(b)(i)

²⁶ Paragraph 9 of the revised Code *Professional standards of practice and behaviour for nurses and midwives* (the Code)

- 39 Rule 13(1)(aa) states that as part of the application for renewal, the Registrar must have received evidence that there is in force in relation to the applicant, or there will be as necessary, appropriate cover under an indemnity arrangement.

Requirement

- 40 All nurses and midwives are required to have in force an indemnity arrangement which provides appropriate cover for any practice they undertake as a nurse or midwife in the United Kingdom.²⁷ As part of their renewal, nurses and midwives are required to declare that they have in force (or will have when necessary) appropriate cover, and provide information about the provider of the cover.
- 41 As part of this declaration, nurses and midwives will need to inform us whether their indemnity arrangement is by virtue of their employer, a membership body or a private provider. They can also inform us that they are not currently practising but will have cover when they do practise.
- 42 If their indemnity arrangement is provided by membership with a professional body or a private insurance arrangement, their declaration will be based on having in place an indemnity arrangement which provides “appropriate cover” in relation to their individual scope of practice, as explained in the NMC’s information on professional indemnity arrangements for nurses and midwives²⁸. Nurses and midwives will need to justify decisions on the cover they have put in place or rely on, if requested to do so.

Health and character declaration

Legislative basis

- 43 Article 10(2)(a) of the Order requires a nurse or midwife to satisfy the Registrar that they are capable of safe and effective practice as a nurse or midwife.
- 44 Article 5(2)(b) of the Order requires Council to prescribe the requirements to be met as to the evidence of health and character in order to satisfy the Registrar a nurse or midwife is capable of safe and effective practice.
- 45 Rules 6(5) and (6) set out what the Registrar must have regard to in satisfying herself as to the health and character of the applicant.
- 46 Rule 13(1)(a) states that the Registrar must have received an application on the personalised documentation provided by the Council. This application will include a declaration by the nurse or midwife (with which the Registrar is satisfied) as to her health and character.²⁹
- 47 Information about the health and character requirements is set out in the UK Registration Policy and may be supported by decision-making guidance for the Registrar and Appeal Panels.

²⁷ Article 12A(1) of the Order

²⁸ <http://www.nmc.org.uk/globalassets/siteDocuments/Registration/PII/PII-final-guidance.pdf>

²⁹ Schedule 4 of the Rules sets out the information to go in the application, and includes a health and character declaration.

Requirement

- 48 All nurses and midwives must provide a health and character declaration to satisfy the Registrar that they are capable of safe and effective practice.
- 49 Any nurse or midwife who has been convicted of any criminal offence or been issued with a formal caution must disclose details as part of their application.³⁰ They will also be asked to declare if they have been charged with a criminal offence or if they are the subject of any determination by a professional or regulatory body (including those responsible for regulating or licensing a health or social care profession) to the effect that the applicant's fitness to practise is impaired.³¹

Payment of fee

- 50 Rule 13(1)(c) states that the Registrar must have received the fee for renewal no later than the date specified in the notice. Rule 3(e) of The Nursing and Midwifery Council (Fees) Rules 2004 sets out the fee for renewal.³²

Confirmation*Legislative basis*

- 51 Article 10(2)(a) of the Order requires the nurse or midwife to satisfy the Registrar that they are capable of safe and effective practice.
- 52 Under rule 13(1)(d) we can require a nurse or midwife to provide other documents, information or evidence that the Registrar has reasonably requested for the purpose of verifying the information in and determining the application for renewal. This will help to satisfy the Registrar that the nurse or midwife is capable of safe and effective practice.

Requirement

- 53 All nurses and midwives will be asked to declare that they have demonstrated to another person that they have complied with all the revalidation requirements relating to practice hours and CPD and this is known as confirmation.
- 54 In order to get confirmation, the registrant must demonstrate their compliance with the relevant revalidation requirements to a confirmer. This will include discussing their revalidation evidence with the confirmer. Where the registrant has a line manager who is an NMC registered nurse or midwife, we expect that person to provide the confirmation.
- 55 Further information about who else can provide confirmation and what evidence the confirmer needs to see in relation to each requirement will be set out in the guidance.

³⁰ Rule 6(6)(c)

³¹ Rule 6(6)(d) and Rule 6(6)(e)

³² In 2014 we consulted on legislation to introduce payments by instalments.

Fitness to practise

Raising concerns about a registrant's fitness to practise

- 56 Revalidation does not create a new route for raising a fitness to practise concern about a nurse or a midwife. All nurses and midwives have a professional duty to raise a concern about the practice of another registrant either through their employer or directly with us.
- 57 If employers or nurses and midwives or any other individuals become aware of a serious concern about the fitness to practise of a nurse or midwife they should raise it promptly through the existing fitness to practise procedures. They should not wait until a nurse or midwife's renewal or revalidation is due. The confirmation stage of revalidation does not involve making a judgment as to whether a nurse or midwife is fit to practise.

Nurses and midwives who are subject to a fitness to practise process at the point of renewal

- 58 The existing approach in relation to renewal of a nurse or midwife subject to fitness to practise processes will continue to apply.
- 59 Those subject to an investigation, conditions of practice order or a caution will be able to renew their registration through the revalidation process. However, they will remain subject to fitness to practise processes (and our powers such as interim orders) and the outcome of those processes.
- 60 Those who have been struck off or suspended from the register (under a final or interim order) are not able to renew their registration because they are no longer on the register.

Formal notification and submission of the application

Notification and submission

- 61 We need to notify nurses and midwives of the date by which we require them to renew their registration prior to the last day of their registration period.³³ The Council needs to send the application form (set out in schedule 4 of the Rules), a notice of the renewal fee and a notice warning that failure to return the form and fee by the date specified in the notice will result in lapse of registration. Rule 12 specifies that any form, warning or notice may be sent by post.
- 62 A nurse and midwife must make an application for renewal to the Registrar in accordance with rules made by the Council. Rule 13 sets out what the Registrar must have received from the applicant in order to renew the registration. Registration will not be renewed if the registrant fails to comply with Rule 13.

³³ Rule 11

- 63 Details of the renewal notice that will be provided and the online application arrangements will be set out in guidance.³⁴

Granting an extension

- 64 Rule 14(5) states that where there is good reason for a registration not to lapse, the Registrar may decide, prior to the date the registration is due to lapse, to allow a further period not exceeding three months for the registrant to satisfy the renewal requirements. This would need to be decided prior to the date the registration is due to lapse. Therefore the Registrar needs to consider the renewal and possible extension in advance of the lapse date. This will be done in accordance with the UK registration policy.
- 65 This additional three-month extension will be used to request information from those selected to provide additional information to verify their application (see below).
- 66 Further information about extensions will be provided to applicants as required.

Verification of applications

Legislative basis

- 67 Rule 13(1)(d) requires nurses and midwives to provide any documents, information or evidence that the Registrar may have reasonably requested for the purpose of verifying the information in and determining the application for renewal.
- 68 Rule 16A enables us to ask for a range of information for the purpose of satisfying the Registrar that the registrant has an appropriate professional indemnity arrangement. This includes details about the nature and scope of the nurse or midwife's practice, information about their employer and information about organisations where they provide services as a nurse or midwife. The Registrar can also request other documents for the purpose of verifying this information. This rule is not limited in application to a nurse or midwife. For example, we may use it to seek information from an employer.
- 69 Rule 14(5) states that where there is good reason for a registration not to lapse, the Registrar may decide, prior to the date the registration is due to lapse, to allow a further period not exceeding three months for a nurse or midwife to satisfy the renewal requirements. This additional three-month extension will be used to request information from those selected. However, the Registrar must make a renewal decision prior to the extended date of lapse.

Requirements

- 70 A number of nurses and midwives seeking renewal will be asked to provide additional documentary evidence in support of their applications to allow the Registrar to verify that they have met all the revalidation requirements. The policy objectives in seeking verification of applications are as follows:

³⁴ Arrangements will be provided where accessibility needs are identified.

- 70.1 driving compliance;
 - 70.2 monitoring compliance; and
 - 70.3 ongoing learning.
- 71 Nurses and midwives will be selected for verification at random, taking into account two risk factors that have been identified:
- 71.1 not having an NMC registrant line manager (which may indicate professional isolation) *and*
 - 71.2 not having a regular appraisal (which may indicate a lack of organisational infrastructure).
- 72 These indicators will be used to place nurses and midwives into a risk category – high, medium or low risk:
- 72.1 Low risk – those who have both an NMC line manager and an annual appraisal
 - 72.2 Medium risk – those who have either an NMC line manager or an annual appraisal but not both
 - 72.3 High risk – those who neither have an NMC line manager nor an annual appraisal
- 73 The sample of nurses and midwives who have been selected for verification will be based upon a representative sample of the nursing and midwifery population, the risk factors that have been identified and have a 95% confidence interval.
- 74 Nurses and midwives selected for verification must provide the information requested within the timeframe we specify. We will request information and evidence to enable us to check their compliance with all of the revalidation requirements.
- 75 Nurses and midwives who have been selected for verification will not have their registration renewed until they have provided evidence in support of their applications and the checks have been completed. The process for verification may involve contacting their employer, their confirmer, or any other relevant third party who can verify the information that has been provided by the registrant. The registrant will be asked to provide consent for this purpose.
- 76 Further details about verification will be set out in guidance.
- 77 The Registrar may also use the powers under rule 13(1)(d) and rule 16A to request specific evidence from a registrant or a third party if a particular concern arises during the revalidation process.
- 78 In addition, if evidence comes to the attention of the Registrar at any time which suggest that any registration entry is incorrect or fraudulent then the Council may treat such information as a referral under Article 22(6) any may use its fitness to practise powers to investigate any such matter.

Appeals

- 79 Article 37 of the Order sets out decisions of the Registrar that a nurse or midwife can appeal. These include the refusal of an application for renewal, the imposition of additional conditions and removal from the register for breaching a condition in respect of CPD and a refusal to readmit. Part 4 of the Rules sets out the process to be followed in an appeal.
- 80 No appeal is available to a nurse or midwife who fails to pay the fee or to apply in the prescribed form and manner in accordance with Article 10.^{35 36} Furthermore, there is no appeal based on a complaint that a provision of the rules under Article 10 is invalid.³⁷
- 81 Appeals will continue to be managed through the existing registration appeals process.

Readmission to register following lapse

Legislative basis

- 82 Where a nurse or midwife's registration has lapsed, article 10(4) of the Order allows them to apply to the Registrar to be readmitted. The Registrar must grant the readmission if the nurse or midwife meets the conditions set out in article 9(2)(b) and (c) (meets the Council's requirements in relation to safe and effective practice), they have appropriate indemnity arrangements, and meet any additional requirements around education, training or experience.
- 83 Rule 15 contains detailed provisions relating to readmission.

Requirements

- 84 Nurses and midwives who lapse and wish to be readmitted to the register will be required to apply for readmission.³⁸ The readmission process in place at the point of applying for readmission will apply.³⁹
- 85 Specific provision will be made in the standards and guidance in order to deter any registrants from seeking to avoid the revalidation requirements by lapsing their registration and then immediately seeking readmission. If a nurse or midwife does not revalidate and then applies for readmission within 6 months of their registration expiring, they will be required to meet the same revalidation requirements as were in place at the time their renewal was due, unless they are able to demonstrate that exceptional circumstances apply.

³⁵ Article 37(2)

³⁶ Reasonable adjustments will be made for those with access requirements.

³⁷ Article 37(2B)

³⁸ Rule 15 of the Nursing and Midwifery Council (Education, Registration and Registration Appeals) Rules 2004 (SI 2004/1767)

³⁹ NMC readmissions policy

Adjustments for exceptional circumstances including protected characteristics under the Equality Act 2010

- 86 We will offer reasonable adjustments to nurses and midwives who may have a disability that makes using online applications difficult. Details of the process will be set out in guidance.
- 87 We have also put in place arrangements for nurses and midwives who are not able to meet the new revalidation requirements as a result of exceptional circumstances. By exceptional circumstances we mean that nurses and midwives:
- 87.1 have not been in practice for sufficient time between October 2015 when the revalidation requirements are approved and published and their revalidation application date (for example, if they have been on maternity leave or sick leave) to meet the additional requirements; or
 - 87.2 cannot meet one or more of the requirements at any time because a protected characteristic under the Equality Act may apply.
- 88 The arrangements for these groups will be set out in guidance.
- 89 Nurses and midwives who are able to establish that exceptional circumstances apply will still need to meet the requirements of the Prep standards. The Prep standards comprise the following:
- 89.1 **The Prep practice standard:** nurses and midwives must have worked in some capacity by virtue of their nursing or midwifery qualification during the previous three years for a minimum of 450 hours (or the relevant hours set out in the table in paragraph 27 above), or have successfully undertaken an approved return to practice course within the last three years.
 - 89.2 **The Prep (continuing professional development) standard:** nurses and midwives must have undertaken 35 hours of continuing professional development (CPD) and recorded this over the three years prior to the renewal of their registration.

Revalidation and readmission standards

The Revalidation and Readmission standards are set by the Council and form part of the mandatory requirements which you must meet in order to renew your registration, seek readmission and continue practising as a nurse or midwife registered with the NMC. The other requirements are prescribed in the Nursing and Midwifery Order 2001 (the Order)¹ and the Education, Registration and Registration Appeals Rules (the Registration rules)².

In addition to these mandatory requirements, the NMC Registrar has the power to request additional information including confirmation of your compliance with these requirements from a third party.

These new standards will apply to all applications for renewal of registration or for readmission to the register which are due after 1 April 2016 and will replace the current Post Registration Education and Practice³ (Prep) standards from that date. All the requirements for revalidation, including these standards, will be published by the NMC⁴ in a single document entitled '*How to revalidate with the NMC*'.

Revalidation standards

Practice hours and return to practice programmes⁵

- 1 If you have practised for fewer than the required number of hours in the three year period since your registration was last renewed or you joined the register, then you must successfully complete an appropriate return to practice programme⁶ approved by the NMC before the date of your application for renewal of registration.⁷

¹ SI 2002/253 as amended.

² SI 2004/1767 as amended.

³ Post Registration Education and Practice Standards can be found here <http://www.nmc.org.uk/standards/additional-standards/prep-handbook/>

⁴ In accordance with its duty under Article 3(15) of the Order.

⁵ Standard set under Article 19(3) of the Order.

⁶ See paragraphs 17-19 for details about return to practice programmes

⁷ You must have practised for a minimum number of hours over the three year period since your registration was last renewed or you joined the register (Article 10(2)(c) of the Order, Rule13(1)(b)(ii) of the Registration Rules).

Registration	Minimum total practice hours required
Nurse	450
Midwife	450
Nurse and SChPN (Nurse/SCPHN)	450
Midwife and SChPN (Midwife/SCPHN)	450
Nurse and midwife (including Nurse/SChPN and Midwife/SChPN)	900 (to include 450 hours for nursing, 450 hours for midwifery)

- 2 If you are a registered midwife who is also registered on the specialist community public health nursing (SCPHN) part of the register and whose only practice is in a SCPHN role then you do not need to file an Intention to Practise (ItP) form. Your register entry will record that you are not entitled to practise as a midwife in the UK.⁸
- 3 If you are a registered midwife and have not filed an ItP form during the current registration period, and you now wish to return to midwifery practice, you must successfully complete an appropriate return to midwifery practice programme approved by the NMC before you can serve an ItP form and return to practice as a midwife.⁹
- 4 Registered nurses or midwives who are admitted to another part of the register since their registration was last renewed or they joined the register only need to meet the practice hours requirement for their initial registration. They will need to meet the practice hours requirements for registration in both parts in subsequent registration periods.¹⁰

Continuing professional development, feedback and reflection

- 5 You must have undertaken 35 hours of continuing professional development (CPD) relevant to your scope of practice as a nurse or midwife, in the three year period since your registration was last renewed or you joined the register.¹¹
- 6 Of those 35 hours of CPD, at least 20 must have included participatory learning.¹²
- 7 You must maintain accurate records of the CPD you have undertaken. These records must contain:
 - the CPD method;
 - a description of the topic and how it related to your practice;
 - the dates on which the activity was undertaken;
 - the number of hours (including the number of participatory hours);
 - the identification of the part of the Code most relevant to the activity; and
 - evidence that you undertook the CPD activity.¹³
- 8 You must have obtained five pieces of practice-related feedback in the three year period since your registration was last renewed or you joined the register.¹⁴

⁸ If you are practising as a midwife in the UK, you must file an Intention to Practise form annually with your Local Supervising Authority Midwifery Officer (Rule 3 of The Nursing and Midwifery Council (Midwives) Rules Order of Council 2012 (SI 2012/3025)).

⁹ Standards set under Article 19(3) of the Order

¹⁰ Standard set under Article 19(3) of the Order.

¹¹ Standards set under Article 19(1) of the Order

¹² Standards set under Article 19(1) of the Order

¹³ Standards set under Article 19(1) of the Order and under rule 13(1)(b)(i) of the Rules

¹⁴ Standards set under Article 19(1) of the Order

9 You must have prepared five written reflective accounts in the three year period since your registration was last renewed or you joined the register. Each reflective accounts must be recorded on the approved form and must refer to:

- an instance of your CPD; and/or
- a piece of practice-related feedback you have received; and/or
- an event or experience in your own professional practice

and how this relates to the Code.¹⁵

10 You must have had a reflective discussion with another NMC registrant, covering your five written reflective accounts on your CPD and/or practice-related feedback and/or an event or experience in your practice and how this relates to the Code.¹⁶

11 You must ensure that the NMC registrant with whom you had your reflective discussion signs the approved form recording their name, NMC Pin, email, professional address and postcode, as well as the date you had the discussion.¹⁷

Readmission standards

Practice hours

12 You must have completed 450 hours of practice in the 3 years prior¹⁸ or 750 hours of practice in the 5 years¹⁹ prior to your application for readmission to the register.

CPD requirements

13 You must have undertaken 35 hours of CPD relevant to your scope of practice as a nurse or midwife.

14 Of those 35 hours of CPD, at least 20 must have included participatory learning.

15 You must maintain accurate records of the CPD you have undertaken. These records must contain:

- the CPD method
- a description of the topic and how it related to your practice
- the dates on which the activity was undertaken
- the number of hours (including the number of participatory hours)
- the identification of the part of the Code most relevant to the activity
- evidence that you undertook the CPD activity

Seeking readmission within six months of failing to revalidate

16 If you are applying for readmission within 6 months of your registration expiring and you would have been required to meet the revalidation requirements at the

¹⁵ Standards set under Article 19(1) of the Order

¹⁶ Standards set under Article 19(1) of the Order

¹⁷ Standards set under Article 19(1) of the Order

¹⁸ Standards set under Article 19(3) of the Order

¹⁹ Rule 3(4)(b) of the Registration Rules

time your registration lapsed, you will be asked to complete the revalidation requirements that were in place at the time your renewal was due, unless you are able to demonstrate that exceptional circumstances apply.

Return to practice courses²⁰

- 17 In relation to an application for readmission to the register, if you are unable to comply with the applicable practice hours' requirement and the applicable requirements for CPD set out in these standards, you will have to successfully complete a return to practice (RtP) course approved by the NMC.
- 18 The purpose of undertaking an RtP course is to ensure you meet the standards of proficiency to remain or be readmitted to the relevant part of the register and to demonstrate safe practice.
- 19 RtP courses whose outcomes have been validated by the NMC must include:
 - 19.1 an understanding of the influence of health and social policy relevant to the practice of nursing and midwifery
 - 19.2 an understanding of the requirements of legislation, guidelines, codes of practice and policies relevant to the practice of nursing and midwifery
 - 19.3 an understanding of the current structure and organisation of care, nationally and locally
 - 19.4 an understanding of current issues in nursing and midwifery education and practice
 - 19.5 the use of relevant literature and research to inform the practice of nursing and midwifery
 - 19.6 the ability to identify and assess need, design and implement interventions and evaluate outcomes in all relevant areas of practice, including the effective delivery of appropriate emergency care
 - 19.7 the ability to use appropriate communications, teaching and learning skills
 - 19.8 the ability to function effectively in a team and participate in a multi professional approach to people's care
 - 19.9 the ability to identify strengths and weaknesses, acknowledge limitations of competence, and recognise the importance of maintaining and developing professional competence.
- 20 An approved RtP programme will be not less than five days in length. The length and nature of the programme will be determined by the education provider and the particular individual. This will take into account your registration history, previous

²⁰ The standards for return to practice course have not been amended.

levels of knowledge and experience, and any relevant experience undertaken while you have been out of professional practice.²¹

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²¹ For further information about return to practice programmes, visit www.nmc-uk.org/approved-programmes where you can search for universities that provide approved return to practice programmes in the UK.

Item 7b: **Annexe 3**
NMC/15/79
8 October 2015

Tier 2 document: policy

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NMC Registration policy: UK registration

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UK registration policy

This policy document explains the Nursing and Midwifery Council's (NMC's) policy that applies to nurses and midwives trained in the UK who apply for registration and to the maintenance of registration for all nurses and midwives registered with the NMC.

This policy document is for internal use only and must be used by NMC staff who process applications for registration and maintenance of registration.

This policy became operational on 4 December 2014, having been approved by Council on 3 December 2014.

The Council approved a revised version of this policy [on 8 October 2015] which included clarification of the health and character requirements and other consequential changes relating to revalidation and readmission.

No change or amendment should be made to this document without the approval of Council.

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Aims of the policy

- 1 The aims of this document are to:
 - 1.1 Outline the requirements for considering applications to join the register from nurses and midwives trained in the UK.
 - 1.2 Outline the requirements for managing the maintenance of registration for all nurses and midwives including those who entered the register via the European Union (EU) and overseas routes.

Legislative framework

- 2 A number of different pieces of legislation govern the operation of the UK registration process. These are:
 - 2.1 The Nursing and Midwifery Order 2001¹ (the Order)
 - 2.2 The Nursing and Midwifery Council (Education, Registration and Registration Appeals) Rules 2004² (the Registration Rules)
 - 2.3 The Nursing and Midwifery Council (Fees) Rules 2004³ (the Fees Rules)
 - 2.4 Nurses and Midwives (Parts of and Entries in the Register) Order of Council 2004.⁴
- 3 The Order requires the NMC to set out in rules much of its activity concerning registration and these are set out in the Registration Rules, the Fees Rules and the Parts Of and Entries in the Register Order.

Key principles of the policy

- 4 All applications for registration will be processed in line with the NMC's primary duty, which is to protect patients and the public through efficient and effective regulation.
- 5 The registration of nurses and midwives is governed by the NMC's regulatory legislative framework, including the legislation set out in paragraph 2. All registrations policy and processes must comply with this legislation.
- 6 Nurses and midwives will only be registered if they meet NMC standards⁵ and are capable of safe and effective practice.⁶
- 7 There will be robust procedures in place to prevent anyone securing registration fraudulently. This will include procedures to assess that the documents received as part of an application are genuine. Policies and processes relating to

¹ SI 2002/253 (as amended)

² SI 2004/1767 (as amended)

³ SI 2004/1654 (as amended)

⁴ SI 2004/1765 (as amended)

⁵ Article 3(2) and 9(1) of the Order

⁶ Article 5(2) of the Order

registration will comply with corporate data protection and document retention regulations. These procedures will be set down in guidance derived from this policy document.

- 8 We are committed to providing good standards of customer service. All applications will be dealt with in a timely manner and in accordance with the statutory timescales outlined in article 9 of the Order.⁷
- 9 All decisions will be fair, consistent and reasoned. When we refuse an application we will provide clear explanations to the applicant for why that decision was made⁸. We will have a process to deal with appeals against our decisions in a fair and timely manner.⁹
- 10 The UK registration process¹⁰ is divided into the following areas:
 - 10.1 Admission to the register
 - 10.2 Renewal and retention of registration
 - 10.3 Lapse of registration
 - 10.4 Readmission to the register
- 11 Applications from EU and EEA trained nurses and midwives are considered in accordance with the EU registration policy.
- 12 Applications from nurses and midwives trained outside the EU and EEA are considered in accordance with the overseas registration policy.
- 13 Once registered with the NMC all nurses and midwives will be subject to the same statutory requirements and standards in order to maintain their registration or to subsequently re-enter the register if their registration has lapsed.

⁷ Article 9(4) to 9(6) of the Order

⁸ Article 9(4)(b) of the Order

⁹ Article 37 of the Order and Part IV of the Registration Rules

¹⁰ The “UK registrations process” refers to the entry to the register of nurses and midwives trained in the UK, and once on the register the renewal and retention and readmission of everyone on the register, as set out in Part 3 of the Registration Rules

Admission to the register by UK trained nurses and midwives

- 14 This section applies to all initial applications for registration in a part of the NMC register, whether or not the applicant is already registered in a different part of the register.¹¹
- 15 In order to meet the requirements for registration an applicant must meet all of the following requirements:
- 15.1 Hold an approved qualification;¹²
- 15.2 Satisfy the NMC that they are capable of safe and effective practice as a nurse or midwife¹³ including meeting prescribed requirements for good health and good character;¹⁴
- 15.3 Meet the requirement to hold an appropriate indemnity arrangement;¹⁵ and
- 15.4 Pay the prescribed fee as set out in the Fees Rules.¹⁶
- 16 Only qualifications gained following the completion of an NMC accredited programme from approved education providers¹⁷ who meet the standards of education and training set by the NMC¹⁸ are acceptable in support of admission to the register.
- 17 An application for registration must be made by the applicant in the form and manner prescribed by the NMC.¹⁹ The information provided must include that outlined in Schedule 3 of the Registration Rules and can be made in English or Welsh.²⁰
- 18 Midwives may apply for registration if they have completed either a three year direct entry programme, or an 18 month programme where they are already qualified as an adult nurse. An applicant who wishes to apply for registration having completed an 18 month midwifery programme can only do so if they have previously registered as an adult nurse with the NMC.²¹
- 19 Applicants who have undertaken a specialist community public health nursing can only apply for an additional entry in the specialist community public health nursing part of the register if they hold effective registration as either a nurse or a midwife.²²

¹¹ Article 9(3) of the Order allows for registration on multiple parts of the Register

¹² Articles 9(2)(a) and 13(1)(a) of the Order

¹³ Article 9(2)(b) of the Order

¹⁴ Article 5(2)(b) of the Order

¹⁵ Article 9(2)(aa) of the Order

¹⁶ Article 9(2) of the Order and Rule 3(a) of the Fees Rules

¹⁷ Article 15(6)(c) of the Order

¹⁸ Article 15 of the Order and Part 2 of the Registration Rules

¹⁹ Article 9(2) of the Order and Rule 5 of the Registration Rules

²⁰ Article 6(3)(h) of the Order

²¹ The midwifery training requirements are derived from Article 40(1) of Directive 2005/36/EC and are more fully set out in the NMC publication "Standards for Pre-Registration Midwifery Education."

²² Article 1 of the Parts of and Entries in the Register Order

- 20 An applicant's qualification must have been awarded within the previous five years of their application for registration.²³ In the instance where a person has an approved qualification that was awarded more than 5 years prior to the application, the applicant will only be eligible to apply for registration when they provide evidence that they have completed any additional education, training or experience as specified in standards set by the NMC.²⁴

Recording qualifications on the NMC register

- 21 Nurses and midwives may also record a number of specialist qualifications with the NMC.²⁵
- 22 Nurses and midwives wishing to record a qualification with the NMC must hold effective registration as a nurse or midwife as appropriate and:
- 22.1 Hold an NMC approved qualification for recording on the register;²⁶
- 22.2 Record the qualification within the timescale specified in NMC standards; and
- 22.3 Pay the required fee as set out in the Fees Rules.²⁷

Professional Indemnity Insurance

- 23 EU Directive 2011/24/EU²⁸ requires healthcare professionals to have an appropriate indemnity arrangement in force appropriate to their role. This is a legal requirement in the UK and applies to initial registration, retention of registration, renewal of registration and for readmission or restoration to the register.²⁹
- 24 In order to meet this requirement nurses and midwives will be required to declare that they hold an appropriate indemnity arrangement, or will do when they begin practising.³⁰ In this context practising means any activity undertaken by virtue of their registration as a nurse or a midwife. Nurses and midwives who are not able to make this declaration will not be eligible for registration.

Health and character

- 25 In satisfying the Registrar that they are capable of safe and effective practice nurses and midwives must meet the NMC's health and character requirements which are set out in Rule 6 of the Registration Rules.³¹

In order to satisfy the health requirement, the applicant may be required to provide further information to the NMC for review if necessary.³² The requirement to

²³ Article 9(2)(a)(i) and Article 19(3) of the Order and Rule 3(4)(a) of the Registration Rules

²⁴ Article 19(3) of the Order and Rule 3(4) of the Registration Rules

²⁵ Article 6(3)(a) of the Order and Article 7 of the Parts of and Entries in the Register Order

²⁶ Article 9(2)(a) and 9(3) of the Order and Rule 4(1)(c) to (d) of the Registration Rules

²⁷ Article 9(2)(c) and 9(3) of the Order and Rule 3(h) of the Fees Rules.

²⁸ Directive 2011/24/EU 'on the application of patients' rights in cross border healthcare'

²⁹ Article 12A(4)(a) to 12A(4)(b) of the Order

³⁰ Article 9(2)(aa) of the Order

³¹ Article 5(2)(b) of the Order and Rule 6 of the Registration Rules

³² Article 5(2)(b) of the Order and Rule 6(5) of the Registration Rules

demonstrate 'good health' under Rule 6 of the Registration Rules relates solely to the need for the applicant to be capable of undertaking safe and effective practice

- 26 In order to assure itself that the applicant meets the character requirements for registration, the NMC must take into account certain criminal convictions, cautions and determinations by regulatory and professional bodies including those responsible for health and social care services.³³ Further information to support the character requirements may include information about charges and determinations by other professional and regulatory bodies.
- 27 Information about the health and character requirements for registration may be supported by decision making guidance for the Registrar and Appeal Panels.

Processing of applications

- 28 The NMC must notify the applicant of the result of the application as soon as practicable and in any event within three months of receiving the complete application.³⁴
- 29 If the application is refused, the NMC must provide the applicant with the reasons for the decision and advise the applicant of their right to appeal the decision³⁵ as well as the grounds for such an appeal. Requirements for processing of appeals are set down on page 12 of this document.

Registration period

- 30 Once approved to join the register, the nurse or midwife will be registered for a period of three years. This will commence on the first day they are registered in the part of the register applied for, and end on the last day of the month of registration in the third calendar year after they were registered, subject to payment of the annual retention fee (see below).³⁶

Retention and renewal of registration

Retention of registration

- 31 Prior to the first and second anniversary of their admission to the register the NMC will issue the registrant with a notification of the date that their annual retention fee is due, to the address that we have on record for them.³⁷ The notification must also state that if the retention fee is not paid by the due date specified in the documentation, their registration will lapse.³⁸
- 32 The registrant's registration will lapse if they do not pay the prescribed annual retention fee before the date that their annual fee is due for payment.³⁹

³³ Rules 6(6)(c) and 6(6)(d) of the Registration Rules

³⁴ Articles 9(4)(a), 9(5)(a) and 9(5A) of the Order

³⁵ Rule 9(4)(b) of the Order

³⁶ Rule 10 of the Registration Rules

³⁷ Rule 10A of the Registration Rules and Rule 3(i) of the Fees Rules

³⁸ Rule 10A(b) of the Registration Rules

³⁹ Rule 12A(2) of the Registration Rules and Rule 3(i) of the Fees Rules

Renewal of registration

- 33 Upon being admitted to the register (and in addition to paying a retention of registration fee on the first and second anniversary of their registration), a nurse or midwife is required to renew their registration every three years if they wish to continue to practice.⁴⁰
- 34 Prior to the last day of a registrant's registration, the NMC will notify them of the need to renew their registration and set out the documentation that is required to renew registration as specified in the Registration Rules.⁴¹
- 35 In order for a nurse or midwife to renew their registration, they must:⁴²
- 35.1 Return the completed application to the NMC on the personalised documentation with which they have been supplied;⁴³
 - 35.2 Have undertaken the prescribed practice and CPD hours outlined in NMC standards⁴⁴ in the previous three years since admission or their last renewal;⁴⁵
 - 35.3 Continue to meet the requirements for safe and effective practice, including demonstrating good health and good character in accordance with Rule 6 of the Registration Rules;⁴⁶
 - 35.4 Hold an appropriate indemnity arrangement; and⁴⁷
 - 35.5 Have paid the required fee as prescribed by the Fees Rules.⁴⁸
- 36 Nurses and midwives who do not meet these requirements will not be eligible for renewal of their registration and will lapse.

Granting an extension

- 37 Rule 14(5) states that where there is good reason for a registration not to lapse, the Registrar may decide, prior to the date the registration is due to lapse, to allow a further period not exceeding three months for the registrant to satisfy the renewal requirements. This would need to be decided prior to the date the registration is due to lapse. Therefore the Registrar needs to consider the renewal and possible extension in advance of the lapse date.

⁴⁰ Article 10(1) of the Order and Rule 10(3) and 13(1) of the Registrations Rules

⁴¹ Rule 11 and Schedule 4 of the Registration Rules

⁴² Article 5 and 19 of the Order, Rule 3(3) and Rule 13(1)(b) of the Registration Rules and set out in the Prep Handbook

⁴³ Rule 13(1)(a) of the Registration Rules

⁴⁴ This includes the Revalidation and Readmission Standards which will come into force in xxxx

⁴⁵ Article 10(2)(b) to (c) and Rules 3(3) and 13(1)(b)(i) of the Registration Rules

⁴⁶ Articles 9(2)(b) and 10(2)(a) of the Order, and Rule 13(1)(a) of the Registration Rules

⁴⁷ Article 10(2)(aa) of the Order and Rule 13(1)(aa)

⁴⁸ Articles 9(2)(c) and 10(2)(a) of the Order and Rule 13(1)(c) of the Registration Rules and Rule 3 of the Fees Rules

Lapse of registration and administrative or voluntary removal from the register

- 38 A nurse or midwife's registration may lapse due to:⁴⁹
- 38.1 Non-payment of the fee for retention of registration.⁵⁰
 - 38.2 The registrant not renewing their registration (in accordance with the requirements as set out in paragraph 35).⁵¹
- 39 A nurse or midwife may be administratively removed from the register if it is discovered that they do not hold an appropriate indemnity arrangement or if any part of their application is found to be incorrect.⁵²
- 40 A nurse or midwife who wishes to cease practice may seek removal from the register by applying in writing to the Registrar.⁵³ They must declare that they are not aware of any matter which is or could be the subject to an allegation regarding their fitness to practise covered under article 22 of the Order.⁵⁴
- 41 Applications for removal from the register must be processed in accordance with the requirements of Rule 14 of the Registration Rules. If they are subject to fitness to practise proceedings a decision will be made on the application for voluntary removal in accordance with Fitness to Practise guidelines.⁵⁵
- 42 Subject to the voluntary removal powers, a nurse or midwife may not lapse from the register, or be administratively removed from the register on the grounds that they have not paid the prescribed fee or failed to apply for renewal in the prescribed form or time⁵⁶ even if their registration period expires, if they are:
- 42.1 The subject of a Fitness to Practise (FtP) allegation,⁵⁷
 - 42.2 Treated as if they were the subject of an allegation; or⁵⁸
 - 42.3 The subject of a suspension or conditions of practice order (whether interim or final).⁵⁹

Readmission to the register

- 43 If a registrant's registration has lapsed or they have been administratively or voluntarily removed, they may apply for readmission to the register.⁶⁰ In order to meet the requirements for readmission they must:

⁴⁹ Article 12 of the Order and Rule 14 of the Registration Rules

⁵⁰ Article 9(2)(c) of the Order, Rule 12A(2) of the Registration Rules, and Rule 3(e) of the Fees Rules

⁵¹ Article 10 of the Order and Rule 13(2) and Schedule 4 of the Registration Rules

⁵² Article 12A(8)(a) of the Order

⁵³ Article 12(1) of the Order and Rule 14(1) of the Registration Rules

⁵⁴ Article 12(3) of the Order and Rules 14(2) of the Registration Rules

⁵⁵ Rules 12(2A) and 14(2B) of the Registration Rules

⁵⁶ Article 12(3) of the Order and Rule 14(4) of the Registration Rules

⁵⁷ Rule 14(4)(a) of the Registration Rules

⁵⁸ Rule 14(4)(a) of the Registration Rules

⁵⁹ Article 12(3)(b) of the Order and Rules 14(4)(b) of the Registration Rules

- 43.1 Satisfy the NMC that they continue to meet the requirements for safe and effective practice;⁶¹
- 43.2 Have undertaken the prescribed practice and CPD hours outlined in NMC Standards⁶², or if not have successfully completed any NMC required activity to demonstrate their ability to meet the current standards;⁶³
- 43.3 Provide a health and character declaration;⁶⁴
- 43.4 Hold an appropriate indemnity arrangement; and ⁶⁵
- 43.5 Pay the prescribed fee.⁶⁶
- 44 Where an applicant has been subject to the Fitness to Practise process and their application for voluntary removal has been allowed in accordance with the relevant Fitness to Practise guidance, the Registrar will consider whether the applicant is capable of safe and effective practice as a nurse or midwife, including the applicant's good health and good character in accordance with Rule 15(4) of the Registration Rules. The Registrar may seek additional evidence to ensure that the full circumstances of the voluntary removal are considered in such cases.⁶⁷
- 45 Where information which raises concerns that a nurse or midwife's Fitness to Practise may be impaired is received after the individual's registration has lapsed, this will be noted and be investigated should the individual apply for readmission to the register. The Registrar will consider whether the applicant is capable of safe and effective practice as a nurse or midwife, including the applicant's good health and good character in accordance with Rule 15(4) of the Registration Rules. The Registrar may seek additional evidence of such matters raised as part of consideration of the application for readmission.⁶⁸
- 46 References will be required as part of the readmission process in accordance with Rule 15 (3) of the Registration Rules. The NMC must respond to an application of readmission as soon as practicable and in any event within three months of receiving the application.⁶⁹

Restoration to the register

- 47 Where a Fitness to Practise committee has granted an application for restoration to the register following a striking off order it shall direct the Registrar to register

⁶⁰ Article 10(4) of the Order and Rule 15(1) of the Registration Rules

⁶¹ Articles 9(2)(b) and 10(4)(a) of the Order and Rules 5(1)(a) and 15(2) of the Registration Rules

⁶² This includes the Revalidation and the Readmission Standards that will come into force xxxx

⁶³ Articles 9(2)(b) and 10(4)(a)-(b) of the Order and Rules 3(4), 5(1)(a), 6(1)(a) and 15(2) of the Registration Rules

⁶⁴ Rule 5(1) of the Registration Rules

⁶⁵ Article 10(2)(aa) of the Order and Rule 15(2) of the Registration Rules

⁶⁶ Article 10(4) of the Order and Rule 15 of the Registration Rules

⁶⁷ Rules 6(5) and 6(6) of the Registration Rules

⁶⁸ Rules 6(5) and 6(6) of the Registration Rules

⁶⁹ Article 10(5) of the Order

the applicant subject to them meeting the requirements for readmission to the register.⁷⁰

- 48 In such cases the nurse or midwife will be eligible for readmission to the register if they meet the requirements outlined in paragraphs 41.⁷¹

Registrar's Advisory Group

- 49 The Registrar's Advisory Group (RAG) is a forum that advises the Registrar on certain applications for entry, renewal or readmission to the register. It is chaired by the Registrar or by an Assistant Registrar.
- 50 On entry, renewal or readmission to the register a nurse or midwife must satisfy the registrar that they are capable of safe and effective practice. In order to do this they must comply with the requirements to be met with regard to good health and good character.⁷²
- 51 Applications for admission, renewal or readmission may be referred to RAG, including, but not limited to, the following circumstances:
- 51.1 A charge, caution or conviction is declared by the applicant or registrant at the point of initial registration, retention, renewal or readmission.
 - 51.2 An applicant or registrant has an outstanding fitness to practise allegation against them, at the point of initial registration or readmission.
 - 51.3 An applicant or registrant has been practising as a nurse or midwife while their registration was lapsed.
 - 51.4 An applicant or registrant is unable to produce references as required.
- 52 The procedures for referral and processing of cases through RAG are set down in Registrations guidance.
- 53 An application may be reconsidered by RAG if new information is submitted as part of any appeal lodged.

Appeals

- 54 An applicant or registrant may appeal decisions made by the NMC relating to applications for entry, renewal or readmission⁷³ to the register. The specific cases where an individual has a right to appeal are set down on Article 37 of the Order. Article 37 also outlines where a right to appeal does not apply.
- 55 An appeal against a decision by the NMC with regards to registration may be made within a period of 28 days of the decision.⁷⁴ An appeal should set out the

⁷⁰ Article 33 of the Order

⁷¹ Articles 9(2) and 33(5) to (7) of the Order

⁷² Article 5(2)(b) of the Order and Rule 6 of the Registration Rules

⁷³ Article 37(1) of the Order

⁷⁴ Rule 20(a)(v) and 20(3) of the Registration Rules

grounds of the appeal and any evidence to be relied upon, such as the details of character referees or supporting statements.

- 56 An appeal panel shall hear the appeal and shall be constituted in accordance with Rule 25 of the Registration Rules. The appeal shall be conducted in accordance with the requirements of Part 4 of the Registration Rules.
- 57 Appeals made against refusal of restoration will be dealt with through the legal system and adjudicated in a court of law, rather than the Appeals Board.
- 58 Detailed information relating the appeals process is set down in Registrations guidance.

DRAFT

Council

English language requirements for registration

Action: For decision.

Issue: This paper summarises the outcomes of the consultation the NMC undertook on proposals to ensure that all registered nurses and midwives have the necessary knowledge of English to practise safely in the United Kingdom (UK). It seeks the Council's approval of the proposed registration policy for English language competence, approval of Council's guidance for European Economic Area (EEA) applicants, and agreement to proceed with making the necessary amendments to the relevant NMC rules to implement these changes.

Core regulatory function: Registration / Fitness to Practise.

Corporate objectives: Strategic priority 1: Effective regulation.

Decision required: The Council is recommended to:

- Consider the conclusions from the consultation, as attached at Annexe 1 (paragraph 20).
- Approve the Tier 2 policy for English language competence for the registration of nurses and midwives, as attached at Annexe 2 (paragraph 22).
- Approve the Guidance for EEA trained nurses and midwives on evidence that will satisfy the Registrar that they have the necessary knowledge of English, as attached at Annexe 2 (paragraph 24).

Annexes: The following annexes are attached to this paper:

- Annexe 1: Summary of findings from the NMC's consultation on language controls.
- Annexe 2: Tier 2 Policy for English language competence for the registration of nurses and midwives.
- Annexe 3: Guidance for EEA trained nurses and midwives on evidence that will satisfy the Registrar that they have the necessary

knowledge of English.

- *Annexe 4: Draft Nursing and Midwifery Council (Fitness to Practise) (Education, Registration and Registration Appeals) (Amendment No. 2) Rules Order of Council 2015.*

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.

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- Context:**
- 1 In March 2015, new UK legislation¹ was approved by the UK Parliament which introduced new requirements relating to English language competence for certain professions, including nurses and midwives. These changes form part of the transposition into UK law of the European Union (EU) Directive on the Mutual Recognition of Professional Qualifications (MRPQ)². The legislation introduced new provisions for all nurses and midwives in relation to three areas:
 - 1.1 a requirement for EEA trained nurses and midwives to provide evidence that they have necessary knowledge of English as a prerequisite for registration with the NMC;
 - 1.2 a new general requirement for all nurses and midwives to demonstrate they have the necessary knowledge of English when seeking readmission to the register following a lapse in registration; and
 - 1.3 an additional ground of impairment of not having the necessary knowledge of English to strengthen our ability to take fitness to practise action in relation to nurses and midwives who are already on our register where concerns are raised about their knowledge of English.
 - 2 As a result of this legislation, the Council has been provided with rule making powers to specify how the NMC will operate its process to ensure that nurses and midwives have the necessary knowledge of English to be registered.
 - 3 Although the Section 60 Order is now in effect, its individual provisions are subject to a Commencement Order³ and will come into effect at a later date. The Council's rule making powers will come into effect on 19 October 2015 while the new registration requirements themselves will come into effect on 18 January 2015.
 - 4 Previously, the specific details of the new registration requirements would have been inserted into the *Nursing and Midwifery Council (Education, Registration and Registration Appeals) Rules 2004*.⁴ The current approach being taken by the Department of Health, with the support of the regulators, is that it is preferable for much of the required detail to be placed in guidance issued by the Council and not in the legislation. Although some consequential changes are being made to NMC Rules, which the Council will be requested to approve, information for applicants who wish to apply for registration will be placed in guidance. An advantage of this approach is that subsequent changes can be made by the Council

¹ *The Health Care and Associated Professions (Knowledge of English) Order 2015* (SI 2005/806)
<http://www.legislation.gov.uk/uksi/2015/806/contents/made>

² Directive 2005/36/EC on the recognition of professional qualifications, as amended by Council Directive 2013/55/EU (The Directive)

³ *Health Care and Associated Professions (Knowledge of English) Order 2015 (Commencement No. 1)*
Order of Council 2015 (SI 2015/1451)

⁴ Referred to as The Registration Rules

without the need for legislation change via a parliamentary process.

- 5 At its meeting in May 2015, the Council agreed that we should proceed with our plans to launch a public consultation on how we will implement these new powers. The consultation document included a range of annexes which set out the draft guidance that we will provide to applicants on the information we are likely to accept as evidence that they have the necessary knowledge of English, as well as a draft of the proposed amendments to our rules.

Discussion: Our consultation

- 6 The consultation ran from Monday 1 June to Friday 21 August 2015. We received 723 responses in total, of which 666 were from individuals (the overwhelming majority from current NMC registrants) and 59 on behalf of organisations. The summary of consultation responses is attached at Annexe 1 and gives a more detailed breakdown of the profile of respondents.

Overall response

- 7 On the whole, there was general positive agreement with proposals for how we intend to implement the new process. Findings for all but one of the questions in the consultation show that the proposals were supported by a majority of respondents.
- 8 Below provides a brief summary of the main issues raised during consultation and our position on each. A summary of the analysis of feedback from the consultation is attached at Annexe 1.

Use of International English Language Testing System (IELTS) and appropriateness of the score level

- 9 The first part of the consultation sought views on the criteria we will use to determine types of evidence that will routinely satisfy us that EEA trained nurses and midwives seeking to join our register have the necessary knowledge of English. It listed a range of evidence that we will accept and stated that if an applicant is unable to provide such evidence, we will require them to successfully pass an IELTS before we grant them registration. The majority (58 per cent) of respondents agreed that the proposed types of evidence were fair and appropriate and that IELTS was an appropriate test.
- 10 Those who disagreed favoured a more flexible approach and queried the use of IELTS as the NMC's test of choice. Of those who thought we should also consider other non-IELTS tests, some made suggestions of alternative tests or advocated for the NMC to develop its own language assessment.

- 11 Another concern expressed by a number of respondents was whether the requirement to achieve a minimum of 7.0 across each domain of the test (reading, writing, speaking and listening) was too high. However, there were mixed views on the appropriate IELTS threshold, with a small number of respondents wanting to see higher minimum scores (overall and/or for the individual various components).
- 12 We have considered these comments and our view is that currently IELTS is an appropriate method for assessing English language competence. IELTS has been shown to be a robust language proficiency test, is the preferred method of other UK healthcare regulators and is commonly employed across Government in other domains (such as by Home Office for UK visa applications). Its use also ensures consistency with our current requirements for overseas trained nurses and midwives.
- 13 This paper concerns the new overarching requirements for registration and for EEA applicants emanating from new government legislation. Where a formal English language test is required, the new process brings the EEA requirements into line with the requirements already in place for non-EEA (overseas) applicants. We recognise however that there are a number other English language tests available and in development, and we are committed to continually reviewing our evidence requirements to ensure they remain fit for purpose. We plan to conduct a wider review of our language evidence requirements for both overseas and EEA applicants as part of the evaluation of the new overseas competency test. We will include the issues raised in the consultation referred to in this paper in the scope of this review.

English language competence requirements for those applying for readmission to the register

- 14 The majority of respondents (54 per cent) agreed that the criteria outlined in the consultation cover the main areas that the Registrar should take into account when deciding whether to seek additional evidence at the point of readmission to our register.
- 15 We do not anticipate that it will be necessary to collect significant amounts of additional evidence at the readmission stage. In the majority of cases, where a nurse or midwife has met the practice requirements or has successfully undertaken a return to practice programme this will enable them to meet the evidence criteria. However, there may be some instances where further evidence may be sought. For example, when a non-UK trained nurse or midwife has met the practice requirements but this practice was not undertaken in the UK or in a non-English speaking country, additional evidence may be required.
- 16 We believe that this is a proportionate approach that meets the public protection interest, prevents readmission for those who cannot meet the NMC's language requirements and is not administratively burdensome.

New ground of impairment relating to language competence

- 17 The final part of the consultation focused on the ways in which we are proposing to deal with nurses and midwives already on our register where concerns are raised about their English language skills. Most respondents (52 per cent) agreed that the new ground of impairment will strengthen our ability to protect the public and agreed with using the same test (IELTS) as part of any fitness to practise investigation on grounds that this ensures consistency of approach with initial registration and readmission.
- 18 There was a consensus that concerns about a nurse or midwife's language skills must be sufficiently serious to warrant a language assessment. We are developing clear guidance for decision makers to ensure that decisions about directing a registrant to undergo a language assessment as part of a fitness to practise investigation are made fairly and consistently.
- 19 Other concerns raised included that the proposed approach would reverse the burden of proof by putting the onus on the individual registrant to organise and fund an IELTS test. Closely related to this point, the issue of parity with our approach to other assessments (such as performance or health assessments) as part of fitness to practise investigations was raised. We believe that these concerns will be mitigated by the NMC meeting the cost of language assessment required as part of a fitness to practise investigation.
- 20 **Recommendation 1: The Council is recommended to consider the conclusions from the consultation (as attached at Annexe 1).**

Policy and guidance

- 21 In accordance with the NMC's policy governance framework, a tier 2 registrations policy has been created and is attached as Annexe 1. This policy which formed part of the consultation sets out the requirements that will satisfy the Registrar that a nurse or midwife has met the necessary knowledge of English.
- 22 **Recommendation 2: The Council is asked to approve the tier 2 policy for English language competence for the registration of nurses and midwives (as attached at Annexe 2).**
- 23 As outlined in paragraph 4 on page 3, instead of placing all of the detailed requirements into legislation, the Council is authorised to agree and publish guidance for applicants wishing to apply for registration. Article 5A of the Order, which will come into effect in accordance with the commencement order (see paragraph 3), requires the Council to publish this guidance. The guidance for EEA trained applicants is attached to this paper as Annexe 2.

- 24 **Recommendation 3: The Council is asked to approve the guidance for EEA trained nurses and midwives on evidence that will satisfy the Registrar that they have the necessary knowledge of English (as attached at Annexe 3).**

Language controls for nurses and midwives who are required to undertake compensation measures

- 25 A section of the consultation concerned EEA applicants who apply for registration and who are required to undertake a compensation measure (either an adaptation period or an aptitude test) to make up shortfalls in their training. Our policy approach, which we included for views in the consultation, was that we would prefer to impose language controls before a nurse or midwife began a compensation measure. This approach was primarily conceived due to concerns that applicants may have access to patients on an adaptation period before they had satisfied the NMC that they had the necessary knowledge of English.
- 26 We have now been informed that this will not legally be possible due to the requirements of the Directive. We are therefore currently considering our options in relation to this small group of applicants, particularly in relation to whether adaptation periods are an appropriate vehicle for making up shortfalls in the future.

Rule changes

- 27 The additional legal power for the Council to make Rules to implement these changes is provided by *The Health Care and Associated Professions (Knowledge of English) Order 2015* (which made changes to the Nursing and Midwifery Order) which will take effect on 19 October 2015.
- 28 Subject to the Council's agreement with the legal drafting set out in Annexe 4, members will be asked to make the necessary Rules by correspondence following the coming into effect of the rule making power. The Amendment Rules will make the required change to the *Nursing and Midwifery Council (Education, Registration and Registration Appeals) Rules 2004*⁵ and *The Nursing and Midwifery Council (Fitness to Practise) Rules 2004*⁶.
- 29 Following agreement the Rules Amendment Order will be executed under seal of the Council and passed to Privy Council for approval and be laid in Parliament. We anticipate the provisions which will amend the NMC Order coming into force on or about 18 January 2016, with our Rules taking effect shortly thereafter.

⁵ SI 2004/1767 (as amended)

⁶ SI 2004/1761 (as amended)

Stakeholder communications

30 A comprehensive communications plan has been formulated – new applicants from the EEA will be informed prior to the launch of the new process. We will also be amending the information we provide for employers to emphasise the new requirements but also reiterate their role in ensuring nurses and midwives they employ are fit for employment.

Public protection implications:

31 These proposals will enhance our ability to protect the public by making sure that all registered nurses and midwives have the necessary knowledge of English to practise safely in the UK. The majority of respondents to the consultation acknowledged the significant benefits in terms of public protection resulting from these new powers.

Resource implications:

32 All resources required for the implementation of these proposals have been included within the budget for the project focusing on the wider changes required as a result of the revised MRPQ Directive.

Equality and diversity implications:

33 An Equality Impact Assessment (EqIA) was completed prior to the launch of the consultation and reviewed post-consultation. No evidence was presented as part of the consultation responses to conclude that these proposals will have adverse equality implications. Our proposals will bring greater consistency between requirements for registration for EEA trained nurses and midwives and those who have trained overseas.

34 We received a small number of responses arguing that language controls should be imposed in relation to Welsh language. This issue has been already addressed and concluded on by the Department of Health as part of its consultation process. The Government's response clarified that the MRPQ Directive allows Member States to introduce controls in relation to one language only and that English is the most appropriate for the UK⁷.

35 We accept that in certain areas, it will be beneficial for nurses and midwives to be able to communicate with patients in Welsh. While only knowledge of English will become a requirement for registration, it is important to recognise that this would not preclude employers from making knowledge of Welsh a prerequisite, where appropriate, for particular roles.

Stakeholder engagement:

36 We used a range of methods to publicise the consultation and engage with stakeholders. A full communications and stakeholder engagement plan has been created to ensure that all of the changes outlined in this paper and its annexes are communicated and publicised effectively.

Risk

37 There are a number of risks associated with the introduction of language

⁷https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/399314/Consultation_report.pdf

- implications:** controls for EEA applicants, these are:
- 37.1 The risk that the new process has a significant negative effect on the number of EEA trained nurses and midwives who are able to register with the NMC; and
 - 37.2 The risk of challenge relating to differential treatment of different categories of applicants; particularly in relation to overseas (non-EEA) applicants from countries where English is the first and native language and who would be able to satisfy the language evidence requirements set out in the policy for EEA applicants.
- 38 An additional risk relates to the process for Parliamentary approval for changes to the NMC's Registration Rules and Fitness to Practise Rules, in particular timescales. A significant delay in approval of the legislation would result in internal processes being ready to launch but being prevented from doing this due to lack of a legal basis.
- Legal implications:** 39 The required changes to our rules as a result of these proposals are outlined above at paragraphs 27 to 29 of this paper.

Council

Summary of findings from our consultation on English language requirements and process for registration with NMC

Background

From 1 June to 21 August 2015, the Nursing and Midwifery Council (NMC) ran a public consultation on proposals for ensuring that all registered nurses and midwives have the necessary knowledge of English to practise safely in the UK. We sought views on three main areas:

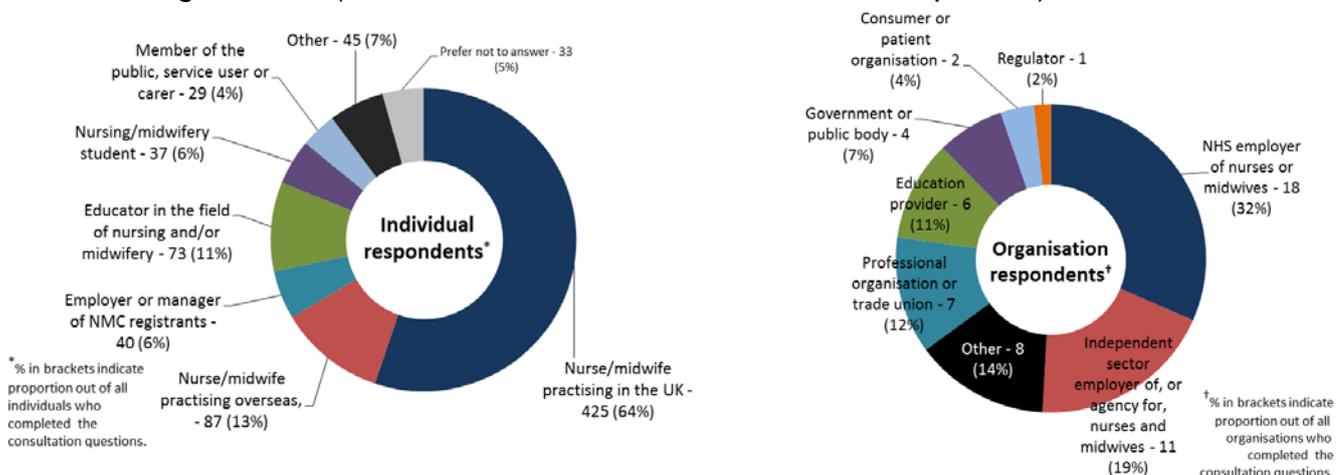
- the types of evidence that will satisfy us of the language competence of European Economic Area (EEA) trained nurses and midwives before granting entry to the register;
- our approach to considering language competence as a requirement for readmission to the register following a lapse in registration; and
- our approach to dealing with fitness to practise referrals where concerns are raised about the language competence of nurses and midwives on our register.

This document sets out a summary of the responses to our consultation and our position in response. We asked nine questions as part of the consultation. A breakdown of responses to each of the questions is shown below.

Profile of respondents

A total of 723 completed survey responses were received (with two additional responses received by letter). We have carried out a quantitative and qualitative analysis to draw out the main themes emerging for each of the questions posed.

Of the total sample, 666 responses came from individuals and 59 responses were on behalf of an organisation (two of which were the additional letter responses).¹



¹ In the above diagram with the breakdown of individual respondents, the total exceeds 100 percent as individual respondents were allowed the option of selecting multiple categories that applied to them.

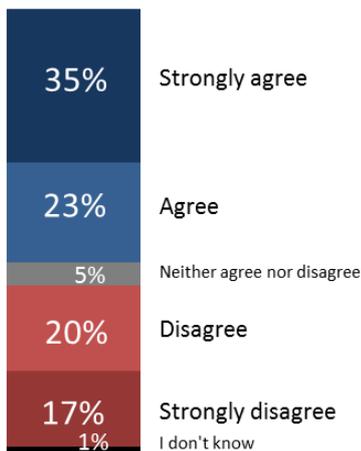
Summary analysis of consultation responses

The overall response to the consultation was positive, with the majority of respondents supporting all but one of our proposals. The exception was that marginally more respondents did not support the proposal that in fitness to practise cases where concerns are raised about insufficient English language skills, a nurse or midwife's score on a signed International English Language Testing System (IELTS) certificate would provide conclusive proof of the result achieved (question 7).

Breakdown of responses by question

English language requirements at the point of entry to the register for EEA trained nurses and midwives

Question 1: To what extent do you agree or disagree that the types of evidence (we propose to accept to demonstrate English language competence) are fair and appropriate?



58 percent of respondents either agreed or strongly agreed that the types of evidence we proposed that we would routinely accept to demonstrate English language competence are fair and appropriate, **compared to 37 percent who either disagreed or strongly disagreed.**

Support included general comments highlighting the importance of having the necessary knowledge of English as well as overall agreement that this proposal would enhance public protection. Another reason cited was around fairness as overseas trained nurses and midwives are already required to provide evidence of their English language ability before joining our register.

Those who favoured using the IELTS test highlighted that this was a reliable, robust and well-established form of assessment. While supportive in principle, some respondents raised the need for a more flexible approach and stated that we should consider accepting other non-IELTS tests.

The majority of the **opposition** related to the use of IELTS as our choice of test. This was questioned on grounds that IELTS only evaluates an individual's academic knowledge of English and does not necessarily give an indication of competence in a clinical context. A number of respondents made specific reference to alternative tests which may provide the assurance that we require – such as the Canadian English Language Benchmark Assessment for Nurses (CELBAN)² and the nursing version of the Occupational English Test (OET)³, among others. Several respondents went further to suggest that we should develop our own language assessment.

Another common view expressed by those who disagreed was that the requirement of minimum score of 7.0 for each domain of the test (reading, writing, listening and speaking) was too high. However, there were overall mixed views on what the appropriate threshold for IELTS should be. A number of respondents wanted to see higher minimum scores

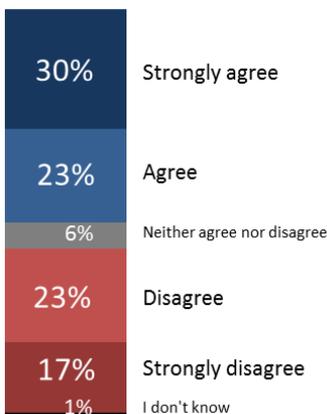
² <http://www.celbancentre.ca/>

³ <https://www.occupationalenglishtest.org/>

(overall and/or for the various individual components) and also pointed to the need for consistency with the levels required for the medical profession (set at an overall score of 7.5 with no one domain falling below a score of 7).

We have developed guidance on the types of evidence that European Economic Area (EEA) trained nurses and midwives can provide which are likely to satisfy the Registrar. However, the Registrar has discretion to determine the acceptability of any evidence provided by an applicant. We will use the criteria outlined in the consultation – that evidence must be recent, objective, independent and readily verifiable – to assess other forms of evidence. We are committed to regularly reviewing our evidence requirements to ensure they remain suitable.

Question 2: To what extent do you agree or disagree that the way in which we will request evidence (to demonstrate English language competence) is fair and appropriate?



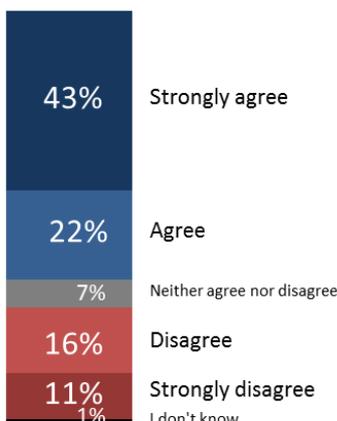
53 percent either agreed or strongly agreed that the way in which we will request evidence of English language competence is fair and appropriate, **compared to 40 percent who either disagreed or strongly disagreed.**

Many respondents, regardless of whether they agreed or disagreed, again mentioned issues covered in response to question 1.

Some additional points mentioned relate to the likely timescales for the proposed two-stage process. While there was acknowledgment that language controls can only be applied after the recognition of professional qualifications, some had concerns about impact on the length of the registration process where

evidence of English language competence is not provided as part of the initial application.

Question 3: To what extent do you agree or disagree that we should seek assurance of language competence through a compensation measure before EEA nurses and midwives have access to patients and service users?



65 percent either strongly agreed or agreed that the NMC should seek assurance of English language competence before a compensation measure is undertaken, **compared to 27 percent who either disagreed or strongly disagreed.**

There was strong **support** for the approach outlined in the consultation for reasons of patient safety. It was also highlighted that this ensures fairness for applicants as they would not have to incur the costs of undertaking a compensation measure if they could not then register due to not meeting language requirements.

Unsupportive responses largely reiterated points made earlier, such as that IELTS was not an appropriate test as it was not

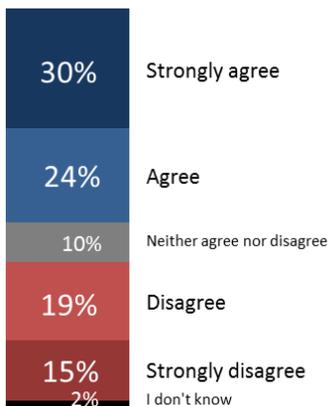
specifically tailored to a nursing or midwifery context or that the threshold was not set at the right level.

Specific comments included whether patient safety would be sufficiently protected by the assessment of an individual's language competence that employers who provide the

adaptation period undertake before the start of the adaptation period. One respondent felt that language skills fall under the banner of 'communication', which current compensation measures already address.

English language requirements at the point of readmission to the register

Question 4: To what extent do you agree or disagree with our approach concerning English language competence in relation to the readmission of a nurse or midwife to the register?



54 percent either agreed or strongly agreed with the proposed approach relating to readmission of a nurse or midwife to the register, **compared to 34 percent who either disagreed or strongly disagreed.**

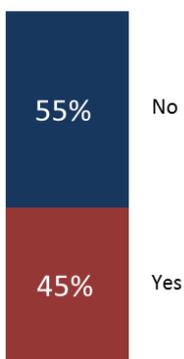
Most respondents provided positive comments in **support** of the factors we outlined in the consultation for when further evidence of English language competence will be sought at the readmission stage.

Opposition was generally linked to circumstances in which respondents felt it would not be fair to seek additional evidence, such as when a nurse or midwife had already demonstrated English language competence at the point of entry to the register

or had been practising without any concern. Some respondents were unsure about the detail of our proposals.

Among those who neither agreed nor disagreed, some concerns were raised about whether undertaking a return to practice programme would amount to sufficient evidence of English language competence. We do not anticipate that it will be necessary to collect significant amounts of additional evidence at the readmission stage. In the majority of cases, such as for those nurses and midwives needing to undertake a return to practice programme to be readmitted to the register, this will enable them to meet the evidence criteria. This will also be the case for all nurses and midwives who have completed their pre-registration training trained in the UK.

Question 5: Do you think that there are any other evidence sources that we should consider?

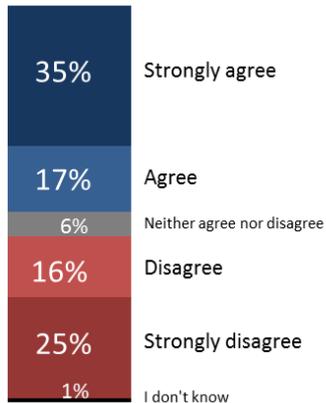


Respondents were asked to provide comments on additional sources of evidence that may provide assurance of a nurse or midwife's English language competence at the point of readmission.

Among the 45 percent of respondents who took the opportunity to suggest additional sources of evidence, the most often cited sources were face-to-face interviews. Employers were suggested as a useful means to seek assurance of English language competence. Other sources such as previous academic transcripts were also mentioned. Any evidence would need to be sufficiently robust and objective as well as demonstrate competence across the four domains.

New ground of impairment relating to English language competence

Question 6: To what extent do you agree or disagree that in cases where the Registrar directs a nurse or midwife to undergo a language assessment we should use the same test (IELTS) as required for initial registration?



52 percent either agreed or strongly agreed that IELTS should be used in cases where a nurse or midwife is asked to undertake a language assessment as part of our fitness to practise process, **compared to 41 percent who either disagreed or strongly disagreed.**

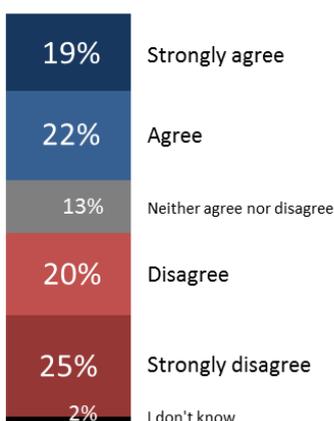
Most respondents expressed **support** on grounds that this would ensure consistency with the approach proposed for initial registration and readmission. There was some discussion that concerns about a nurse or midwife's language skills must be sufficiently serious to warrant a language assessment.

Several respondents wanted reassurance about decision makers' ability to make judgments consistently about when to direct a nurse or midwife to undergo an assessment of their English language knowledge. We will issue clear guidance for decision makers and fitness to practise panels to ensure all nurses and midwives are treated fairly.

Opposition was highest among those who objected to the use of IELTS in the first place. One additional issue raised was that where fitness to practise concerns are raised on language grounds. Unlike other types of cases for which the burden of proof lies with the NMC or whoever makes the allegation, the onus would be on the individual nurse or midwife to organise and fund an IELTS test.

Closely related to this, several respondents commented on the financial impact if a test would have to be arranged at the nurse or midwife's own cost and the need for parity with our approach to other assessments (such as performance or health assessments). It is worth noting that costs of language assessment directed by the Registrar as part of a fitness to practise investigation will be met by the NMC.

Some respondents stressed that language skills do not equal good communication skills and that reliance on an IELTS test may not provide sufficient assurance as far as wider communication skills issues are concerned. We agree with the points raised about broader communication skills. The proposed new powers will allow consideration of issues specifically relating to language skills in the wider context of effective communication skills.



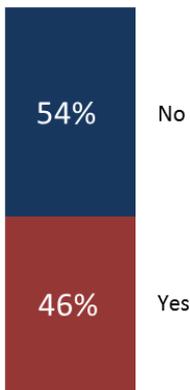
Question 7: To what extent do you agree or disagree that the result stated in the signed IELTS certificate or other document would provide conclusive proof of the result achieved by the nurse or midwife?

Just 41 percent either agreed or strongly agreed that a signed IELTS would be considered conclusive proof of achievement, compared to **45 percent who either disagreed**

or strongly disagreed. This was the only question in the consultation for which negative responses slightly outweighed the level of support.

Some of the **opposition** expressed was based, we believe, on a misunderstanding. The proposal was referring to the extent to which either the NMC or the applicant should be allowed to appeal an IELTS result. Instead, some of objections raised related to the potential for IELTS certificates to be forged and for impersonation to occur during an examination. As a safeguard, we already use the electronic verification system on the IELTS website as part of our processes to make sure that any certificates submitted to us are legitimate.

Question 8: Do you think that there are any groups who may be unfairly impacted by the changes that we outline in this document?



54 percent of respondents agreed that the proposed changes would not lead to detrimental impacts. Several in this group welcomed what they perceived as positive impacts in terms of the greater consistency that the proposals would bring between overseas trained nurses and midwives and their EEA trained counterparts.

46 percent suggested instead there may be detrimental impacts on certain groups. A few respondents highlighted what they predicted would be negative impacts in terms of the new more stringent requirements around English language potentially discouraging EEA trained nurses and midwives

from applying to work in the UK. It was also raised that nurses and midwives whose first language is not English will be at greater risk of concerns being raised regarding language competence. Further points made were that reasonable adjustments would need to be made for nurses and midwives with a disability.

Question 9: Please use the box below if you have any additional comments about the language competence of registered nurses and midwives, that have not been addressed in this consultation.

The majority of respondents used this opportunity to reiterate and summarise their previous responses.

Conclusions and next steps

We are grateful for the feedback from all those who took part in the consultation. We will carefully consider the findings of the consultation and our Council will make a decision at its meeting in October 2015 on how we are proposing to implement these new powers. Our overriding objective is to enhance public protection and these changes will provide a higher level of assurance that all registered nurses and midwives have the necessary knowledge of English.

Council

Policy for English language competence for the registration of nurses and midwives

Introduction

- 1 This policy sets out the parameters for Council's approach to publishing guidance for how nurses and midwives can demonstrate that they have the necessary knowledge of English to practise safely and effectively in the United Kingdom (UK).

Aims of the policy

- 2 The aim of this policy is to set out the legal basis and high level principles for:
 - 2.1 the English language requirements that must be met by UK trained applicants, European Economic Area (EEA) trained applicants that fall under Directive 2005/36/EC¹ and overseas trained² applicants before they can be registered;
 - 2.2 the English language requirements for all nurses and midwives seeking readmission to the Register following a lapse of their registration; and
 - 2.3 how concerns about language competence of nurses and midwives who are registered with the NMC will be processed.

Governance and approval history

- 3 This policy was approved by Council following public consultation at its meeting on 8 October 2015.

General principles in relation to language competence

- 4 In order to hold registration with the NMC, all nurses and midwives must satisfy the Registrar that they have the necessary knowledge of English to practise safely and effectively in the UK.³
- 5 Council will publish guidance detailing the process for satisfying the Registrar that nurses and midwives have the necessary knowledge of English.⁴
- 6 Applicants who have trained in the UK, having completed a pre-registration programme at an NMC approved higher education institution, will automatically

¹ Directive 2005/36/EC on the recognition of professional qualifications, as amended by Council Directive 2013/55/EU (The Directive)

² A nurse or midwife who has trained outside the EEA.

³ Article 9(2)(ba) of the Order

⁴ Article 5A(1) of the Order

satisfy the Registrar that they meet the English language requirements in accordance with the UK Registrations Policy.

- 7 EEA nurses and midwives wishing to register with the NMC must satisfy the Registrar that they have the necessary knowledge of English. Those who are unable to satisfy the Registrar in relation to language competence are not eligible for registration with the NMC.
- 8 Non-EEA trained applicants will be subject to the Council's requirements for registration, including English language competence, as articulated by the Overseas Registrations Policy, and as set out in published applicant information.

Legislative framework

- 9 Article 53 of the Directive establishes the legal basis for language controls for EEA trained nurses and midwives benefitting from the recognition of professional qualifications. It states that these controls must be proportionate and carried out after the recognition of a professional qualification, but before registration.
- 10 The Nursing and Midwifery Order 2001 (the Order) established the NMC and sets out its functions and powers. The Nursing and Midwifery Council (Education, Registration and Registration Appeals) Rules 2004 (the Registration Rules)⁵ and the Nursing and Midwifery Council Fitness to Practise Rules (the Fitness to Practise Rules)⁶ are made using powers contained in the Order and prescribe our procedures in these areas.
- 11 Article 9(2) of the Order sets out who is entitled to seek admission to the register and the conditions that must be met.
- 12 Article 5A of the Order introduces a new power requiring the Council to publish guidance as to the necessary knowledge of English for EEA trained nurses and midwives. This must set out the evidence, information and documents for an applicant to provide to satisfy the Registrar that they have the necessary knowledge of English, and the process by which the Registrar will assess this evidence, information or documentation. Article 5A creates a new duty, requiring the Registrar to take account of this guidance when determining whether an applicant has the necessary knowledge of English.⁷
- 13 The necessary knowledge of English is defined as 'a knowledge of English which is necessary for safe and effective practice of nursing [or midwifery] in the United Kingdom'.⁸
- 14 Applicants must make a formal application for registration in the form and manner prescribed by Rule 5 of the Registration Rules. The NMC may not at the initial stage require evidence of the necessary knowledge of language from EEA trained nurses and midwives, however applicants may provide such evidence if they wish to. Should the Registrar not be satisfied that the applicant has the necessary

⁵ SI 2004/1767 (as amended)

⁶ SI 2004/1761 (as amended)

⁷ Article 5A(1) of the Order (as amended).

⁸ Schedule 4 of the Order

knowledge of English on the basis of their submitted application, further evidence will be requested through a formal language controls process.⁹

- 15 Should an EEA applicant not meet the language requirements on the basis of their initial application, the Registrar may not request further evidence, information or documents, until they have first notified the nurse or midwife that they have recognised their qualification. This notification must inform the nurse or midwife that by virtue of their qualification they are entitled to be registered in a part of the register subject to meeting any other requirements for registration.¹⁰
- 16 Article 5A(6) states that the Registrar may require the applicant to undergo an examination or assessment and provide evidence in respect to this examination or assessment.
- 17 If the applicant is an exempt person¹¹, the Registrar may only require the applicant to undergo an assessment if the Registrar has already requested and considered further evidence, in addition to any that may have been supplied as part of their initial application.¹²
- 18 Article 10(2) of the Order outlines the requirements that a nurse or a midwife must fulfill in order for the Registrar to grant renewal of registration.¹³ Article 10(2B) of the Order stipulates that the Council may make Rules with regards to ensuring the necessary knowledge of English at the point of renewal.
- 19 Article 10(4) of the Order stipulates the requirements for readmission to the Register. In such circumstances as prescribed¹⁴, the Registrar will grant readmission to the Register, if the nurse or midwife continues to meet the requirements of Article 9(2), including the necessary knowledge of English.
- 20 Article 37 of the Order sets out the rights of appeal that applicants and registrants have against the Registrar's decision.
 - 20.1 Article 37(1)(za) states that an applicant may appeal where the Registrar requires them to undertake a language assessment under this policy.
 - 20.2 Article 37(1)(zb) outlines the appeal right that an applicant has if the Registrar does not recognise their qualification.¹⁵

Guidance for EEA trained nurses and midwives

- 21 The requirements set out for nurses and midwives in the Council's guidance will be proportionate and justifiable. The guidance will be compliant with the relevant UK and EU Legislation, and have regard to case law from the Court of Justice of the EU.

⁹ Article 5A(4) of the Order

¹⁰ Article 5A(5) of the Order

¹¹ Schedule 4 of the Order

¹² Article 5A(7) of the Order

¹³ Other requirements for renewal are set out in Registration Rule 13.

¹⁴ Other requirements for readmission are set out in Registration Rule 15

¹⁵ Article 14 of the Order: This additional appeal right has been inserted to distinguish the EU-derived appeal right against the a decision of the NMC not to recognise a qualification, and the general appeal right that already exists in the Order where the Registrar refuses entry to the register

- 22 Any guidance published will be subject to a consultation under Article 3(14) of the Order and will be regularly reviewed to ensure that it continues to be fit for purpose.

Applications for registration from eligible EEA applicants

- 23 Nurses and midwives, who meet the requirements for recognition of their qualification in accordance with the Directive, must be sent a letter of recognition stating this.¹⁶ Language controls cannot be imposed, and a formal request for evidence of language competence cannot be made until this point.
- 24 Recognition of a qualification can only take place where an EEA trained nurse or midwife holds a qualification leading to automatic recognition¹⁷, meets the requirements for recognition via acquired rights¹⁸, or holds a qualification that meets the NMC's requirements following recognition in accordance with the principles of the general system¹⁹ for the recognition of training.

Criteria for assessing language competence

- 25 In order for the Registrar to be satisfied that an applicant has the necessary knowledge of English to practise safely and effectively in the UK, they must demonstrate competence in the four areas of:
- 25.1 reading;
 - 25.2 writing;
 - 25.3 listening; and
 - 25.4 speaking.
- 26 Where evidence or information is requested, the evidence must:
- 26.1 be recent, objective and independent;
 - 26.2 clearly demonstrate that a nurse or midwife can read, write, interact and communicate with patients, service users, relatives and healthcare professionals in English; and
 - 26.3 be readily verifiable by the NMC.

¹⁶ This will apply to nurses and midwives meeting the requirements for automatic recognition under article 21 and annexe V of the Directive, and to general system applicants who are judged to meet the minimum UK education requirements for recognition of their qualification

¹⁷ Meaning a qualification as a nurse responsible for general care (adult nurse) listed in Annex V, point 5.2.2 or as a midwife listed in Annex V, point 5.5.2 of the Directive

¹⁸ In accordance with Articles 23, 33 and 43 of the Directive

¹⁹ Articles 10 to 14 of the Directive, including applicants who have successfully completed a period of adaptation or an aptitude test

Evidence that we will accept

- 27 With the above criteria in mind, the following types of evidence for demonstrating that EEA trained nurses and midwives have the necessary knowledge of English will be accepted:
- 27.1 The applicant demonstrates that they have achieved the required scores in the academic version of the IELTS²⁰ test, which will be a minimum overall score of 7.0 and at least 7.0 in each of the four areas. The IELTS test result should be no more than two years old at the time of making an application for registration.
- 27.2 The applicant holds a pre-registration primary nursing or midwifery qualification which was taught and examined in English, and which was composed of 50 percent clinical interaction. At least 75 percent of the clinical interaction with patients, service users and other healthcare professionals as part of the programme must have been conducted in English.
- 27.3 The applicant has been registered and practised for two years in a country where the first and native language is English in instances where they were required to pass a language assessment for registration in that country.
- 28 The Registrar will be able to consider other evidence of having the necessary knowledge of English. However that evidence must meet all of the principles set out in paragraphs 25 and 26.
- 29 Guidance for EEA trained nurses and midwives issued by the Council will provide further information about the evidence that will satisfy the Registrar as well as the process that applicants will follow.

EEA applicants who are required to complete a language assessment

- 30 In accordance with article 5A(6) of the Order, if a nurse or midwife informs the NMC that they do not possess evidence of having the necessary knowledge of English or the evidence that they supply does not meet NMC requirements, then the Registrar may as a further step require them to undertake a language assessment, as a condition of registration.
- 31 The assessment that the Registrar will require will be the academic version of the IELTS test, with a minimum overall score of 7.0 and at least 7.0 in each of the four areas of reading, writing, listening and speaking.

If a concern about language competence is raised whilst a nurse or midwife is on the register

- 32 Article 22(a)(iva) of the Order stipulates the necessary knowledge of English as a new ground for impairment of an individual's fitness to practise. Article 28A(1) of the Order gives Council the authority to make Rules requiring an individual who

²⁰ The International English Testing System (IELTS)

has had an allegation made against them, to undertake an examination or other assessment of their knowledge of English.

- 33 If the NMC receives an allegation that a registered nurse or midwife does not have the necessary knowledge of English and as a result their fitness to practise may be impaired, then this will be treated as an allegation that will be dealt with via the Fitness to Practise process.
- 34 Where a nurse or midwife is in contact with the NMC, and as part of this interaction it becomes apparent that their English language capabilities come into doubt the registrant may be referred into our Fitness to Practise processes by the Registrar.²¹ Such a case will be dealt with in the same way as any other allegation of impaired fitness to practise.

Readmission to the register

- 35 Where a nurse or midwife's registration has lapsed, they may apply to the Registrar to be readmitted to the register.²²
- 36 All nurses and midwives seeking readmission to the register must meet the readmission requirements, including having the necessary knowledge of English and the registration requirements.²³
- 37 Information published by the NMC will set out the requirements and evidence for how a nurse or midwife will satisfy the Registrar that they have the necessary knowledge of English. Where an applicant meets these requirements and all other readmission requirements²⁴, the Registrar will re-admit them to the register.

Rights of appeal

- 38 Article 37 of the Order sets out the decisions of the Registrar that a registrant can appeal. Applicants have the following rights of appeal under the following circumstances:
- 38.1 Where the Registrar makes the decision that they are not satisfied that a nurse or midwife has the necessary knowledge of English and are required to undertake an examination or assessment;²⁵ and
- 38.2 Where the Registrar makes the decision that they are not satisfied that the applicant's qualification meets the requirements for recognition under the provisions of the Directive;²⁶
- 39 Appeals will be considered in accordance with the NMC's appeals policy.

²¹ Article 22(6) of the Order

²² Article 10 of the Order and Registration Rule 15

²³ Article 9(2) of the Order

²⁴ Article 10(4) of the Order

²⁵ Article 37(1)(za) of the Order

²⁶ Article 37(1)(zb) of the Order

Council

Providing evidence of English language competence: Guidance for EEA trained nurses and midwives

Introduction

- 1 Nurses and midwives play a vital role in the provision of healthcare in the United Kingdom (UK). As a registered nurse or midwife it is your responsibility to make the safety and wellbeing of those in your care your primary concern. A key part of this is communication, and the need to be able to communicate clearly and effectively in English.
- 2 For this reason, in order to hold registration with the Nursing and Midwifery Council (NMC), you must first satisfy us that you have the necessary knowledge of English. ¹ This means, ‘a knowledge of English which is necessary for the safe and effective practice of nursing or midwifery in the United Kingdom’.²
- 3 Our legislation, the Nursing and Midwifery Order 2001 (the Order) gives the NMC’s Registrar the power to seek evidence or information about a person’s knowledge to make sure that they can practise safely and effectively in the UK.
- 4 In accordance with Article 5A(1) of the Order, the Council will publish guidance for European Economic Area (EEA) trained nurses and midwives applying for registration with the NMC. ³
- 5 This guidance will detail the evidence, information or documents applicants must provide as evidence they have the necessary knowledge of English, as well as the process which will satisfy the Registrar of this. In doing this the Registrar must take account of the guidance published in this document when deciding whether a nurse or midwife has demonstrated the necessary knowledge of English.

Background

- 6 If you were trained as a nurse or midwife in the EEA and you meet certain requirements you can apply to us to have your qualification recognised and

¹ Article 9(2)(ba) of the Order

² Schedule 4 of the Order

³ For the purposes of this document the term, “EEA trained nurse or midwife” refers to a nurse or midwife who has undertaken their pre-registration qualification inside the EEA and is:

- A national of a relevant European state (meaning the European Economic Area or Switzerland) other than the UK;
- a national of the UK who is seeking access to, or is pursuing, the profession by virtue of an enforceable Community right; or
- A person who is not a national of a relevant European state but who is, by virtue of an enforceable Community right, entitled to be treated, for the purpose of access to and pursuit of the profession, no less favourably than a national of a relevant European State

registered. The process for this is set down in European Union (EU) law.⁴ However, as part of our recognition and registration application process, you will need to prove to us that you have the necessary knowledge of English.

- 7 Our core guidance *The Code: Professional standards of practice and behaviour for nurses and midwives* (the Code) contains the professional standards that as a registered nurse or midwife working in the UK you must uphold. Paragraph 7.5 of the Code states that you must ‘be able to communicate clearly and effectively in English’.

When we will request evidence of knowledge of language

- 8 This section describes how and when we will request evidence or information to determine whether you have the necessary knowledge of English, and the process we will follow.
- 9 There are a number of opportunities for you to demonstrate your English language competence⁵:
- 9.1 If we have confidence in your English language competence on the basis of the information that you initially supplied in your application, we will not request further evidence or information;
- 9.2 If we have concerns about your English language competence, we will request and consider further evidence or information; or
- 9.3 If concerns remain after you have provided further evidence or information, or if you are unable to provide any evidence, we will ask you to undertake a language assessment before we can register you.
- 10 If your nursing or midwifery qualification meets the requirements for automatic recognition under EU law⁶, but we do not have confidence in your English language competence on the basis of your initial application, we will still recognise your qualification. We will write to you informing you of this and provide you with an opportunity to provide evidence of your language competence before you can progress on to registration.
- 11 If your application is being assessed via the EU general system provisions⁷ and we decide that your qualification does not meet our minimum requirements we will require you to undertake a period of adaptation or an aptitude test. Once you have successfully completed the adaptation period or aptitude test, we will recognise your qualification. We will write to you informing you of this and provide you with

⁴ Directive 2005/36/EC on the recognition of professional qualifications (the Directive) as amended by Council Directive 2013/25/EU

⁵ By English language competence, we mean the necessary knowledge of English as set out in Paragraph 2.

⁶ If you are a nurse responsible for general care (adult nurse) or a midwife and you hold a qualification listed in Annexe V of the Directive, based on the requirements outlined in articles 21 and 40 of the Directive.

⁷ Articles 10 to 14 of the Directive

an opportunity to provide evidence of your language competence before you can progress on to registration.

Factors we will take into account when requesting evidence of the necessary knowledge of English language

- 12 On receiving your application, we will review the information you have provided, and based on that, may ask for further information or evidence in relation to your knowledge of English.
- 13 If you have a pre-registration primary nursing or midwifery qualification that was taught and examined in English⁸, we are not likely to request further evidence from you.
- 14 We are likely to ask for further evidence or information if you do not hold a qualification from an EEA state that has been taught and examined in English, or if you have not submitted any of the other evidence outlined in this document.

Criteria for assessing language competence

- 15 Our criteria for assessing evidence and information in relation to knowledge of English are set out below. The criteria reflect our objective of enhancing patient safety and provide us with adequate assurance that you have the necessary knowledge of English before we can register you.
- 16 Should you be requested to provide evidence of the necessary knowledge of English, you must demonstrate competence in the four areas of:
 - 16.1 reading;
 - 16.2 writing;
 - 16.3 listening; and
 - 16.4 speaking.
- 17 Where evidence or information is requested, we will consider the received evidence against the following criteria:
 - 17.1 whether the evidence is recent, objective and independent;
 - 17.2 whether it clearly demonstrates that you can read, write, communicate and interact with patients, service users, relatives and healthcare professionals in English; and
 - 17.3 whether we can readily verify the evidence.

⁸ By 'taught and examined in English', we mean that the entire course be taught and examined in English. The course must have been composed of 50% clinical interaction, where at least 75% of this clinical interaction with patients, service users, families and other healthcare professionals was undertaken in English.

Types of evidence that we are likely to accept

- 18 There are different ways in which you may be able to demonstrate that you have the necessary knowledge of English to practise in the UK. The Registrar has the power to exercise discretion and consider all types of credible evidence which meet the criteria set out above.
- 19 We will review our English language evidence requirements on a regular basis to ensure they remain suitable. We will give full consideration to new sources of evidence that can provide the required assurance that you have the necessary knowledge of English.
- 20 However, based on our experience in assessing language evidence from international nurses and midwives trained outside the EEA, we have set out the types of evidence we accept can demonstrate that you have the necessary knowledge of English to practise in the UK.

Evidence type 1: A recent⁹ overall score of 7 in the academic version of the International English Language Testing System (IELTS). You must achieve no less than 7 in each of the four areas of reading, writing, listening and speaking.

- 21 The majority of nurses and midwives who have to demonstrate their knowledge of English currently do so by achieving the required scores in the academic version of the IELTS tests. IELTS is an objective method of demonstrating competence in English and is widely accepted by many employers, regulators and professional bodies.
- 22 We may accept an IELTS score of at least 7 that is older than two years old, if you can provide evidence to demonstrate that your language skills have not deteriorated in that time. Evidence that we may accept includes, having subsequently completed a recent postgraduate course of study which has been taught and examined in English¹⁰, or evidence that you have subsequently practised as a nurse or midwife in a country where English is the first and native language¹¹.

⁹ By 'recent', we mean evidence relating to English language competence that is less than two years old at the point of making an application to the NMC. The British Council advises that two years is the accepted period for an individual to remain proficient in English if the language is used regularly. Proficiency in English deteriorates after two years if it is not used on a regular basis.

¹⁰ See footnote 5

¹¹ Our list of countries is modelled on the UK Border Agency's list of 'majority English speaking countries' (https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/340583/English_language_v11.0_EXT.pdf). We maintain and update our list on a regular basis. When we are advised that a country's first and native language is English, we contact the relevant Ministry of Health and the nursing and midwifery regulator to seek evidence of this.

Evidence type 2: A recent¹² pre-registration nursing or midwifery programme that has been taught and examined in English¹³ in an EEA state

- 23 We require that the course must be taught and examined in English.¹⁴ The course must have been composed of at least 50 percent clinical interaction. At least 75 percent of the course's clinical interaction with patients, service users, their families and other healthcare professionals must have taken place in English.
- 24 We need to ensure that the training that you have undertaken provided you with an opportunity to demonstrate ability in reading, writing, speaking and listening in a range of environments.

Evidence type 3: Registration and two years of registered practice with a nursing or midwifery regulator in a country where English is the first and native language¹⁵ and a language assessment was required for registration.

- 25 We will contact the nursing or midwifery regulatory authority of the country in which you were registered, to find out which language examination or assessment was used and their requirements before accepting this evidence.
- 26 In circumstances where the regulatory authority operates a different standard of language test than the NMC, or we are unable to verify the results, we may ask nurses or midwives to provide additional evidence to demonstrate their knowledge of English. This may include achieving our required scores in the academic version of IELTS.
- 27 We may require employment references from each of your employers over the previous two years confirming that the practice that you undertook was in English.

Other evidence

- 28 The Registrar may accept other forms of evidence at their discretion. This evidence must meet our criteria as outlined in paragraphs 16 and 17.

¹² See footnote 8

¹³ See footnote 7

¹⁴ See footnote 7

¹⁵ See footnote 10

S T A T U T O R Y I N S T R U M E N T S

2015 No.

HEALTH CARE AND ASSOCIATED PROFESSIONS

NURSES AND MIDWIVES

**The Nursing and Midwifery Council (Fitness to Practise)
 (Education, Registration and Registration Appeals) (Amendment
 No. 2) Rules Order of Council 2015**

<i>Made</i> - - - -	2015
<i>Laid before Parliament</i>	2015
<i>Coming into force</i> - -	2015

At the Council Chamber, Whitehall, the *** day of 2015

By the Lords of her Majesty's Most Honourable Privy Council

The Nursing and Midwifery Council has made the Nursing and Midwifery Council (Fitness to Practise) (Education, Registration and Registration Appeals) (Amendment No. 2) Rules 2015, as set out in the Schedule to this Order, in exercise of the powers conferred by articles 7(1) and (2), 9(2), 26(3), 28A, 32(1) and (2), 37(4) and 47(2) of the Nursing and Midwifery Order 2001(a).

In accordance with article 47(3) of the Nursing and Midwifery Order 2001 the Nursing and Midwifery Council has consulted representatives of groups of persons who appear likely to be affected by the proposed rules.

In accordance with articles 47(1) and 48 of that Order(b) the Rules shall not come into force until approved by order of the Privy Council.

Citation and commencement

1. This Order may be cited as the Nursing and Midwifery Council (Fitness to Practise) (Education, Registration and Registration Appeals) (Amendment No. 2) Rules Order of Council 2015 and comes into force on XXX.

Privy Council approval

2. Their Lordships, having taken the Rules into consideration, are pleased to, and do approve them.

(a) S.I. 2002/253. Article 9(2) was amended by S.I. 2014/1887, article 2(1), Schedule 1, Part 7, paragraphs 23 and 24 and by S.I. 2015/806, articles 32 and 34(1) and (2). Article 28A was inserted by S.I. 2015/806, article 38.
 (b) Article 48 was amended by S.I. 2008/1485, article 2(1), Schedule 1, paragraph 7.

Richard Tilbrook
Clerk of the Privy Council

SCHEDULE

The Nursing and Midwifery Council (Fitness to Practise) (Education, Registration and Registration Appeals) (Amendment No. 2) Rules 2015

The Nursing and Midwifery Council makes the following Rules in exercise of the powers conferred under articles 7(1) and (2), 9(2), 26(3), 28A, 32(1) and (2), 37(4) and 47(2) of the Nursing and Midwifery Order 2001, having consulted in accordance with article 47(3) of that Order.

PART 1

Preliminaries

Citation and commencement

1. These Rules may be cited as the Nursing and Midwifery Council (Fitness to Practise) (Education, Registration and Registration Appeals) (Amendment No. 2) Rules 2015 and come into force on [] 2015.

PART 2

Amendment of the Nursing and Midwifery Council (Fitness to Practise) Rules 2004

2. The Nursing and Midwifery Council (Fitness to Practise) Rules 2004(a) are amended as follows.

3. In rule 6B (investigation of Fitness to Practise allegations)(b), after paragraph (3) insert—

“(3A) The Registrar may, in the case of an allegation that the registrant's fitness to practise is impaired by reason of not having the necessary knowledge of English, direct the registrant to—

- (a) undertake an examination or other assessment as specified in the notification referred to in paragraph (3C); and
- (b) provide the Registrar with evidence of the result of that examination or other assessment in the form required by paragraph (3B);

within such period as the Registrar may specify in the notification referred to in paragraph (3C).

(3B) The registrant must provide evidence of the result of an examination or other assessment that the registrant is required to undertake in the form of a certificate or other document stating the result achieved by the registrant in the examination or other assessment of that registrant's knowledge of English that is signed by an officer of the body providing the examination or other assessment.

(3C) Where the Registrar makes a direction pursuant to paragraph (3A), the Registrar must notify the registrant, in writing, of the direction and the notice must also inform the registrant of—

- (a) the name of the examination or other assessment that the registrant is directed to undertake;

(a) These rules are set out in the Schedule to S.I. 2004/1761.

(b) Rule 6B was inserted by rule 10 of the Nursing and Midwifery Council (Fitness to Practise) (Education, Registration and Registration Appeals) (Amendment) Rules 2014 which are set out in the Schedule to S.I. 2015/52.

- (b) the evidence to be provided in accordance with paragraph (3B); and
- (c) the provisions of rule 31(6A).

(3D) The Registrar must provide the Case Examiners with the evidence provided by the registrant in compliance with a direction made under paragraph (3A).”.

4. In rule 6D(1)(c) (consideration of fitness to practise allegations by the Investigating Committee)(a) for “rule 2A(4), 6B(1), (2) or (3)” substitute “rule 2A(4), 6B(1), (2), (3) or (3A)”.

5. In rule 9 (action upon referral of an allegation)(b)—

- (a) at the end of paragraph (4)(a) omit "and";
- (b) in paragraph (4)(b) for "Council." substitute "Council; and"; and
- (c) after paragraph (4)(b) add—

“(c) in the case of an allegation that the registrant's fitness to practise is impaired by reason of not having the necessary knowledge of English, the Conduct and Competence Committee may direct the registrant to—

- (i) undertake an examination or other assessment of the registrant’s knowledge of English as specified in the notification referred to in paragraph (4A), and
- (ii) provide the Conduct and Competence Committee with evidence of the result of that examination or other assessment in the form required by rule 6B(3B), within such period as the Conduct and Competence Committee may specify in the notification referred to in paragraph (4A).”;

(d) after paragraph (4) insert—

“(4A) Where the Conduct and Competence Committee makes a direction pursuant to paragraph (4)(c), the Committee must notify the registrant of the direction and the notice must also inform the registrant of the matters set out in rule 6B(3C).”.

6. In rule 18 (preliminary meetings)—

- (a) at the end of paragraph (5)(h) omit "and";
- (b) in paragraph (5)(i) for "held." substitute "held; and";
- (c) after paragraph (5)(i) insert—

“(j) a direction that the registrant—

- (i) undertake an examination or other assessment of the registrant's knowledge of English as specified in the written confirmation referred to in paragraph (8), and
- (ii) provide the Conduct and Competence Committee with evidence of the result of that examination or other assessment in the form required by rule 6B(3B), within such period as the Chair may specify in the written confirmation referred to in paragraph (8).”;

(d) for paragraph (8) substitute—

“8. The Chair of the preliminary meeting must—

- (a) keep a record of the directions given;
- (b) send written confirmation of such directions to the parties promptly; and
- (c) where a direction is made pursuant to paragraph (5)(j), inform the registrant of the matters set out in rule 6B(3C).”.

(a) Rule 6D was inserted by rule 10 of the Nursing and Midwifery Council (Fitness to Practise) (Education, Registration and Registration Appeals) (Amendment) Rules 2014 which are set out in the Schedule to S.I. 2015/52.
 (b) Rule 9 was amended by rule 9 of the Nursing and Midwifery Committee (Fitness to Practise) (Amendment) Rules 2011 which are set out as a Schedule to S.I. 2012/17.

7. After rule 25 (order of proceedings at a review or restoration hearing) insert—

“Investigations prior to a review hearing

25A.—(1) Prior to the opening of a review hearing, the Registrar may, in a case where the registrant’s fitness to practise was found to be impaired by reason of not having the necessary knowledge of English, direct the registrant to—

- (a) undertake an examination or other assessment as specified in the notification referred to in paragraph (2); and
- (b) provide the Registrar with evidence of the result of that examination or other assessment in the form required by rule 6B(3B);

within such period as the Registrar may specify in the notification referred to in paragraph (2).

(2) Where the Registrar makes a direction pursuant to paragraph (1), the Registrar must notify the registrant of the direction and the notice must also inform the registrant of the matters set out in rule 6B(3C).

(3) The Registrar must provide the Conduct and Competence Committee with the evidence provided by the registrant in compliance with a direction made under paragraph (1).”.

8. In rule 31 (evidence)(a)—

(a) after paragraph (4) insert—

“(4A) Where under these rules the registrant is directed by the Registrar or the Conduct and Competence Committee to undertake an examination or other assessment of the person’s knowledge of English, a certificate or other document stating the result achieved by the registrant in that examination or other assessment that is signed by an officer of the body providing the examination or other assessment shall be conclusive proof of the result achieved by the registrant in that examination or other assessment.”; and

(b) after paragraph (6) insert—

“(6A) In determining whether a registrant’s fitness to practise is impaired by reason of not having the necessary knowledge of English, the Conduct and Competence Committee may draw such inferences as seem appropriate to it if a registrant fails to undertake an examination or other assessment or to provide evidence of the result of that examination or other assessment in accordance with a direction made pursuant to these Rules.”.

PART 3

Amendment of the Nursing and Midwifery Council (Education, Registration and Registration Appeals) Rules 2004

9. The Nursing and Midwifery (Education, Registration and Registration Appeals) Rules 2004(b) are amended as follows.

10. In rule 5 (application for admission to a part of the register)(c) after paragraph (2)(aa) insert—

“(ab) evidence that the applicant has the necessary knowledge of English for the purpose of complying with article 9(2)(ba) of the Order(d).”

-
- (a) Rule 31 was amended by S.I. 2009/1182, article 4(1), Schedule 4, Part 2, paragraph 22, by section 81(5) of the Policing and Crime Act 2009 (c. 26) and by article 34 of S.I. 2012/3006.
 - (b) These Rules are set out as a Schedule to S.I. 2004/1767.
 - (c) Rule 5 was amended by regulation 177(5) of S.I. 2007/3101 and by S.I. 2014/1887, article 2(1), Schedule 1, Part 7, paragraphs 30 and 31.
 - (d) Article 9(2) was amended by S.I. 2014/1887, article 2(1), Schedule 1, Part 7, paragraphs 23 and 24 and by S.I. 2015/806, articles 32 and 34(1) and (2).

11. Omit rule 9 (knowledge of English)(a).

12. In rule 15 (readmission to the register)(b)—

- (a) in paragraph (2) before "and (b)" insert ", (ab)";
- (b) at the end of paragraph (4)(b) omit "and";
- (c) in paragraph (4)(c) for "6(6)." substitute "6(6); and"; and
- (d) after paragraph (4)(c) insert—

“(d) that the applicant has the necessary knowledge of English for the purposes of article 9(2)(ba) of the Order.”.

13. In rule 20 (period during which an appeal may be made)(c), in paragraph (a) for “sub-paragraph (a), (aa), (b) or (c)” substitute “sub-paragraph (za), (zb), (a), (aa), (b) or (c)”. before “(a)” insert “(za), (zb),”.

14. In rule 21 (notice of appeal)(d) in paragraph (a)(iii) for “article 37(1)(a), (aa), (b) or (c)” substitute “article 37(1)(za), (zb), (a), (aa), (b) or (c)”.

Given under the common seal of the Nursing and Midwifery Council this xxxx day of xxxx 2015.



Professor Dame Janet Finch
Chair

Jackie Smith
Chief Executive and Registrar

EXPLANATORY NOTE

(This note is not part of the Order)

This Order approves the Nursing and Midwifery Council (Fitness to Practise) (Education, Registration and Registration Appeals) (Amendment No. 2) Rules 2015, which are set out in the Schedule to this Order. These Rules amend the Nursing and Midwifery Council (Fitness to Practise) Rules 2004 (S.I. 2004/1761) (“the Fitness to Practise Rules”) and the Nursing and Midwifery Council (Education, Registration and Registration Appeals) Rules 2004 (S.I. 2004/1767) (“the Registration Rules”).

Part II of the Schedule amends the Fitness to Practise Rules.

Rule 3 amends rule 6B of the Fitness to Practise Rules to enable the Registrar to require a registrant to undertake an English language examination or assessment, and to provide evidence of the result of that examination or assessment to the Registrar in the required form. It also provides for the procedure to be followed by the Registrar when directing the registrant to undertake such an examination or assessment.

-
- (a) Rule 9 was amended by regulation 177(8) of S.I. 2007/3101.
 - (b) Rule 15 was amended by regulation 177(9) of S.I. 2007/3101, by rule 4 of the Nursing and Midwifery Council (Education, Registration and Registration Appeals) (Amendment) Rules 2012 which are set out as a Schedule to S.I. 2012/2754 and by S.I. 2014/1887, article 2(1), Schedule 1, Part 7, paragraphs 30 and 33.
 - (c) Rule 20 was amended by regulation 177(10) of S.I. 2007/3101.
 - (d) Rule 21 was amended by regulation 177(11) of S.I. 2007/3101.

Rules 5 and 6 make similar amendments to rules 9 and 18 of the Fitness to Practise Rules enabling the Conduct and Competence Committee and the Chair of a preliminary meeting respectively to direct a registrant to undertake an examination or other assessment of the registrant's knowledge of English.

Rule 4 amends rule 6D(1) of the Fitness to Practise Rules to include within the information that the Investigating Committee must consider, any results of a registrant's knowledge of English examination or assessment.

Rule 7 inserts rule 25A to the Fitness to Practise Rules enabling the Registrar, prior to a review hearing, to require a registrant, whose fitness to practise was found to be impaired by reason of not having the necessary knowledge of English, to undertake an English language examination or assessment, and to provide evidence of the result of that examination or other assessment to the Registrar in the required form. It also specifies the procedure that the Registrar must follow when directing the registrant to undertake such an examination or assessment.

Rule 8 inserts paragraph (4A) to rule 31 of the Fitness to Practise Rules to provide that a document stating the results of a registrant's English language examination or assessment, that is signed by an officer of the awarding body shall be conclusive proof of those results. Rule 8 also inserts paragraph (6A) into rule 31 to provide that the Conduct and Competence Committee may draw such inferences as it deems appropriate if a registrant refuses to undertake or provide the results of an English language examination or assessment.

Part III of the Schedule amends the Registration Rules.

Rule 10 amends rule 5 of the Registration Rules to require an applicant for admission to the register to provide evidence that the applicant has the necessary knowledge of English.

Rule 11 removes rule 9 of the Registration Rules, which permitted the Registrar to require an applicant who was not an exempt person to provide evidence that they had sufficient knowledge of English to allow them to practise safely and competently as a nurse or midwife. This is now a requirement under article 9(2) of the Nursing and Midwifery Order 2001 (S.I. 2002/253) ("the Order").

Rule 12 amends rule 15(4) of the Registration Rules to enable the Registrar, when considering an application for readmission, to consider information about the registrant's fitness to practise for the purposes of determining whether the applicant has the necessary knowledge of English.

Rule 13 amends rule 20 of the Registration Rules to provide that appeals to the Council against the Registrar's decision taken under article 37(1)(za) or (zb) of the Order must be made within 28 days of the date of that decision. Rule 14 makes consequential amendments to rule 21 of the Registration Rules which provides for the procedure to be followed when making such an appeal.

Council

Governance: amendment to the scheme of delegation

Action: For decision.

Issue: Proposes an amendment to the scheme of delegation to provide more flexibility in governance structures below Council level.

Core regulatory function: Supporting functions.

Strategic priorities: Strategic priority 4: Effective organisation.

Decision required: The Council is asked to agree the change to the scheme of delegation proposed in paragraph 9 of the report.

Annexe: The following annexe is attached to this paper:

- Annexe 1: Scheme of delegation

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.

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Context and discussion

- 1 The Council's scheme of delegation sets out the responsibilities of the Council and the Chief Executive and Registrar. In brief, the Council sets the strategic direction, with operational management delegated to the Chief Executive and Registrar. The Council approved the current scheme of delegation in July 2013.
- 2 The scheme of delegation gives the Chief Executive power to delegate, as appropriate, but requires there to be an Executive Board to support her (annexe 1, paragraphs 9 and 10). The Board's terms of reference are set by the Chief Executive and Registrar.
- 3 The current Executive Board's remit covers all matters delegated to the Chief Executive and Registrar ranging from strategic, legislative and policy development to operational business.
- 4 In order to increase the Chief Executive's capacity to focus on the NMC's external environment and strategic functions, an interim Chief Operating Officer (COO) has been appointed. This is a new and critical role, pending the finalisation of the future organisational structure, responsible for ensuring the smooth running of the NMC's regulatory operations and for business planning, driving organisational performance, standardising and improving processes and building in-house capability.
- 5 As a consequence, a minor change is needed to the scheme of delegation to provide the Chief Executive and Registrar with more flexibility to put in place internal governance arrangements to support her in fulfilling her responsibilities and to enable effective delegation.
- 6 The current Executive Board is likely to be replaced by two Boards:
 - 6.1 Strategy and Policy: Chaired by the Chief Executive and Registrar and to be responsible for supporting Council in strategy and policy development; external engagement; and legislative matters.
 - 6.2 Performance and Resources: Chaired by the interim Chief Operating Officer and to be responsible for business planning; managing operations and performance; internal controls and assurance.
- 7 The Boards' terms of reference will be shared with the Council once agreed.
- 8 The Chief Executive and Registrar will remain accountable to the Council for all matters delegated to her as set out in the scheme of delegation and for fulfilling her responsibilities as the Accounting Officer, appointed by the Privy Council, for the prudent management of the NMC's resources.

9 Recommendation: The Council is asked to agree the following change to the scheme of delegation

Scheme of delegation (paragraph 10) **(Changes in bold)**

The Chief Executive and Registrar will constitute **one or more Boards, as appropriate**, to assist her / him in the performance of her / his duties through (a) developing and implementing strategies, policies, business plans, and budgets; (b) monitoring operating and financial performance; (c) evaluating and managing risk; (d) prioritising and allocating resources.

Public protection implications

10 No direct public protection implications.

Resource implications

11 The proposed changes should result in more effective deployment of existing resources.

Equality and diversity implications

12 No direct equality and diversity implications.

Stakeholder engagement

13 This is an internal governance matter.

Risk implications

14 Spreading the workload should reduce the potential risks of insufficient capacity at senior leadership level.

Legal implications

15 No direct legal implications.

SCHEME OF DELEGATION

The Council

- 1 The NMC is the professional regulator for nurses and midwives in the UK. Its core purpose is to protect patients and the public through effective and proportionate regulation of nurses and midwives. The NMC is established by, and governed in accordance with, the Nursing and Midwifery Order 2001 (“Order”).
- 2 The Council is the governing body of the NMC and its members are the charity trustees. The remit of the Council is to (a) set the NMC’s strategic direction and corporate objectives, in line with its core purpose; (b) ensure effective systems are in place for managing performance and risk; (c) maintain probity in, and public accountability for, the exercise of the NMC’s functions and the use of funds.
- 3 In order to discharge its remit effectively, the Council may delegate such matters as it considers appropriate. If it determines that it is necessary to do so, the Council may exercise any function that is normally delegated. The following matters are reserved to the Council:

Regulatory functions

- 3.1 Approving the NMC’s regulatory legislation, and any changes to it, subject to the Privy Council’s consent.

Strategy, planning, and performance

- 3.2 Approving strategy.
- 3.3 Approving regulatory policy.
- 3.4 Approving the financial strategy, reserves policy, and fee strategy.
- 3.5 Approving the annual corporate plan and budget.
- 3.6 Reviewing the corporate performance of the NMC and holding the Chief Executive and Registrar to account.
- 3.7 Taking the final decision on any matter of fundamental strategic significance to the NMC, or which poses a substantial risk to the organisation.

Internal control, assurance, and accountability

- 3.8 Agreeing the top level system of internal control.
- 3.9 Approving the risk management framework and setting the risk appetite.
- 3.10 Appointing the external auditors.

- 3.11 Approving the annual report and accounts, the annual fitness to practise report, and any other report to be laid before Parliament.

Governance

- 3.12 Deciding all matters relating to the Council's governance framework, including delegating powers, making Standing Orders, and constituting committees.
- 3.13 Appointing the Chief Executive and Registrar.

The Chair

- 4 The remit of the Chair is (a) to chair meetings of the Council and (b) to manage the affairs of the Council as the governing body of the NMC, within the governance framework established by the Council. In exercising her / his remit, the Chair has delegated authority for:
- 4.1 Determining the general nature and timing of the Council's business.
- 4.2 Appointing the members and Chairs of the committees of the Council.
- 4.3 Conducting the annual appraisal of Council members.
- 4.4 Conducting the process for the appointment of the Chief Executive and Registrar.
- 4.5 Conducting the process for the setting of objectives for and performance appraisal of the Chief Executive and Registrar.
- 4.6 Taking decisions on minor, non-contentious, or urgent matters falling within the remit of the Council, on reference from the Chief Executive and Registrar.
- 5 The Chair is accountable to the Council for her / his decisions and must report to the Council (or the appropriate committee) on each occasion when she / he has exercised delegated authority.

The Chief Executive and Registrar

- 6 The remit of the Chief Executive and Registrar is to direct the affairs and manage the resources of the NMC within the strategic framework established by the Council. In exercising her / his remit, the Chief Executive and Registrar has delegated authority to act in any matter that is not expressly reserved to the Council and does not properly fall within the remit of the Chair.
- 7 The Chief Executive and Registrar is accountable to the Council for her / his decisions and must provide such reports as the Council may require in order to carry out its role effectively.
- 8 The responsibilities of the Chief Executive and Registrar include:

Regulatory functions

- 8.1 Ensuring the NMC's regulatory functions are discharged in accordance with the legislation and the core purpose to protect patients and the public.
- 8.2 Making proposals to Council regarding the development of, or changes to, regulatory legislation, and seeking the Privy Council's consent to the Council's decisions.
- 8.3 As Registrar, in accordance with the regulatory legislation, (i) admitting, removing, and restoring registrants; (ii) maintaining the integrity of the register; (iii) publishing the register; (iv) ensuring that allegations concerning the fitness to practise of registrants are fairly, effectively, and efficiently investigated and adjudicated.

Strategy, planning, and performance

- 8.4 Formulating and making proposals to the Council regarding strategy and regulatory policy, and implementing the Council's decisions.
- 8.5 Formulating and making proposals to the Council regarding financial strategy, reserves policy, and fee strategy, and implementing the Council's decisions.
- 8.6 Formulating and making proposals to the Council regarding the annual corporate plan and budget, and implementing the Council's decisions.
- 8.7 Approving the annual directorate business plans and allocating the budget required for delivery, and holding Directors to account for their implementation.
- 8.8 Implementing an effective system for the management, monitoring, and reporting of performance.
- 8.9 Deciding all matters relating to organizational structure and the management of staff, within the framework and budget agreed by the Council.

Internal control, assurance, and accountability

- 8.10 Implementing an effective system of internal control, within the framework agreed by the Council, and ensuring that significant matters are reported to the Council.
- 8.11 Implementing the risk management framework agreed by the Council, ensuring that risks are identified and evaluated, that appropriate measures are put in place to mitigate risks, and that progress is monitored and reported.
- 8.12 Securing the effective, efficient, and economic use of resources, ensuring financial propriety, keeping proper records of account, and fulfilling role of Accounting Officer for the NMC (as appointed by the Privy Council).

- 9 In order to carry out her / his responsibilities effectively, the Chief Executive and Registrar may delegate such matters as she / he considers appropriate.
- 10 The Chief Executive and Registrar will constitute an Executive Board to assist her/him in the performance of her / his duties through (a) developing and implementing strategies, policies, business plans, and budgets; (b) monitoring operating and financial performance; (c) evaluating and managing risk; (d) prioritising and allocating resources.

Committees

Statutory Committees

The Practice Committees

- 11 The NMC is required to have the following practice committees:
 - 11.1 The Investigating Committee.
 - 11.2 The Conduct and Competence Committee.
 - 11.3 The Health Committee.
- 12 The functions of the practice committees are stipulated in the Order and are not subject to this scheme of delegation.

The Midwifery Committee

- 13 The NMC is required to have a Midwifery Committee whose remit, as set out in Article 41 of the Order, is to advise the Council, at the Council's request or otherwise, on any matters affecting Midwifery. The responsibilities of the Midwifery Committee are detailed in terms of reference approved by the Council.

Discretionary Committees

- 14 Under Article 3 (12) of the Order, the Council may establish such other committees as it considers appropriate in connection with the discharge of its functions and delegate any of its functions to them, other than the power to make rules.
- 15 The Council has established committees with the following remits. The responsibilities of each committee are detailed in terms of reference approved by the Council.

The Audit Committee

- 15.1 The remit of the Audit Committee is to support the Council and management by reviewing the comprehensiveness and reliability of assurances on governance, risk management, the control environment and the integrity of financial statements and the annual report.

The Remuneration Committee

- 15.2 The remit of the Remuneration Committee is to ensure that there are appropriate systems in place for remuneration and succession planning at the NMC.

The Appointments Board

- 15.3 The remit of the Appointments Board is to assist the Council in connection with the exercise of any function or process relating to the appointment of Panel Members and Legal Assessors.

Adopted by the Council on 18 July 2013

Council

Performance and risk report

- Action:** For discussion.
- Issue:** Reports on performance and risk management since the July 2015 Council meeting.
- Core regulatory function:** All of our core regulatory functions.
- Strategic priorities:** All.
- Decision required:** The Council is recommended to:
- Note and discuss the performance and risk information since the July 2015 Council meeting, including August KPI information (paragraph 5).
 - Discuss and comment on the draft refreshed corporate risk register (paragraph 7).
- Annexes:** The following annexes are attached to this paper:
- Annexe 1: Performance and risk information
 - Annexe 2: Refreshed Corporate risk register
 - Annexe 3: Risk map of corporate and directorate risks.
- 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.

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- Context:**
- 1 This paper provides an overview of performance and the management of risk since the last Council meeting in July 2015.
 - 2 Further operational developments, performance updates, Key Performance Indicators (KPIs) and risk information are presented within **Annexe 1** as part of the directorate summaries. The summaries are not intended to be comprehensive, rather an update on significant developments since the last Council meeting which are not reported elsewhere on today's Council agenda.
 - 3 The annual refresh of the corporate risk register has now been completed to ensure that it remains up to date and relevant. The draft refreshed register is presented at **Annexe 2** for the first time. We would welcome the Council's views on the content and any further improvements it would wish to see.

Discussion: Performance and risk information

Corporate KPIs 2015–2016

- 4 We are reporting against the KPIs agreed by the Council in March 2015. There were no significant movements across the KPI areas during July and August (**Annexe 1**), with the exception of KPI5 (staff turnover rate) which has continued to increase and, at 25.6% in August is the highest it has reached this year. Further information can be found in the Human Resources and Organisational Development performance update at Annexe 1j.
- 5 **Recommendation: The Council is invited to note and discuss the performance and risk information since the July 2015 Council meeting, including August KPI information.**

Risk

Refreshed corporate risk register

- 6 Building on the work of the Council sub-group and taking account of the principles that came out of that discussion, a draft revised corporate risk register has been developed. The key points to note are:
 - 6.1 The risk register is aligned with delivery of the strategy, with risks categorised by strategic priority.
 - 6.2 Systemic regulatory failure has been consolidated into one risk covering the main regulatory functions with consequences, mitigations and planned actions specific to each function.
 - 6.3 A new risk around failure to implement necessary changes to

our regulatory functions to meet changing public protection needs.

6.4 Revalidation risks have been reframed around a) delivery of the model and b) regulatory impact.

6.5 A reframed risk on operational use of intelligence.

6.6 A reframed risk about communication.

6.7 Reframed risks around use of resources and staff capacity and capability.

6.8 A new risk around information management and governance.

6.9 The addition of a corporate business continuity risk (previously this appeared at directorate register level).

7 Recommendation: The Council is invited to discuss and comment on the draft refreshed corporate risk register.

8 A risk map of corporate and directorate risks is attached at **Annexe 3**. Some risks are shown on the risk map as having been closed, owing to the recent refresh of both corporate and directorate risk registers.

9 In July the Council noted an increasing red risk in relation to workforce planning (CS4). In line with our usual processes, the Executive Board has considered this risk and is satisfied that it is encompassed in the new risk on the refreshed corporate risk register entitled *Staff – capacity and capability now and in the future*.

10 The risk map shows that the scores for risks R14 *Fraud and bribery* and FtP9 *Fraud, bribery and corruption* have increased, following challenge from the Risk Scrutiny Group. However both scores remain green.

Public protection implications:

11 Public protection implications are considered when reviewing performance and the factors behind poor or good performance.

Resource implications:

12 Resource implications will be captured in the financial monitoring report.

Equality and diversity implications:

13 Equality and diversity implications are considered when rating the impact of risks and determining the action required to mitigate risks.

Stakeholder engagement:

14 KPI information and performance dashboards are in the public domain.

- Risk implications:** 15 The impact of risks is assessed and rated on the risk register. Future action to mitigate risks is also described.
- Legal implications:** 16 No direct legal implications.

Performance and risk information

Contents

- 1a Registration performance and risk update
- 1b Registration dashboard
- 1c Fitness to Practise (FtP) performance and risk update
- 1d FtP dashboard
- 1e Continued Practice performance and risk update
- 1f Strategy performance and risk update
- 1g Estates, Finance and Procurement performance and risk update
- 1h Technology Business Services performance and risk update
- 1i ICT portfolio and improvement programme dashboard
- 1j Human Resources and Organisational Development performance and risk update

Registration performance and risk update

Performance overview

This overview summarises operational developments and performance in the Registration directorate during July and August 2015 and includes commentary on the Registration Key Performance Indicators (KPIs) and dashboard.

NMC Online

- 1 Almost 408,000 registrants had signed up for NMC Online (approximately 60% of the register) as at 31 August 2015. This represents a 34% increase in take up since the last report to the Council in July.
- 2 We continue to implement the action plan to have 65% (442,000) of registrants signed up to the online service by the end of December 2015, and to focus on registrants due to renew under revalidation processes from April next year to ensure they are set up online well in advance.

Applications and appeals

- 3 In July 2015, 428 United Kingdom (UK), 873 European Union (EU) and 184 overseas applicants were registered.
- 4 In August 2015, 880 UK, 850 EU and 142 overseas applicants were registered.
- 5 We are seeing a 53.5% increase in EU applications compared to this month last year.

UK applications

- 6 During July and August we issued 209,661 renewal and retention packs. 14,906 periodic renewals were completed in July, with 99.67% of these completed within five days. In August, 19,144 renewals were completed, with 99.76% completed within five days. 59,914 retention transactions were completed during the reporting period.
- 7 The KPI information below provides more detail about the 428 UK initial applications processed during July and the 880 in August. Performance during the two months under review has been consistent.

Appeals

- 8 There were a total of 46 outstanding registrations appeals at the end of August, all of which have been scheduled. In July, six appeals cases were heard, all of which were completed within six months of the appeals being lodged. In August, 11 appeals cases were heard, and again all were completed within six months of the appeals being lodged. Of those 17 appeals heard during the reporting period, 12 were successful, and five were dismissed. Where appeals were upheld this was due to the presentation of additional information at the appeal. 21 new appeal cases were received by the Registrar's Appeals

Support team during July and eight during August.

International applications

- 9 During the reporting period, 468 people sat the multiple-choice, scenario-based examination which is the first part of the test of competence. Of these, 413 people (88.2%) passed the examination.
- 10 21 applicants completed stage 2 of the test of competence (the Objective Structured Clinical Examination (OSCE)) in July and August, of which 10 (47.6%) passed and 7 (33.33%) achieved a partial pass (which means they will only need to re-sit the part of the test they failed). At 31 August, a total of 31 applicants had completed stage 2 of the test since it commenced in April, of which 19 (61.3%) have passed. There is a 100% pass rate for applicants attempting the OSCE for a second time. The numbers completing the OSCE remains lower than expected due to visa restrictions.
- 11 The KPI information below provides more detail about the number of international applications assessed during July and August. 100% of applications have been assessed within 70 days.

Customer service

- 12 During July and August 2015 the Registration Centre received a total of 73,282 calls. Of these we answered 65,854 calls and 7,428 calls were abandoned (10.1%). During the course of the reporting period, the percentage of abandoned calls has reduced from 12.4% in June, to 8.1% in August, reflecting, in part, the impact of the pilot callback facility which was introduced during August. In July the average call duration was 3 minutes 44; however, in August this reduced to 3 minutes 29.
- 13 The top five call types during the reporting period were:
- | July | August |
|--------------------------|--------------------------|
| Annual retention enquiry | Annual retention enquiry |
| EU nurse enquiry | NMC Online |
| Annual retention payment | EU nurse enquiry |
| NMC Online | Annual retention payment |
| Overseas nurse enquiry | Overseas nurse enquiry |
- 14 As shown on the Registration dashboard, across the two month reporting period an average of 91% of respondents to the customer service survey felt that their overall experience of contacting NMC Registrations was satisfactory or above, with 82.6% stating their experience was good or very good. An average of 90% of respondents stated that the call centre had resolved their query.

Key performance indicators

- 15 Secondary target figures are also presented within the UK KPI, and the performance was just below the target for August of 99% within 30 days, standing at 98.2% achieved. To provide further context, we present the actual numbers next to the monthly percentages

for both UK and EU/overseas KPIs.

Corporate risk update – please refer to corporate risk register at Annexe 2

- 16 Registration risks are encompassed in the two new risks, under Strategic Priority 1, around systemic regulatory failure and failure to develop our regulatory functions to meet changing public protection needs. Both these risks are amber.

KPI 1a - Percentage of UK initial registration applications completed within a set time

Strategic priority 1: Effective regulation

Rationale The KPI measures NMC assessment time for UK initial applications.

Definition This KPI will measure the time elapsed between receipt by the NMC of a new complete UK application and when the applicant joins the register or is notified of refusal.

	June 2015		July 2015		August 2015		Year to date average	Year end average target
	No. of apps within KPI	As a %	No. of apps within KPI	As a %	No. of apps within KPI	As a %		
Primary figures/target	338	95.2%	407	95.1%	858	97.5%	95% (Green)	95% within 10 days
Secondary figures/target	343	96.6%	417	97.4%	864	98.2%	97% (Amber)	99% within 30 days

Number: Number of applications completed within the KPI target

As a %: That number expressed as a proportion of the total for the month

Year to date average: The cumulative average from April 2015.

RAG: Year to date average vs. year end average target

Red/Amber/Green rating (primary target):

Green = figure matches or is higher than the target figure of 95%.

Amber = figure is between 90 and 94%.

Red = figure is 89% or lower.

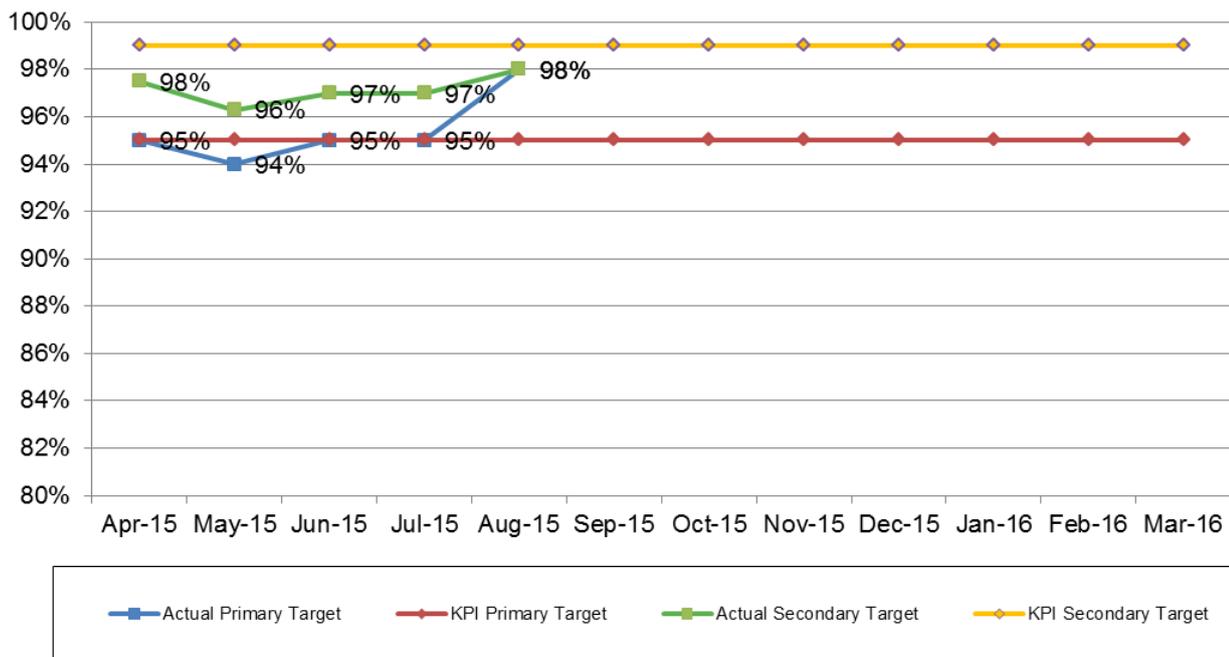
Red/Amber/Green rating (secondary target):

Green = figure matches or is higher than the target figure of 99%.

Amber = figure is between 94 and 98%.

Red = figure is 93% or lower.

Graphical information and commentary:

**July 2015**

We processed a total of 428 UK initial registrations of which 95.1% were completed within 10 days. A total of 97.4% of applications were completed within the secondary target of 30 days with 2.3% (10) being completed between 10 and 30 days.

In 2.6% of cases (11 cases) it took over 30 days to obtain and process the required information. These relate to applications where further information was requested from individuals or expert reports were called for in connection with declarations of cautions/convictions.

August 2015

We processed a total of 880 UK initial registrations of which 97.5% (858) were completed within 10 days. In respect of the secondary target, 98.2% of applications were completed within 30 days, with 16 applications (1.8%) taking longer. Again, these all relate to cases where cautions and convictions have been declared and follow up action was required.

KPI 1b - Percentage of EU/overseas registration applications assessed within 70 days

Strategic priority 1: Effective regulation

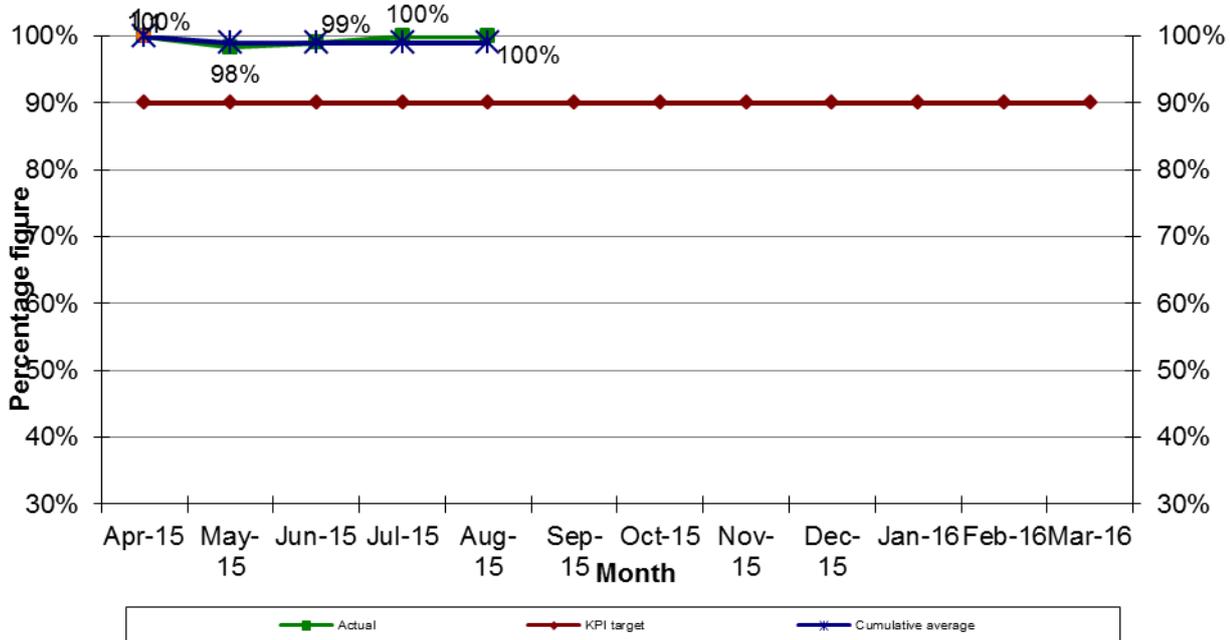
Rationale	The KPI measures the time taken to assess EU/overseas applications
Definition	<p>This is the percentage of EU/overseas applications which are assessed within 70 days of receipt.</p> <p>This KPI will measure the time elapsed between receipt by the NMC of a complete international (EU and non-EU) application and when an assessment decision is issued on that application. Applications submitted with invalid documents will be reassessed when requested corrected documents are received; the KPI will measure the time elapsed between receipt of required information and each new assessment decision.</p>

June 2015		July 2015		August 2015		Year to date average	Year end average target
Number	As a %	Number	As a %	Number	As a %		
1765	99.7%	1884	100%	1821	100%	99% (Green)	90%

Number: Number of assessments within the KPI target
As a %: That number expressed as a proportion of the total assessments for the month
Year to date average: The cumulative average from April 2015
RAG: Year to date average vs. year end average target

Red/Amber/Green rating:
 Green = figure matches or is higher than the target figure of 90%.
 Amber = figure is between 85 and 89%.
 Red = figure is 84% or lower.

Graphical information and commentary:



July 2015

1,884 international registration assessments were carried out, and all were completed within 70 days. EU applications remain consistently high, with 1,487 assessments representing 79% of completed

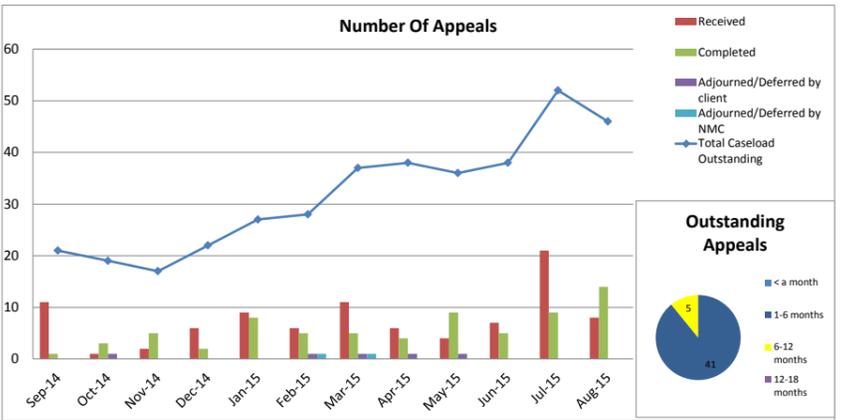
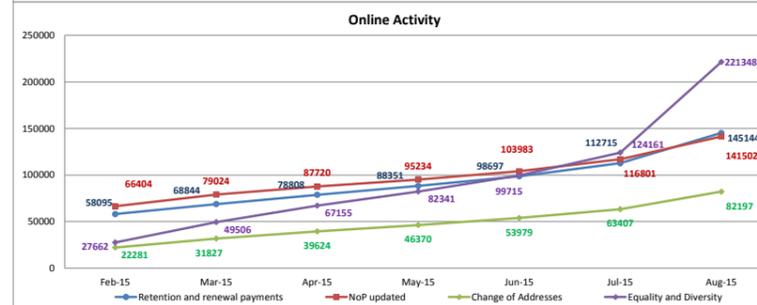
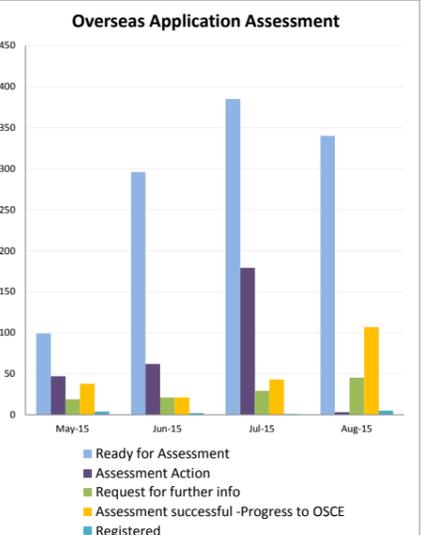
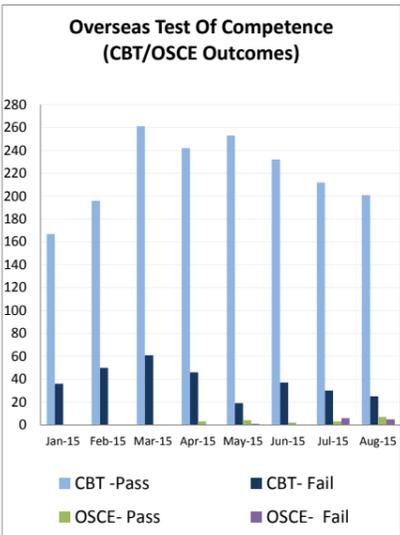
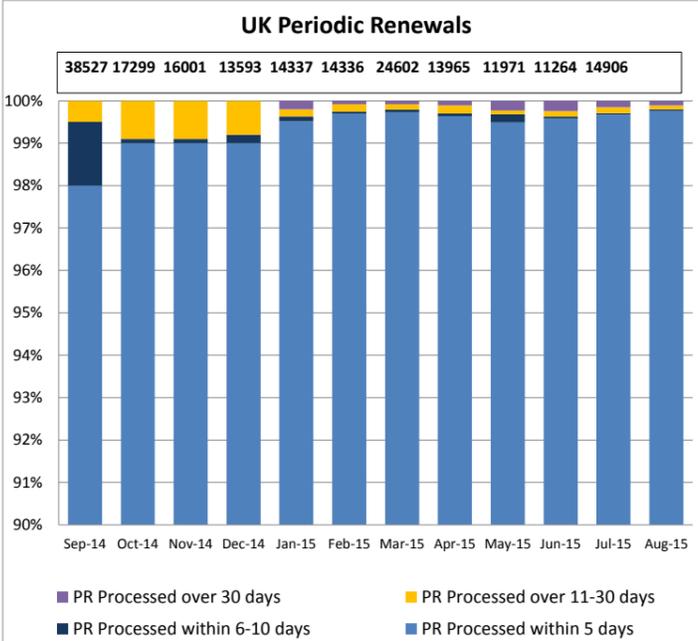
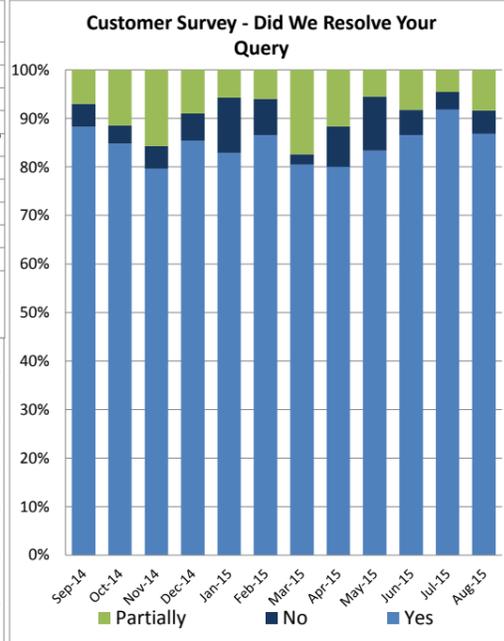
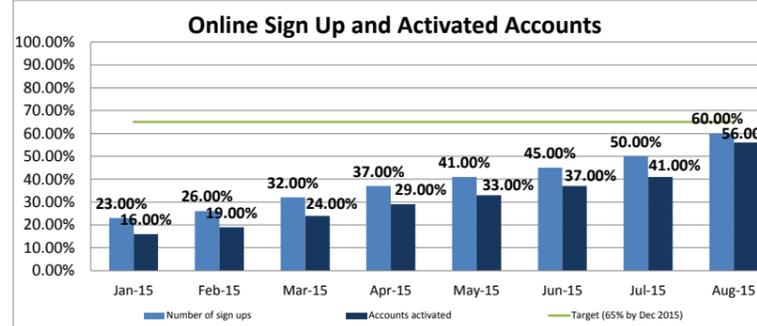
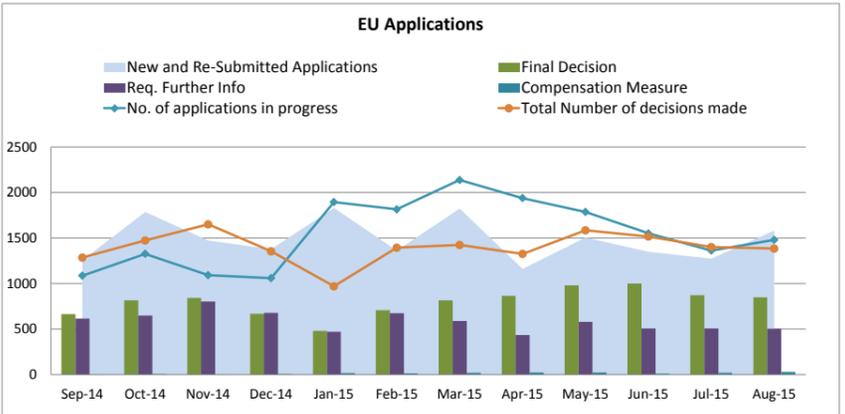
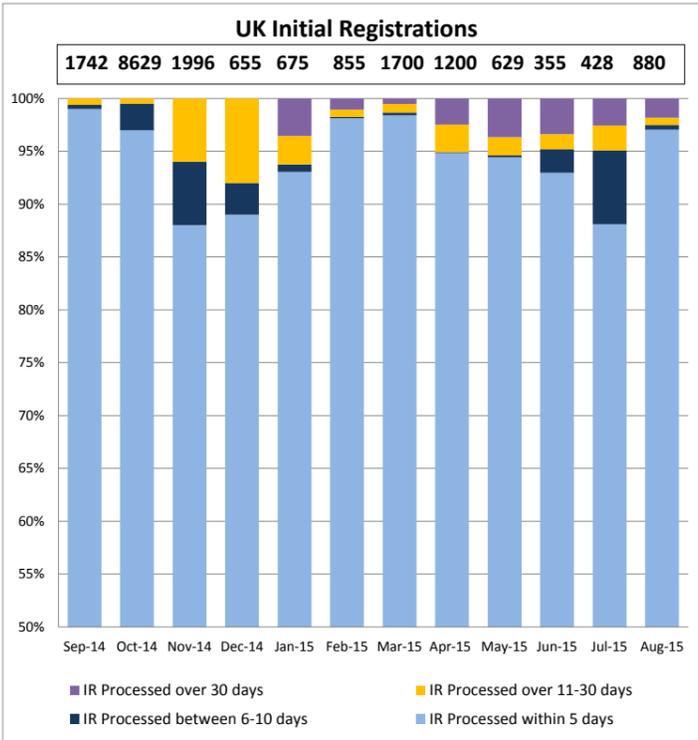
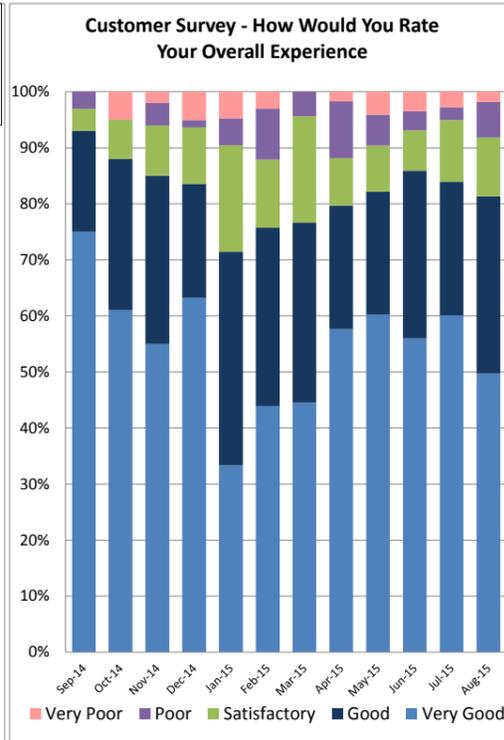
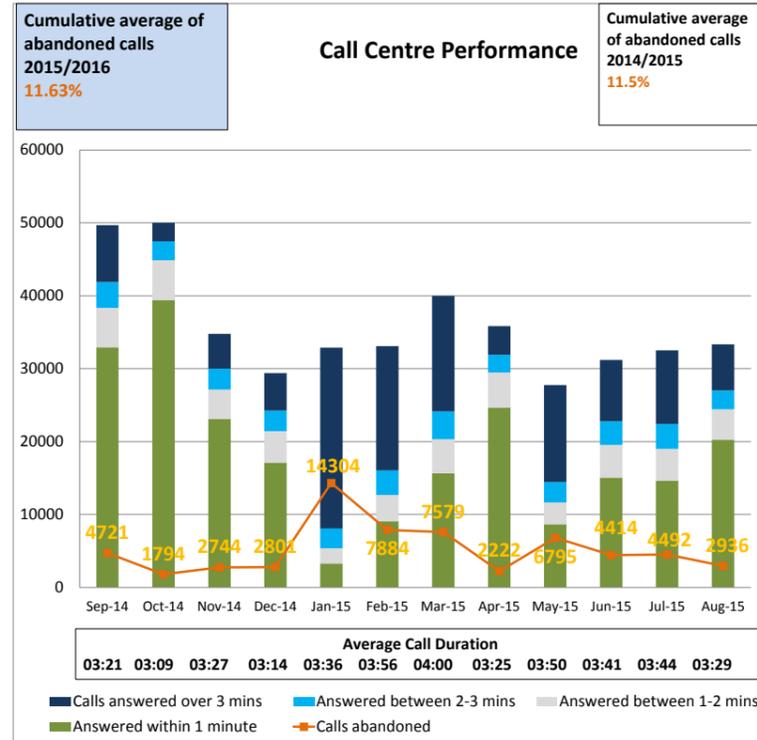
international assessments in July. Of these, 919 EU assessments (62%) were completed within 30 days.

August 2015

International assessment activity remained consistent in August. We carried out 1,821 international registration assessments and again, all were completed within the KPI.

There were 1,493 EU assessments completed, which represents 82% of completed international assessments. Of these, 948 (63%) were completed within 30 days.

For both months, applications received from Spain, Italy, and Romania remained consistently high, and over the two month period accounted for 72% of EU registrations.



Fitness to Practise performance and risk update

Performance overview

This overview summarises recent operational developments and performance in the Fitness to Practise (FtP) directorate and includes the FtP Key Performance Indicators (KPIs).

- 1 Work on the key work streams covering the Employer Link Service (ELS) and our power to review early stage closures has progressed as planned.

Employer link service

- 2 Following the set-up stage to develop the service configuration, processes and resources to ensure the effective operation of the service, ELS commenced its 'soft-launch' phase on 1 September 2015. This phase is designed to test and refine the model, tools and procedures; understand customer needs and commence the training and induction of the ELS team in preparation for formal launch of the service.

Case Management Systems (CMS) development

- 3 The CMS upgrade project is progressing according to plan and a provisional go-live date of 16 November 2015 has been agreed.

Key Performance Indicators

- 4 Performance with regard to imposing interim orders (KPI 2) has remained consistent, measuring 90% over June, July and August. The way this performance is calculated is explained in the commentary for KPI 2. The calculation is based on totals for the previous 12 months.
- 5 Long term performance against the 15 month KPI improved slightly over August, at 74%.
- 6 On the FtP performance dashboard, the part heard and adjournment rate graph has been revised to now show a breakdown of categories for each month. Data for July and August is split to show the proportion of hearings not scheduled to be part-heard, hearings adjourned on our application and hearings adjourned on the registrant's application.

Corporate risk update – please refer to corporate risk register at Annexe 2

- 7 Fitness to Practise risks are encompassed in the two new risks, under Strategic Priority 1, around systemic regulatory failure and failure to develop our regulatory functions to meet changing public protection needs. Both these risks are rated amber.
- 8 A reframed corporate risk on operational use of intelligence has been added to the register. This risk is rated amber.

KPI 2 – Percentage of interim orders imposed within 28 days of opening the case

Strategic priority 1: Effective regulation

Rationale	A measurement of how quickly we protect the public in the most serious cases by applying restrictions to a nurse or midwife's practice.
Definition	<p>Percentage of interim orders imposed within 28 days of opening the case. The measure will use the cumulative number of interim orders imposed over a rolling 12 month period. Our target is to exceed 80% every month.</p> <p>Definition of the start and end points of the measure - The period starts on the day that a case is logged on the case management system and the day that an interim order is imposed is the end of the measurement period.</p> <p>Cases which do not have an order imposed are not counted towards this measure.</p>

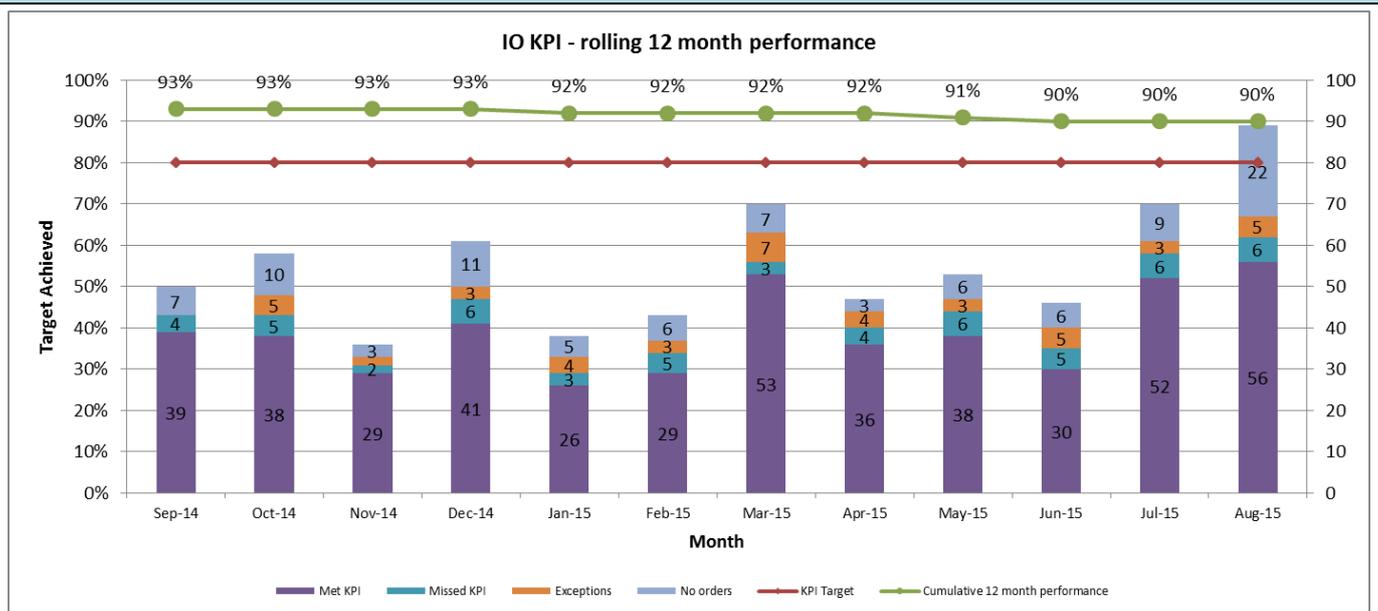
Historical figure (also March 2015) Average for 2014–15	June 2015	July 2015	August 2015	Year end average target
92%	90%	90%	90% (Green)	80%

Each monthly figure is based on numbers for a rolling 12 month period, thus presenting a longer term trend.
RAG rating: August figure vs Year end average target.

Red/Amber/Green rating

Based on 10% variance threshold:
 Green = figure matches or is higher than the target figure
 Amber = figure is between 70-79%
 Red = figure is 69% or lower

Graphical information and commentary:



Performance against the KPI remained consistent and when measured over the last twelve months remains at 90%. The overall number of interim orders (IO) applications was higher than usual in July and August, with 52 and 56 orders imposed respectively. We are looking to establish the reasons behind this increase. There were proportionately fewer exceptions in both months.

KPI performance is calculated by dividing the number of interim orders imposed within 28 days by the total number of orders imposed over the preceding twelve months.

KPI 3 - Proportion of FtP cases concluded within 15 months of being opened

Strategic priority 1: Effective regulation

Rationale Measures timeliness of the end to end FtP process.

Definition This is the proportion of FtP cases which are concluded within 15 months of being opened.

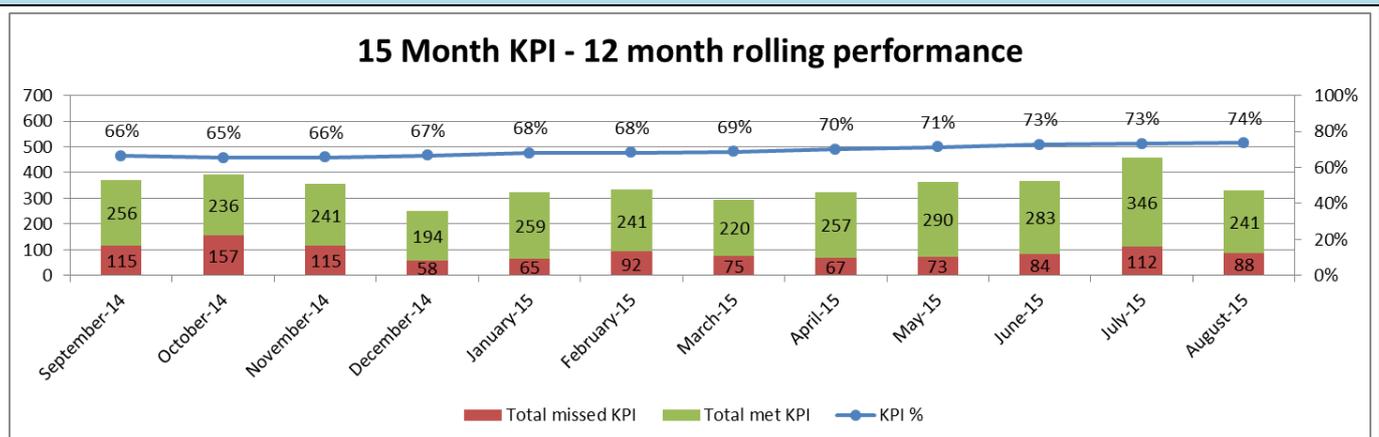
By concluded, the case has either been:

1. Investigated at Screening and closed
2. Closed no case to answer by Investigating Committee or case examiners
3. Closed by voluntary removal
4. Concluded at an adjudication hearing or meeting
5. Cases where a registrant has lapsed or cannot be identified are *not* included.

Historical figure (March 2015) Average for 2014–15	June 2015	July 2015	August 2015	Expected minimum performance*
69%	73%	73%	74%	65%

*Performance for the upcoming months is expected to match or be higher than 65% each month. This is not a formal target and there is no RAG rating. A proposed target will be presented to the Council later in 2015.

Graphical information and commentary:

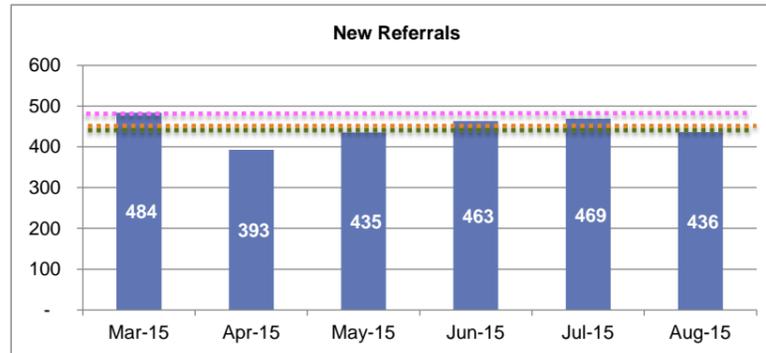


July saw an increase in cases reaching the screening and case examiner decision points, as well as higher than usual closure rates at those points. This was not repeated in August for a number of reasons but is expected to recover and then continue to increase from September onwards. The cumulative rate stands at 74%, which is a slight increase in the last two months. As at the end of the month there were 478 cases over fifteen months old at the adjudication stage and 573 at the investigation stage. They will have an impact on the KPI when they are closed and we anticipate that performance will fall to between 60% and 70%.

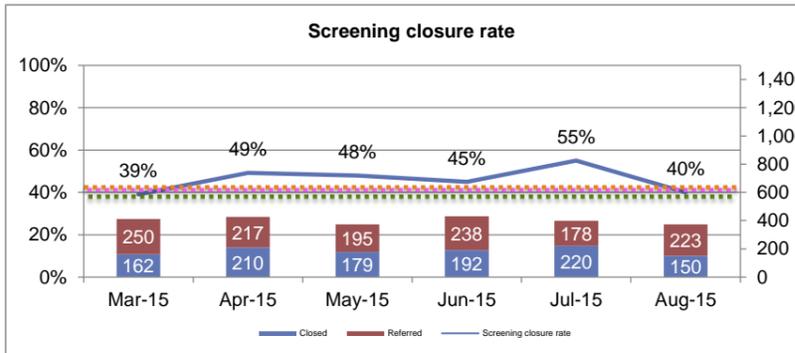
Of the 1,106 adjudication cases open on 1 July 2014, 48 cases remain open with 14 not yet scheduled to have their first hearing. All 14 fall into one of the recognised exception categories where an external factor prevents a hearing from being scheduled.

FtP Performance for March to August 2015

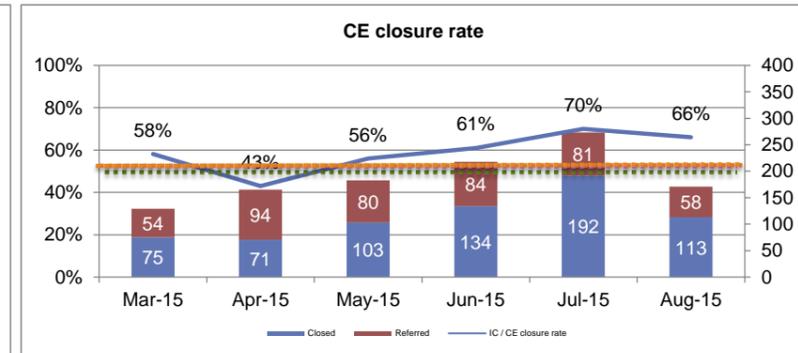
12 month average
2014/15 planning assumption
2015/16 planning assumption



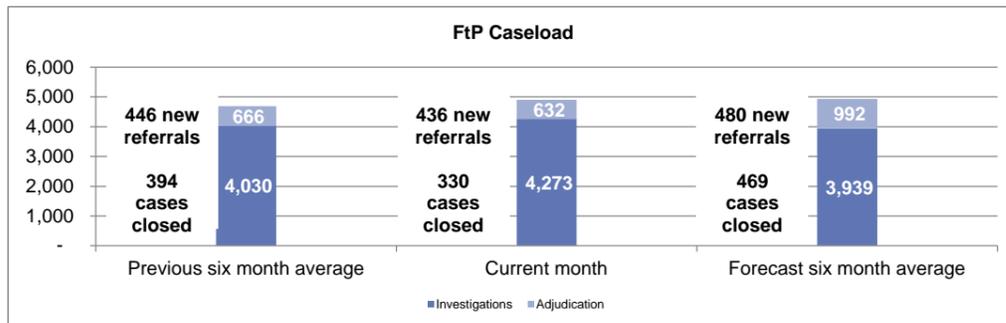
New referrals logged during the month



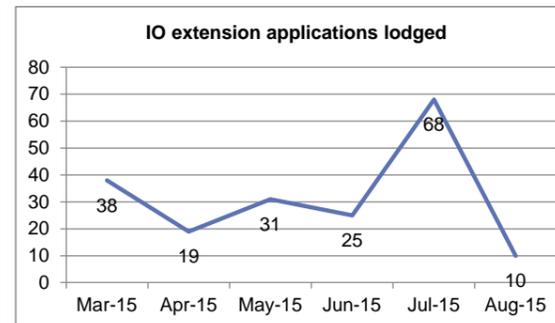
The line graph represents the proportion of cases closed after screening. The planning assumption and 12 month average lines apply to the closure rate. The bars underneath show how many cases were considered each month, split by their outcome.



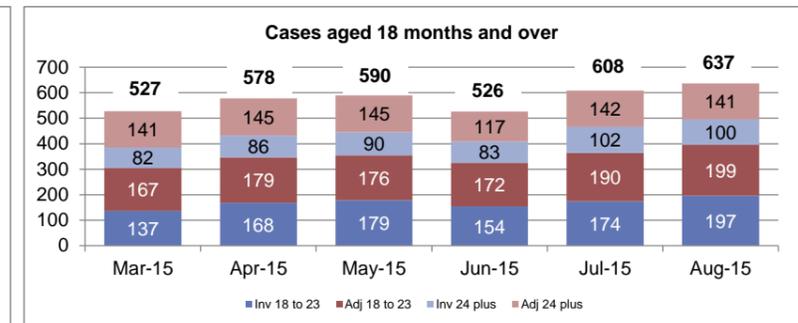
The line graph represents the proportion of cases closed by the investigation committee prior to 9 March, and then by case examiners. The planning assumption and 12 month average lines apply to the closure rate. The bars underneath show how many cases were considered each month, split by their outcome.



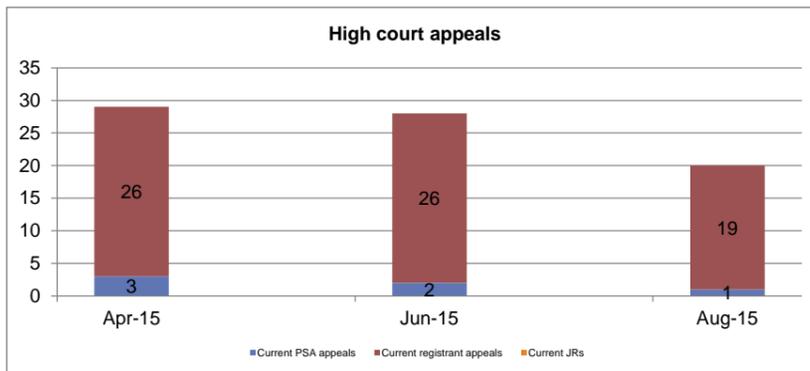
The bar graphs show the total FtP caseload split between investigations and adjudication. The bars for the previous six months and forecast six months show average caseloads over those periods so that when viewed together they demonstrate the direction of travel. The current month bar is the closing caseload for the period under review. The numbers of new referrals and cases closed next to each bar follow the same methodology, averages for prior and forecast periods and the closing numbers for the period under review.



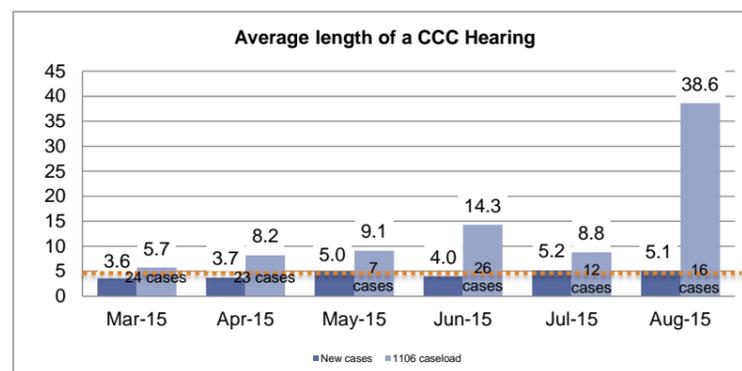
The line graph shows the number of high court IO extension applications made each month.



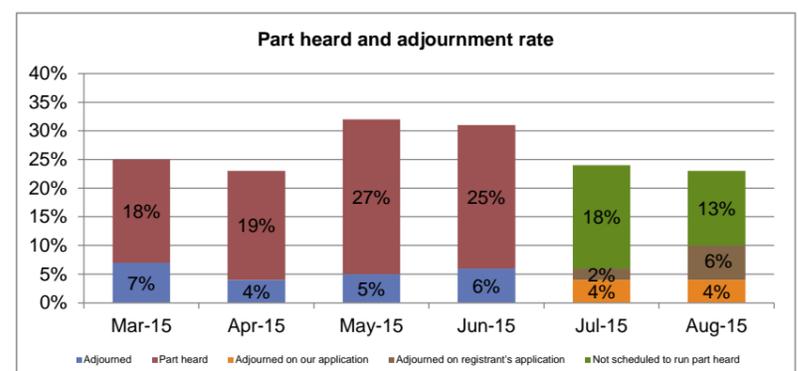
The bars show a monthly breakdown of the number of cases in investigations and adjudication over 18 and over 24 months old.



This graph shows the number of open appeals at the end of each reported month.



The bars show the average number of days taken to reach a decision on cases concluded during the reporting month. All hearing days pertaining to the case are counted, even if they took place in prior months. Currently cases are being split into those referred before 1 July 2014 and those referred after that date.



This graph shows the proportion of hearings which were stopped during the month without a decision having been reached. The split between adjourned and part-heard demonstrates that the majority fall into the latter category

Continued Practice performance and risk update

Performance overview

This overview summarises recent operational developments and performance in the Continued Practice directorate.

Quality assurance of education and local supervising authorities

- 1 We undertook an extraordinary review at Betsi Cadwaladr University Health Board on 20-22 July 2015. The focus of the review was on the supervision of midwives and nursing (adult and mental health) and midwifery education. We found that the Health Inspectorate Wales Local Supervising Authority (LSA) did not meet two of the midwives rules and standards. The review of education undertaken at Bangor University found that only one of the five key risk area standards was met, three were not met and one requires improvement. Both the LSA and Bangor University have an action plan in place and we will continue to monitor the progress of this.
- 2 Following that extraordinary review, a meeting involving the NMC, the Welsh Government, Health Inspectorate Wales, Bangor University, Betsi Cadwaladr University Health Board and the General Medical Council was convened on 5 August 2015. The focus here was on wider issues identified during the review. All final reports will be published in October 2015.
- 3 On 10 August 2015 we were informed by NHS England South LSA that Gibraltar Health Authority was in breach of the terms and conditions of the LSA contract meaning that there was no supervisory cover in Gibraltar. Both parties have now formally terminated the contract and all midwives who were being investigated by the LSA or supported in their development have been referred to Fitness to Practise (FtP). We have written to the Gibraltar Health Authority, the Gibraltar Nurses, Midwives and Health Visitors Registrations Board and all individual midwives on our register informing them that outside the LSA contract for supervision, the jurisdiction of the NMC is limited. Nurses and midwives who are practising in Gibraltar do not need to be registered with the NMC. They must however be registered with the Gibraltar Nurses, Midwives and Health Visitors Registration Board. This means midwives who are working in Gibraltar are able to choose to keep their NMC registration. Any nurse or midwife in Gibraltar who chooses to remain on the NMC register will be subject to the NMC's code and FtP process, in addition to any FtP process that is operated by the regulator in Gibraltar.
- 4 On 11 August 2015 we wrote to Jane Cummings, Chief Nursing Officer (CNO) for England about concerns we received that impacted on the provision of nursing and midwifery services in the South England and North England LSA regions. We have received reassurance from the Head of Maternity at NHS England who indicated that they are developing a governance and assurance framework that will provide assurance, and that this process will be robust enough to ensure that NHS England's maternity programme has knowledge and governance of LSA function at regional level.

- 5 We have refreshed and published our Quality Assurance (QA) framework in preparation for the next year's QA activities. In line with our published process we have selected the Approved Education Institutions (AEIs) and LSAs for annual monitoring visits. All AEIs and LSAs selected will be informed six weeks in advance of the review visit.

Education standards

- 6 On 19 September 2015 the Education Advisory Group (EAG) had a discussion around the high level findings of the independent evaluation, undertaken by IFF Research, of nursing and midwifery pre-registration education standards.
- 7 Earlier this year we welcomed Lord Willis' report, *Raising the Bar* following the Shape of Caring review which was co-sponsored by the NMC and Health Education England. We are currently exploring the implications of the report for the NMC.
- 8 We are engaging with key stakeholders in each of the four countries on our standards and the recommendations identified in the Raising the Bar report through five events across the United Kingdom. The targeted events provide an important opportunity for key stakeholders to continue to inform our developments in education. In November 2015 the Council will be discussing the findings of our response to Lord Willis's recommendations.

Revalidation

- 9 Focus on revalidation during this period has been on finalising the evaluation of the pilots, developing the NMC's action plan to respond to feedback from the pilots and assessment of the NMC's internal readiness. Specific and intense activity has been particularly in the policy, communications and business delivery areas. The standards, related policies and processes as well as the communications strategy have now been finalised while reports on the pilots have been published. Engagement with four countries and key stakeholders has been significant over this period and is summarised in the CEO's report. Revalidation is reported on as a substantive item elsewhere on the Council agenda.

Corporate risk update – please refer to corporate risk register at Annexe 2

- 10 Education risks are encompassed in the two new risks, under Strategic Priority 1, around systemic regulatory failure and failure to develop our regulatory functions to meet changing public protection needs. Both these risks are rated amber.
- 11 The revalidation risks have been reframed around a) delivery of the model and b) regulatory impact. Both these risks are rated amber.

Strategy performance and risk update

Performance overview

This overview summarises operational developments and performance in the Strategy directorate over July to September 2015.

Customer service

- 1 Across the organisation we are continuing a project to review our arrangements using the Cabinet Office's Customer Service Excellence ® standards. A preliminary assessment and gap analysis has been undertaken by an external body, highlighting our areas of strength and some opportunities for improvement. We are in the process of creating action plans for each directorate to address the areas of improvement and will take these into account as part of the midyear review of current business plans and planning for 2016–2017.

Communication and engagement plans

- 2 We have begun work to develop an overarching communication and engagement plan to support delivery of the corporate strategy. We will be updating Council members on progress at the seminar in late October. We are also developing a detailed communication and engagement plan to support the roll out of revalidation (subject to the Council's decision on the matter), language controls and midwifery regulation changes.

Preparation for legislative change

- 3 A significant amount of work is underway in preparation for potential legislative change, the midwifery Section 60 order and the necessary policies and guidance to support implementation of the European Union (EU) directive on the Mutual Recognition of Professional Qualifications (on today's agenda).
- 4 We continue to work collaboratively with other regulators on the EU directive on the Mutual Recognition of Professional Qualifications and we are planning some joint European engagement with the General Medical Council in 2016–2017.

External reviews

- 5 Along with colleagues from Fitness to Practise, we took part in a day hosted by families of Orchid View service users, one year on from a serious case review into failings of care at Orchid View. The NMC contributed to a one year on report compiled by West Sussex County Council on actions taken in response to the recommendations of the serious case review.
- 6 We continue to work with the Gosport Independent Panel and have a further meeting with the Panel Secretary in September to discuss our contribution to this investigation. The Gosport Independent Panel has been set up to address concerns raised by families over a number of years about the initial care of their relatives in Gosport War Memorial Hospital and the subsequent investigations into their deaths.

Corporate risk update – please refer to corporate risk register at Annexe 2

7 Risks around communication are encompassed in a reframed risk, rated amber.

Estates, Finance and Procurement performance and risk update

Performance overview

This overview summarises recent operational developments and performance in the Estates, Finance and Procurement directorate over July to September 2015.

Accommodation review

- 1 We have commenced a review of our estate to determine the NMC's long term requirements, in advance of the expiration of building leases in 2019. This review is being carried out in conjunction with the organisational review, and the work will run until December 2015.

Finance and Procurement improvement

- 2 In early October we will commence work to provide a high level financial strategy and plan. This will be produced based on assumptions arising from the organisational and accommodation reviews.
- 3 We are taking steps to strengthen our financial controls and improve financial management capability.
- 4 We are taking steps to strengthen our procurement governance including a review of our purchase to pay procedures. We are working across the organisation to establish a prioritised procurement pipeline.

Corporate risk update – please refer to corporate risk register at Annexe 2

- 5 We have reframed a risk around use of resources and sustainability, rated as amber.
- 6 A risk around business interruption has been added to the corporate risk register, rated as amber. This risk previously appeared at directorate level.

KPI 4 – Available free reserves

Strategic priority 4: An effective organisation

Rationale	<p>The NMC's budget and financial strategy is predicated on a restoration of minimum available free reserves to a minimum target level of £10m by January 2016. This KPI measures how close we are to our plan for achieving this target.</p> <p>This KPI also demonstrates delivery against meeting the target as agreed with the Department of Health.</p>
Definition	The level of available free reserves at month end compared with budgeted available free reserves at that month end.

2014–15 year end (March 2015)	June 2015	July 2015	August 2015	August 2015 budget	Year end (March 2016) current forecast	Year end (March 2016) target
£11.8m	£14.1m	£14.6m	£16.0m	£11.8m	£14.5m* (Green)	£14.5m*

RAG rating: Year end forecast vs Year end target

* As adjusted for restatement of opening balance sheet, subject to final clearance of year end audit

Red/Amber/Green rating:

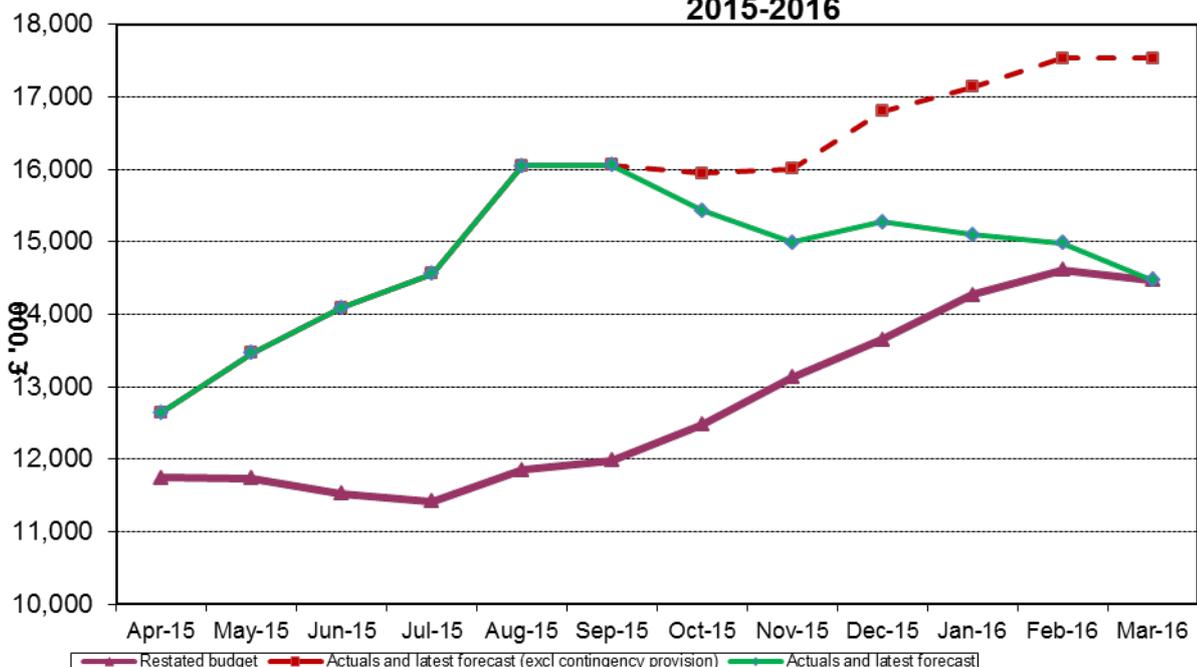
Green = the figure matches or is above the target figure.

Amber = within 5% of the target figure.

Red = greater than 5% of the target figure.

Graphical information and commentary:

**August forecast and approved budget available free reserves
2015-2016**



Available free reserves are forecast to be on budget at £14.5 million at March 2016.

Although there is an underspend against budget to 31 August 2015 currently directorates still expect that full year spend will generally be in accordance with budget. In anticipation of this being the case the

Executive Board has approved a provisional draw-down on contingency of £1.4 million.

Assuming the provisional draw-down on contingency of £1.4 million is required and there are no further draw-downs on contingency available free reserves will be £17.5 million at March 2016.

At August 2015, available free reserves were £16.0 million compared with the budgeted level of £11.8 million. This variance is driven by lower staff costs and reduced capital spend. The contingency provision included in the budget was £4.5 million which was equally phased over 12 months contributing to this favourable variance.

A favourable variance on capital expenditure to August 2015 results from the decision to pause ICT development activity and undertake a comprehensive review. This review has now taken place and ICT capital spend is expected to ramp up over the next six months but full year ICT capital expenditure is forecast to remain within the approved budget.

Activity levels, their financial impact and forecasts are reviewed monthly by the Executive Board.

Technology Business Services performance and risk update

Performance overview

This overview summarises recent developments and performance in the Technology Business Services (TBS) directorate.

- 1 A progress dashboard is presented to report on progress across both IT Improvement activities and the IT Portfolio of change projects

IT Improvement Programme

- 2 In June A365 raised an issue around the physical location of their datacentre and during this period we have been liaising around the potential timing and impact of this move. Initially scheduled for early October we are actively negotiating to reach agreement on a late November date. This is important as it provides greater opportunity to set up a disaster recovery capability as part of the risk mitigation for this move.
- 3 This issue was considered as part of agreeing detailed terms for the contract extension approved by the Council at the March meeting. The extension will run for a 12 month period from 31 October 2015 whilst the full retendering activity takes place. The renegotiated deal included a reduction in cost.
- 4 The retendering process commenced on 21 September 2015, with initial meetings with 13 potential suppliers of our new datacentre. Formal Invitation To Tender is scheduled for 25 October 2015. This work has had a significant impact on IT Improvement and IT Portfolio work as re-planning is now required to accommodate the November move and thus could result in some adjustment in the delivery of the priority projects.
- 5 Overall progress on IT Improvement has been well maintained and we are on track with planned activity. Project management has been strengthened in the IT portfolio priority projects, with improvements now in place around estimating development timelines and around interaction between business and IT teams.
- 6 Good progress is continuing in hiring permanent personnel and reducing reliance on contractors and providing a stable and strengthened IT function by the end of the improvement programme. Further permanent recruitment is planned.

IT Portfolio

- 7 The Revalidation NMC Readiness Assessment (see Agenda Item 7a, Annexe 1) examined IT delivery and confirmed that this was in a good position. The dashboard reports this as Amber due to ongoing requirement changes in response to pilot findings and as part of final review. Although the delivery timeline is not expected to be affected there is a likelihood of some cost increases across Revalidation and Phased Payment Re-admissions, which needs to reflect revalidation requirements. This is currently being quantified but is expected to be manageable.

- 8 As referenced above the potential impact of the datacentre move on development progress is not yet known. Ideally we would seek to avoid this unplanned activity within the intense development cycle of high priority projects; however this is out of our control. In order to mitigate overall risk the test environments will be migrated first as a dry run for the production environment the following weekend. Plans are being reworked to incorporate the move.

Corporate risk update – please refer to corporate risk register at Annexe 2

- 9 CR12, *ICT business systems* remains red-rated.
- 10 A new risk around information governance and management has been added to the corporate risk register, also rated red.

IT Improvement Plan

193

Completed on: 25/09/15

Completed by: Rachel Murphy

Exec Summary

Progress Risk Control

G A G

- All areas progressing
- WS2c – Tendering process initiated for procurement Datacentre services from October 2016. Extension of current service agreed with A365 for 12 months.
- WS3 – A365 have mandated a datacentre move in November. A robust disaster recovery service is being procured to de-risk the move.
- WS5 – Financials controls agreed and accurate financial baseline established.
- WS7 – Contractor replacement continued with 7 new permanent resources recruited. Executive Board approved priority roles for new structure with an additional 8 FTE to be hired by Xmas.
- WS8 – Policies developed due for approval at the next Information Governance & Security Board

Output Plan for Next Reporting Period

- Substantial progress on permanent recruitment
- Maturity Assessment Update
- Disaster Recovery as a Service in place
- Reviewing Datacentre Invitation to Tender responses
- GAP Analysis between IT & Business Project Management Office

IT Portfolio Summary

Workstream Dashboard - Summary

WS 1: Portfolio Process	G	
WS 2a: Service Management	G	
WS 2b: Infrastructure Resilience	A	Data Centre consolidation & subsequent move
WS 2c: Commercial	G	
WS3: DR	A	Resource impact due to A365 DC move
WS4: Strategy and Architecture	G	
WS 5: Financial Management	G	
WS 6: Comms & Engagement	G	
WS 7: Business Transformation	G	
WS 8: Information Security	G	

Exec Summary

Progress Risk Control

A A G

- A365 Datacentre move may impact delivery, planning in progress to incorporate this activity.
- Revalidation – Moore Stephens review resulted in a GREEN rating. Development is on schedule to deliver. Remains amber as new requirements additional to initial budget, this is under review to confirm within tolerance.
- Phased Payment Re-Admissions – The core requirements are on schedule for delivery. Wider requirements may be delivered as a second release to ensure delivery timescales maintained.
- MRPQ – scope agreed. Supplier currently costing and planning development. Phased approach will be used to manage contention for resources across the 3 priority project.
- Overseas 2.2, e-verify and MPS (Printer deployment) – successfully delivered.
- CMS – In test. Issues uncovered in testing could impact go-live date.
- Commidea – Design approved and progressing

Output Plan for Next Reporting Period

- Full build of Revalidation software
- Re-Admissions go-live
- Minimum Viable product for MRPQ

Project Dashboard - Summary

Revalidation	A	IT delivery on track. Risk of budget increase due to increased scope post pilot.
Phased Payments (RAdm)	A	IT delivery on track for core requirements. Additional requirements may be 2 nd release.
Phased Payments (FPP)	G	
MRPQ	G	Phased approach planned due to reliance on Fortesium for Wisser re-configuration work
Overseas 2.2	G	Delivered
CMS 4.1	A	Delivered to Test - issues found being addressed, could impact go-live
Commidea	A	Planning
eVerify	G	Delivered
MPS	G	Delivered

Human Resources and Organisational Development performance and risk update

Performance overview

This overview summarises operational developments and performance in the Human Resources and Organisational Development (HR and OD) directorate over July to September 2015.

Organisational review

- 1 KPMG have met with directors on a number of occasions and also with assistant directors to outline their progress to date and sense-check some high level options that are emerging. They will refine these, ensuring a clear focus on the benefits, timing and added value of each option that they present to the Executive Board and to the Council. They are liaising with Carter Jonas who are carrying out the Accommodation Review, to ensure alignment with the thinking emerging from that review. The Council is scheduled to consider the options in October and the outcomes of these reviews in December 2015.
- 2 The interim director of HR and OD arrived at the end of July 2015 and is undertaking some development with the HR and OD team to focus on its readiness to support the organisational review implementation phase, whatever the outcomes or options for consideration.

Workforce report 2014–2015

- 3 We previously reported that the annual summary of workforce data had been completed, and that it is beginning to provide a reference point for correlation with other reports and will be shared as part of the overall data informing the organisational review.
- 4 Key findings include:
 - 4.1 An increase in headcount across all areas.
 - 4.2 Perceived issues with turnover and retention. A targeted analysis of recruitment practices and their impact is being undertaken in September/October 2015. This will provide a baseline of information that disaggregates organisation-wide data to indicate what the position is by directorate, to identify particular areas of concern and whether issues are widespread and to identify actions that can be taken to address them.
 - 4.3 Indications that managers are better equipped to handle employee relations matters and a reduction in the number of formal grievances.
 - 4.4 Good levels of attendance at learning and development events and high levels of compliance with statutory and mandatory training.

Staff survey

- 5 The 2015 survey achieved an overall response rate of 82%. 562 staff were invited to take part in the survey and 461 responses were received. This is an excellent response rate and gives a good degree of confidence in the results. The survey was designed to measure the extent to which people are engaged and alongside this to measure the drivers of employee engagement.
- 6 The engagement score is 65% this year against a benchmark of 76%. This is an improvement from our previous engagement scores of 64% and 57% in 2014 and 2013 respectively. This is below the benchmark established by People Insight (based on surveys carried out by them and their database) but above the 64% benchmark established by the Chartered Institute of Personnel and Development (CIPD). It showed improvement in three areas, decline in one area and no change in another area as highlighted below.
- 7 The questions below are used to derive the engagement score:
- I am proud to say I work for the NMC ↑
 - I would still like to be working at the NMC in two years' time ↑
 - If asked, I would recommend to friends and family that the NMC is a good place to work ↑
 - Working here makes me want to do the best work I can ↓
 - I care about the future of the NMC =
- 8 The overall engagement score is the result of a number of factors. The survey measured a wide range of engagement drivers and these were grouped into six key themes. The comparison of the results by theme for this year and 2014 is shown below and shows where improvements have been made.

Theme	2015	2014	Comments
Communication	74%	74%	Same as last year
Leadership & Values	55%	56%	No significant change
Job Satisfaction	58%	54%	Improved by 4%
Working Culture	66%	65%	No significant change
Employee Support	60%	53%	Improved by 7%
Equality and diversity	84%	0%	No comparison available

- 9 The area showing the most significant improvement was Employee support (7%). This includes support such as equipment and resources to do the job well, physical environment, balance between work and home life, workload and whether staff believe an action will be taken as a result of this survey.

- 10 Job satisfaction also showed considerable improvement (4%). This includes factors such as people enjoying the work they do, whether they feel their job makes best use of their skills and abilities, sense of achievement from working at the NMC, training received to do the job well, training and development received to develop in their career at the NMC, right opportunities to learn and grow and feeling valued for the work they do.
- 11 The staff survey results have been discussed by the Executive Board and by directors within their directorates. Action Plan leads have been identified in all directorates at director/assistant director level to take the directorate plans forward. HR and OD are meeting with Staff Survey Action Plan leads to develop the high level actions that will be reported on to staff and the Staff Consultation Group (SCG).

Corporate risk update – please refer to corporate risk register at Annexe 2

- 12 A reframed risk around staff capacity and capability now and in the future is rated amber.

KPI 5 – Staff turnover rate

Strategic priority 4: An effective organisation

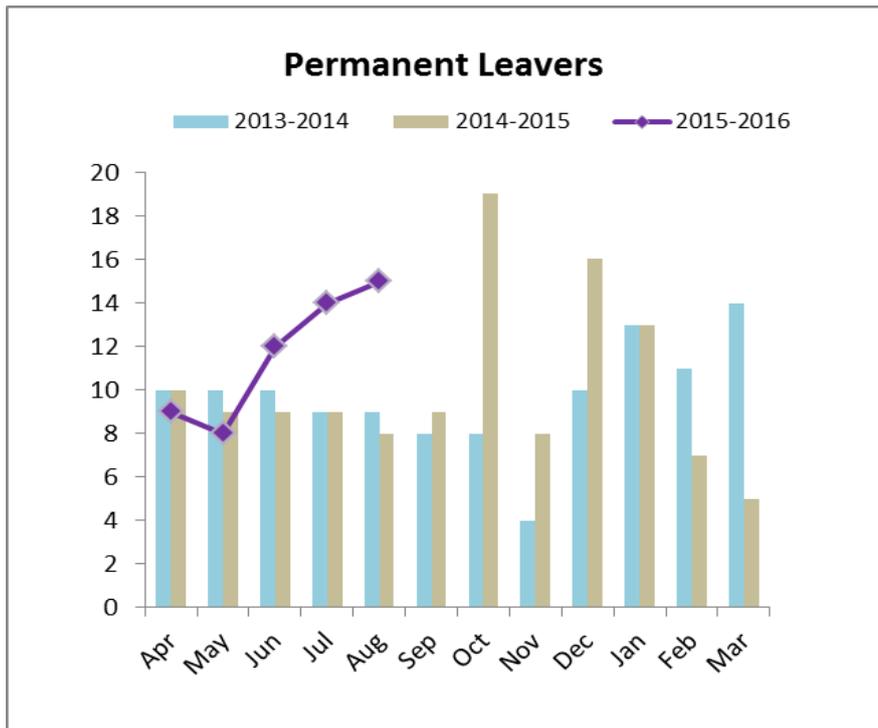
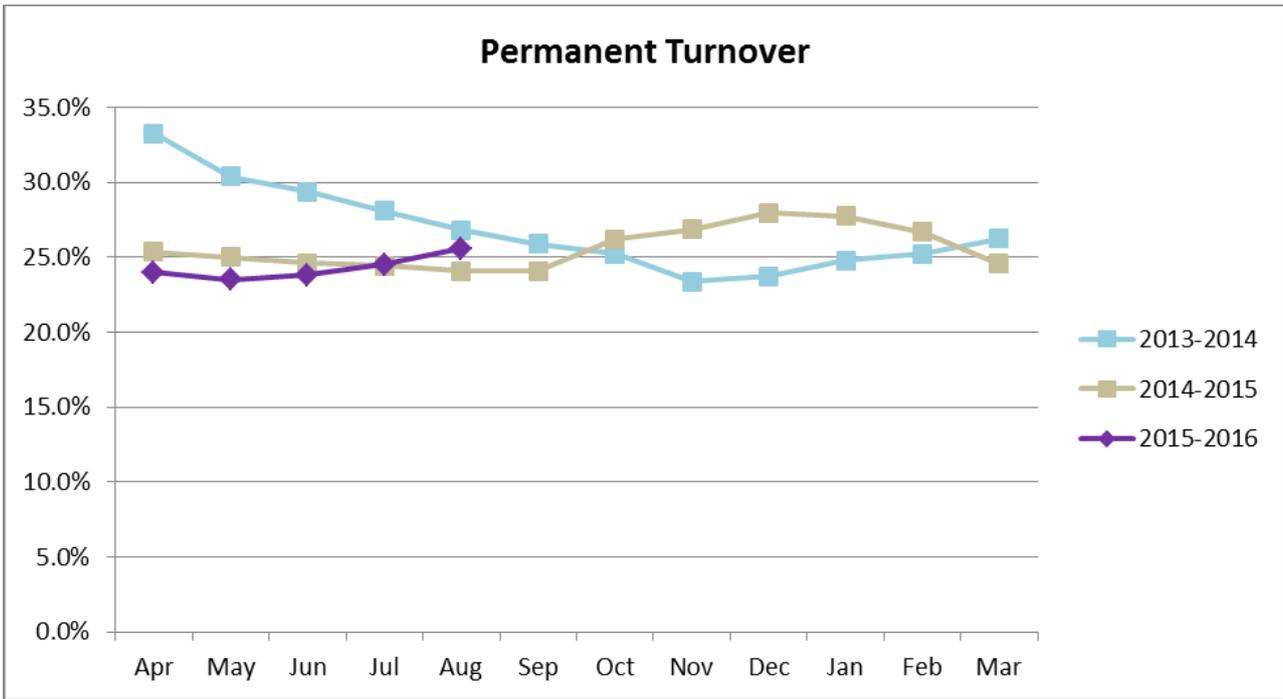
Rationale The level of staff turnover is consistently high and represents a recognised risk to organisational effectiveness.

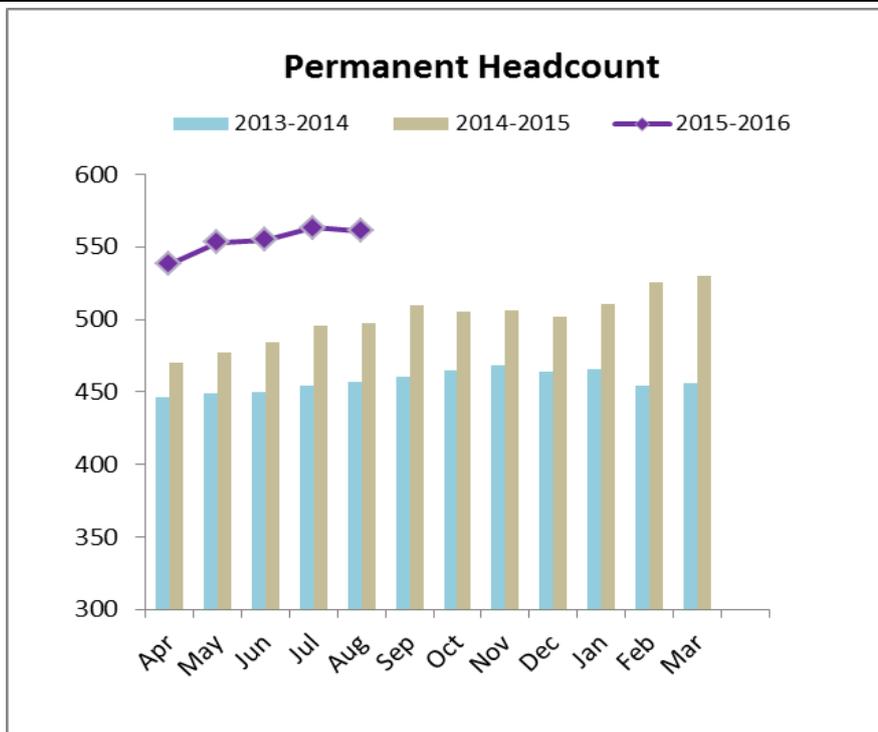
Definition
$$\frac{\text{Sum of permanent leavers in past 12 months (X)}}{\text{Average number of permanent staff in post in last 12 months (Y)}}$$

2014–15 year end spot figure (March 2015)	June 2015	July 2015	August 2015
24.5%	23.8%	24.5%	25.6%

No target has been set for 2015–16 and no forecast reported. It would be difficult to set a meaningful target due to unpredictability over the size of the permanent workforce over the year, due to a high period of growth. Instead, performance will be monitored and will include reference to longer historic trends.

Graphical information and commentary:





The permanent headcount for July increased to 563. Despite this, turnover also increased in July to 24.5%, with 14 permanent leavers in the month. When compared to the previous two years' turnover, July 2015 is the first month that turnover has been higher than corresponding months from 2013 and 2014, with a 0.1% increase in July 2015 compared to 2014.

The data from exit interviews in July shows that out of the 11 permanent leavers who completed the survey, five of these stated career progression or change in career as their reason for leaving. The remaining leaving reasons varied from working relationships, role and changes in personal circumstances.

The permanent headcount for August decreased slightly to 561, with two fewer employees. Turnover for this month has increased and is now at 25.6%, and this is the highest it has reached this year. There have been 15 permanent leavers this month and this is the fourth consecutive incline this year.

The data from August exit interviews shows that out of the 12 permanent leavers who completed the survey, eight of these stated career progression or change in career as their reason for leaving. The remaining four leaving reasons varied from pay and benefits, stress, work life balance and low morale and poor working atmosphere. Deeper, more qualitative analysis of the exit interviews over the past six months will take place to uncover further information on the causes of turnover.

HR is undertaking an analysis of recruitment practices and procedures with a view to probing some of the figures and gaining a deeper understanding of the reasons for current turnover levels and for identifying options for remedial actions where appropriate. The outcome of the work is expected in October 2015.

Corporate risk register 2015-2016 - refreshed draft 7.1

Item 10: **Annexe 2**

Note: The 'inherent risk scoring' column does not take into account any mitigation. The 'post-mitigation scoring' involves taking into account the mitigation in place but not the planned action.

		Date: 10 Sep 2015			Issue No:													
No.	Date of origin	Risk Scenario			Inherent risk scoring			Mitigation in place / Planned action	Post-mitigation scoring			Risk Owner (and Mitigation Owner)	Dates updated	Status (open / closed plus whether on track / not on track to reduce scoring)	Direction (of risk score)			
		Root cause(s)	Potential situation	Consequences	Likelihood	Impact	Score		Likelihood	Impact	Score							
Strategic priority 1: Effective regulation																		
		Systemic failure of one of our regulatory functions																
		<p>Our operational arrangements and supporting systems may be ineffective and subject to error.</p> <p>Regulatory processes are complex and rely on multiple systems and manual intervention.</p> <p>Volume of demand fluctuate markedly and are not within our control.</p> <p>We may fail to take timely or appropriate action on specific issues.</p>	<p>We may fail to protect the public as a result of systemic failure in one of our regulatory functions.</p>	<p>Our register may not have integrity in terms of its accuracy or reliability and may not reflect FtP sanctions applied.</p> <p>We may fail to take appropriate action to limit or prevent the practice of a nurse or midwife through our fitness to practise procedures where this is necessary for public protection.</p> <p>Our quality assurance processes may not identify concerns about educational programmes or settings or LSAs.</p> <p>Compromised public protection.</p> <p>Loss of public confidence.</p> <p>Reputational damage.</p>	4	5	20	<p>Overall mitigation in place:</p> <p>1. Operational policies and procedures in place covering all functions, with regular review cycle and supported by staff training.</p> <p>2. Performance monitoring scrutinised via Executive Board and Council.</p> <p>3. Department and team level quality management arrangements checked as part of quality assurance review programme.</p> <p>Planned action:</p> <p>4. Organisation review to develop short, medium and long term organisational models to align with progress towards meeting strategic aims (First stage report in Jan 2016).</p> <p>Register integrity specific mitigation in place:</p> <p>5. Daily reconciliation reports and manual processes to pick up and deal with system anomalies.</p> <p>6. Weekly checks include reviewing determinations from website to ensure no discrepancies.</p> <p>Planned action:</p> <p>7. WISER improvements continue to be implemented (ongoing).</p> <p>8. Further process refinements and alignment of FtP and registrations data, supported by regular inter-directorate business meetings (ongoing).</p> <p>9. Data cleansing work (Q4).</p> <p>Fitness to practise specific mitigation in place:</p> <p>10. Detailed profiling and forecasting of caseload and activity levels, focussing on new end-to-end timescale.</p> <p>11. Additional resource to increase focus on quality of early stage decision making.</p> <p>12. Case examiners and power to review 'no case to answer' introduced 9 March 2015.</p> <p>13. Decision review process in place.</p> <p>Planned action:</p> <p>14. Roll out of new case management system functionality to provide better management information expected in autumn 2015.</p> <p>15. Review of the end-to-end process being scoped in Q2 2015/6.</p> <p>Education Quality Assurance specific mitigation in place:</p> <p>16. Closely monitored external provider contract in place.</p> <p>17. QA framework year two evaluation undertaken.</p> <p>18. Ongoing review of potential risks (RESQ Group)</p> <p>19. Extraordinary reviews have been undertaken in response to concerns during 2015/16.</p> <p>Planned action:</p> <p>None at this stage.</p>	3	4	12	Chief Executive (relevant directors)		Open - new corporate risk	This is a new composite risk. We would expect the overall score to come down over time as local improvements are made in directorates and the benefits of improved ICT and organisation arrangements come to fruition.			
Cross ref:																		

No.	Date of origin	Risk Scenario			Inherent risk scoring			Mitigation in place / Planned action	Post-mitigation scoring			Risk Owner (and Mitigation Owner)	Dates updated	Status (open / closed plus whether on track / not on track to reduce scoring)	Direction (of risk score)
		Root cause(s)	Potential situation	Consequences	Likelihood	Impact	Score		Likelihood	Impact	Score				
Cross ref:		Failure to develop our regulatory functions to meet changing public protection needs			4	4	16	Mitigation in place: 1. Our corporate strategy and corporate plan articulate the changes we need to make. 2. Strategic development programme structure is in place overseen by Regulation Board. Planned action: 1. Programmes have been set up as part of 2015/16 plan to take forward the following: - Pursuing legislative change (ongoing). - Midwifery regulation changes (2015/16). - Shape of Caring work feeding into education strategy - scoping paper November 2015. - Role of the register strategic review - (scoping 2015/16). - Pre-registration standards evaluation - report due November 2015. 2. Future of FtP project (scoping 2015/16).	3	4	12	Chief Executive (relevant directors)		Open - new corporate risk The most effective mitigation will be limited without legislative change so this risk may stay at amber for some time.	
	Changing external environment and demands. Changing nature of practice and workforce. Public have greater access to data and information and expectations of registrants are changing. Our current legislative framework is outdated and limits our ability to adapt and improve the effectiveness of our processes.	We fail to design and deliver regulatory policies and practices that enable us to be flexible and adapt to changing needs to deliver public protection in the future.	Our regulatory functions fall behind modern-day needs and do not deliver appropriate public protection.												
CR13 A	May-13 (previously risk CR3/CP1. Date of origin: May 13)	Revalidation - model delivery			4	4	16	Mitigation in place: (1-3) Close working with DH around revalidation priorities and future legislation (if/as required following phase one). Close working relations with all four UK governments and four-country programme boards around readiness and delivery. (1-3) Provisional Standards and guidance published. (3) Clear programme governance structure and resources in place. (1, 3) Extensive ongoing stakeholder engagement activities across settings and four countries including specialist stakeholder groups. (3) Pilot organisations selected to reflect the diversity of scopes of practice and settings. Planned action: (1-3) Take forward actions arising from the KPMG organisational readiness review and pilot evaluations (by October 2015) including further clarification of the guidance and increased communications and awareness raising. (2,3) Independent review of NMC readiness assessment by internal auditors. (2,3) Four country programme boards assessments of readiness, October 2015. (3) NMC readiness report to include internal audit commentary on robustness (October 2015). (2) Communication and engagement programme to be commissioned and implemented (October 2015 onward).	3	4	12	Director, Continued Practice	Risks updated 17/8/2015 to distinguish between delivery of revalidation model and regulatory effectiveness of the model.	Open - Programme to be achieved in Dec 2015 Engagement activity has moved to focus on strategic partnership building. Stakeholder groups have been re-shaped to support programme's needs.	
(1) Decrease/ loss of government and/ or four-country programme boards support. (2) Time and resource constraints around delivery. (3) Complexity of revalidation model delivery at four country level and across settings.	(1) Revalidation not delivered to set time/quality/budget. (2) Inadequate preparations made to effectively support or comply with revalidation process due to lack of understanding or unaddressed resistance. (3) Inconsistent level of preparation and readiness.	(1) Revalidation is not delivered as planned. (2) Criticism by employers, registrants, other regulators, media etc. (1,3) Impact on public protection and credibility of NMC around delivery. (1-3) Public protection compromised. Negative impact on nurses and midwives, and employers.													

No.	Date of origin	Risk Scenario			Inherent risk scoring			Mitigation in place / Planned action	Post-mitigation scoring			Risk Owner (and Mitigation Owner)	Dates updated	Status (open / closed plus whether on track / not on track to reduce scoring)	Direction (of risk score)
		Root cause(s)	Potential situation	Consequences	Likelihood	Impact	Score		Likelihood	Impact	Score				
CR13 B	May-13 (previously risk CR3/CP1. Date of origin: May 13)	Revalidation - regulatory impact			4	4	16	Mitigation in place: (1) Model designed to add more value than PREP through reflection on the Code and challenging professional isolation. (2) Model designed with inherent flexibility for different scopes of practice. (3) Pilots designed to test perceptions around benefits. Planned action: (1) Evaluation framework to be commissioned (November 2015). (2) Communication and engagement programme to be commissioned and implemented. (October 2015 onward).	3	4	12	Director, Continued Practice	Risks updated 17/8/2015 to distinguish between delivery of revalidation model and regulatory effectiveness of the mode. Update - all mitigations have influence on the risk score, however the communications products will provide the most effective mitigation when in place.	Open - Programme to be achieved in Dec 2015 Engagement activity has moved to focus on strategic partnership building. Stakeholder groups have been re-shaped to support programme's needs.	
		(1) Lack of buy-in from stakeholders and accountability authorities (PSA, HSC). (2) NMC revalidation model is developed within current legislative framework. (3) Inconsistent levels of buy-in across the system and register. (4) Stakeholders expectations / understanding of revalidation model are not accurate.	(1) Revalidation may not improve on existing PREP process. (2) Delivered model may fail to be applicable to all scopes of practice and nurses and midwives across four countries.	(1) Criticism drawn as PSA standards of good regulation, and expectations of HSC are not met. (2, 3, 4) Criticism /confusion from nurses and midwives and stakeholders. (2, 3, 4) Loss of nurses and midwives from the register. (2, 3, 4) Unable to effectively support/ engage with revalidation process. (4) Contributes to a loss of nurses and midwives from the register.											
Strategic priority 2: Use of intelligence															
Cross ref:		Operational use of intelligence			4	4	16	Mitigation in place: 1. Corporate data and intelligence group established to review risk intelligence. 2. Procedures in place for NMC attendance at risk summits and quality surveillance groups (England). 3. Memoranda of Understanding or operational protocols in place or in development with key agencies. Planned action: 1. We will establish a corporate risk intelligence function alongside the Employer Link Service (new function scoped Q3). 2. We will improve our use of employer data by adopting a standardised taxonomy and exploring ways of more reliably linking registrant data to settings.	3	3	9	Director of Fitness to Practise Director of Strategy		Open - new corporate risk We expect this risk score to go down with the establishment of the risk intelligence function in Q3.	
		Still building up stronger links with key stakeholders, for the sharing of information. Limited protocols in existence to share data. Our internal systems to enable visibility and sharing are still in development. The data we hold is not readily accessible. Historic data may be unreliable.	We fail to receive, act on or share information that may be relevant to public protection. Serious and high profile failures of care in settings. Higher expectations that regulators will work together. External expectations not met.	Failure to identify risk and/or mitigate harm. Serious high profile failures in care settings go undetected. Failure to initiate appropriate regulatory action in line with our duties and powers.											

No.	Date of origin	Risk Scenario			Inherent risk scoring			Mitigation in place / Planned action	Post-mitigation scoring			Risk Owner (and Mitigation Owner)	Dates updated	Status (open / closed plus whether on track / not on track to reduce scoring)	Direction (of risk score)
		Root cause(s)	Potential situation	Consequences	Likelihood	Impact	Score		Likelihood	Impact	Score				
Strategic priority 3: Communication and collaboration															
Cross ref:		Communication						Mitigation in place: 1. We have a communications, media and strategic engagement team in place undertaking a programme of work. 2. The chief executive and directors engage in regular communications and engagement activities. 3. We have engaged external resources to support key areas as an interim measure. Planned action: 1. We will develop a comprehensive communications and engagement plan to support the strategy (draft October 2015). 2. We will develop a business case for investment in resources to deliver the communications and engagement plan (as part of business planning Q3), augmenting capacity in key areas (for example internal communications) on an interim basis in the meantime.				Director of Strategy		Open - new corporate risk	
		<p>Large diverse external stakeholder group and emergence of multi discipline professional teams.</p> <p>Complex external environment subject to constant change.</p> <p>Rapid growth internally across all functions. Internal systems still in development.</p> <p>Our current internal resources may not be sufficient to deliver necessary programme of work.</p> <p>Strategic engagement plan still in development.</p>	<p>We fail to communicate and engage effectively with our key internal and external stakeholders in a way that adds value to our work and meets their needs.</p>	<p>Failure to maximise impact of our regulatory activity.</p> <p>Limited ability to influence.</p> <p>Stakeholder dissatisfaction.</p> <p>Reputational damage that impacts ability to transform services efficiently.</p> <p>Ineffective engagement with staff</p>	4	4	16		3	4	12				
Strategic priority 4: An effective organisation															
Cross ref:		Use of resources and sustainability						Mitigation in place: 1. Delegation letters have been drafted and are due for sign off by Chief Executive and Registrar in September. This is a move towards increased financial accountability and responsibility within the Executive team. 2. Additional capability in place by the appointment of interim and permanent resources. 3. Initial steps have been taken to improve financial reporting. Structured monthly financial reporting and forecasting meetings take place with the Finance Director and budget holders. 4. Legal advice has been sought on pension scheme risks. This is now under consideration. 5. An accommodation review has been commissioned. Planned action: 1. Implement a scheme of financial delegation, linked to business priorities (Sept 2015). 2. Provide greater transparency to the reporting of financial results (Oct 2015). 3. Define methodology to capture efficiencies. Agree a savings plan and determine high level efficiencies (Q3). 4. Develop a financial strategy (Dec 2015). 5. Define and commence implementation of a Procurement Improvement Programme (Q3, 2015). 6. Working with the PMO, ensure that a robust process for business cases exists to ensure that scarce resources are utilised effectively and benefit realisation is captured.				Director of Finance	09/09/2015	Open - new corporate risk	
		<p>We must maintain sufficient resources to sustain effective operations and deliver an ambitious programme of change.</p> <p>We must prioritise our resources to ensure we achieve best value for the public and our fee payers.</p> <p>We must ensure the organisation remains financially viable with sufficient resources to meet ongoing and new requirements.</p> <p>Our long term accommodation needs have yet to be determined.</p>	<p>We may have insufficient financial resources to meet operational requirements and deliver change.</p>	<p>Inability to deliver corporate strategy, plans and improvements.</p> <p>Reserves depleted and need to increase fees.</p> <p>Failure to deliver value for money.</p> <p>Reputation damaged.</p>	3	4	12		3	4	12				

No.	Date of origin	Risk Scenario			Inherent risk scoring			Mitigation in place / Planned action	Post-mitigation scoring			Risk Owner (and Mitigation Owner)	Dates updated	Status (open / closed plus whether on track / not on track to reduce scoring)	Direction (of risk score)
		Root cause(s)	Potential situation	Consequences	Likelihood	Impact	Score		Likelihood	Impact	Score				
Cross ref:		Staff - capacity and capability now and in the future			4	4	16	Mitigation in place: 1. Organisation review under way will propose options for future structure that is fit for purpose and sustainable into the future. 2. Review of current recruitment policy, practices and their impact is being scoped with the aim of gaining a better understanding of recruitment and retention challenges. Report providing a baseline of evidence around 'as is' expected mid-end of October 2015. Planned action: 1. Development of a Workforce Strategy that ensures NMC can attract, recruit, develop and retain the people it needs to deliver effective regulation now and into the future. Workforce planning, succession planning and talent management will be key enablers of the strategy. This work will be a priority for the permanent leadership of HR & OD following the outcome of the organisation review and a target date of July 2016 is proposed for the development of a draft strategy for consultation with the Exec Board (assuming a permanent HR lead is in post by April 2016). In the meantime, the interim Director of HR & OD is undertaking analysis of current recruitment practices and turnover with a view to gaining a deeper understanding of the issues around recruitment and retention. Estimated completion October 2015. 2. Development of the HR team and planning of organisational change HR-related activities to ensure readiness to support changes arising from the organisation review.	3	4	12	Director of HR and OD		Open - new corporate risk	
		We must deliver an ambitious programme of change. Our organisational structure is inflexible and requires review. We face challenges in terms of recruitment and retention.	We may not have the right organisational structure and capabilities to deliver high performing operations and achieve our ambitions for transformation.	Inability to deliver corporate strategy, plans and improvements. Negative impact on staff morale, motivation and performance. Continuing high staff turnover. Poor customer service. Poor decision-making.											
Cross ref:		Business interruption			3	5	15	Mitigation in place: 1. Limited business interruption Insurance cover in place. 2. Specialist advisers engaged and engagement with directors commenced. 3. Business Impact Assessment completed with independent advisor input. 4. IT deep dive undertaken on business continuity risks. Planned action: 1. Business continuity policy, framework, training and awareness programme to be released (Q3 2015/16). Testing and Business continuity plan in place by end of Q3, Year 2. 2. Closure of IT risks under IT improvement programme (2015-2016). 3. Establishment of business continuity steering group (Q1, Year 2). 4. Development of incident management plans and emergency response plans (Q4). 5. Testing of IT arrangements (December 15).	3	5	15	All Directors. Director of Finance to lead	09/09/2015	Open - new corporate risk	
		Our business continuity arrangements require updating. Insufficient priority placed on planning and testing business continuity arrangements. We need to build resilience into our organisational arrangements.	We may not be prepared in the event of actions giving rise to a loss of business continuity.	Our ability to protect the public is compromised. Loss of services. Financial loss. Reputation damaged.											

No.	Date of origin	Risk Scenario			Inherent risk scoring			Mitigation in place / Planned action	Post-mitigation scoring			Risk Owner (and Mitigation Owner)	Dates updated	Status (open / closed plus whether on track / not on track to reduce scoring)	Direction (of risk score)
		Root cause(s)	Potential situation	Consequences	Likelihood	Impact	Score		Likelihood	Impact	Score				
Cross ref:		Information management and governance			5	4	20	Mitigation in place: 1. Information security and data protection policies. 2. Mandatory training for staff and panellists. 3. Oversight by Information Governance Steering Group. 4. Information security management system in place. 5. Review meeting held with Information Commissioner's Office and voluntary ICO information risk assessment taken. 6. April 2015 11 priority areas for improvement remain, with mitigating actions on defined information security work plan 2015-16. 7. Established data management function in ICT. Planned action: 1. Establishment of a data improvement programme (Q3). 2. Implement information security work plan 2015-16. 3. Review of records management and retention practices (reporting Q3). 4. Accountability for this area of work will be addressed as part of the organisational review (Q3).	4	4	16		01.09.2015	Open - new corporate risk	
	Our governance around data requires clarification. We lack the ability to harness and use information effectively. Our structures, policies, procedures, processes and controls must be kept up to date. Large volume, complex, information processing with high reliance on paper-based processing. Processing involves high volumes of sensitive personal data.	Our information management and governance could fail to ensure appropriate storage, access and use of data and information.	Limited ability to support our regulatory, legal, risk, environmental and operational requirements. Information security breaches. Reduced opportunities to enter into data sharing arrangements with other organisations.												
CR12	May-14	ICT business systems			4	4	16	Mitigation in place: Previous mitigations contributed to the ongoing management of the risk, however it is clear from the CTO Review that these have not materially addressed the level of risk exposure. Therefore these have been removed. New mitigations in place: (1) IT Improvement Programme has been developed and is being taken forward. (2) IT Portfolio Programme is in place, to manage IT delivery. (3) Strengthened governance and reporting on IT issues (May 2015). (4) Development of specific IT related KPIs and performance metrics to aid oversight and reporting (June 2015). (5) Technical Design Authority established to review and provide assurance on the technical design of all technology projects. Planned action: (1) Continue to implement the IT Improvement Programme and its 8 key workstreams: a. Project and Portfolio Delivery b. Service Management, Supplier & Contract Management, Infrastructure Resilience c. Disaster Recovery d. Strategy & Architecture e. Financial Management (RUN & CHANGE) f. Comms & Engagement g. Business Transformation h. Information Security.	4	4	16	Director, Registration (& IT Oversight)	06.05.15 - Risk fundamentally updated to reflect findings of the recent CTO Review. 15.07.2015 - Risk updated.	As issues have been driven out through the CTO Review and an improvement plan is being established - this risk is expected to incrementally reduce over the next few months - by Dec 2015.	No change
1. Lack of robust procedures and controls over the management, testing and roll-out of changes to hardware and software, and development of new products and systems. 2. Ongoing use of critical business systems that are now unsupported by suppliers. 3. Insufficient capacity in our telephony system to handle peak periods in the Registration call centre. 4. Inadequate management of key third party ICT supply contracts and lack of contracts in some cases. 5. Lack of quality-assured ICT service support. 6. Lack of planning for business continuity and disaster recovery. 7. IT infrastructure insufficient to cope with our operational requirements. 8. High reliance on contractors, including a contractor CTO.	Our systems do not support effective business delivery or strategic transformation.	1. Critical business operations either stop or performance is negatively impacted. 2. Key performance targets or corporate commitments are not met or are put at risk. 3. Staff frustration contributes to poor motivation and increases staff turnover. 4. Wasted resources used in reacting to events. 5. Loss of confidence by staff, the Council and external stakeholders.													

Risk map of all corporate and directorate risks as at 11 September 2015

This map shows post-mitigation score changes for corporate and directorate risks between 16 July 2015 and 11 September 2015.

- HR and OD and Estates, Finance and Procurement risks are subject to change as these are currently being reviewed following the disaggregation of the Corporate Services risk register.
- To reflect the refresh of the corporate risk register, some previous corporate risks have been closed and replaced by 'reframed' risks and are shown here as such.
- Existing corporate risks, for which agreement is required on closure or relegation to directorate level, are highlighted in blue (CR1A, CR1B, CR2, CR6, CR11).

Impact	Critical	5		CR5 (Financial resources) SUPERSEDED AND CLOSED	CR (Business interruption) CR2 (FitP performance) R18 (New business programmes)	CS4 (Workforce planning) RISK CLOSED and points captured in reframed 'Staff' corporate risk	
	Major	4		FTP9 (Fraud, bribery & corruption) R14 (Fraud and bribery) CS3 (Fraud and bribery) FTP8 (High Court IO extensions) FTP10 (Substantive order caseload) CS1 (Financial management) CLOSED CR13 A (Reval – programme delivery) SUPERSEDED AND CLOSED	CR1A (Integ of register – current) CR1B (Integrity of register – historic) CP7 (Delivery of education agenda) CS2 (Procurement risks) CS5 (Directorates turnover) FTP4 (Downtime: ICT and print) FTP5 (FitP performance - staffing) FTP6 (Inadequate data/risk intel) FTP7 (Projects fail to deliver benefits) R7 (Maintenance of WISER) R17 (NMC Online target take-up) IR6 (No. of placements & aptitude tests for EU applicants) S16 (Equality and diversity compliance) S18 (Accountability commitments) CR (Systemic failure – regulatory) CR (Failure to develop regulatory functions) CR13 A (Reval – model delivery) CR13 B (Reval – regulatory impact) CR (Communication) CR (Use of resources) CR (Staff) REFRAMED RISKS CR9 (Staffing) CR15 (Risk intelligence) SUPERSEDED AND CLOSED	CR12 (ICT business systems) CR3 (Information security) ICT3 (Improvements in ICT) S20 (Data protection compliance (records retention)) CR (Information management and governance) REFRAMED RISK CR13 B (Reval – system impact and readiness) SUPERSEDED AND CLOSED	
	Moderate	3		CP8 (Contractor for QA of education) CS6 (Review of policies) R6 (Gathering risk intelligence) S19 (Welsh Language Scheme) CR10 (Profile and proactivity) SUPERSEDED AND CLOSED	CR11 (Legislative change) CP4 (Standards development) CP10 (Stds Development team) CS7 (Review of processes) FTP3 (Referrals up beyond forecasts) IR5 (Competency test) R15 (Business continuity) R16 (Supplier/contractor risks) S3 (Raising quality) CR (Operational use of intelligence) REFRAMED RISK	CR14 (Midwifery supervision) CS9 (Accommodation) FTP2 (FitP performance – legislative framework) R13 (External workforce planning impact on Reg) S15 (Learning from SERs/complaints) CR7 (Quality of information) SUPERSEDED AND CLOSED	
	Minor	2					
	Insignificant	1					
			1	2	3	4	5
	Likelihood	Very low	Low	Medium	High	Very high	

Arrows indicate the direction of travel:

- ↑ Risk score has increased since 16 July 2015
- ↓ Risk score has decreased since 16 July 2015
- ↔ Risk score has stayed the same since 16 July 2015

Risk references:

- CR: Corporate risk
- FTP: Fitness to Practise risk
- IR: Registration risk (International Reg)
- R: Registration risk
- S: Strategy risk

Risk scores:

1-8

9-15 *

16-25

- CS: Estates, Finance & Procurement or HR and OD risk (to be re-numbered)
- CP: Continued Practice risk
- ICT: ICT risk

* due to their 'Critical' impact, an amber rating is also given to risks which score 5 for Impact and 1 for Likelihood

Council

Financial monitoring report to 30 August 2015

Action: For information.

Issue: The provision of financial performance information for current and future reporting periods.

Core regulatory function: Supporting functions.

Strategic priorities: Strategic priority 4: An effective organisation.

Decision required: None.

Annexe: The following annexe is attached to this paper:

- Annexe 1: August 2015 management accounts

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.

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Context: Financial information

- 1 The Executive Board regularly reviews and approves the financial results and forecast each month.
- 2 The Council reviews financial performance at each meeting.

Discussion: Executive summary

- 3 Available free reserves are forecast to be on budget at £14.5 million at March 2016.
- 4 The overall 2015-2016 revenue forecast is broadly in line with approved budget; income is £0.2 million higher and revenue spend is £0.2 million lower.
- 5 At the Council meeting in May 2015, it was agreed that the contingency budget would only be used to fund those one-off or exceptional items of business need which cannot be managed within the business as usual budget.
- 6 The full year forecast takes into account a proposed draw-down on contingency of £1.4 million which has been formally agreed by the Executive Board.
- 7 £3.1 million contingency remains in the full year forecast to fund any further one-off events should they occur.
- 8 Year to date overall income is in line with the budget however it is forecast to be higher than budget by £0.2 million for the full year.
- 9 Year to date directorate expenditure is £1.6 million lower than budget driven by lower staff costs (£1.2 million).
- 10 The Executive Board is continuing to review the approach to financial management and control across the NMC. This includes the approach to forecasting which will make greater use of actual run rates and trend analysis.

Income

- 11 A review of income projections has taken place, and the full year position is now forecast to be marginally higher than budget by £0.2 million.
- 12 Increased demand from overseas and European Union (EU) applicants has led to positive movement within overseas and EU assessment fee income year to date.
- 13 Year-on-year, we are seeing an 86% increase in the number of EU

applicants, a trend which is expected to continue into 2016. As a result, the EU assessment fee forecast has increased by £0.6 million for the full year.

- 14 This is partly offset by lower grant income which has been updated to match the test of competence expenditure, and lower fee income resulting from fewer registrants on the register than estimated in the budget.
- 15 The full year forecast for registration fee income is £77 million. This does not yet represent a fully annualised £120 fee income per registrant as it takes two years for the fee increase to work through the register.

Expenditure

- 16 Revenue expenditure has been slower to ramp up than planned and spend to 31 August 2015 is £1.6 million lower than budget.
- 17 The principal variances to 31 August 2015 are underspends in staff costs. This is due to vacancies within directorates which have been offset to an extent by temporary resource, particularly in areas of high risk or specific concern.
- 18 Although there is an underspend against budget to 31 August 2015, currently directorates still expect that full year spend will generally be in accordance with budget.
- 19 In anticipation of this being the case the Executive Board has approved a provisional draw-down on contingency of £1.4 million to fund items that were unknown at the time that the budget was approved after taking into account scope to offset confirmed underspends.
- 20 The full year forecast therefore takes into account a number of quantified and approved draw downs on contingency totaling £2.7 million, offset by a significant amount of the £1.6 million reduced costs seen year to date. The management accounts at annexe 1, include this provisional draw down on contingency, should this need to be utilised, so as to provide a picture of the current expected position.
- 21 The principle draw-downs relate to:
 - 21.1 Specialist nursing and midwifery advisors and interim contractors enhancing both capacity and capability (£1.5 million).
 - 21.2 Organisational review and financial strategy (£0.4 million).
 - 21.3 Additional roles to support Shape of Caring and standards

- development (£0.2 million).
- 21.4 Revalidation (£0.2 million).
- 21.5 Professional Standards Authority (PSA) levy (£0.2 million).
- 21.6 2015-2016 holiday provision in accordance with Financial Reporting Standard 102 (£0.2 million). This is a non-cash item driven by a change in accounting treatment.
- 22 Fitness to Practise full year budget is £39.8 million and is forecast to be on target with budget. Year to date, hearings have been running at 20 events per day. This is planned to increase to 24 per day for the remainder of the year.
- 23 The Programme Management Office is favourable to the approved budget by £0.6 million. This is due to the reallocation of spend to projects (£0.2 million) and reduced resource requirements (£0.4 million) as budgeted projects are not being initiated this year.
- 24 Revalidation spend across the programme's three year implementation period remains within the agreed financial strategy; however some expenditure has been brought forward as the Revalidation programme progresses.
- 25 The expenditure brought forward is made up of:
- 25.1 Increased consultancy costs in relation to pilot evaluation work and system readiness following recommendations from the four country programme boards.
- 25.2 Increased focus on communication and external engagement activities.
- 25.3 The evaluation of Revalidation as agreed in the NMC action plan.
- 26 The development phase of the Revalidation programme is reaching completion and the project is aiming to move into its implementation phase subject to approval from Council.
- 27 The key items identified to offset the gross call on contingency are:
- 27.1 Lower resource costs required in the Programme Management Office and reduced external legal advice required for enquiry costs (£0.5 million).
- 27.2 Efficiency savings in postage and print further to those already factored into the budget as a result of greater uptake of NMC online (£0.2 million).
- 27.3 Lower costs for quality assurance of education and local

supervising authorities (£0.1 million).

- 28 The Executive Board is committed to ensuring that spend on business as usual activity will be managed within the approved financial envelope.

Capital expenditure

- 29 Year to date capital expenditure is £0.5 million lower than budget following the decision to pause ICT spend whilst a comprehensive review was undertaken.
- 30 This review has now taken place and, in total, the ICT capital expenditure is not forecast to exceed the budgeted amount approved by Council.
- 31 Next month a thorough review of the capital forecast will be undertaken and this will be reported to Council at the next meeting.

Risks

- 32 The Executive Board will monitor a number of potential unquantified pressures on the expenditure budget. The major risk areas identified at this stage include the risk that:
- 32.1 Internal investigations will not be processed at the budgeted run rates.
- 32.2 The number of registrants on the register decline and the trend seen in EU assessments does not continue, both resulting in reduced income.

Opportunities

- 33 The Executive Board will monitor financial opportunities which have the potential to crystallise this year. The key items identified at this stage are:
- 33.1 As reported previously, we continue to work with HMRC to secure the repayment of income tax and National Insurance paid on Fitness to Practise (FtP) panelist expenses in prior years.
- 33.2 If the nursing profession is put on the shortage occupation list overseas income has the potential to increase.
- 33.3 There is the potential the revenue spend will be lower than the current full year forecast. This will be monitored on a monthly basis.

Efficiencies

- 34 We have initiated a methodology to capture and evidence efficiencies delivered to date.
- 35 A programme of efficiencies is yet to be developed and formalised. This will be developed alongside the delivery of the financial strategy.

Public protection implications:

- 36 The monitoring of financial results and forecasts enables the NMC to ensure it has sufficient resources to deliver continued public protection.

Resource implications:

- 37 The key financial indicators for current and projected levels are discussed in this paper.

Equality and diversity implications:

- 38 None.

Stakeholder engagement:

- 39 None.

Risk implications:

- 40 Risks in relation to forecasting and financial resourcing are set out in directorate and corporate risk registers.

Legal implications:

- 41 None.

Actual, budget & forecast 2015-2016
£000's

2015/2016	Month of August				April to August						September to March					Full Year					
	Actual	Budget	Prior Forecast	vs budget	Actual	Budget	Prior Forecast	vs budget	% vs budget	vs prior forecast	Forecast	Budget	Prior Forecast	vs budget	vs prior forecast	Actual/Forecast	Budget	Prior Forecast	vs budget	% vs budget	vs prior forecast
Grant Income	0	32	0	(32)	0	161	0	(161)	(100%)	0	241	226	241	16	0	241	387	241	(146)	(38%)	0
Periodic Fee Income	6,195	6,229	6,229	(33)	30,314	30,411	30,348	(97)	(0%)	(33)	46,629	46,735	46,735	(106)	(106)	76,943	77,146	77,082	(203)	(0%)	(139)
Overseas Applications	27	25	25	2	155	124	153	31	25%	2	174	174	174	0	0	329	298	327	31	11%	2
Eu Assessment Fee	92	70	70	22	497	350	475	147	42%	22	899	491	491	408	408	1,396	841	966	555	66%	430
Interest Income	53	52	52	1	265	270	264	(5)	(2%)	1	284	284	284	0	0	549	554	548	(5)	(1%)	1
Other Income	37	26	26	11	175	130	164	45	34%	11	144	182	182	(38)	(38)	319	312	346	7	2%	(27)
Total Income:	6,404	6,433	6,401	(29)	31,407	31,448	31,404	(40)	(0%)	3	48,370	48,090	48,106	280	265	79,777	79,538	79,510	240	0%	267
Office of the Chair & Chief Executive	50	48	61	(3)	263	245	274	(18)	(7%)	11	640	373	491	(267)	(149)	903	618	765	(285)	(32%)	(138)
Director of Strategy	24	19	22	(5)	107	96	104	(10)	(10%)	(3)	152	135	137	(17)	(14)	258	231	241	(27)	(11%)	(17)
Communications	76	80	86	4	355	424	365	69	19%	10	755	676	747	(79)	(8)	1,110	1,100	1,112	(10)	(1%)	2
Strategy	75	89	70	14	387	549	382	162	42%	(5)	645	727	871	82	226	1,032	1,277	1,253	245	24%	221
Governance	46	54	44	8	232	285	229	53	23%	(3)	380	424	447	44	68	611	708	676	97	16%	65
Programme Management Office	54	142	84	88	278	659	308	381	137%	30	818	1,002	818	184	0	1,096	1,661	1,126	565	52%	30
Quality Assurance & Risk	39	38	38	(1)	185	188	185	3	2%	(1)	276	249	277	(27)	1	461	438	462	(24)	(5%)	1
Council Services	21	23	19	2	151	158	149	8	5%	(1)	303	236	266	(66)	(37)	454	395	415	(59)	(13%)	(38)
Strategy	336	445	362	110	1,695	2,360	1,721	665	39%	27	3,328	3,449	3,563	121	236	5,022	5,809	5,285	787	16%	262
Registration	307	407	385	101	1,746	1,767	1,824	21	1%	78	2,367	2,518	2,428	151	61	4,113	4,285	4,252	171	4%	139
Continued Practice	364	563	501	199	2,318	2,724	2,455	407	18%	137	2,973	2,306	3,069	(667)	95	5,291	5,031	5,523	(260)	(5%)	232
ICT	107	459	540	352	2,319	2,517	2,752	198	9%	433	3,642	3,293	3,547	(348)	(94)	5,961	5,811	6,299	(150)	(3%)	339
Finance & Procurement	212	193	240	(18)	1,079	1,123	1,107	44	4%	28	2,237	1,607	1,748	(631)	(489)	3,316	2,729	2,855	(587)	(18%)	(461)
Estates	488	448	464	(40)	2,035	2,233	2,011	198	10%	(23)	3,253	3,038	3,220	(215)	(34)	5,288	5,272	5,231	(17)	(0%)	(57)
HR&OD	267	251	288	(16)	1,243	1,277	1,264	34	3%	21	2,133	1,780	1,955	(353)	(178)	3,377	3,057	3,219	(320)	(9%)	(157)
Directors office	47	98	97	51	277	438	327	161	58%	50	662	701	744	39	82	940	1,140	1,071	200	21%	132
Screening	179	194	176	15	891	968	888	77	9%	(3)	1,355	1,355	1,355	(0)	0	2,246	2,323	2,243	77	3%	(3)
Case Investigations - Total	382	527	356	144	2,848	2,618	2,821	(230)	(8%)	(27)	3,522	3,691	3,520	169	(2)	6,370	6,309	6,341	(61)	(1%)	(29)
Investigations - IC	78	94	94	16	336	438	352	102	30%	16	675	675	675	(0)	0	1,010	1,113	1,027	102	10%	16
Case Management	0	0	0	0	0	0	0	0	0%	0	0	0	0	0	0	0	0	0	0	0%	0
Scheduling	52	86	57	34	372	433	378	60	16%	6	610	610	610	0	0	982	1,042	988	60	6%	6
Case Preparation	111	134	113	23	576	647	577	71	12%	1	940	940	940	0	0	1,516	1,587	1,517	71	5%	1
Admin / General	79	101	98	22	372	507	391	135	36%	19	808	713	713	(95)	(95)	1,180	1,220	1,104	39	3%	(76)
Adjudication	195	294	240	99	1,167	1,412	1,212	245	21%	45	2,079	2,072	2,072	(8)	(8)	3,246	3,484	3,283	238	7%	37
CCC	721	716	953	(5)	5,402	5,059	5,634	(343)	(6%)	231	7,658	7,394	7,322	(264)	(336)	13,060	12,453	12,956	(607)	(5%)	(105)
HC	135	50	58	(86)	596	390	518	(205)	(34%)	(78)	673	603	612	(69)	(60)	1,268	994	1,130	(274)	(22%)	(138)
Investigations - ICIO	181	157	168	(24)	837	831	825	(6)	(1%)	(13)	1,055	1,213	1,294	158	238	1,893	2,044	2,119	151	8%	226
Regulatory Legal Team	333	346	403	14	1,872	1,900	1,943	28	2%	71	2,837	2,826	2,805	(11)	(33)	4,709	4,727	4,747	18	0%	38
Panel support	55	69	35	14	394	338	374	(56)	(14%)	(20)	534	592	531	59	(3)	928	931	906	3	0%	(22)
Case Investigations Team 5	0	0	0	(0)	0	0	(0)	0	0%	(0)	0	0	0	0	0	0	0	(0)	0	0%	(0)
FiP Programme Initiatives	23	21	21	(3)	95	159	92	64	67%	(3)	357	277	277	(80)	(80)	452	436	369	(16)	(4%)	(82)
FTP	2,572	2,886	2,869	314	16,035	16,138	16,332	103	1%	297	23,765	23,663	23,469	(102)	(296)	39,800	39,801	39,801	1	0%	1
Projects	(61)	67	76	128	264	336	401	73	28%	137	578	471	830	(107)	252	842	807	1,231	(35)	(4%)	389
Depreciation	261	276	298	15	1,316	1,381	1,353	65	5%	37	1,962	1,934	1,962	(28)	0	3,278	3,315	3,315	37	1%	37
NMC Corporate/General	173	5	15	(168)	140	24	(18)	(117)	83%	(158)	233	33	233	(200)	0	373	57	215	(317)	(85%)	(158)
PSA Fee	171	142	171	(29)	171	142	171	(29)	(17%)	0	1,194	992	1,194	(203)	0	1,365	1,133	1,365	(232)	(17%)	0
Contingency *	0	372	0	372	0	1,860	0	1,860	0%	0	3,064	2,603	2,870	(461)	(194)	3,064	4,463	2,870	1,399	46%	(194)
Revenue Spend	5,246	6,564	6,271	1,317	30,623	34,127	31,647	3,504	11%	1,025	51,371	48,060	50,580	(3,311)	(791)	81,994	82,187	82,228	193	0%	234
Surplus / (Deficit)	1,158	(130)	130	1,288	784	(2,679)	(243)	3,463	(242%)	1,027	(3,001)	30	(2,474)	(3,031)	(526)	(2,217)	(2,649)	(2,718)	433	20%	501
Capital	599	388	504	(211)	1,469	1,938	1,375	469	32%	(94)	3,667	2,713	3,296	(953)	(371)	5,136	4,651	4,670	(485)	(9%)	(465)
Total free reserves					23,868	19,666	23,007	4,201	21%	861						21,585	21,584	21,587	1	0%	(2)
Pension deficit					7,821	7,820	7,821	(0)	(0%)	0						7,116	7,115	7,116	(1)	(0%)	0
Available free reserves (excluding pension deficit & restricted funds)					16,047	11,846	15,186	4,201	35%	861						14,469	14,469	14,471	0	0%	(2)
Restricted funds					2,423	2,667	2,388	(244)	(9%)	35						0	0	0	0	0%	0
Cash at bank					75,092	71,307	74,295	3,785	5%	797						78,362	78,434	78,364	(72)	(0%)	(2)
Net inflow/(outflow) of funds					(1,570)	223	(2,367)	(1,793)	114%	797											

Council

NMC Equality and Diversity Annual Report 2014 - 2015

Action: For discussion.

Issue: Presents the NMC's equality and diversity annual report 2014 - 2015.

Core regulatory function: Supporting functions.

Strategic priority: Strategic priority 4: An effective organisation.

Decision required: Council is asked to note the report.

Annexe: The following annexe is attached to this paper:

- Annexe 1: NMC Equality and Diversity annual report 2014 - 2015.

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.

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- Context:**
- 1 The NMC as a public body is required to produce an equality and diversity annual report. The annual report sets out progress against our equality objectives and our planned work for 2015 - 2016.
 - 2 Our equality objectives and action plan focus on how we address equality issues to improve our policy making and regulatory delivery to protect the public, as well as achieve our aims of being a good employer.
- Discussion and options appraisal:**
- 3 This is our third equality and diversity annual report covering the period 1 April 2014 to 31 March 2015. It sets out how we have taken action to progress our equality objectives.
 - 4 The annual report includes available monitoring data on:
 - 4.1 Council members, members of staff, Fitness to Practise (FtP) panel members and legal assessors.
 - 4.2 The nurses and midwives who appear on our register and subject to our FtP procedures.
 - 5 The paper highlights that we know we need to improve the quality and completeness of our monitoring data, especially for registered nurses and midwives. Incorporating the Equality & Diversity (E&D) questionnaire into the NMC Online registration process was an important step forward in this respect.
 - 6 This will take time to flow through fully into the available data; however the significant growth in NMC On-line accounts over the summer has led to a concurrent increase in completed E&D monitoring forms. Importantly, to date this shows a low 'prefer not to answer' rate, meaning in the future we should be able to place more reliance on the representativeness of the dataset. This should allow, for example, more meaningful comparisons between FtP data and the registered population as a whole.
 - 7 Taking further steps to improve the data will continue to be a focus in 2015-2016 including a communication campaign to highlight the importance of providing up to date E&D information.
 - 8 Subject to any comments from the Council may have, we will publish the report on our website.
- Resource implications:**
- 9 Costs of producing and translating the report into Welsh are met from within the existing budget.

- Equality and diversity implications:** 10 The report is an important vehicle for driving continuous improvement in the organisation's delivery and support of equality and diversity. The report details the progress made in equality and diversity from 2014-2015.
- Stakeholder engagement:** 11 The report will be published on our website and communicated to staff and stakeholders.
- Risk implications:** 12 The report is one of the measures in place to ensure we comply with the Equality Act 2010, the general equality duty and other equality legislation.
- Legal implications:** 13 We have a legal duty to demonstrate compliance with the Equality Act 2010, the general equality duty and other equality legislation.

Equality and Diversity Annual Report

1 April 2014 to 31 March 2015

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Foreword

We are pleased to introduce our equality and diversity (E&D) annual report 1 April 2014 to 31 March 2015. This report provides an account of how we have sought to address the issues that were identified in our equality objectives action plan 2014–2015.

The report shows our ongoing commitment to equality, diversity and inclusion and demonstrates we can and will deliver improvements, while acknowledging there is still more to do. This year we saw a number of achievements that have enabled us to comply with the Equality Act 2010 and to improve the quality of services we provide to our service users. For example, we created the witness liaison team so that vulnerable witnesses can receive support and information throughout our investigation process. We also introduced BrowseAloud © software on our new website which adds speech, reading and translation support for website users.

Perhaps the change that will have the most far-reaching impact was integrating our new E&D questionnaire with NMC Online as the next step to improving the quality of our E&D data about registered nurses and midwives. Over the next year we will focus our efforts on evaluating the new E&D questionnaire and driving further improvement in our E&D data.

Finally, at the end of 2014-2015 our Council approved a new corporate strategy that reinforced the importance of E&D in our role of public protection, set our ambition to go beyond compliance and to use our influence to promote wider improvements in E&D practice. We recognise further developments are needed to ensure that we continue to meet our equality objectives. These development areas are set out in our equality objectives action plan for 2015–2016.

Jon Billings
Director of Strategy
Chair, Equality and Diversity Steering Group

October 2015

Introduction

Our role

- 1 We are the independent regulator for nurses and midwives in England, Wales, Scotland and Northern Ireland. Our role is to protect patients and the public through the effective regulation of nurses and midwives.
 - 1.1 We set and promote standards of education, training, conduct and performance for nurses and midwives, maintaining and updating the register of those who have qualified and meet those standards.
 - 1.2 We provide guidance to help nurses and midwives maintain and develop their skills and knowledge to uphold our professional standards.
 - 1.3 We investigate and where necessary, deal with nurses and midwives who are alleged to have fallen short of our standards. By doing this, we promote public confidence in nurses and midwives and in regulation.

Equality and diversity progress

- 2 This report sets out our E&D activity for the period 1 April 2014 to 31 March 2015. The aim of this report is to:
 - 2.1 Summarise our progress in relation to our equality objectives.
 - 2.2 Outline our achievements for 2014-2015 and highlight our E&D priorities for 2015-2016.
 - 2.3 Report E&D data on our workforce, Council members, FtP panel members and legal assessors as well as the nurses and midwives on our register.

Our legal duties

- 3 The Equality Act 2010 contains measures which have direct implications on our functions and underpins the legal framework in which we operate. It informs our approach as an employer, as a regulator, as a charity and as a public service provider.
- 4 The Equality Act 2010 identifies nine protected characteristics. These are:
 - 4.1 age;
 - 4.2 disability;
 - 4.3 gender reassignment;
 - 4.4 marriage and civil partnership;
 - 4.5 pregnancy and maternity;

4.6 race (ethnicity);

4.7 religion or belief;

4.8 sex; and

4.9 sexual orientation.

5 In respect of these nine protected characteristics, section 149 of the Equality Act 2010 requires us to have due regard to the need to:

5.1 Eliminate unlawful discrimination, harassment and victimisation.

5.2 Advance equality of opportunity between people from different groups.

5.3 Foster good relations between people from different groups.

Supporting and advancing the Equality and Diversity (E&D) agenda

E&D governance

6 The Council members, committee members, the Chief Executive and Registrar, the Executive Board, all staff and panel members such as the FtP panels, are required to comply with the Equality Act 2010.

7 Specific responsibilities are as follows:

7.1 The Council members are responsible for setting the strategic direction that supports the delivery of the equality objectives.

7.2 The Executive Board is responsible for determining internal policies that support the delivery of equality objectives.

7.3 The Chief Executive is responsible for leading the E&D agenda.

7.4 The E&D steering group is responsible for monitoring progress against our equality objectives action plan and measuring performance against internal and external benchmarks.

7.5 The Equality, Diversity and Inclusion manager is responsible for driving forward the E&D agenda and providing support and guidance to our staff.

Our Corporate Strategy 2015–2020 and equality objectives

8 Our five year corporate strategy sets out how we plan to develop and ensure we deliver our mission to protect patients and the public effectively and efficiently.

- 9 Our strategic approach is to embed E&D throughout our core activities. We want to be recognised as a fair regulator and employer, and for our stakeholders to be confident that we treat everyone fairly and inclusively.
- 10 As a regulator of a large and diverse professional population which itself is providing nursing and midwifery services to the wider public, we recognise that we must place promoting equality, diversity and inclusion at the heart of what we do.
- 11 As an employer, we aspire to have a workforce that reflects the diversity of the communities in which we operate at all levels of our organisation. In particular, we will encourage diversity among those applying to become Council, committee and panel members.
- 12 Our equality objectives action plan was developed in parallel with our corporate strategy. The equality objectives action plan provides us with a framework for our work in this area as a public body, as a regulator and as an employer and sets out the E&D issues which arise from our activities.
- 13 As a public body, we are required to publish information demonstrating our compliance with the Equality Act 2010. Our equality objectives action plan provides an overview of the actions that we will take to comply with the Equality Act 2010.

Performance review of our equality objectives action plan

- 14 This section sets out the achievements against the equality objectives in our 2014–2015 action plan. Our equality objectives action plan identifies five key objectives:
 - 14.1 **Embedding diversity:** We will further embed diversity in the delivery of our statutory functions.
 - 14.2 **Leadership:** Our leaders will continue to actively champion equality, diversity and inclusion.
 - 14.3 **Governance:** We will establish effective governance processes to deliver equality and inclusion.
 - 14.4 **Staff:** Our staff are valued by being treated with respect and being able to work in an environment free from discrimination, harassment or bullying.
 - 14.5 **Service delivery.** We will continue to deliver quality services relevant to the needs of a diverse community.

Objective one – Embedding diversity

a. Ensure the development of the new UK registrations policy complies with the Equality Act 2010.

- 15 It is important that our core regulatory policies are clear and reflect our up-to-date requirements. We have developed an overarching policy document for our UK

registration process to ensure that the high level statutory requirements for the registration, retention, renewal and readmission of nurses and midwives to our register are clearly set out.

- 16 A number of new registration requirements are on the horizon as part of changes we are bringing in or in response to changes in legislation. We have completed equality analyses for some of these new specific registration changes including:
- 16.1 Mutual Recognition of Professional Qualifications Directive;
 - 16.2 Revalidation model; and
 - 16.3 Payment by instalments.
- 17 We will continue to ensure that E&D implications are addressed when we are developing any changes to our policies.

b. Introduce and implement our new E&D questionnaire.

- 18 Our top priority is to improve the E&D data we hold about registered nurses and midwives. This will give us the basis to monitor the outcomes and experience of all registrants by protected characteristics and understand how we might improve our regulatory processes.
- 19 To support this ambition, we successfully integrated our new E&D questionnaire with NMC Online. NMC Online enables nurses and midwives to manage their registration online and complete the new E&D questionnaire. We will continue to evaluate the new E&D questionnaire on NMC Online and to identify and secure support for any action needed to improve its effectiveness.
- 20 The E&D questionnaire was developed with reference to the Equality and Human Rights Commission's (EHRC) guidance 'Equality information and the equality duty: A guide for public authorities' to make sure that we meet the requirements of the Equality Act 2010 (Specific Duties) Regulations 2011. The E&D questionnaire now includes additional questions on:
- 20.1 national identity;
 - 20.2 gender reassignment; and
 - 20.3 marital status.
- 21 The additional questions will help us to understand the composition of nurse and midwife populations on our register and ensure our processes do not have an adverse impact on particular groups. The E&D data will also help improve the quality of our evidence base and evaluate our progress.

c. Produce a report on the E&D data of nurses and midwives from last year.

- 22 In this report we have provided available E&D data of nurses and midwives on our register from last year, which is published routinely in both English and Welsh.

23 Our report includes E&D data relating to:

23.1 our workforce profile;

23.2 Council members;

23.3 FtP panel members;

23.4 nurses and midwives who appear on our register; and

23.5 nurses and midwives who have gone through the key FtP stages such as referrals, interim orders and final hearing stages.

d. Ensure all nurses and midwives who are fit to practise are able to renew their registration through the revalidation process.

24 Significant work was undertaken to develop our proposed approach to revalidation for nurses and midwives. We completed an initial equality analysis that was based on the provisional revalidation model. The development of the initial equality analysis included information from the outcomes of our revalidation consultations.

25 The first consultation involved inviting nurses and midwives to complete an online questionnaire. The second consultation included an online survey which focused on discussion groups with organisations that represented the interests of certain patient groups. The patient groups included people with:

25.1 learning disabilities or difficulties, and

25.2 severe long-term mental and physical health conditions.

26 The initial equality analysis took into account the responses received to the consultations. In particular, the responses highlighted some challenges and barriers for nurses and midwives who:

26.1 were part-time workers;

26.2 were on maternity leave;

26.3 had caring responsibilities;

26.4 had a disability; or

26.5 worked in settings such as in education, in isolated practice and overseas.

27 We piloted the revalidation model with 19 organisations. Organisations were selected to include nurses and midwives that work across various settings and scopes of practice.

28 The aim of the revalidation pilot was to test our revalidation model and processes which will feed into the overall assessment. A final equality analysis will be

completed following the finalisation of the policy and pilot. The full equality analysis will be available in September 2015.

- 29 Subject to a final decision by our Council in October 2015, we anticipate that our revalidation model will be rolled out in 2016, with the first nurses and midwives to be revalidated being those due to renew their registration in April 2016.

Objective two - Leadership

e. Our Chief Executive will lead on the promotion of E&D.

- 30 With the arrival of the new Director of Strategy in April 2014, the Chief Executive asked the Director of Strategy to chair the E&D steering group in view of their corporate oversight for E&D matters and to ensure executive leadership in this area.
- 31 We ran three dedicated sessions on E&D at our 2015 staff conference which 310 staff attended. Our 2015 staff survey questionnaire included specific E&D related questions.

f. Our E&D steering group will help to monitor progress against our equality objectives.

- 32 To reflect the corporate priority of E&D, our E&D steering group was formally established as a sub-committee of our Executive Board, chaired by the Director of Strategy. Every three months reports from our E&D steering group on progress against our objectives are received by the Executive Board.
- 33 We have reviewed the membership of our E&D steering group which now includes at least two staff from each of our directorates.
- 34 Key examples of our E&D steering group's activities include:
- 37.1 advising the Executive Board on the development and progress of our equality objectives and the transitional arrangements for the proposed Welsh language standards when they are finalised;
 - 37.2 developing the E&D steering group member role profile to identify the relevant experience and skills needed to enhance the success of the E&D steering group;
 - 37.3 gathering views on opportunities and challenges in E&D within directorates and reporting these views to the E&D steering group;
 - 37.4 inviting presentations from external E&D organisations to capture and share best practice with staff;
 - 37.5 drafting articles for our staff newsletter to raise awareness of key E&D issues;
 - 37.6 contributing to the development of our E&D policies and procedures; and

37.7 assisting with the development of our equality objectives action plan 2015–2016 and our Corporate Strategy 2015–2020.

Objective three - Governance

g. Develop a reasonable adjustments policy.

- 38 We understand that engaging with our FtP processes can be challenging for those concerned, and this must not be made more difficult by inadequate adjustments being made in response to particular needs. We commissioned the Business Disability Forum (BDF) to work with us to review and recommend an effective process for participants in our FtP process with disabilities.
- 39 The aim of developing a reasonable adjustments policy was to equip staff with advice and guidance so that they are skilled in responding to requests for adjustments.
- 40 The development process of the reasonable adjustments policy was delivered in five key phases:
- 40.1 analysing case studies of nurses, midwives, referrers and witnesses with disabilities who had requested adjustments during our FtP process;
 - 40.2 using the analysis of the case studies to develop an interactive workshop;
 - 40.3 holding a half-day workshop with staff across the organisation to identify our current practices, evidence of good practice and areas for improvement;
 - 40.4 collecting the evidence and applying the legal requirements and best practice principles to develop the reasonable adjustments policy; and
 - 40.5 delivering a half-day workshop on the reasonable adjustments policy to staff.
- 41 Having implemented this policy, we will evaluate the reasonable adjustments policy, using feedback from people with disabilities and make any necessary changes to ensure it is working appropriately.

h. Develop stakeholder relationships with best practice E&D organisations.

- 42 We are keen to learn from others with expertise and experience in E&D issues. To support this, we are members of several best practice organisations and have engaged regularly with them to develop our expertise and embed best practice. We are members of the following organisations:
- 42.1 Diversiton, which raises awareness of religion or belief events.
 - 42.2 Gender Identity Research and Education Society (GIREs), which ensures the law meets the needs of trans-people or people undergoing gender reassignment.

- 42.3 Stonewall, which provides advice on how to improve opportunities for lesbian, gay and bisexual people.
- 42.4 The BDF, which provides advice on how to improve opportunities for people with disabilities.
- 42.5 The EHRC Regulators, Inspectors and Ombudsman advisory group, which provides guidance on good practice based on equality law and human rights.
- 42.6 The Employers Network for Equality and Inclusion (ENEI), which provides information on new and amended employment laws.
- 42.7 Race for Opportunity, which provides advice on how to improve opportunities for Black, Asian and Minority Ethnic (BAME) people.

i. Policy reviews and benchmarking.

- 43 We have worked with some best practice organisations to review our policies and participate in a benchmarking exercise. For example, we developed a trans-policy document with GIRES. The policy document was created to support staff who proposed to undergo or who have undergone a gender reassignment. The policy document also aims to improve our existing registration process to change the names of nurses and midwives.
- 44 In order to provide a framework for driving improvements in our performance, we participated for the first time in the Employers Network for Equality & Inclusion benchmarking exercise. This will allow us to benchmark against other organisations in the private, public and third sectors our performance in embedding E&D in our organisation.
- 45 As a result of the benchmarking exercise, we received a bronze award. In 2015, we will work on the development areas arising from the benchmarking exercise and this will form a more prominent aspect of our reporting in future annual reports.

Objective four - Staff

j. Ensure that all relevant HR policies are sent to external organisations to be reviewed and checked against the Equality Act 2010.

- 46 As part of our policy review cycle we monitored our compliance with the Equality Act 2010 and made sure our policies were updated to reflect the Equality Act 2010. During our policy review process we consulted with the:
 - 46.1 HR team;
 - 46.2 staff consultation group;
 - 46.3 best practice organisations; and
 - 46.4 Executive Board.

47 These are key examples of HR policies which we have reviewed:

47.1 Grievance: to ensure that informal grievances are resolved promptly.

47.2 Disciplinary: to ensure satisfactory standards of behaviour, conduct and attendance from all staff.

47.3 Sickness absence: to provide a fair and consistent approach to the management of sickness and the return to work of staff.

47.4 Flexible working: to provide a fair approach when considering both formal and informal applications from staff for flexible working conditions.

47.5 Pay policy: to ensure transparency and accountability with regard to our approach to setting pay.

47.6 Capability: to help and encourage staff to achieve the required standards.

47.7 Harassment policy: to make it clear that harassment is unacceptable and that all staff has a role to play in creating an environment free from harassment.

48 In 2016, we will review our HR policies on the following areas:

48.1 Family friendly policies: to support staff in balancing work demands with family needs.

48.2 Recruitment and selection: to ensure that the best people are recruited on merit and the recruitment process is free from bias and discrimination.

48.3 Home working: to improve flexibility at work and achieve work-life balance.

48.4 Special leave: to provide a fair and consistent approach when considering requests from staff for special leave.

k. Ensure that our recruitment advertisements reach a diverse audience.

49 We have received applications from applicants of a diverse background through two main recruitment channels:

49.1 recruitment websites such as the Guardian, Charity jobs, Total Jobs and Reed recruitment; and

49.2 recruitment agencies to recruit for specialist roles.

50 We will work towards fully implementing our online recruitment website 'E-Recruitment'. This will enable us to collect and evaluate an improved E&D data set of applications from diverse backgrounds. We will continue to remain committed to attracting applicants from diverse backgrounds.

I. Provide comprehensive information on the make-up of staff, to both the Council and the senior management teams on a quarterly basis.

51 We are working to improve the breadth and depth of information about our workforce. Every three months we have provided a workforce quarterly report to the Executive Board and the Council. The workforce quarterly reports have enabled us to increase the transparency of information about our workforce profile and understand and evaluate trends relating to:

51.1 recruitment;

51.2 sickness absences;

51.3 diversity data; and

51.4 training opportunities.

52 We are fulfilling the requirement of the Chartered Institute of Personnel and Development diversity standard by being transparent and regularly producing reports on our workforce profile data.

m. Ensure our mandatory equality training is included in the staff induction process.

53 Ensuring our staff have baseline knowledge and understanding of E&D issues is a high priority. We have included mandatory E&D training as part our induction process and the total organisation compliance for E&D training was 94 percent, this is a two percent increase from last year.

54 We found that 214 new starters were registered to complete the online training course. Of these, 208 new starters (86 percent) have completed the online training course. We will review our e-learning module, in collaboration with the Equality, Diversity and Inclusion manager.

55 We have also evaluated the effectiveness of our training. All new starters were asked to complete an evaluation form after the face to face training course. 57 percent of participants rated the course as 'excellent'.

56 However, since making improvements to the face to face training course towards the end of last year, satisfaction has increased considerably with 78 percent of new starters who attended the revised training course from January to March 2015 rated it as "excellent". We will also commence our refresher training courses which will take place every two years.

n. Recognise and celebrate diversity events in our directorates.

57 On an organisational level, we have developed a programme of speakers which has formed a key part of recognising and celebrating diversity.

58 Presentations were given to groups of staff by:

58.1 Stonewall, which works for equality and justice for lesbian, gay and bisexual people, for lesbian, gay, bisexual and trans (LGBT) month;

58.2 The Chair of the Chief Nursing Officer's black and minority ethnic advisory group, for Black History Month; and

58.3 Rania Hafez, a senior lecturer at the University of Greenwich, to celebrate an Islamic festival.

59 We have also used our weekly online staff newsletter to raise awareness about several E&D events such as LGBT History Month, Black History Month, International Women's Day, the Sikh festival of Vaisakhi, Easter, Christmas and Martin Luther King Day.

60 On a local level, teams across the organisation have continued to celebrate and recognise E&D days through events.

61 Examples have included:

61.1 holding quizzes;

61.2 posting information on staff notice boards; and

61.3 hosting lunch time events.

62 We will continue to recognise and celebrate events in order to raise awareness among staff.

o. Ensure our staff are provided with reasonable adjustments when using Information and Communications Technology and other equipment.

63 We have designed a checklist to assist in the procurement and development of our new information processing systems or services. This ensures that accessibility issues are considered. We require that the checklist is completed, as much as possible, during the project initiation stage.

64 We also require that an equality analysis be completed in order to consider the effect on different groups of people with particular focus on people with disabilities.

65 As a result, the checklist has enabled us to identify, at an early stage, the information security and legal compliance requirements which must be met by the system or service and the specific needs of people. We will continue to use the checklist for the future procurement and development of new information processing systems or services.

Objective five - Service delivery

p. Engage more proactively with our diverse suppliers and external customers.

- 66 We have improved our website homepage by advertising our contract opportunities on our website to help attract diverse suppliers and external customers. We have implemented an electronic tendering system called Delta which allows us to run full invitations to tender and request quotes for lower value goods and services. We have made sure that all tenders received above the “threshold” of £173,000 will automatically be advertised in the Official Journal of the European Union.
- 67 We will also ensure that all future requests for quotes and invitation to tender where the value is expected to be above £25,000 but below £173,000 will be advertised on the government’s Contracts Finder website. This is to attract more invitations to tender and requests for quotes from small and medium enterprises (SMEs).
- 68 We will be working closely with our communications team to improve the navigation of our webpage “Doing business with the NMC”. The webpage will prompt and invite suppliers to register with Delta in order to view any relevant tender documents.

q. Raise awareness of our diverse suppliers and ensure staff who manages budgets and/or contracts understand how to support SMEs.

- 69 In the follow-up to the introduction of the Public Contracts Regulation 2015, we have improved our processes in order to comply with the regulation. As a result, we have aimed to develop a simpler and more consistent approach to our procurement processes.
- 70 We have abolished the pre-qualification stage for procurements below the EU threshold and instead have referred to the guidance on qualitative selection issued by the Cabinet Office for procurements above the EU threshold requirement.
- 71 Through these improvements, we aim to reduce bureaucracy or barriers which make it difficult for businesses, in particular SMEs, to access our contracts.

r. Ensure our panel member recruitment process encourages applications from diverse candidates.

- 72 We have carried out development work on our current recruitment process for panel members as there are some panel members whose term is coming to an end.
- 73 We held FtP community engagement events in Edinburgh and London. From these events we hope to obtain ideas on ways to promote our recruitment process and to target a wider and more diverse group of applicants.
- 74 As a result, we aim to appoint approximately 30 panel members to our FtP practice committees by November 2015. We have also developed a communication plan to support our engagement with the community.

- 75 Our aim is to attract a larger number of applicants from diverse backgrounds such as Black and Minority Ethnic (BME) and those currently involved in clinical practice. This should promote good decision-making and reflect the diverse composition of our register, leading to fairer proceedings.
- 76 We will continue to build on our relationships and forge links through this process so that we are proactive in engaging with different communities in the future. We will report on the impact of our efforts on the FtP panel members' recruitment process.

s. Ensure people from diverse backgrounds are able to refer their concerns to us.

- 77 It is a high priority for us to ensure as far as possible there are no barriers for people from diverse backgrounds to accessing our services. This is especially important in relation to raising concerns about nurse or midwives.
- 78 We have worked with the BDF to review and amend our existing referral form to ensure that referrers from diverse backgrounds can make referrals. For example, we have amended the wording of the form to inform referrers that we can provide the form in a different format.
- 79 We have also included a section in the existing referral form which enables a person to indicate if they are completing the form on behalf of another person. This will help us to identify whether a referrer may require support or an adjustment.
- 80 With the changes that we have made with the BDF's advice, we are satisfied that the referral form does not present any barriers to any particular group who wishes to make a referral. We will, however, continue to evaluate whether our referral process is accessible to referrers from diverse backgrounds.

t. Ensure witnesses from diverse backgrounds are able to access the support we can offer.

- 81 We recognise that being called as a witness in a FtP case can be a stressful experience and this can be increased for people from different backgrounds or with particular needs.
- 82 In September 2014, we created the witness liaison team to take referrals from colleagues across FtP so that vulnerable witnesses receive support and information throughout the investigation process. The team attends hearings centres on a daily basis, supporting witnesses and providing information on the hearings process.
- 83 The team also travels to support witnesses giving evidence at other locations and provides one to one support for those that need the service most. Since the team was established, we have received an increase in positive feedback from witnesses attending hearings.
- 84 The team has provided training to staff across FtP so they understand when and how to refer witnesses with individual requirements and the special measures that are available. Staff now actively contacts the team to discuss the measures that can

be considered in individual cases. The team has made sure that these measures have been taken as agreed with witnesses and FtP colleagues.

- 85 The team has established links in charities such as Mind and Mencap who can provide ongoing support for witnesses, where required. The team has reviewed the information on our website so that witnesses know where to go for information and support.

u. Ensure our new website is as accessible as possible to all audiences.

- 86 We know that increasingly our website is an important channel for communication as well as promoting access to our services and we undertook a full review and re-design of our website.
- 87 Our website features 'responsive design', which means how the content is displayed changes depending on the user's screen size and device. This ensures the site is easy to use for all users, regardless of how they are accessing it.
- 88 We have developed the navigation system to improve the experience for website users. The navigation system is more logical and we will test this in a user survey in 2015. The survey results will be used to compare responses against a benchmark study conducted before the new website was launched.
- 89 We have introduced BrowseAloud © software, an assistive technology, to our website. BrowseAloud © adds speech, reading and translation support to our website and facilitates access and participation for people with learning difficulties, low literacy, mild visual impairments and those with English as a second language.
- 90 We have published English and Welsh language versions of key documents. This included our:
- 90.1 annual report.
 - 90.2 E&D annual report.
 - 90.3 Welsh language scheme monitoring report.
 - 90.4 revised Code of practice and behaviour; and
 - 90.5 patients leaflet about the Code.

v. Ensure we demonstrate fair competition and equality of opportunity to suppliers.

- 91 The development of our electronic contracts database has enabled us to provide audit trails for previous requests for quotes and invitations to tender so that we comply with the EU procurement directives. We will continue to carry out all tendering activity in line with the EU procurement directives to ensure a fair, open, honest and transparent process.

92 So far these developments have enabled us to streamline our contracting process, the consistency of developing contracts and the contract cycle time. We anticipate that we will also help to reduce barriers to SMEs when they apply for future tenders.

w. Ensure our procurement process, documentation and contract management procedures demonstrate our commitment to corporate social responsibility.

93 We have engaged an external supplier to assist us with the revision of our procurement processes and to develop a procurement policy. Through the development of our procurement processes and policy we have made sure we are in line with corporate social responsibility guidelines and best practice.

94 We will create training material and organise workshops to ensure staff have the tools required and a sound understanding of managing contracts as well as the awareness of the importance of supplier diversity and corporate social responsibility in our procurement practices.

E&D data

Analysing the data

95 Developing improved E&D data is a top priority for us. We know there are significant limitations in the data especially as they relate to registrants. Until this improves we will be restricted in the conclusions we can draw about the different outcomes and experiences of registrants with different protected characteristics.

96 Whilst we encourage our staff, Council members, appointment board members, midwifery committee members, FtP panel members, legal assessors and nurses and midwives to provide E&D data, the requirement to provide us with E&D data is optional. Individuals can choose not to provide this information by not completing questionnaires, leaving questions blank, or indicating that they would 'prefer not to answer'.

97 In presenting the data in this report, percentages have been rounded to the nearest whole number. In a small number of cases, this means the data may total slightly under/over 100 percent.

98 This report records our available E&D data for the following groups:

98.1 Council members, appointment board members and midwifery committee members who were holding office on 31 March 2015;

98.2 Staff who were employed by us between 1 April 2014 and 31 March 2015;

98.3 FtP panel members who were in post on 31 March 2015;

98.4 legal assessors who were in post on 31 March 2015;

98.5 nurses and midwives who appeared on the register on 31 March 2015; and

98.6 nurses and midwives who were subject to FtP proceedings at various stages from 1 April 2014 to 31 March 2015.

- 99 This report records different sets of E&D data for the above groups which is based on voluntary submission.
- 100 We have collected E&D data on age, disability, ethnicity, gender reassignment, national identity, religion/belief, sex and sexual orientation from the legal assessors through our new legal assessor E&D questionnaire.
- 101 We have collected E&D data on age, disability, ethnicity, religion/belief, sex and sexual orientation from staff, Council members, FtP panel members, nurses and midwives on our register and subject to FtP proceedings.
- 102 We will collect additional E&D data on national identity and gender reassignment from nurses and midwives through NMC Online. NMC Online is a secure service which will enable nurses and midwives to manage their registration online and complete our new online E&D questionnaire.
- 103 While we consider it important to publish this data, for some of the data sets there are significant proportions of missing data. Where this is the case, the population in the data set may not be generalisable to the wider population and so readers should be cautious about drawing wider inferences.

Sources of data

- 104 The data included in this report comes from a number of our databases and the details of these are provided below:
- 104.1 Staff data is held by the HR team and is gathered using an optional E&D questionnaire.
- 104.2 Council members, appointment board members and midwifery committee members' data is held by the Council services team and is gathered using an optional E&D questionnaire.
- 104.3 FtP panel members and legal assessors data is held by the FtP panel support team and is gathered using an optional E&D questionnaire.
- 104.4 Nurses and midwives (including FtP case data) data is captured on our register. The data on our register is collected through two routes: age and sex are collected at initial registration, while ethnicity, disability, religion/belief and sexual orientation have historically been collected through an optional E&D questionnaire.

Improving our data

- 105 We are committed to improving the quality of our E&D data, for more effective reporting. We have reviewed the methods we use to collect data using advice from the Office of National Statistics, the Equality and Human Rights Commission

(EHRC) and other best practice organisations. We also referenced the 2011 UK census to shape the language of the questionnaire.

106 We have integrated our new E&D questionnaire with NMC Online. Our new E&D questionnaire will include additional questions about national identity, gender reassignment and marriage and civil partnership.

Workforce profile

107 The workforce profile shows the E&D data of staff who were employed between 1 April 2014 and 31 March 2015. In this period, we employed 530 permanent staff.

Chart 1: Breakdown by age

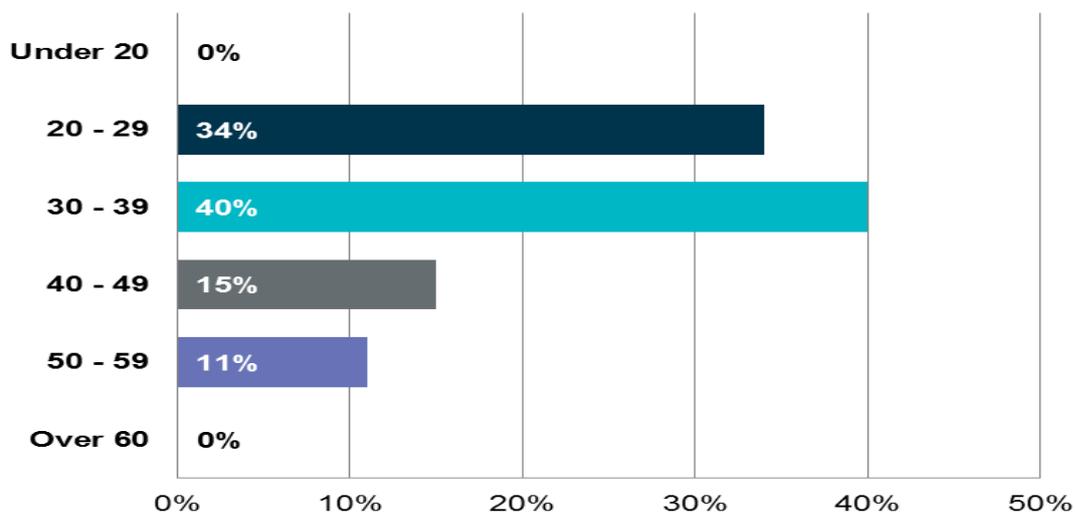


Chart 2: Breakdown by disability

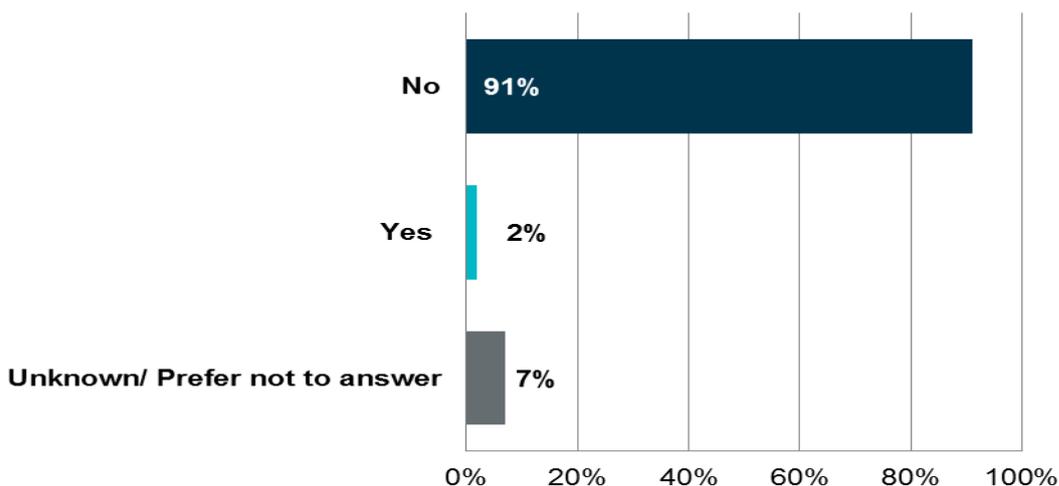


Chart 3: Breakdown by ethnicity (race)

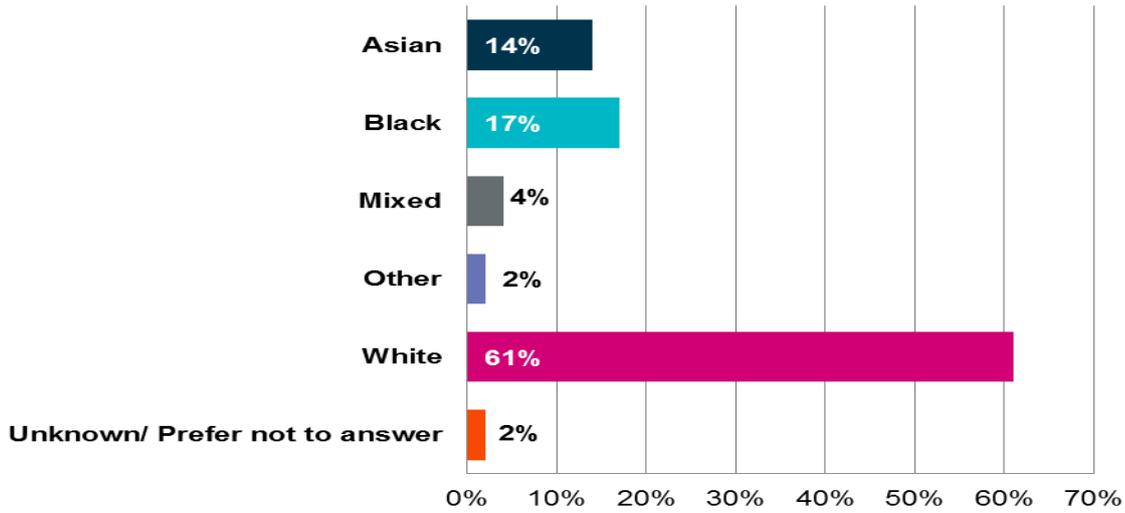


Chart 4: Breakdown by religion/belief

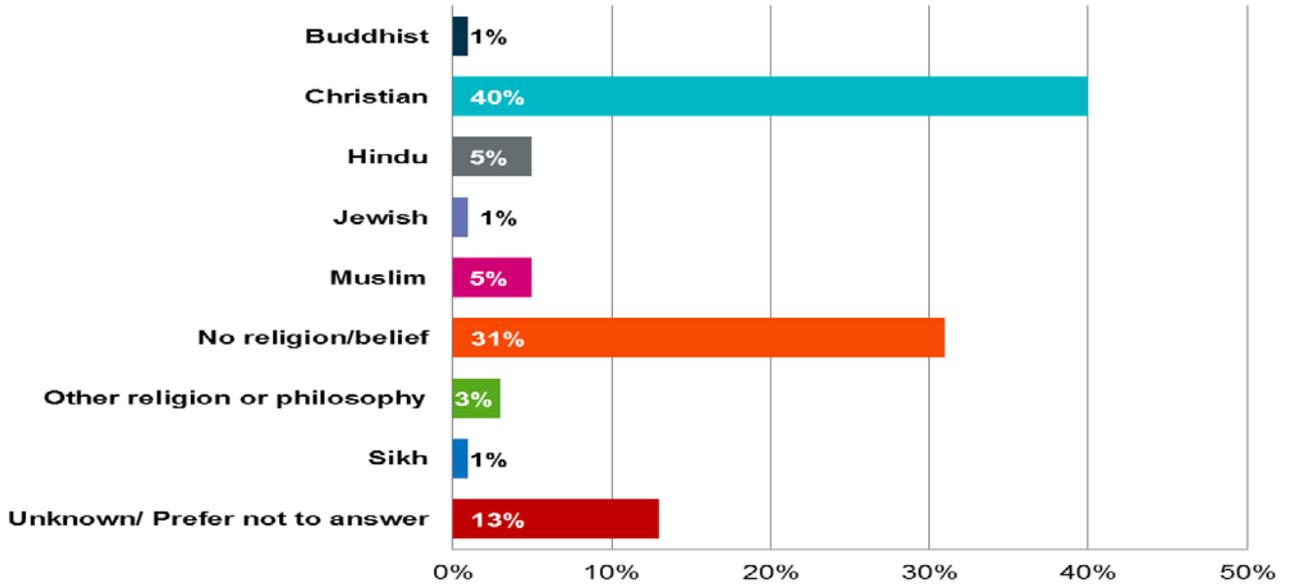


Chart 5: Breakdown by sex

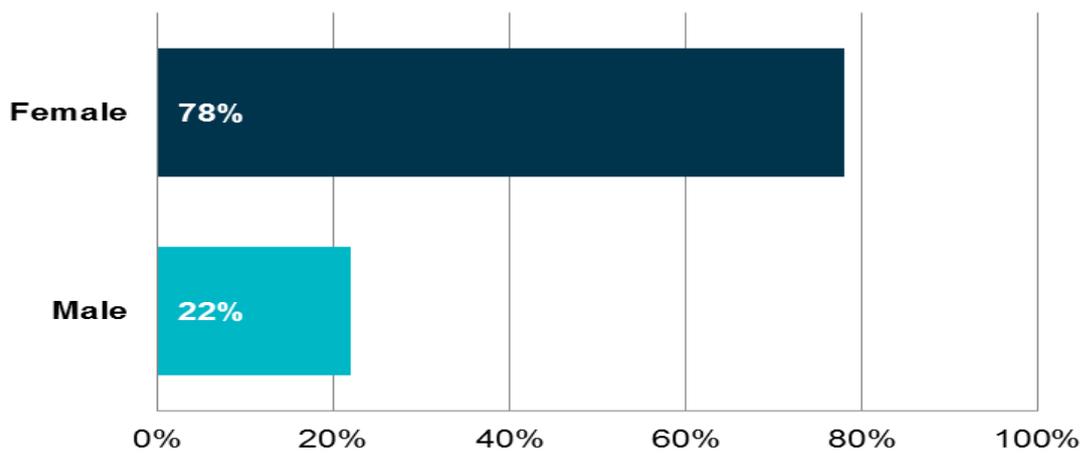
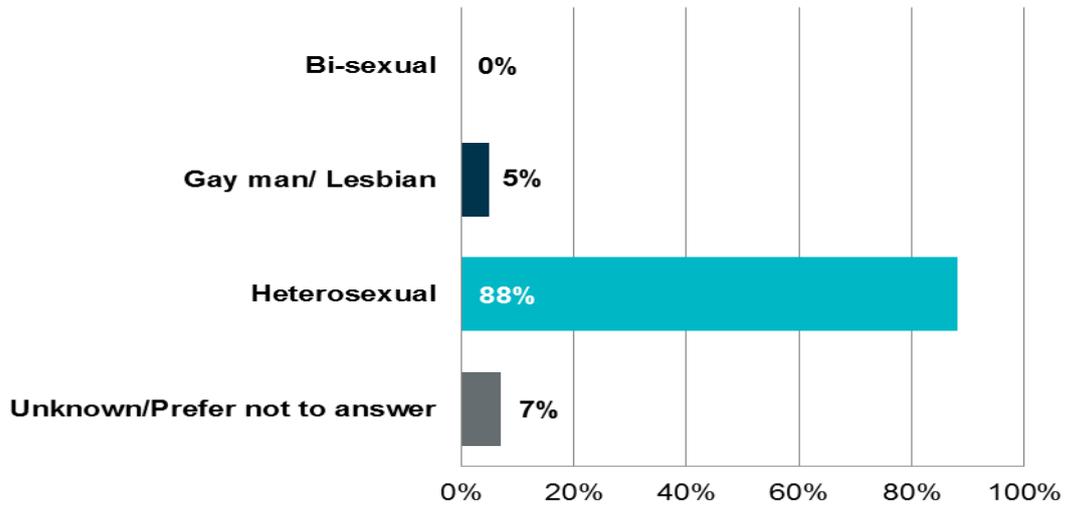


Chart 6: Breakdown by sexual orientation

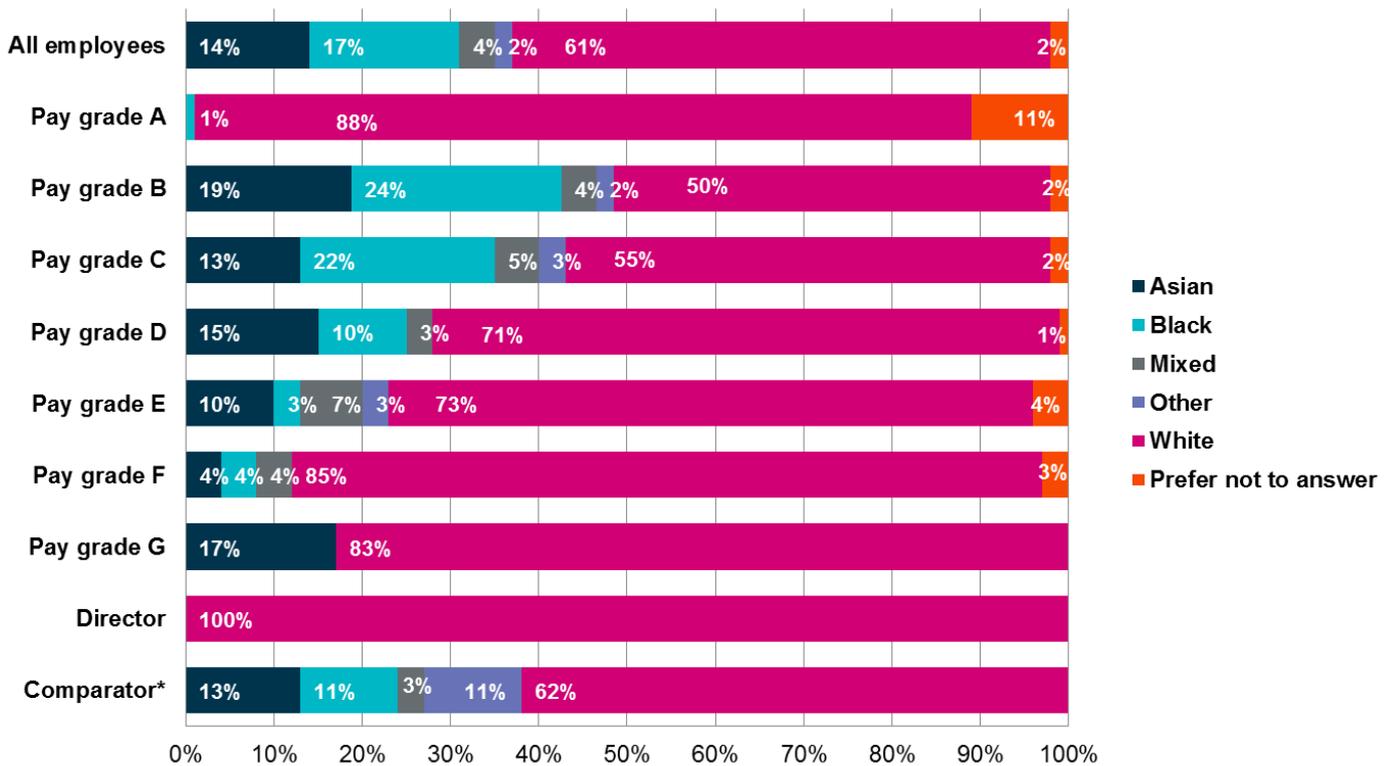


Staff pay grade levels by ethnicity (Race)

108 Staff who defined their ethnicity as ‘black’ forms 17 percent of the workforce. The data indicates an underrepresentation of staff from pay grade D upwards and no representation in G level or director roles.

109 The comparator data has been provided to give additional insight and context into the proportional representation of each ethnic group.

Chart 7: Break down by race (Ethnic origin)



*source <http://raceforopportunity.bitc.org.uk/research-insight/factsheet/Londonlabourmarket>

Members of the Council, appointments board and midwifery committee profile

- 110 The Council is the governing body of the NMC and its powers and duties are set out in the NMC 2001 Order.
- 111 The appointments board is responsible for assisting the Council in connection with any of the Council's function relating to the appointment of panel members and legal assessors.
- 112 The NMC Order 2001 requires there to be a midwifery committee. The committee includes representation from all four UK nations and lay and registrant members. The committee advises the Council on any matters affecting midwifery.
- 113 The profile shows the E&D data of 20 members who were in post on 31 March 2015.

Chart 8: Breakdown by age

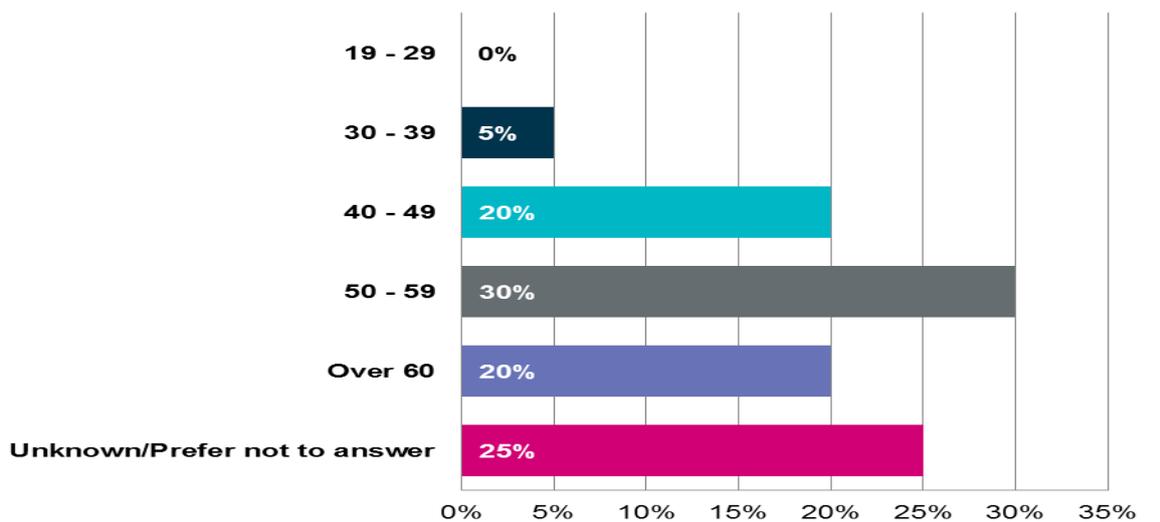


Chart 9: Breakdown by disability

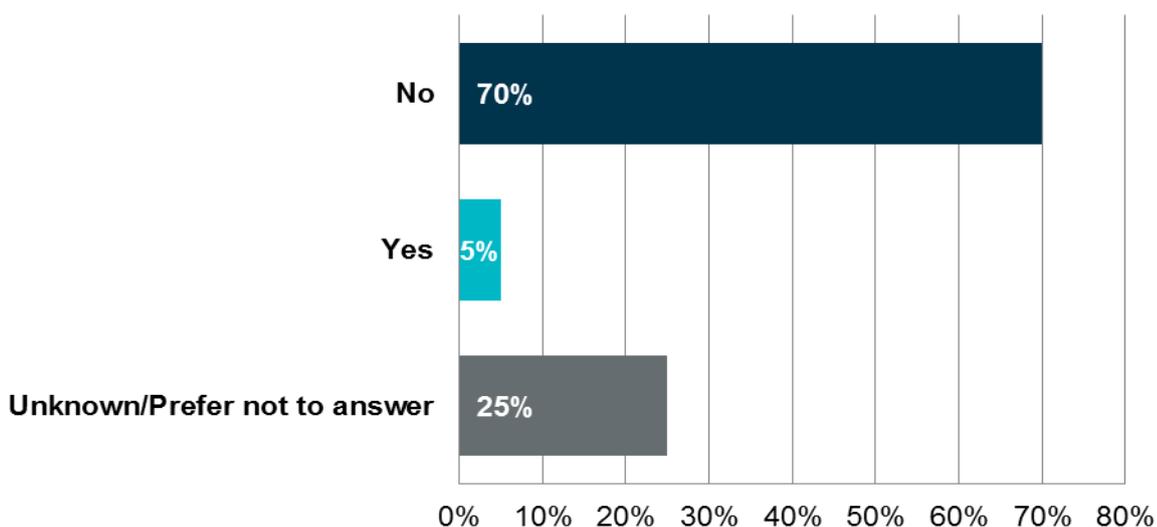


Chart 10: Breakdown by ethnicity (race)

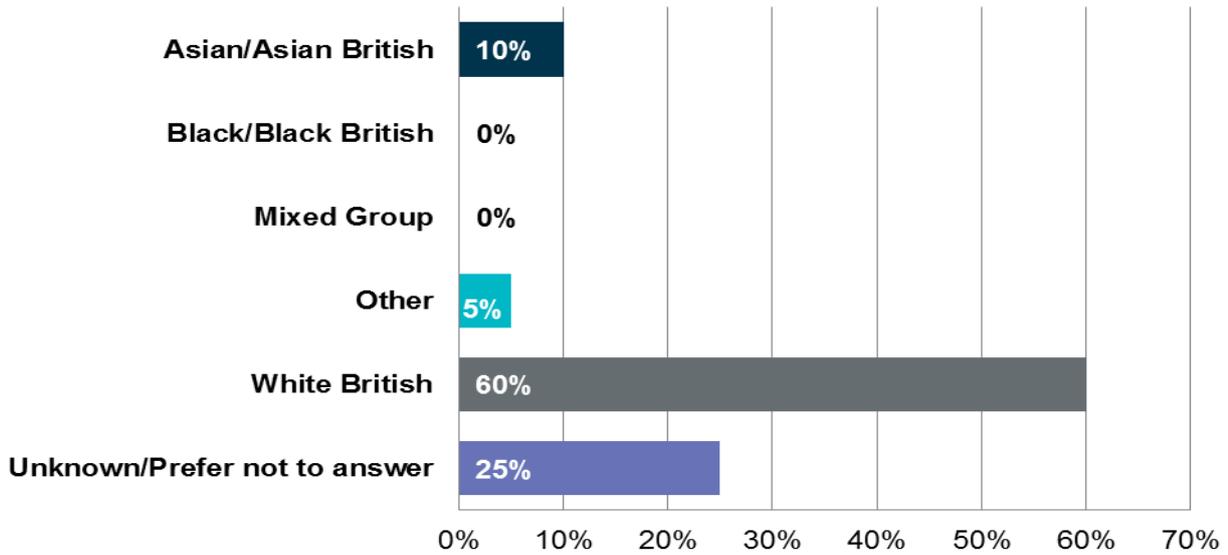


Chart 11: Breakdown by religion/belief

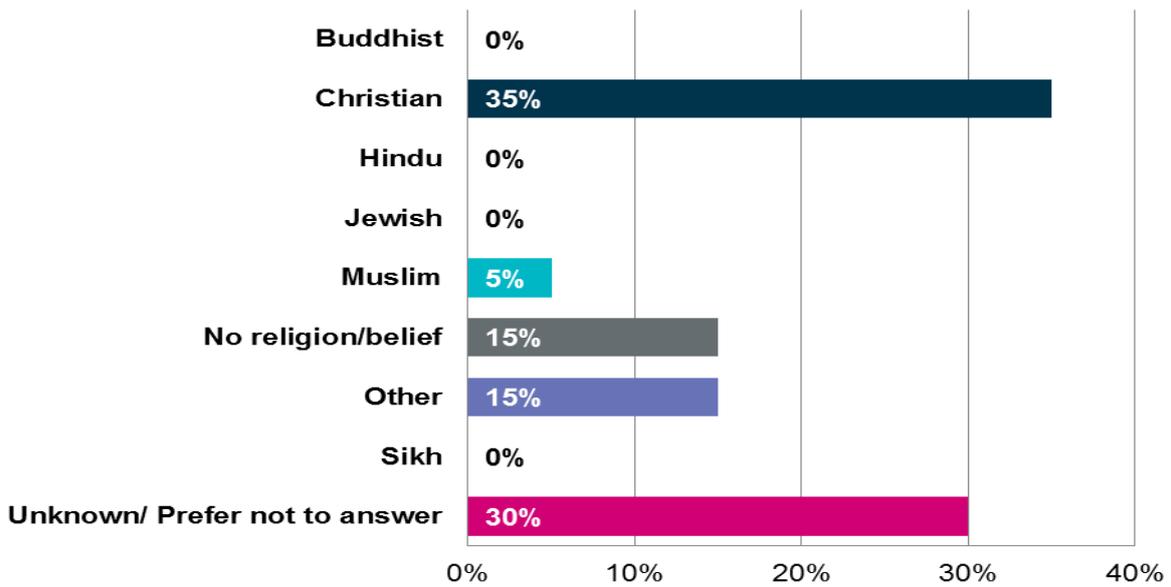


Chart 12: Breakdown by sex

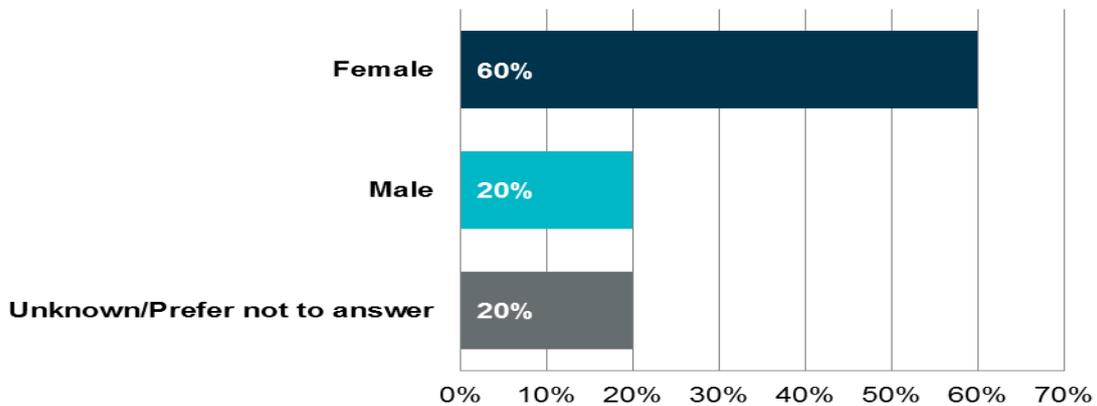
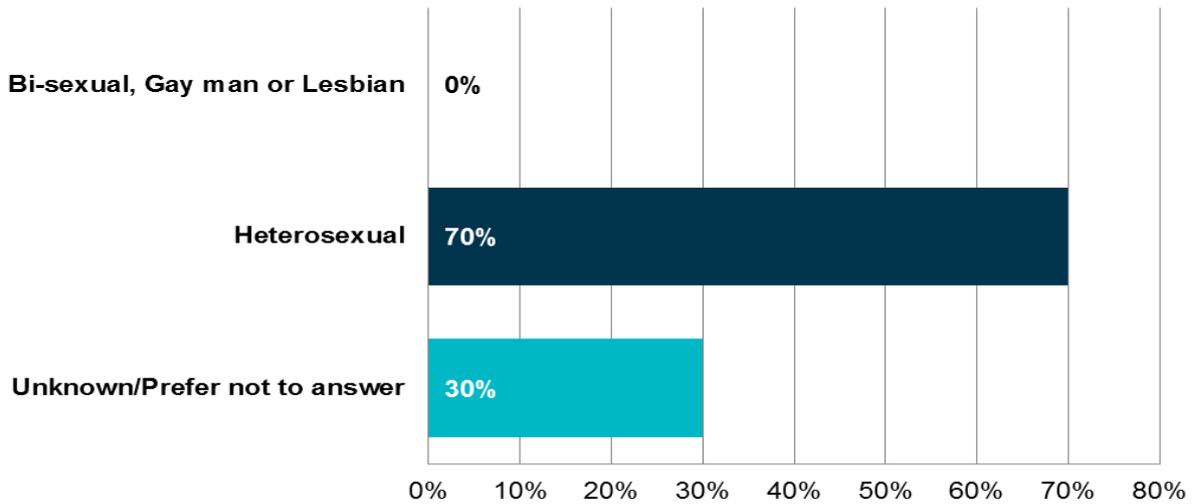


Chart 13: Breakdown by sexual orientation**Fitness to Practise (FtP) panel members profile**

114 FtP panel members are independent of the NMC and are solely responsible for making FtP hearing decisions. At least one member of the panel will be a nurse or midwife. There will also be at least one lay member on the panel. This means they are from outside the profession and not on the NMC register.

115 The FtP profile provides the E&D data of our FtP panel members who were in post on 31 March 2015. There were 405 panel members.

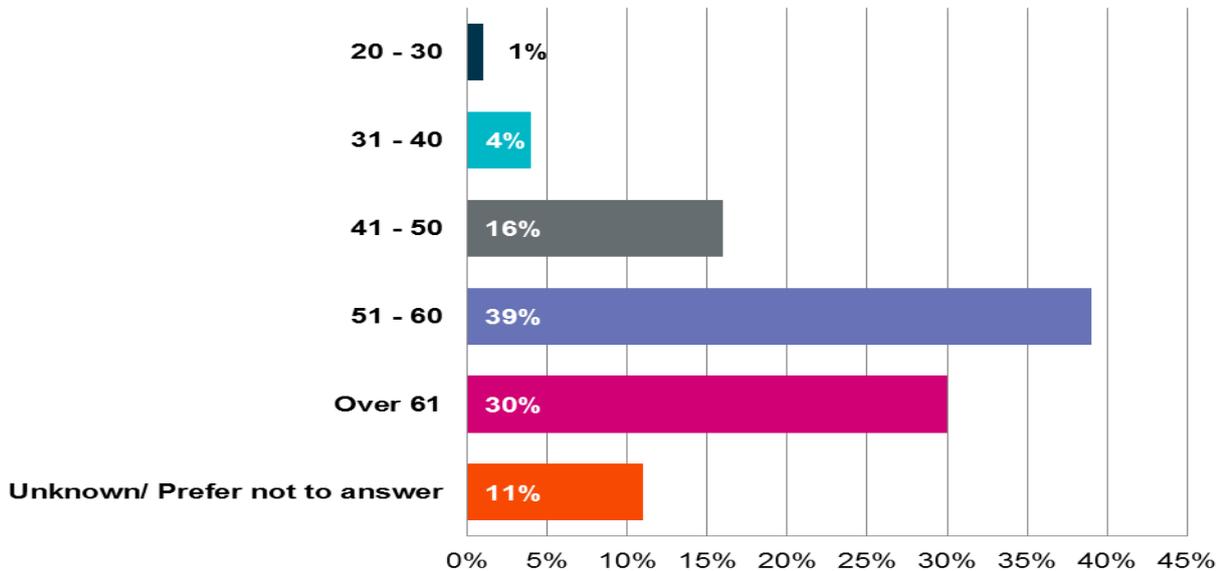
Chart 14: Breakdown by age

Chart 15: Breakdown by disability

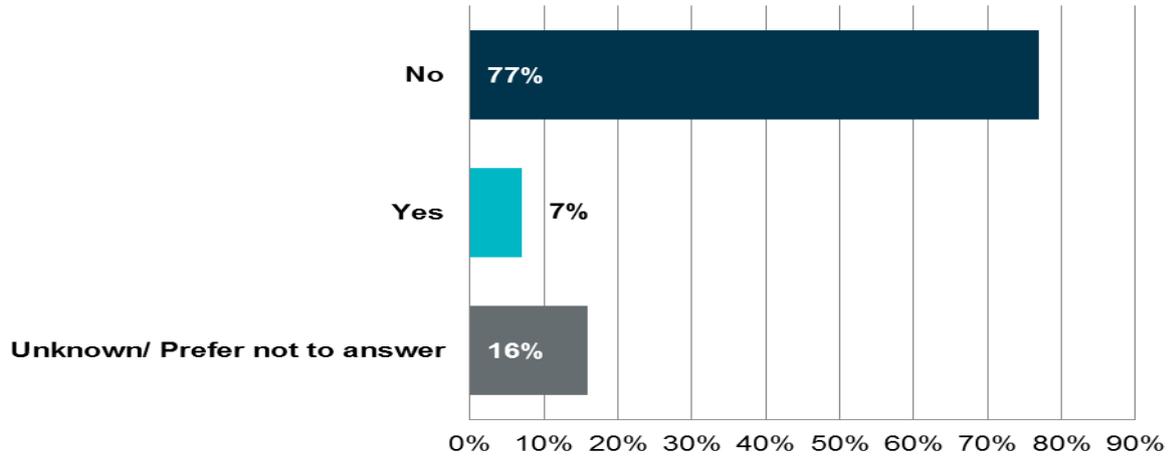


Chart 16: Breakdown by ethnicity (race)

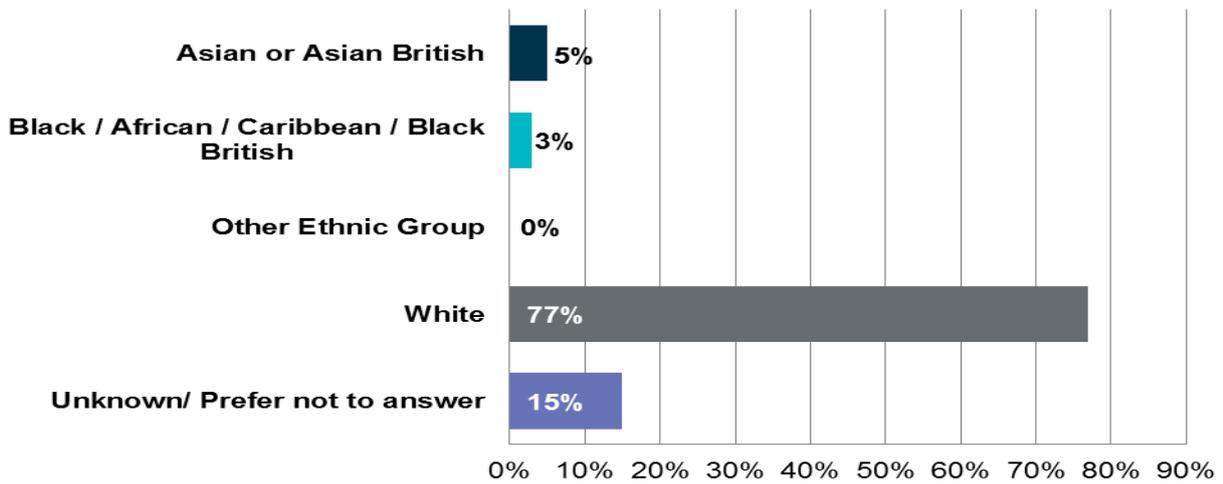


Chart 17: Breakdown by religion/belief

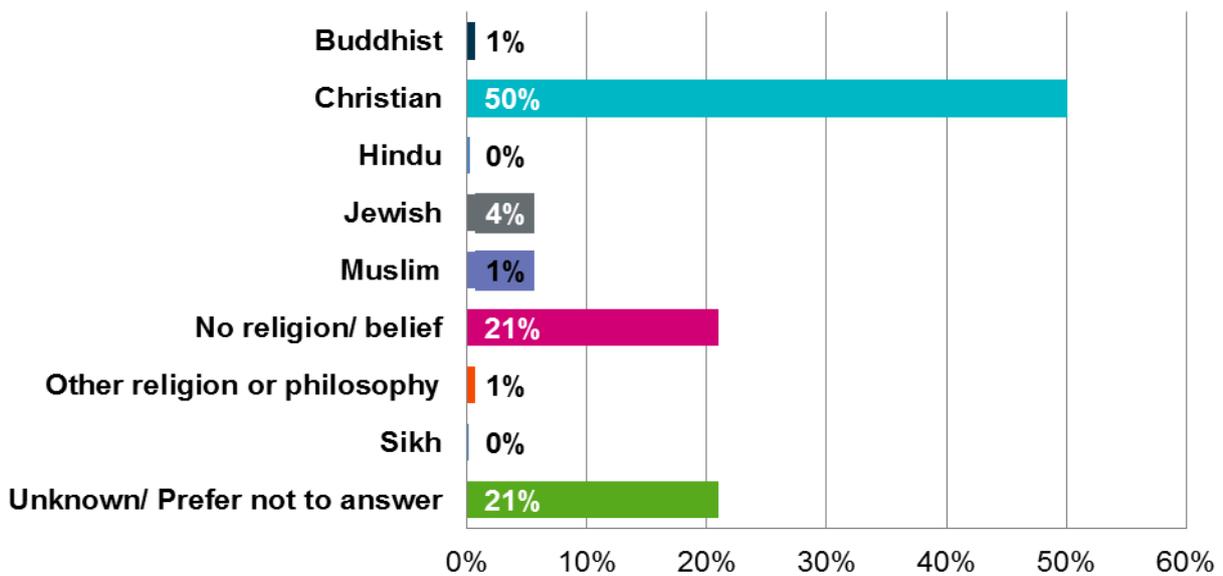


Chart 18: Breakdown by sex

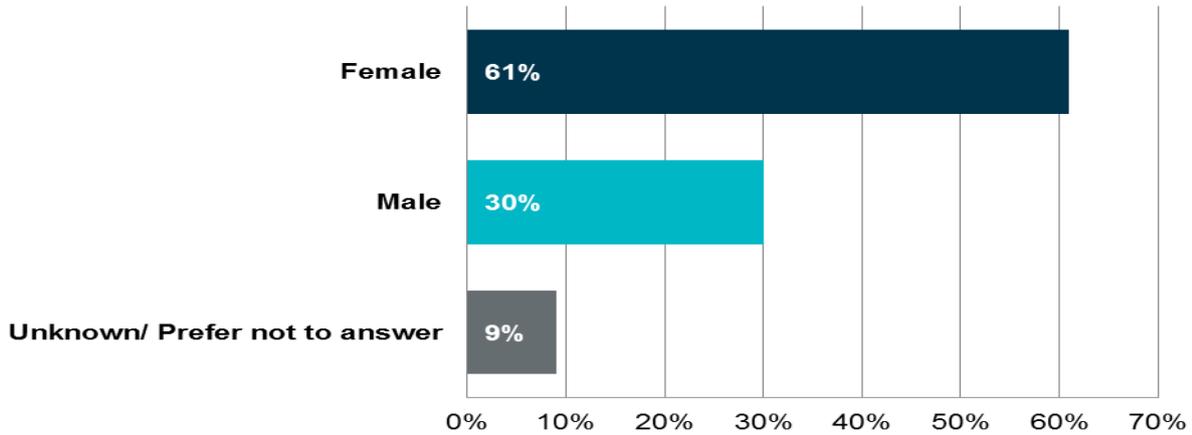
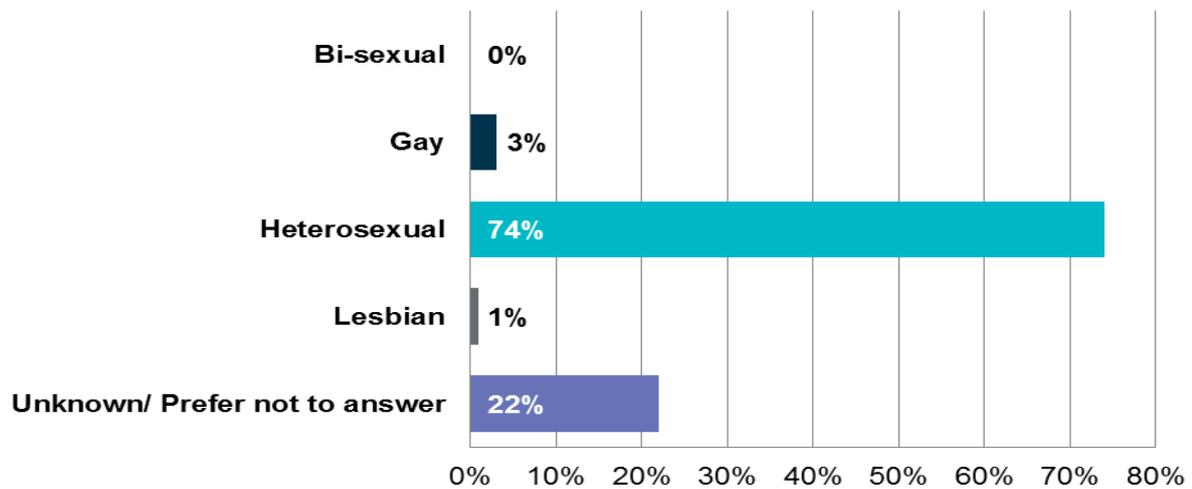


Chart 19: Breakdown by sexual orientation



Legal assessors profile

116 Legal assessors are independent and experienced barristers or solicitors who advise the FtP panel members on the law during FtP hearings.

117 The legal assessors profile shows the E&D data of the legal assessors who were in post on 31 March 2015. There were 140 legal assessors.

Chart 20: Breakdown by age

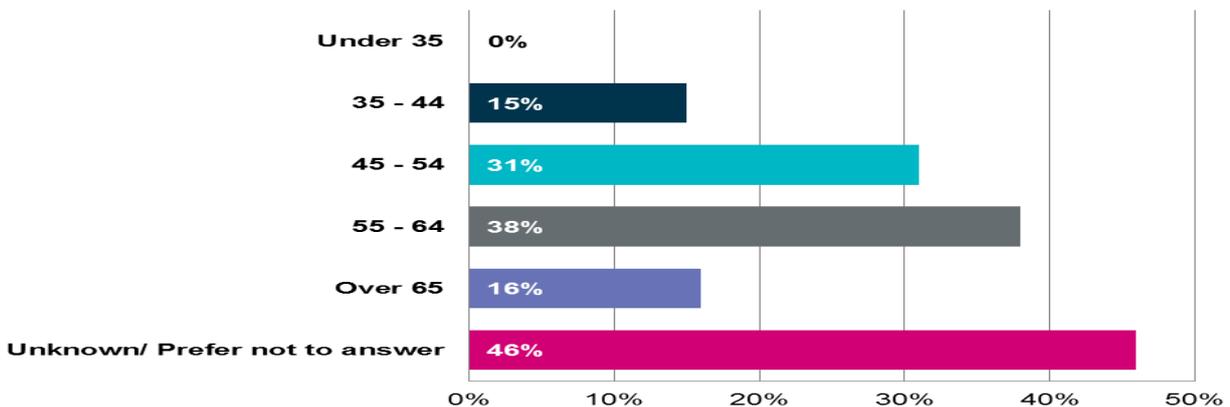


Chart 21: Breakdown by disability

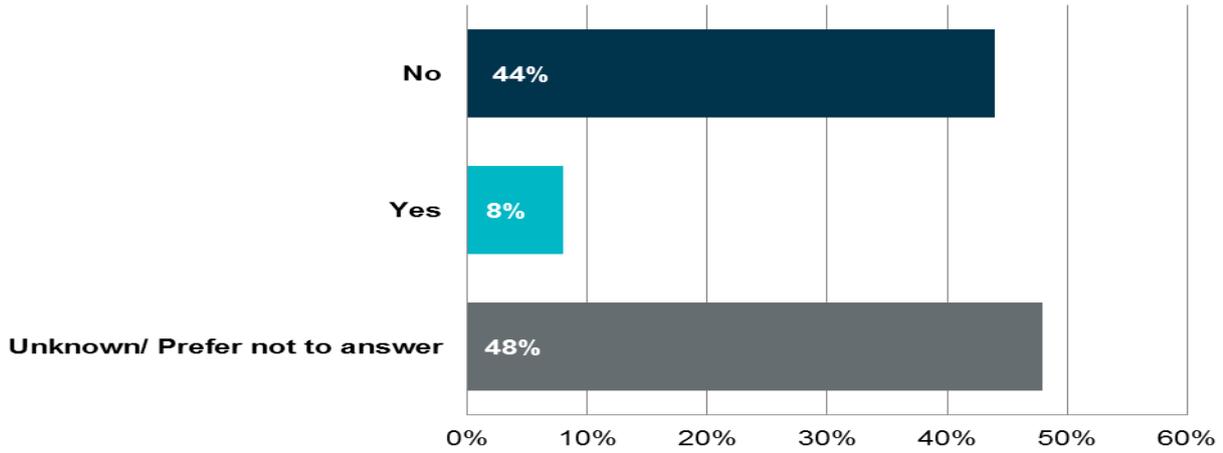


Chart 22: Breakdown by ethnicity (race)

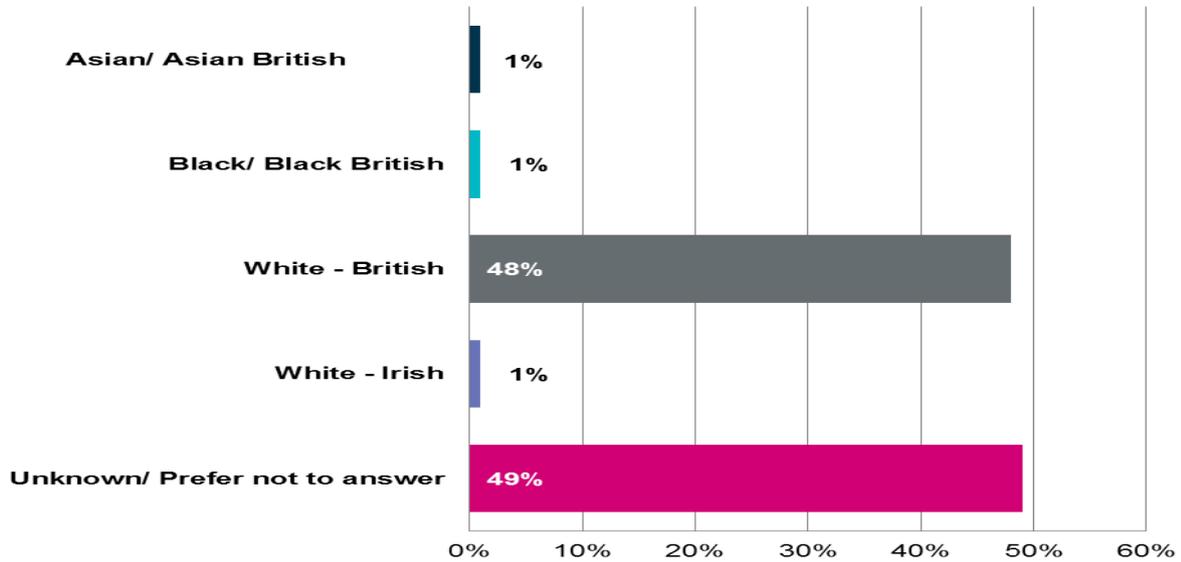


Chart 23: Breakdown by gender identity

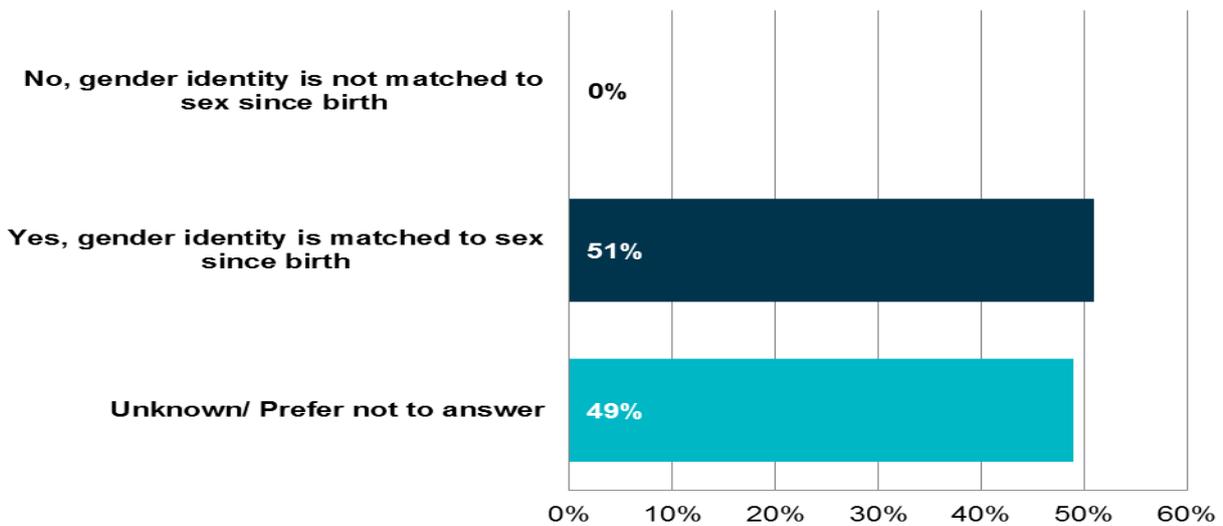


Chart 24: Breakdown by national identity

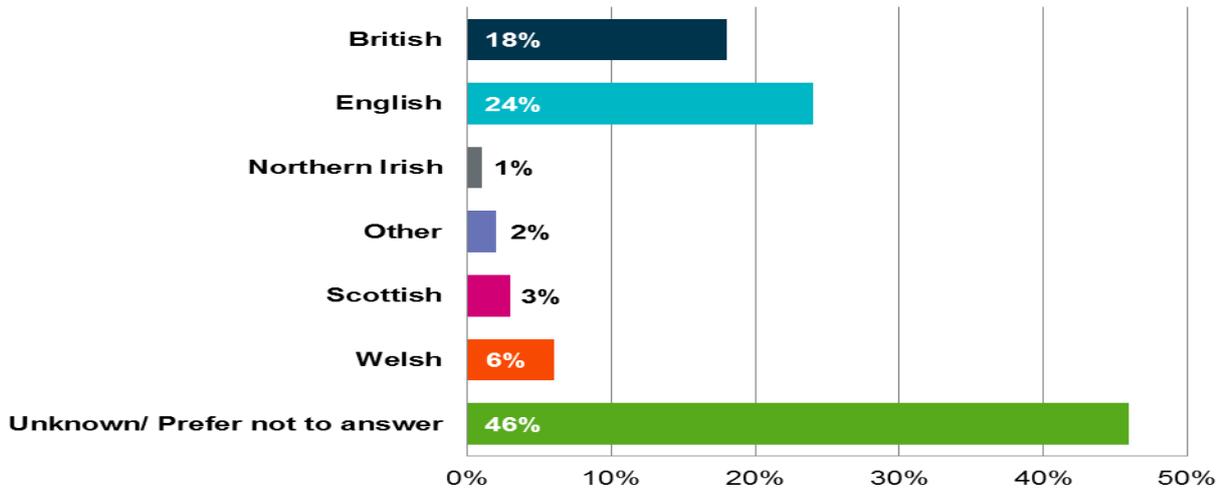


Chart 25: Breakdown by religion/belief

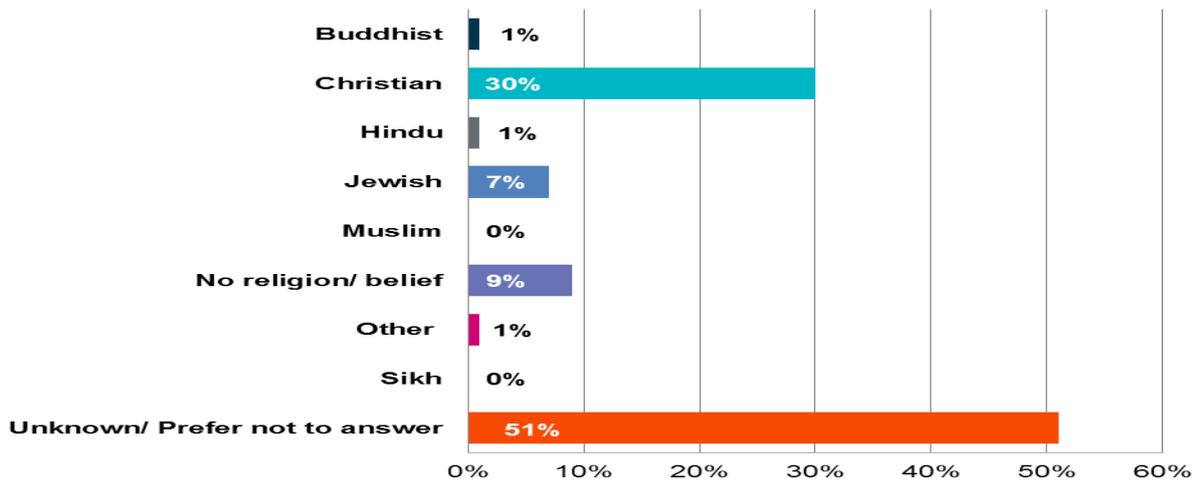


Chart 26: Breakdown by sex

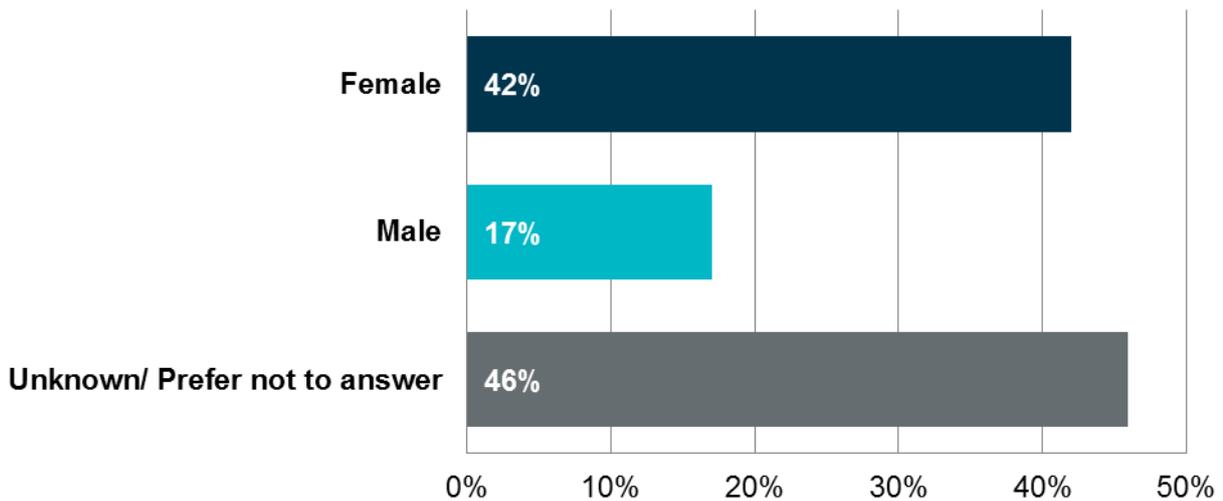
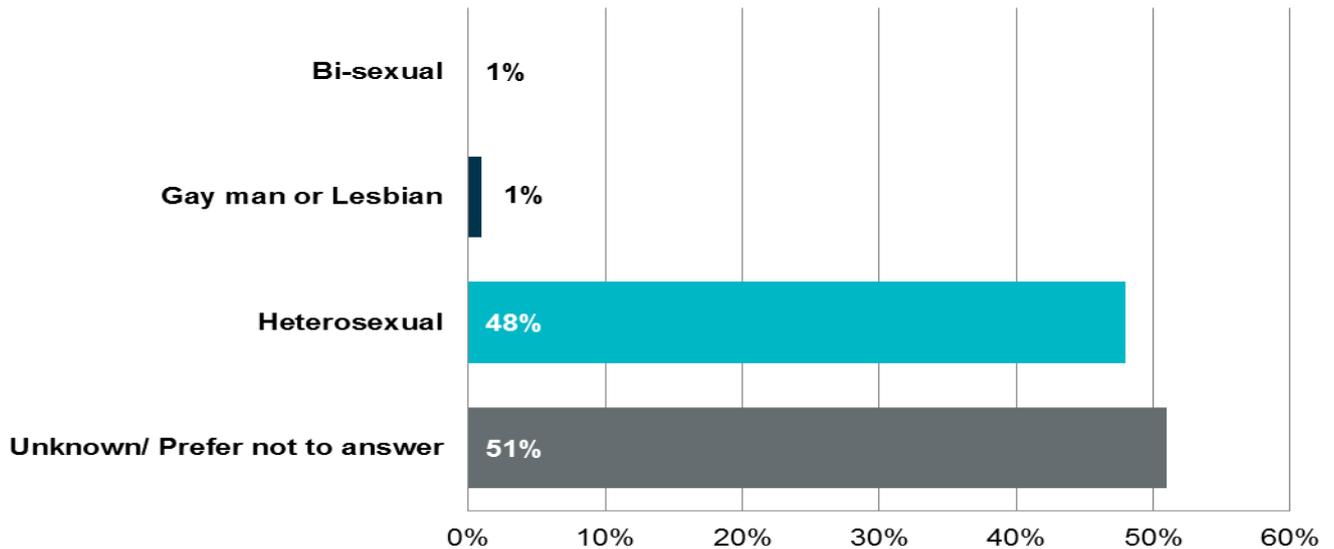


Chart 27: Breakdown by sexual orientation

Nurses and midwives on our register profile

118 As part of our duty to protect the public we must keep an accurate register of nurses and midwives who are legally allowed to practise in the UK. Only a nurse or midwife who meets our standards can be admitted to, and remain on, the register.

119 The register profile shows the E&D data of the 686,782 nurses and midwives who were on our register on 31 March 2015. This is an increase of 0.87 percent from the number on the register on 31 March 2014.

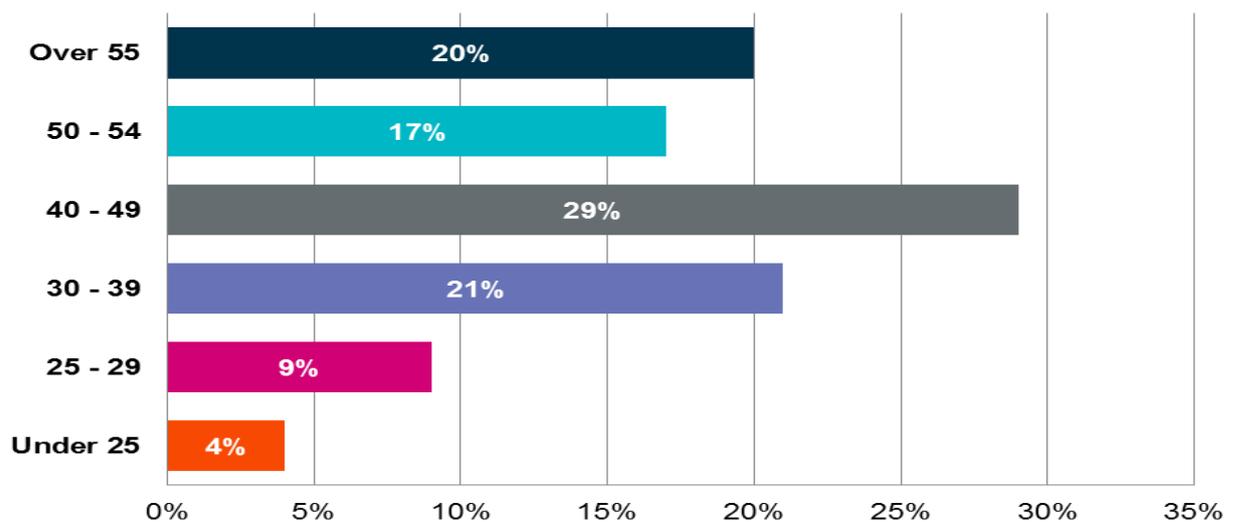
Chart 28: Breakdown by age

Chart 29: Breakdown by disability

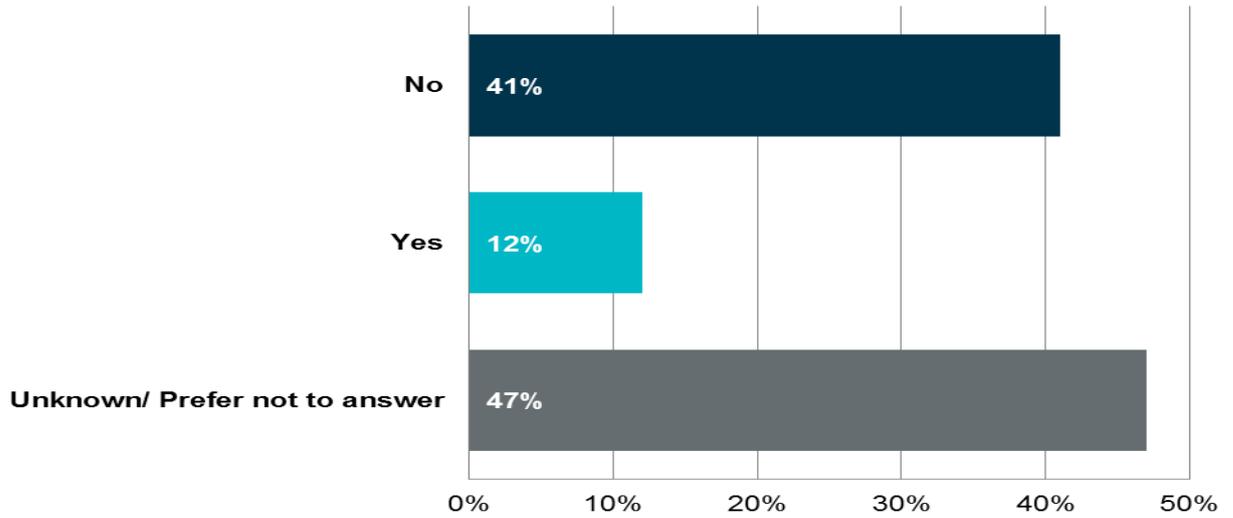


Chart 30: Breakdown by ethnicity (race)

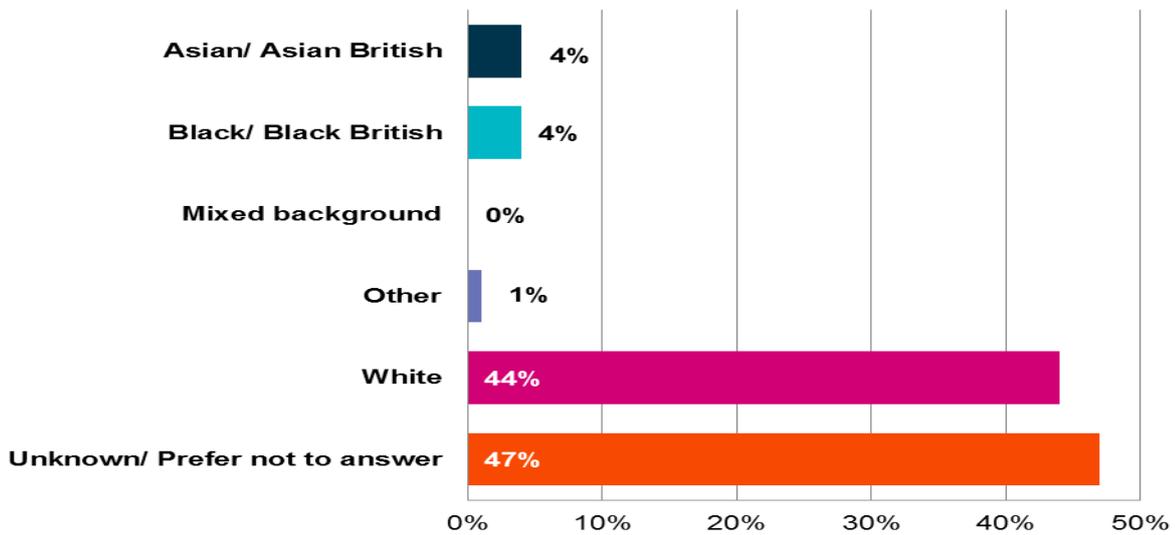


Chart 31: Breakdown by religion/belief

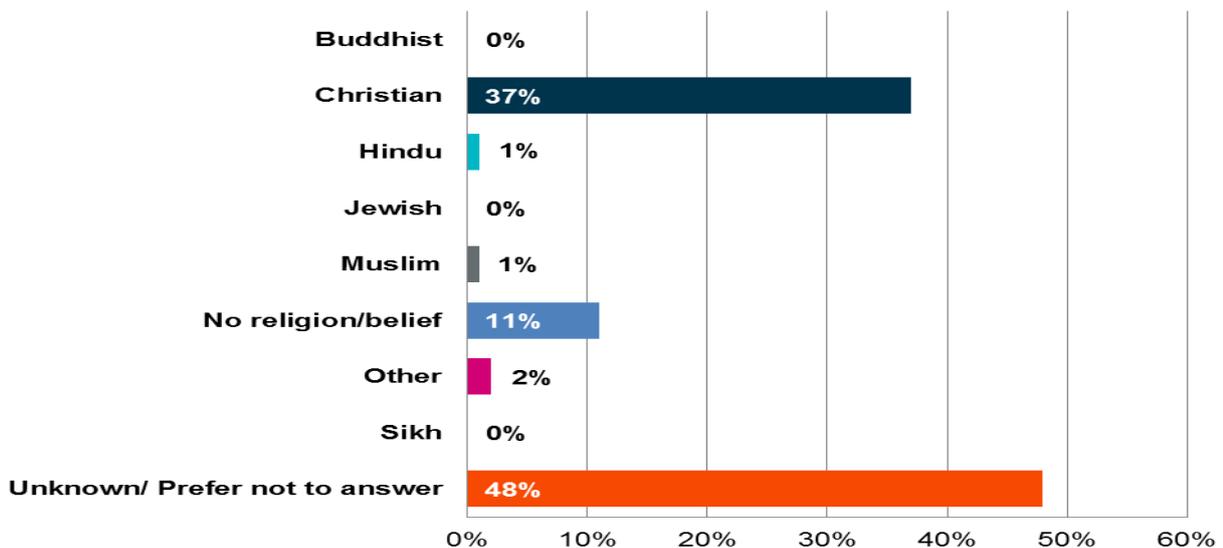
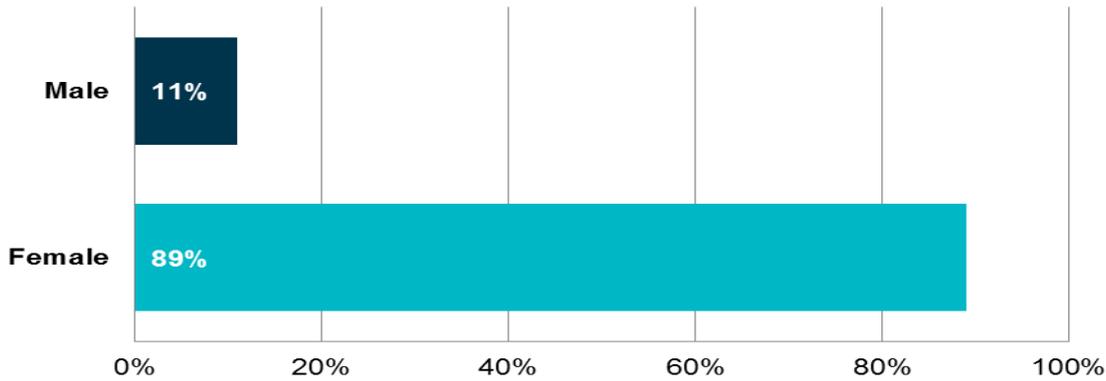
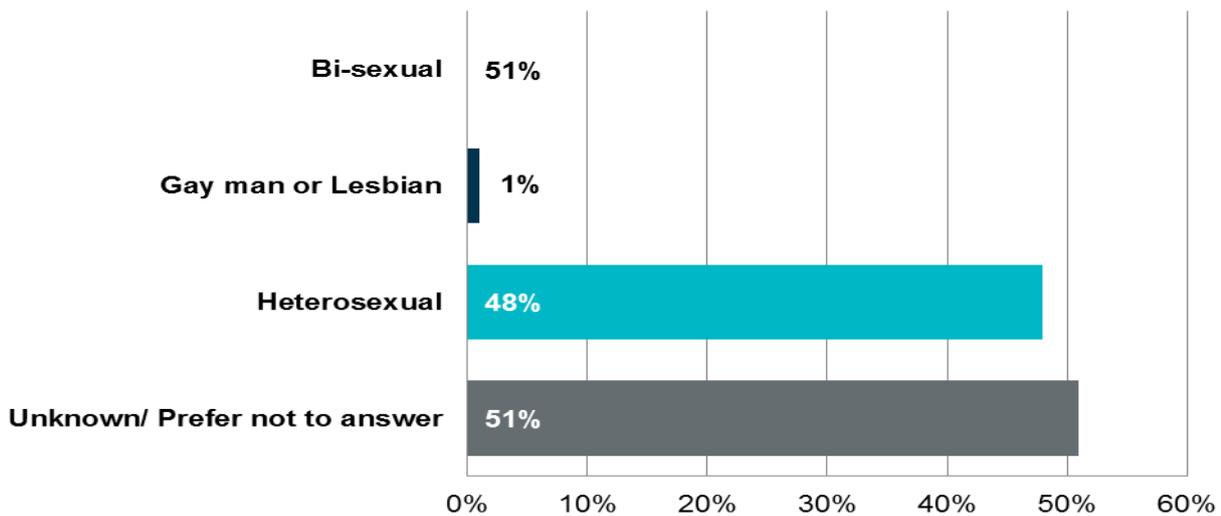


Chart 32: Breakdown by sex**Chart 33: Breakdown by sexual orientation**

FtP cases profile

120 Being fit to practise means that a nurse or midwife has the skills, knowledge, health and character to do their job safely and effectively. Every nurse or midwife is required to regularly declare that they are fit to practise safely.

121 We have broken down the E&D data of the FtP case profiles that we hold by 'protected characteristic' for the following key stages of our FtP process:

121.1 New referrals: new referrals received where a concern has been raised about a nurse or midwife's fitness to practise.

121.2 Interim orders: cases where there is a serious and immediate risk to patient or public safety and we have taken urgent action by imposing an interim order to suspend or restrict the practice of the nurse or midwife concerned.

121.3 Investigating Committee outcomes: cases which, following an investigation, we have referred to a panel of the Investigating Committee to determine whether there is a realistic prospect of a case to answer for the nurse or midwife.

121.4 Adjudication: the outcomes of cases which have been referred by the Investigating Committee for a final hearing by a panel of the Conduct and Competence Committee or the Health Committee.

122 The E&D data held about a nurse or midwife subject to FtP proceedings are obtained from the NMCs central register and we are concentrating on improving our collection of data at this point, including ensuring it meets good practice standards.

Identified referrals

123 When we receive a new referral, we investigate whether the complaint is about a nurse or midwife on our register. If after an initial review the individual as a registered nurse or midwife, or the allegations do not amount to an allegation that their fitness to practise is impaired we close the case.

124 We received 5,183 new referrals which is an increase of 10 percent from last year. This section details the E&D data for the 4,302 referrals that were identified on our register. There were 881 unidentified referrals.

Chart 34: New referrals by age

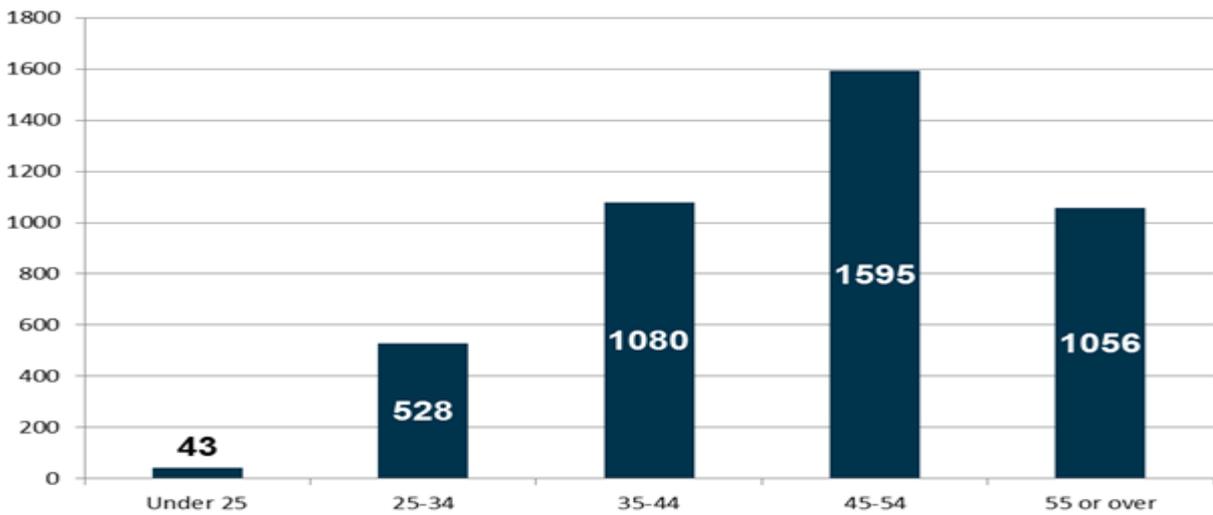


Chart 35: New referrals by disability



Chart 36: New referrals by ethnicity (race)

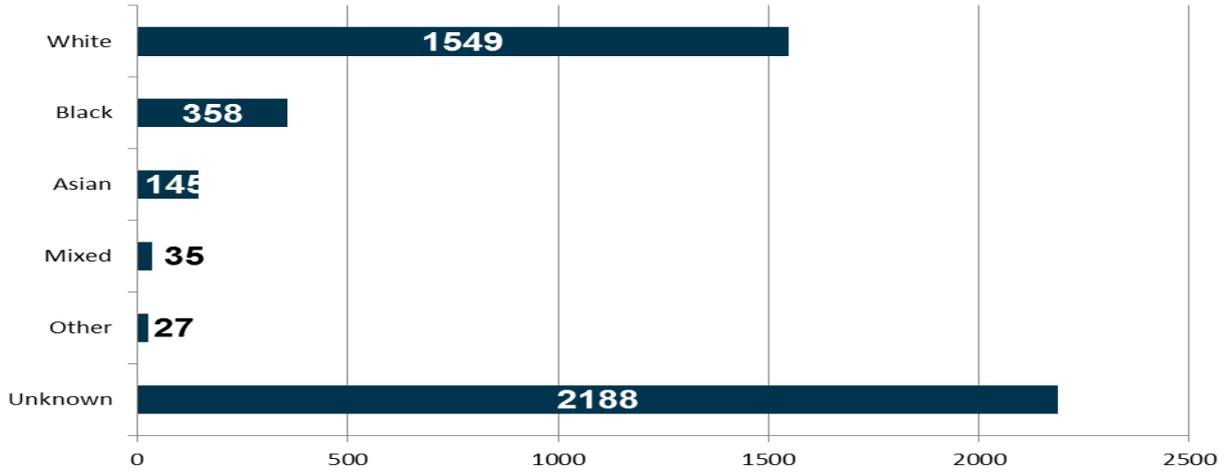


Chart 37: New referrals by religion or belief

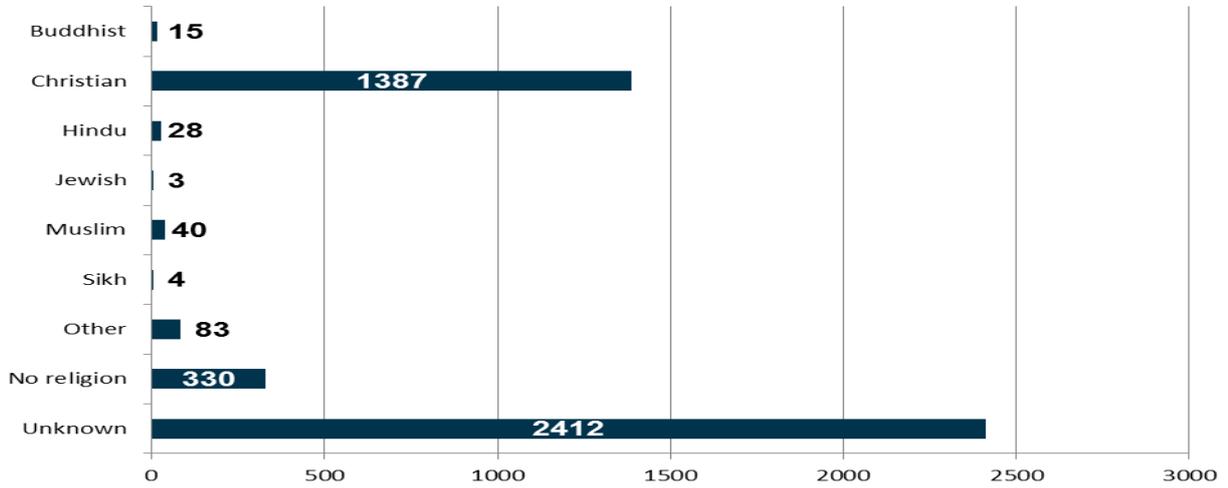


Chart 38: New referrals by sex

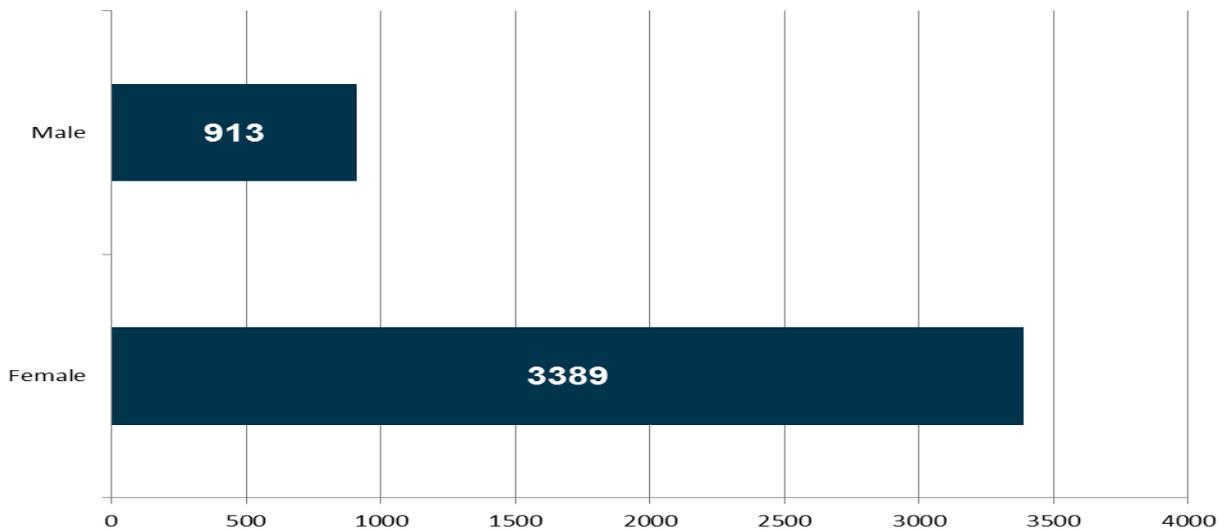
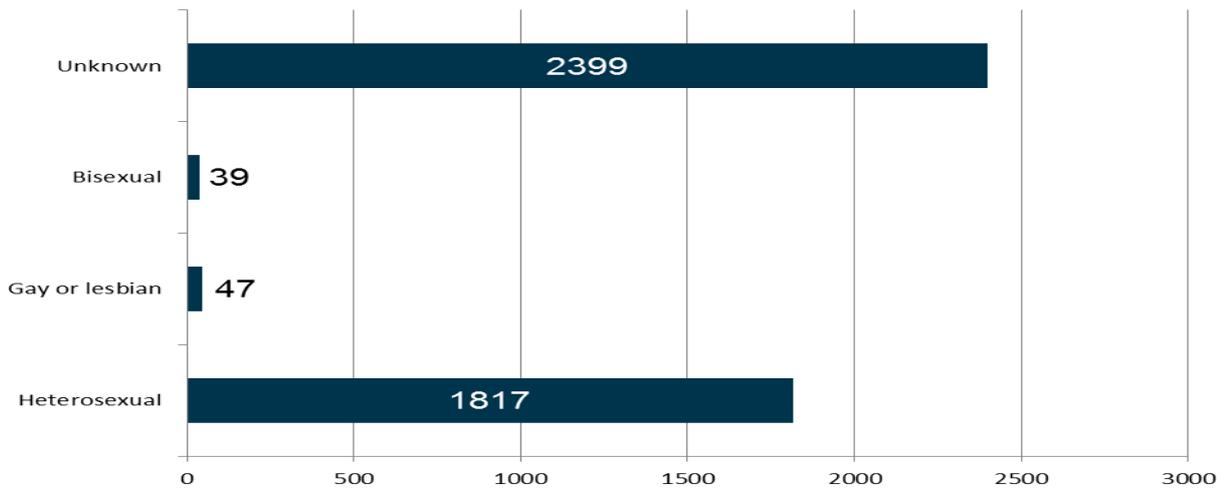


Chart 39: New referrals by sexual orientation**Interim orders**

- 125 Where the public's health and wellbeing is at immediate and serious risk, we can immediately restrict a nurse or midwife's practice by imposing an interim order.
- 126 When we believe that an interim order may be required, a practice committee panel will meet to look at whether to suspend the nurse or midwife straight away, or restrict how they can practise, until we can complete our investigations into the case.
- 127 A panel will consider whether the interim order is:
- 127.1 necessary to protect the public;
 - 127.2 in the public interest; and
 - 127.3 in the nurse or midwife's interest.
- 128 We continually assess cases throughout the process, so that if new information comes to light at any point during the FtP process which suggests that there is a serious immediate risk to the public, we can consider whether an interim order is needed.
- 129 This section reports on the E&D data that is available for the 707 cases that were given either an interim conditions of practice order or an interim suspension order. There has been an eight percent decrease in the number of cases since last year.

Chart 40: Interim orders by age

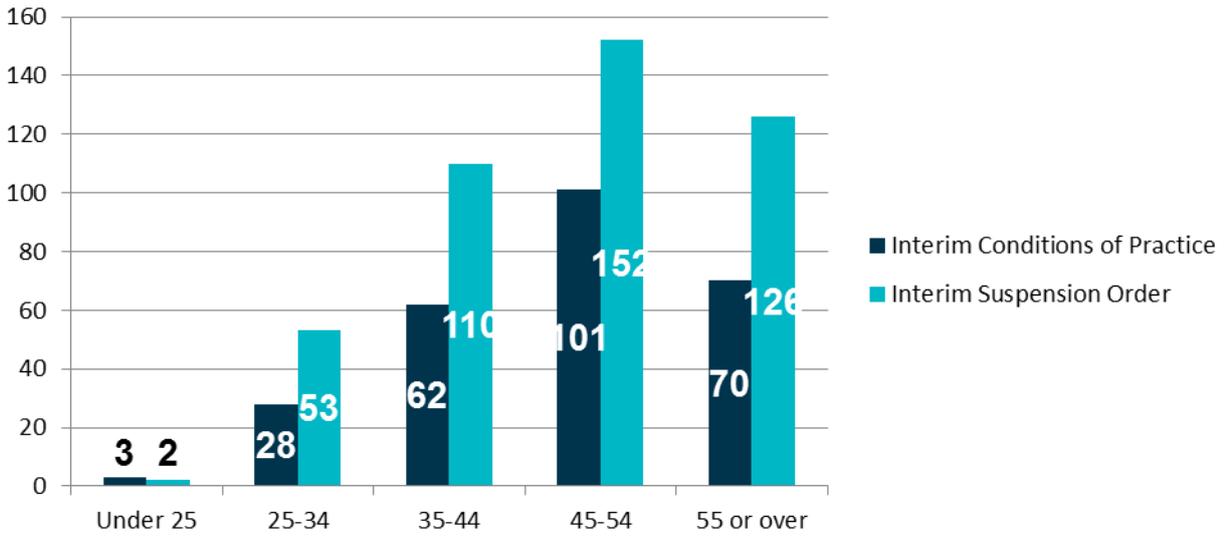


Chart 41: Interim orders by disability

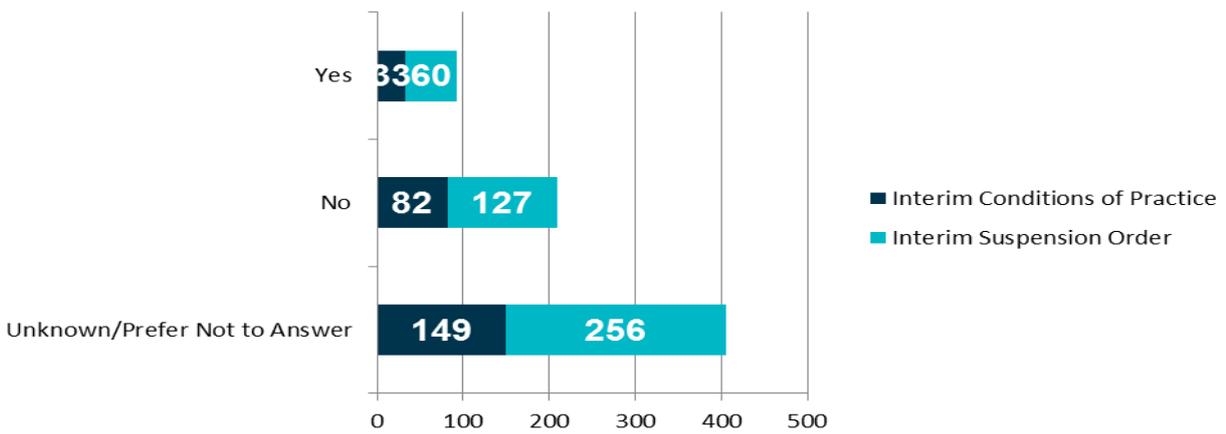


Chart 42: Interim orders by ethnicity (race)

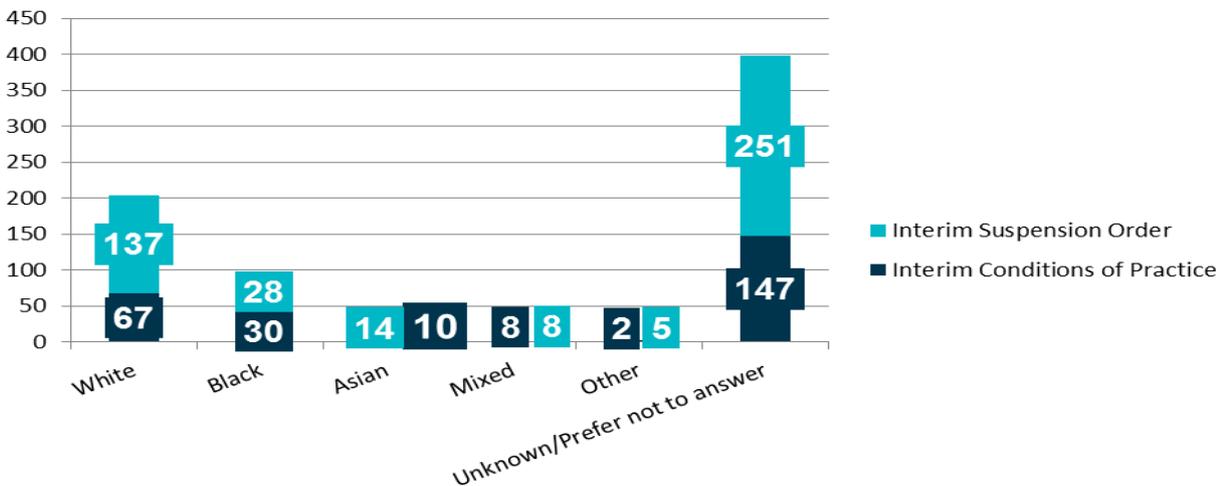


Chart 43: Interim orders by religion or belief

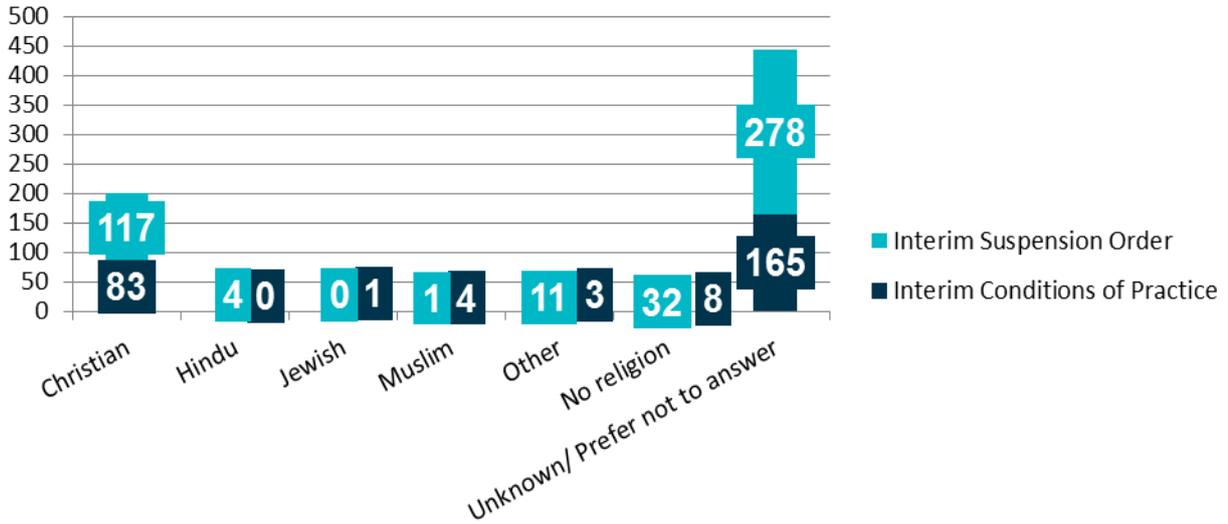


Chart 44: Interim orders by sex

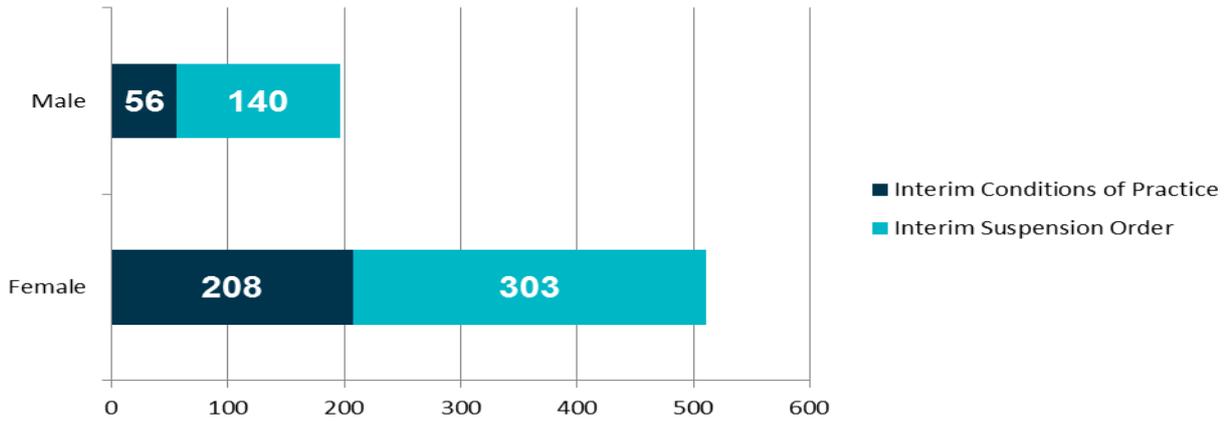
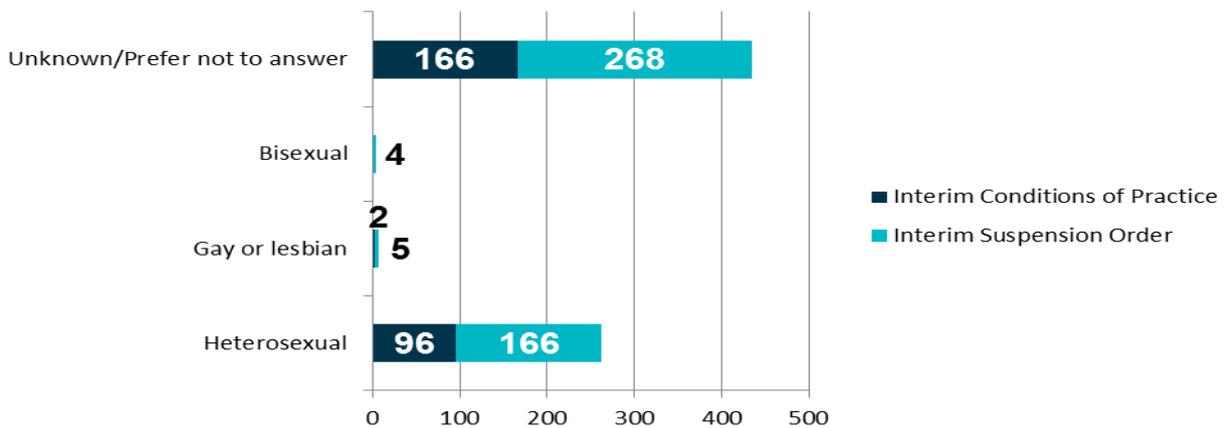


Chart 45: Interim orders by sexual orientation



Investigating Committee

- 130 Once our initial review confirms that a case is within our remit to investigate and we have completed our investigation into the allegations, it then proceeds to a decision as to whether there is a case for the nurse or midwife to answer.
- 131 Until 9 March 2015, this decision was made by the Investigating Committee; after this date this decision was made by primarily Case Examiners. If it is found that there is a case to answer, the case is sent to the Conduct and Competence Committee (CCC) or the Health Committee (HC), depending on the nature of the allegations.
- 132 This section reports available E&D data for the 2,207 cases that had a case to answer decision made by the Investigating Committee or Case Examiners during 2014-2015.
- 133 Case Examiners began making case to answer decisions on 9 March 2015, three weeks before the end of this reporting period. Therefore due to the small number of decisions made in this time frame it is not possible to identify any impact from their introduction at this stage. We will say more in next year's E&D and FtP annual reports.

Chart 46: Investigating Committee final outcomes by age

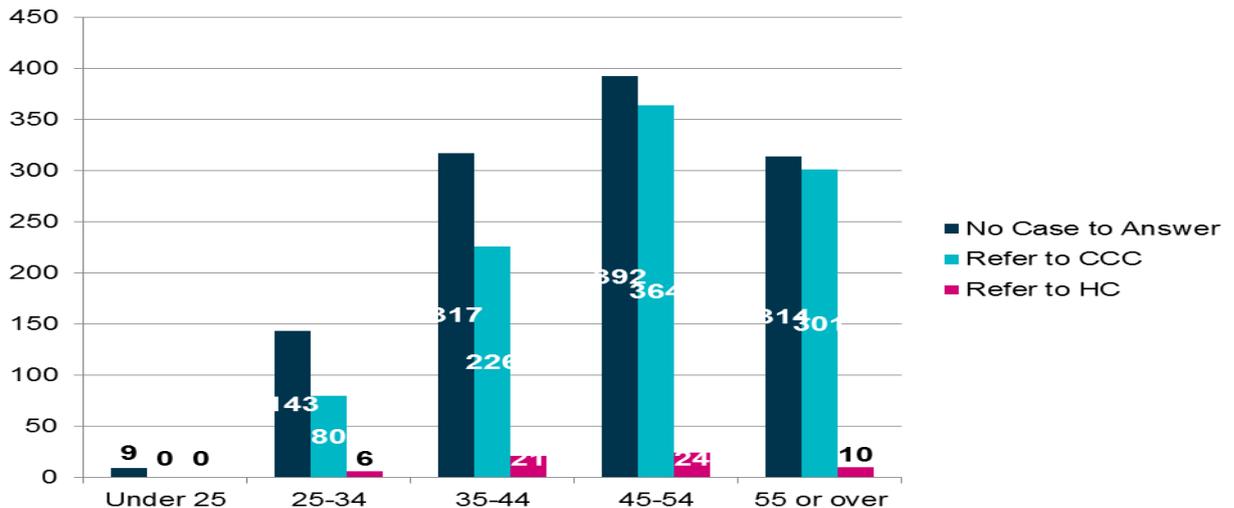


Chart 47: Investigating Committee final outcomes by disability

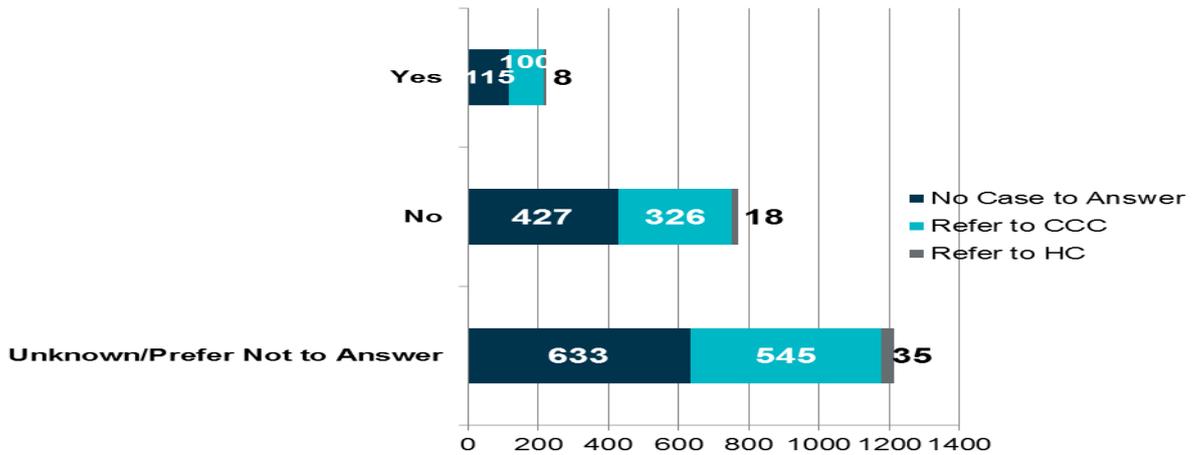


Chart 48: Investigating Committee final outcomes by ethnicity (race)

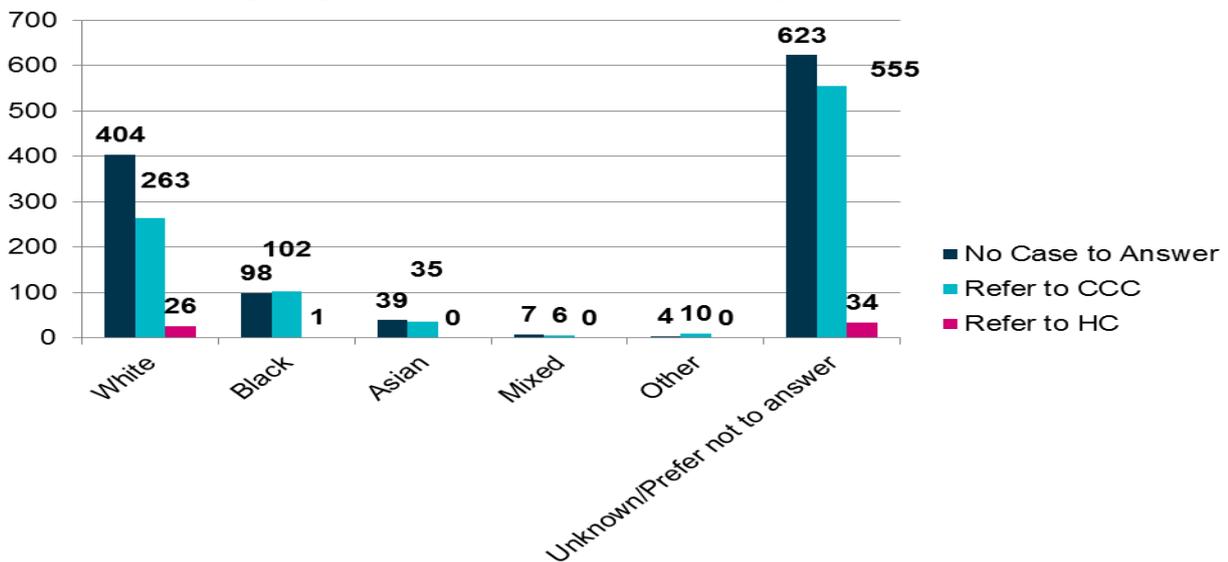


Chart 49: Investigating Committee final outcomes by religion

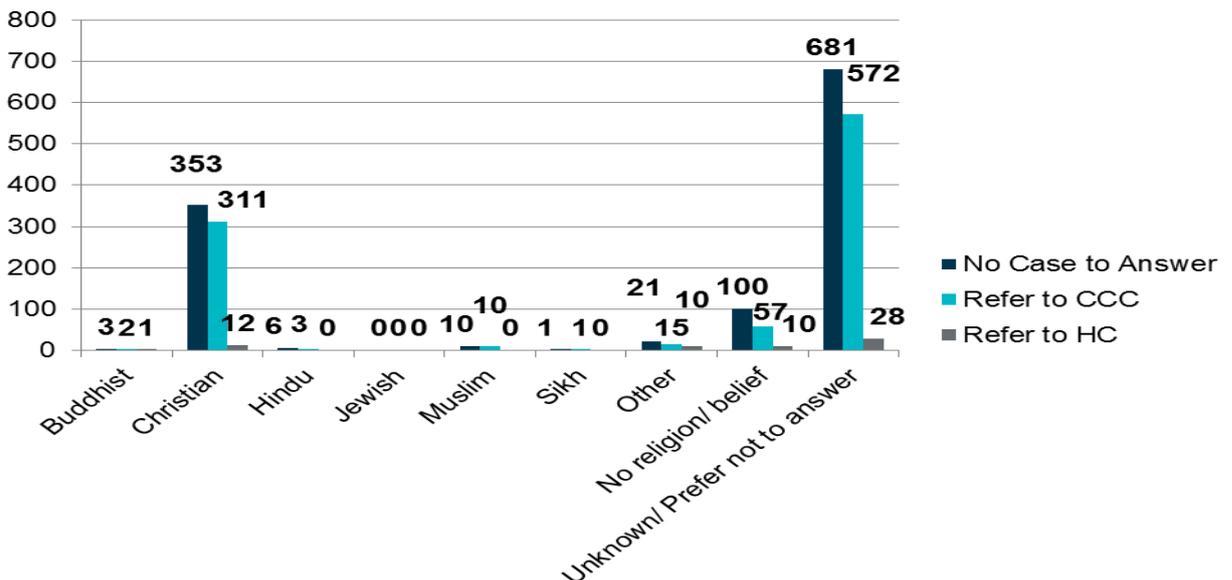


Chart 50: Investigating Committee final outcomes by sex

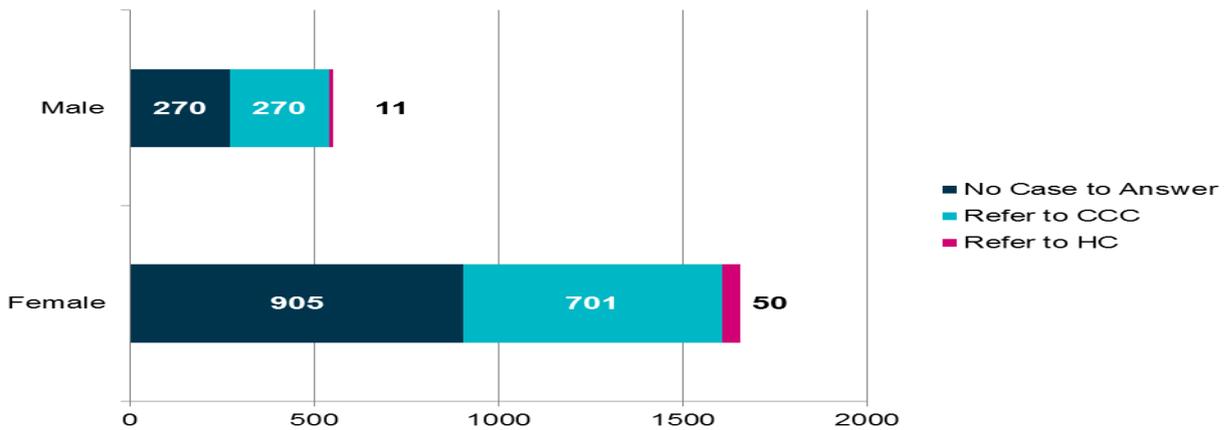
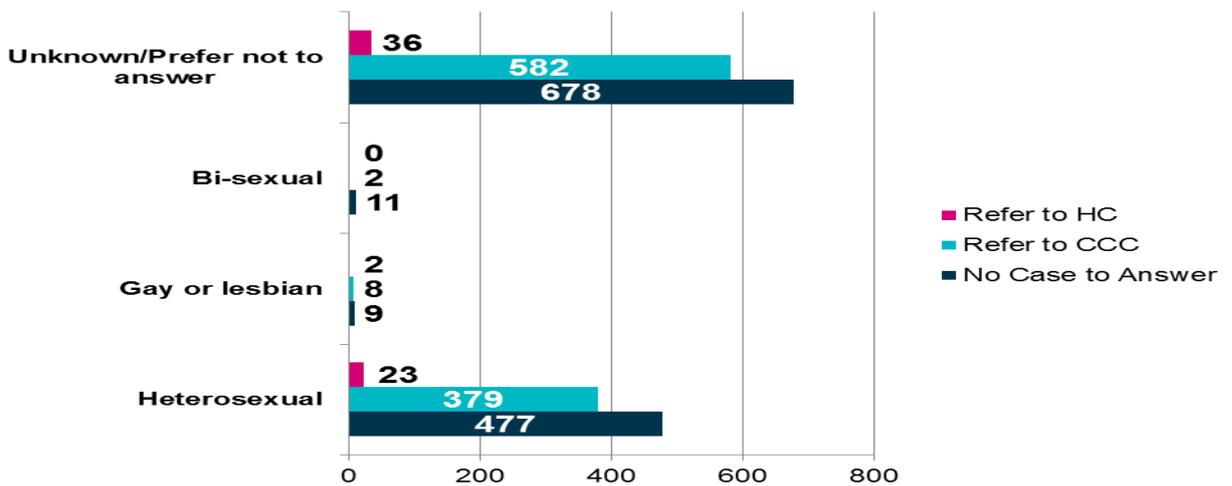


Chart 51: Investigating Committee final outcomes by sexual orientation



Adjudications

134 When a case is referred onwards for adjudication from the investigations stage it will be considered by a panel of the Conduct and Competence Committee or the Health Committee. This will take place at a hearing or meeting.

135 The purpose of the hearing or meeting is to determine whether the nurse or midwife’s fitness to practise is impaired and if they pose a risk to the public. At the hearing or meeting, a nurse’s or midwife’s fitness to practice may be found to be impaired or not impaired. If impairment is found the panel will make a decision on whether a sanction is appropriate.

136 This section reports available E&D data for the 1,732 cases with a final adjudication outcome. There has been a four percent decrease in the number of cases since last year. These include decisions made on the review of a substantive order imposed at an earlier stage in the same case.

Chart 52: Sanctions by age

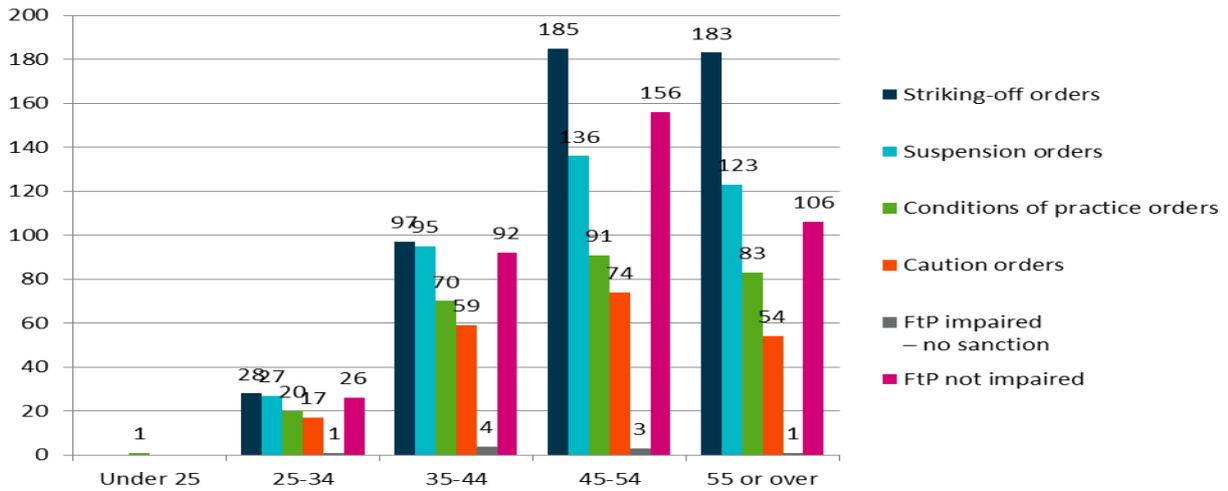


Chart 53: Sanctions by disability

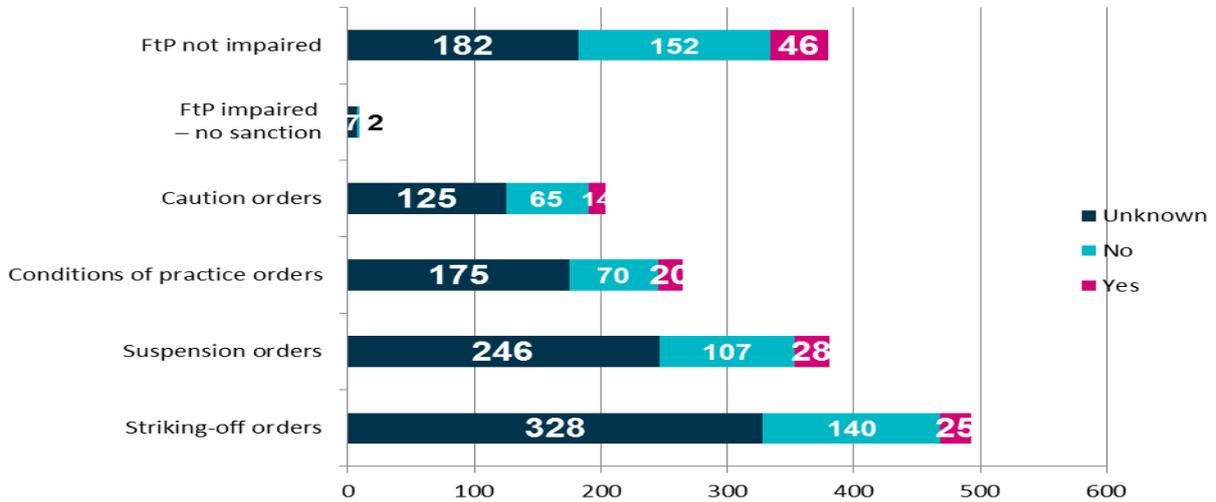


Chart 54: Sanctions by race (ethnic origin)

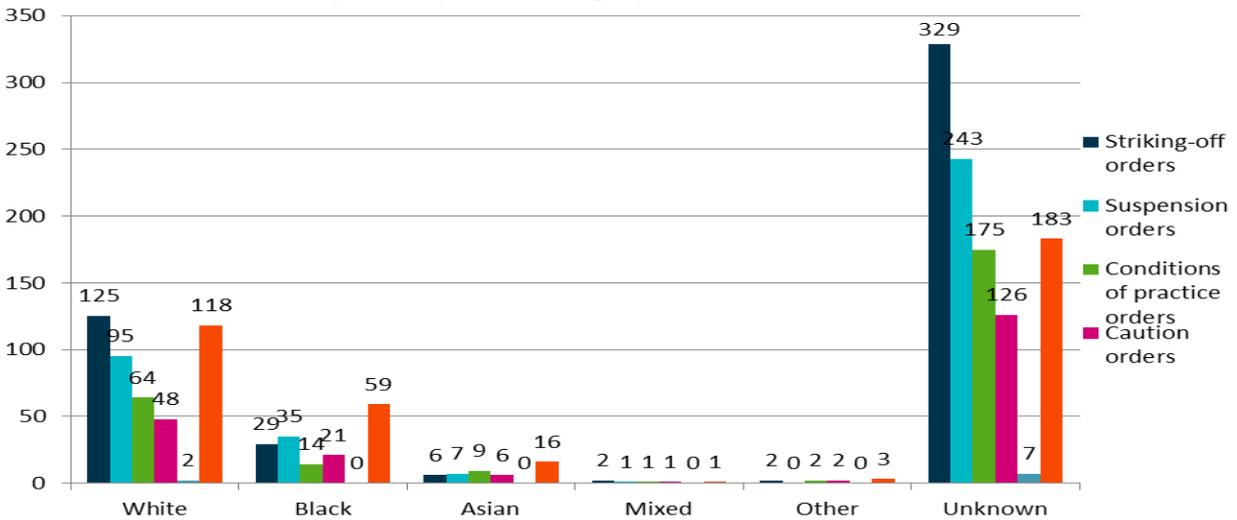


Chart 55: Sanctions by religion

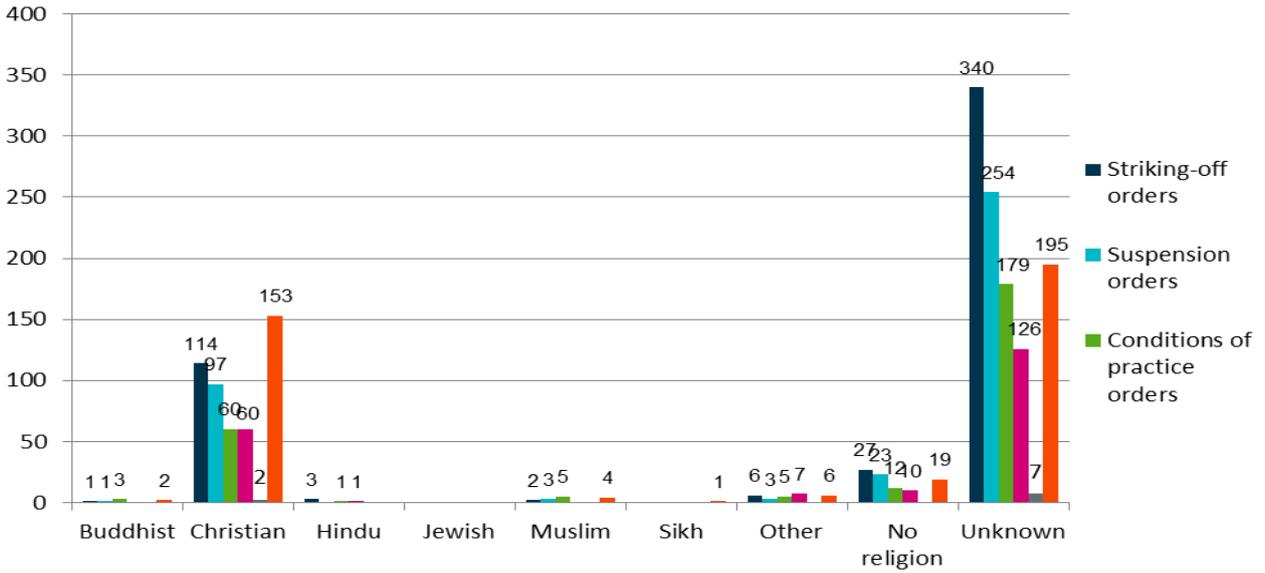


Chart 56: Sanctions by sex

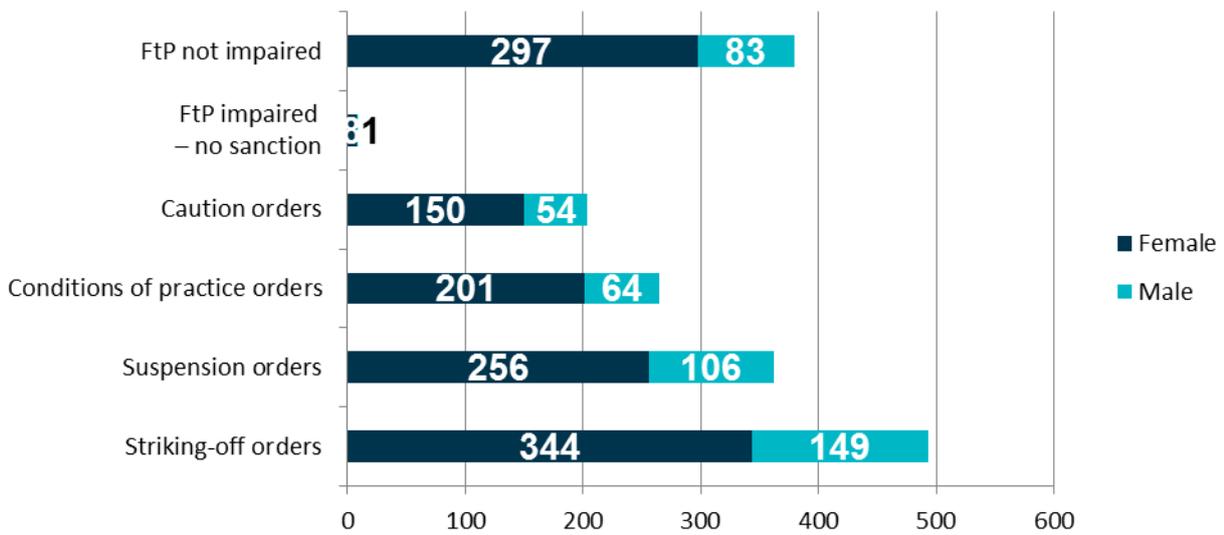
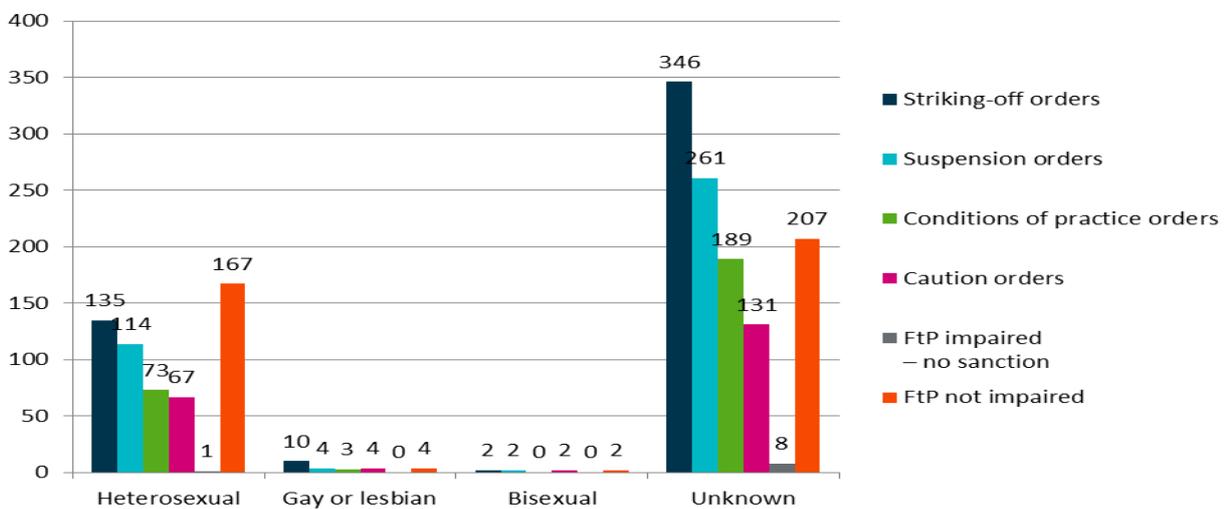


Chart 57: Sanctions by sexual orientation



Conclusion and Future Focus

- 137 We have made good progress against our equality objectives. However our equality objectives action plan 2015-2016 recognises the need for further work in all of our E&D activities.
- 138 Regarding our performance as an employer, we will build on our participation in a national benchmarking process to monitor and index our progress in key areas such as leadership and governance.
- 139 We have introduced NMC Online which is a secure, reliable and efficient online portal which will enable nurses and midwives to complete our new E&D questionnaire. So far we have collected approximately 25 percent of E&D data from nurses and midwives on our register using our new E&D questionnaire online.
- 140 The importance and benefits of collecting and monitoring E&D data is a top priority for us as it enables us to:
- 140.1 Identify key issues and understand the impact of our policies, practices and decisions on people with different protected characteristics, and thereby plan them more effectively.
 - 140.2 Assess whether we are discriminating unlawfully when carrying out any of our functions or public services.
 - 140.3 Assess and benchmark our performance and processes against those of similar organisations, nationally or locally.
 - 140.4 Develop equality objectives to meet our general and specific duties.
- 141 From 2015, we will continue to encourage nurses and midwives to provide E&D data so that we can better understand the population we regulate. We aim to increase our publicity to registrants on the importance of providing E&D data, for example through our nurses and midwives newsletters, the Royal College of Nursing's bulletin and our future media campaigns.
- 142 We will monitor our progress of collecting E&D data through NMC Online to ensure that we have a high quality standard data set. We will also identify any actions that may be needed to improve its effectiveness as the E&D data will be included in future E&D annual reports. We will also strive to improve the quality of E&D data that we collect and hold on FtP cases.
- 143 From 2015 we are commissioning research into the representation of BME registrants at each stage of the FtP process and we will commission further work on the basis of these findings. This will provide the starting point for ongoing focus on this area as part of our research programme.
- 144 We will be delivering a customer service excellence project aimed at ensuring we consistently provide good customer service for people we interact with. We will achieve this by adopting the Cabinet Office's Customer Service Excellence ®

standard, across the organisation. This is to ensure our services are designed and delivered according to an understanding of the varied needs of our customers.

- 145 We will continue to enhance the training programmes for our panel members'. Our face to face training courses will be more challenging, interactive and discussion based in order to develop panel members' knowledge and skills. We will also work with other regulators to deliver training and run a joint training session with the Pharmaceutical Society of Northern Ireland and the General Pharmaceutical Council.
- 146 The exploration of E&D issues will be a key feature in our panel members training sessions. For example, we will ask panel members to consider various scenarios where other people views are considered properly based on preconceptions. Our training will also focus on considering other people's needs and how to treat people appropriately and equally.
- 147 Finally, we will also develop a new e-learning system to provide panel members' with access to a range of e-learning interventions and resources including a module that is dedicated to E&D. The system will allow panel members to manage their training anytime and anywhere.