Meeting of the Council

To be held from 09:30am on Wednesday 5 July 2017
in the Council Chamber at 23 Portland Place, London W1B 1PZ

Agenda

Dame Janet Finch Chair		Fionnuala Gill Secretary	
1	**Welcome and Chair's opening remarks**	NMC/17/53	**09:30**
2	**Apologies for absence**	NMC/17/54	
3	**Declarations of interest**	NMC/17/55	
4	**Minutes of the previous meeting** Chair	NMC/17/56	
5	**Summary of actions** Secretary	NMC/17/57	
6	**Chief Executive's report** Chief Executive and Registrar	NMC/17/58	09:40
7	**Audit Committee Annual Report 2016–2017** Chair of Audit Committee	NMC/17/59	09:55

Matters for decision

8	**Annual Report and Accounts 2016–2017** Chief Executive and Registrar	NMC/17/60 (see separate pack)	10:05
9	**Annual Fitness to Practise Report 2016–2017** Chief Executive and Registrar	NMC/17/61 (see separate pack)	10:25

10	**Annual Revalidation Report 2016–2017** Director of Registration and Revalidation	NMC/17/62	10:55
11	**Reappointment or recruitment process: Chair of the Council** Secretary	NMC/17/63	11:15

Coffee 11:30 – 11:40

Matters for discussion

12	**Review of English language requirements** Director of Registration and Revalidation	NMC/17/64	11:40
13	**Nursing Associate Update** Director of Education, Standards and Policy	NMC/17/65	12:10
14	**Midwifery Update** Director of Education, Standards and Policy	NMC/17/66	12:20

Corporate reporting

15	**Performance and Risk report** Director of Resources	NMC/17/67	12:30
16	**Financial monitoring report** Director of Resources	NMC/17/68	13:00

Matters for information

Matters for information will normally be taken without discussion. Members should notify the Chair or the Secretary to the Council in advance of the meeting should they wish for any item to be opened for discussion.

17	**Appointments Board Annual Report 2016–2017** Chair of the Appointments Board	NMC/17/69	

18	**Annual Health and Safety Report 2016–2017** Director of Resources	NMC/17/70	
19	**Chair's action taken since the last meeting** Chair of the Council	NMC/17/71	
20	**Council meeting dates 2018–2020** Secretary	NMC/17/72	
21	**Questions from observers** Chair of the Council	NMC/17/73 **(Oral)**	13:15

Lunch (13:15–13:45)

Item 4
NMC/17/56
5 July 2017

Meeting of the Council
Held at the SSE SWALEC, Cardiff on 24 May 2017

Minutes

Present

Members:

Dame Janet Finch	Chair
Sir Hugh Bayley	Member
Karen Cox	Member
Maura Devlin	Member
Maureen Morgan	Member
Derek Pretty	Member
Robert Parry	Member
Stephen Thornton	Member
Lorna Tinsley	Member
Ruth Walker	Member
Anne Wright	Member

NMC Officers:

Jackie Smith	Chief Executive and Registrar
Adam Broome	Director of Resources
Emma Broadbent	Director of Registration and Revalidation
Judith Toland	Director of Transformation
Geraldine Walters	Director of Education, Standards and Policy
Sarah Page	Director of Fitness to Practise
Clare Padley	General Counsel
Anne Trotter	Assistant Director of Education, Standards and Policy
Fionnuala Gill	Secretary to the Council
Pernilla White	Governance and Committee Manager

Minutes

NMC/17/36 Welcome and Chair's opening remarks

1. The Chair welcomed all attendees to the meeting in English and Welsh.

2. A minute of silence was held for the victims of the Manchester arena attack on Tuesday 23 May 2017.

3. The Chair acknowledged how pleased the Council was to be meeting in Wales and noted that the Council met once a year in different countries in order to hear first-hand from stakeholders about nursing and midwifery across the UK. The Chair and the Chief Executive and Registrar had a productive meeting with the Health Secretary in Wales prior to this meeting.

4. Thanks were expressed to the Chief Nursing Officer, Jean White and her team for all the help and support they had given with organising the visit to Wales, as well as ongoing constructive engagement. Thanks were also expressed to Ruth Walker and Lorna Tinsley for all their help and support in making the visit to Wales a success.

5. The Chair welcomed Sir Hugh Bayley to his first meeting as a new lay member. The Chair noted that Marta Phillips, the former Independent Chair of the Audit Committee had also joined the Council as a lay member but was unable to be present at the meeting. Clare Padley, who was attending the meeting in her new role as General Counsel, was also welcomed.

NMC/17/37 Apologies for absence

1. Apologies were received from Marta Phillips.

NMC/17/38 Declarations of interest

1. The following declarations of interest were made.

2. NMC/17/42 - Education: Karen Cox, Maureen Morgan, Lorna Tinsley and Rob Parry. This was not considered prejudicial as the individuals were not affected any more than other registrants.

3. NMC/17/43 - Nursing Associates: All registrant members and Geraldine Walters. This was not considered prejudicial as the individuals were not affected any more than other registrants.

4. NMC/17/44 - Midwifery Update: Lorna Tinsley. This was not considered prejudicial, as the individual concerned was not affected more than any other registrant.

5. NMC/17/45 - Revalidation: All registrant members and Geraldine Walters. This was not considered prejudicial as the individuals were not affected any more than other registrants.

NMC/17/39 Minutes of the previous meeting

1. The minutes were agreed as an accurate record, subject to an amendment to NMC/17/39, paragraph 2f: Section 60 - FTP consultation outcomes and proposed Rules to clarify that *'one in five of the organisations (20 percent) that responded to the consultation had disagreed with the proposals for publishing the content of warnings.'*

NMC/17/40 Summary of actions

1. The Council noted progress on actions from the previous meetings.

2. In relation to NMC/17/31 – Financial monitoring report: the Council asked that efficiency measures be highlighted in future financial monitoring reports.

3. In relation to NMC/17/40, Annexe 1 – Briefing on Apprenticeship arrangements: the Council welcomed the update. It was noted that only England planned an apprenticeship programme for registered nurses at present. Those pursuing this route to qualification would have to meet the NMC standards for registration. The Council asked that the position in the other three countries be kept under review and regular updates provided.

Action:	**Keep the position on apprenticeships across all countries under review and provide updates to the Council**
For:	**Director Education, Standards and Policy**
By:	**5 July 2017**

NMC/17/41 Chief Executive's report

1. The Council considered a report from the Chief Executive and Registrar on key external developments, strategic engagement, and media activity since the previous Council meeting. In discussion, the following points were noted:

   a) The NMC was undertaking a stocktake of the current IELTS language test for nurses and midwives trained overseas. Contrary to media reports, no decision had been made to change the standards. The stocktake would include an analysis of data and evidence as well as exploration of the pressures and concerns. The value of considering the level set by other regulators as part of this work was noted: for example, the score for Doctors was 7.5. A report would be considered by the Council in July 2017.

b) The UK Advisory Forum was a new initiative to enhance the NMC's ability to understand and engage with developments in health policy and professional practice across the four countries. The Forum would meet in each country with the Chair and Council members from the relevant country attending as observers. Further details on the UK Advisory Forum would be brought to the Council in July 2017.

c) The NMC had marked both the International Midwives' Day on 5 May and International Nurses' Day on 12 May by co-launching *Enabling Professionalism* with the four Chief Nursing Officers. This had already generated an extremely positive response.

d) The Council would welcome further information when available on how the NMC was working with others to take forward the House of Lords recommendation in its report on long-term sustainability of the NHS for a change in the 'culture of conservatism' amongst those who educate the health and social care workforce.

e) Further work would be conducted on the black and minority ethnic (BME) nurses and midwives representation in the Fitness to Practise process. The Employer Link Service (ELS) would be feeding back the findings of the research report to employers.

f) The Council welcomed the campaign to prevent nurses and midwives from inadvertently leaving the register for failing to pay the fee on time.

Secretary's note: Reference in the report to 'Health Education Wales' should have noted that this was a presentation about a proposal.

Action:	**Provide further information when available on NMC's work with others to take forward the recommendations in the House of Lords report on long-term sustainability of the NHS**
For:	**Director Education, Standards and Policy**
By:	**5 July 2017**

NMC/17/42 Future nurse standards and education framework: consultation

1. A short film was shown to introduce this item, involving input from a range of students, educators and others about expectations of nurses for the future.

2. The Council considered a report and presentation from the Director of Education, Standards and Policy on the proposed consultation on four separate but related aspects of education: draft standards for the future nurse; the draft education framework and programme requirements; draft prescribing standards; and medicines management. The Council

welcomed the quality of the report and presentation. In discussion, the following points were noted:

a) There had been extensive research, engagement and informal consultations leading up to this point across all four countries.

b) This was to be a genuinely open consultation. The Council was keen to hear and consider views on all aspects of the draft standards and would not take any decisions until it had received an evaluation of the responses. The key issue for the Council at this stage was whether the right consultation questions were being asked to generate responses that would enable the Council to make the right decisions in due course.

c) Much of the consultation was on technical and complex issues. A more accessible, user-friendly high level summary and questions aimed at encouraging public and patient input and response to the consultation should be produced and efforts made to reach those who had not contributed to developments so far, including eg through social media.

d) More generally, consideration should be given to reduce the number, complexity and length of the questions. Questions needed to be framed in a way to ensure that the responses were measurable and assessable. This would assist with evaluation of responses. It would also help encourage responses from those not already immersed in the detail.

e) In bringing back responses, it would be helpful to see proposed changes resulting from the consultation tracked so this was visible: this approach had helpfully been adopted in developing the Code.

f) There would be a range of road shows and events to support the consultation and encourage input and feedback from the widest possible numbers.

Action:	**Produce a high-level user friendly version of the consultation with a few strategic questions to encourage public and patient input**
For:	**Director Education, Standards and Policy**
By:	**13 June 2017**
Action:	**Reduce length and complexity of questions and ensure these are framed so that responses are measurable and assessable**
For:	**Director Education, Standards and Policy**
By:	**13 June 2017**
Action:	**Track changes to the draft standards, made as a result of consultation responses**
For:	**Director Education, Standards and Policy**
By:	

31 January 2018

Standards of proficiency for registered nurses

3. The Council expressed its thanks to Dame Jill Macleod Clarke for leading the work on development of the new proficiencies. The Council was pleased to hear that it had been possible to take account of the work led by the CNO, Northern Ireland on behalf of the CNOs to reflect patient centred care. In discussion, the following points were made:

a) The draft standards of proficiency made the provision of patient centred care central, as well as introducing new provisions around managing and leading the delivery of care. There were seven main outcome statements and the focus was on people and practice settings as opposed to patients and hospital based care.

b) Patients were taking a more active role in decisions and self-management of their care. This should be emphasised further in the standards and the consultation question on this point needed rewording to make this clearer.

c) The glossary needed some further work, to include all key words and phrases. Some of the wording of the draft standards would also benefit from a clearer focus on outcomes as opposed to process.

d) Annexe A (Communication and relationship management skills) and Annexe B (Nursing procedures) were important elements and it was good that these were included in the consultation.

e) The final Standards would need to be absolutely clear what was expected of an applicant at point of entry onto the register: references in the draft to ‘maintain’ should be replaced by 'demonstrate' (for example, draft standard 1.13 relating to literacy and numeracy).

f) Consideration might need to be given to whether to capture research and technology literacy, for example, a registered nurse should have a good understanding of what was meant by 'evidence-based'.

g) There were known to be differing views about the proposed inclusion of theory on prescribing in the draft standards, given the challenge of covering all the ground in a full time three year qualification route. It was right to ask this question as part of the consultation.

h) The drafting of the standards had been subject to 'user-testing' to ensure accessibility: this had included testing by both those who had been involved in development, as well as those who had not been.

Education framework: Standards for education and training and requirements for pre-registration nursing education programmes

4. The Education framework would apply to all programmes approved by the NMC whatever the qualification, the route or mode of study. It was noted that practice placements were a matter for the education provider; the NMC holds the education provider to account for this as there is no direct relationship with the placement provider.

5. In discussion, the following points were noted:

a) The glossary needed some further work to ensure that it contained definitions as opposed to setting out 'rules'.

b) Clarity was needed about whether practice and academic assessors should be registrants.

c) The education framework itself was relatively straightforward but it was recognised that there would be differing views around aspects of the requirements for learning and assessment, including the changes around mentoring, coaching and supervision. There would be genuinely open consultation on all these issues.

d) It would be important to ask clear questions which encouraged respondents to consider the feasibility of separating the roles of Practice Supervisor and Practice Assessor and how this would work in practical terms: time to observe a student would be essential for those asked to make independent assessments. This could present a challenge in terms of there being sufficient numbers to undertake independent assessment and the consultation should encourage ideas and suggestions around how this might be achieved.

e) Seeking views on the use of simulation was welcome. The consultation should encourage respondents to consider the extent to which simulation might be acceptable depending on differing requirements for example its suitability in relation to mental health and disability nursing.

f) It should be made clear that there was no requirement to undertake learning outside the UK but rather that, should any such learning take place, it was properly assessed (R5.19).

g) Quality assurance arrangements were also being reviewed, and would be considered by the Council in September 2017. Ensuring quality assurance in relation to smaller, independent or third sector organisations would be more challenging and need careful consideration.

6. There was a need for clarity around which parts of the standards applied

to nurses, midwives and potentially in future, nursing associates. As work was only beginning on the review of the standards for future midwife proficiencies, it was recognised that differing requirements for midwives might necessitate development of separate standards for midwives, as appropriate.

Requirements for prescribing programmes for registered nurses and midwives

7. The proposal was to adopt the Royal Pharmaceutical Society's current 'Competency Framework for all Prescribers'.

8. There was support for the adoption of the Royal Pharmaceutical Society's Competency Framework. Clarity would be needed around the process and governance involved if the Royal Pharmaceutical Society made changes to the framework in the future and what control the NMC would have in relation to future requirements.

9. There would be a need to take account of supply and dispensing by midwives. Similarly consideration should be given to the implications for nurses employed in GP surgeries.

10. It was noted that changes are being proposed to the designated medical practitioner requirement for prescribing qualifications and that we are working closely with the General Pharmaceutical Council who have recently consulted on making a similar change, to ascertain if any legislative change is required.

Standards for medicines management

11. The existing standards were outdated and unduly prescriptive but there were known to be mixed views about whether these should be retained by the NMC. It was noted that those working in smaller organisations, in particular, found them useful. In discussion the following points were noted:

a) It was considered that the medicine management standards could be withdrawn because together, the Code and the pre-registration standards would set clear standards for the administration of medicines. This needed to be clearly articulated in the consultation.

b) It would be helpful to be clear about any evidence available through Fitness to Practise: public and patient safety must be paramount.

c) In considering whether the standards or elements of them were needed, it was important to be clear what was the NMC's business and responsibility and what was for employers or providers, and to bring this out in the consultation.

12. The Council considered that the consultations on prescribing and medicines management should be undertaken separately from the consultation on the future nurse standards and the education framework. The Council's view was that there was a risk that conducting a single consultation exercise covering all these issues risked the consultation being overly complex and unfocused. The Council asked that the consultation on prescribing requirements and medicines management be conducted separately, unless this presented major difficulties.

13. The Council expressed considerable thanks and appreciation to the Director of Education Standards and Policy, the Education team and Dame Jill Macleod Clarke for all the hard work and effort undertaken to date.

14. **Decisions: The Council**

i. agreed to consult on all four consultation documents subject to amendments as discussed.

ii. asked that the consultation be split into two with prescribing and medicines management to be the subject of a separate consultation exercise. Should there be any difficulty in undertaking two separate consultations this should be brought back to the Council for decision.

Action:	**Consult on all four consultation documents subject to amendments, as discussed**
For:	**Director of Education, Standards and Policy**
By:	**5 July 2017**
Action:	**Undertake two separate consultations with prescribing and medicines management to be consulted on separately**
For:	**Director of Education, Standards and Policy**
By:	**5 July 2017**

NMC/17/43 Nursing associates update

1. The Chief Executive and Registrar introduced the report outlining progress on the work in preparation for the regulation of nursing associates (NAs), following the Council decision in January 2017 that NMC would be the regulator. In discussion, the following points were noted:

a) Four key work streams in preparation for the regulation of NAs were being taken forward: legislative change; strategic decisions; policy development; and communications and engagement.

b) Further information on the approach to those already training to be nursing associates, in the scheme initiated by Health Education England, would be provided to the Council seminar in June 2017.

c) The Council would consider applicability of the full suite of regulation in due course. This would include issues such as the approach to fitness to practise and movements between the registered nurse and nursing associate parts of the register.

2. The Council requested sight of the programme plan and timetable at the next meeting and suggested it would be helpful to have the timeline attached to all future updates.

Action:	**i. Update the Council on the approach to the management of those already in training; ii. bring a programme plan and timetable to the next meeting; iii. attach timeline to all future updates**
For:	**Director of Education, Standards and Policy**
By:	**5 July 2017**

NMC/17/44 Midwifery Update

1. The Chief Executive and Registrar introduced the report which provided the Council with an update on midwifery matters. In discussion, the following points were noted:

a) The Midwifery Panel had been in place since November 2015 and included the Chief Executive, RCM; Professor Mary Renfrew who was leading work on the midwifery pre-registration education standards; the four Chief Nursing Officers (CNOs) as well as Anne Wright and Lorna Tinsley. The Panel had met most recently on 26 April 2017 and had received updates from the four CNOs on the transition to the new supervision arrangements in each country.

b) The Panel had also heard from Professor Mary Renfrew on the initiation of work to develop new standards of proficiency for the future midwife. Work would be supported by a thought leadership group. It was confirmed that this would include representation from all four countries, as well as from research, clinical and academic fields; suggestions for nominees would be welcome. The Midwifery Panel would fulfil a similar role in relation to the development of the pre-registration midwifery standards as had been provided by the Future Nurse Sponsor Board. A number of engagement events would be held during 2017–2018. The midwifery community would be signposted to those particular parts of the education programme consultation which may have implications for midwifery.

c) There had been considerable media commentary recently on issues relating to previous failures of care. The Council was committed to ensuring that development of the new standards addressed learning issues identified by such cases.

2. The Council had agreed that following the removal of the statutory Midwifery Committee, midwifery and maternity matters should be the

responsibility of the whole Council. The standing item on the Council agenda would be an important vehicle for this and in future would be broader than simply a report on Midwifery Panel activities. It would be helpful to have a clear forward plan and timetable for midwifery matters to be considered by the Council.

Action:	**Provide the Council with a forward work plan and timetable relating to midwifery and maternity matters to be addressed**
For:	**Director of Education, Policy and Standards**
By:	**5 July 2017**

NMC/17/45 The first year of revalidation

1. The Council viewed a short film clip which formed part of a range of new materials to be added to the revalidation section of the NMC website.

2. The Director of Registration and Revalidation introduced the report, which outlined initial headlines from the first year of operation of revalidation which were consistently positive. A fuller report and the first year external evaluation findings would come to the Council meeting in July 2017. In discussion, the following points were noted:

   a) The enthusiastic and positive way in which nurses and midwives have embraced revalidation was a credit to the profession.

   b) There had been no negative impact on the numbers on the register, for either nursing or midwifery, as a result of revalidation.

   c) A lower revalidation rate had been seen in registrants who declare a disability: work was underway to identify the reasons and any barriers to revalidation experienced by this group.

   d) Alternative arrangements for nurses and midwives needing additional support to complete the process had been utilised by only around one percent of those due to revalidate, and this appeared to be decreasing. This suggested that the efforts made to ensure revalidation was as straightforward and accessible as possible, had been generally successful.

   e) The external independent evaluation will extend over the full three years and will encompass both qualitative and quantitative evidence. The research approach included a 'theory of change' model to seek to capture an impact. The feasibility of a 'before and after' correlation with FTP referrals to assist in impact assessment could be explored but it was important to recognise that only a very small proportion of the register were referred to FTP.

   f) It was important to understand longer term trends, including the reasons behind the seven percent of the cohort who have not

revalidated. Understanding longer term trends would be important and over three years the figure would be important in seeing whether revalidation was supporting people to stay on the register.

Action:	**Take account of the issues raised by the Council in evaluation**
For:	**Director of Registration and Revalidation**
By:	**5 July 2017**

NMC/17/46 Performance report 2016–2017

1. The Council considered a report on the end of year performance assessment for 2016–2017.

2. ***Year end assessment against the corporate plan 2016–2017***

a) The overall assessment showed that the NMC delivered seven out of 14 corporate plan commitments for 2016–2017 and partially delivered four of the commitments. As discussed in previous meetings, expectations had not been met in relation to three commitments (People Strategy; Use of Intelligence and public/patient engagement) and this had informed approaches to these areas for 2017–2018.

b) The latest draft of the People Strategy would be discussed by the Council in Seminar in June 2017 before coming to the Council in July 2017.

3. ***Registration and revalidation performance, KPIs and dashboard***

a) Performance had been strong throughout the year against the KPIs and the focus on improving the information provided on customer satisfaction across both Registration and Fitness to Practise continued.

b) Further improvements to NMC online had been introduced for UK registrants and improvements for EEA trained applicants would follow shortly.

c) The strong performance on processing applications for international registrants was commended, which confirmed that NMC processes did not create a barrier to overseas recruitment. Disaggregated data for EEA and non EEA applicants could be provided.

4. ***Fitness to Practise performance, KPIs and dashboard***

a) FTP had met the KPI on Interim Orders in 2016–2017 but had not achieved the target to conclude 80 percent of cases within 15 months.

b) The overall caseload had reduced, in part due to the slowing down to one percent of the increase in referrals in 2016–2017. This had enabled a greater focus on the quality of decision making. However, a higher than normal level of new referrals (580) had been received in the current month. So far there was no apparent explanation for this spike. The impact, should this continue, in terms of performance and budget would need to be monitored carefully.

c) It was too early to say if there had been any impact on the quality of referrals or any reduction in inappropriate referrals as a result of employers being able to access the ELS.

d) The FTP dashboard had been revised to help show the age of the caseload at each stage more clearly. It would be helpful to include a clear explanation of what was covered by 'third party investigations' (ie cases which could not proceed until another agency's inquiries had completed). It was noted that it was no longer the practice to automatically put cases on hold if other agencies were involved.

e) The Council welcomed the revised dashboard and agreed to continue with this for the future. The Dashboard set out the timeliness targets set for each stage of the process, excluding those affected by third party investigations.

5. ***Resources – corporate KPIs***

a) KPI 4: Available Free Reserves at year end was lower than originally budget due to adjustments to reflect the defined benefit pension scheme liability.

b) KPI 5 Staff turnover: this had fluctuated over the year, averaging at 24.1 percent. It was good to see more drilling down into the data to provide details of the rate for each directorate. Only 11 percent left within the first year, this was lower than might have been expected and may be a factor of the buoyant London jobs market.

6. ***Section 60 project update***

The Council welcomed the update on the preparation underway to be ready to implement the section 60 changes in Fitness to Practice. Council members would welcome an opportunity to access the section 60 e-learning package for staff.

Action:	**Include an explanation of third party investigations in future FTP dashboards**
For:	**Director of Fitness to Practise**
By:	**5 July 2017**
Action:	**Monitor the rate of increase in referrals in FTP including potential**

	impact on performance and budget
For:	**Director of Fitness to Practise**
By:	**5 July 2017**
Action:	**Explore scope to share the FTP section 60 e-learning package with Council members**
For:	**Director of Fitness to Practise**
By:	**5 July 2017**

NMC/17/47 Professional Standards Authority Action Plan: Progress report

1. The Director of Registration and Revalidation introduced the report, which provided an update on progress on issues identified by the Professional Standards Authority (PSA) performance review 2015–2016. In discussion, the following points were noted:

   a) A detailed action plan had been developed which is being monitored on a regular basis by Directors. The Council would find it helpful to have a more comprehensive picture of the work being done on the areas identified by the PSA.

   b) The performance review for this year has begun. Third party feedback received by the PSA from a range of organisations was largely positive, particularly in relation to the conduct of Council meetings.

NMC/17/48 Financial monitoring report

1. The Council considered a report on financial performance for the year ended 31 March 2017. As requested by the Council, Annexe 1 contained a breakdown of salary and non-salary costs.

2. The report indicated an overspend against revenue budget of £2.2 million at the year end, which was offset to some extent by higher than expected income.

3. The report lacked clarity about what had been achieved on efficiencies in 2016–2017. It was also noted that the plan for 2017–2018 was to gather benchmark data, since Transformation would be the key to delivering efficiencies. The Council requested greater clarity on the efficiency picture in future reports: this should state the baseline, efficiencies to be secured from core business; and efficiencies to be secured from Transformation.

Action:	**Report clearly on efficiencies setting out the baseline, efficiencies to be secured from core business; and efficiencies to be secured from Transformation**
For:	**Director of Resources**
By:	**5 July 2017**

NMC/17/49 Council Standing Orders and Scheme of Delegation

1. The Council considered a report proposing updates to the Standing Orders and Scheme of Delegation to reflect the removal of the Midwifery Committee and some other minor changes.

2. **Decision: The Council agreed to adopt the revised Standing Orders and Scheme of Delegation at Annexe 1.**

NMC/17/50 Audit Committee Report

1. The Council noted the Audit Committee Report.

NMC/17/51 Chair's action taken since the last meeting

1. The Council noted the Chair's actions since the last meeting.

NMC/17/52 Questions from observers

1. The Chair invited questions from observers. The following comments were made:

   a) Unite expressed the Council's concern that the Department of Health had yet to release funds to the NMC for the work on nursing associates given the Council's commitment that no registrants' money would be spent. Written confirmation had been received that the Department of Health would refund the costs expended to date.

   b) A question was raised about whether account could be taken of everyday practice learning as part of the CPD component of revalidation: there are valuable learning opportunities in everyday practice which should be able to count. The Director of Registration and Revalidation would consider this further and respond directly to Unite.

   c) The inclusion of prescribing theory in the draft pre-registration standards was raised. This may be challenging; many newly qualified nurses did not feel able to cope with IV.

   d) There were concerns about the proposals to withdraw the current standards around medicine management: issues such as the secure storage of medicine had been the subject of considerable focus in Wales recently. The current standards contained a lot of useful information which was very helpful

   e) Concerns were expressed about the proposals to move from the current arrangements for mentorship; this represented a significant change. The questioner was encouraged to respond with views as

part of the consultation.

f) Guidance was requested on whether there were any requirements about how long overseas trained nurses applying to join the register could have been 'out of practice' in order to enrol on our register. The Director of Registration and Revalidation would consider this further and respond directly to the observer.

Concluding remarks

1. The Chair noted that this was Sarah Page's final meeting after 13 years in Fitness to Practise at the NMC. Sarah was thanked for everything she had done for the NMC and the significant contribution she had made to public protection.

The next meeting of the Council will be held on Wednesday 5 July 2017 at 23 Portland Place, London, W1B 1PZ

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

SIGNATURE: .....

DATE: .....

Item 5
NMC/17/57
5 July 2017

Council

Summary of actions

Action:	For information.
Issue:	Summarises progress on completing actions from previous Council meetings.
Core regulatory function:	Supporting functions.
Strategic priority:	Strategic priority 4: An effective organisation.
Decision required:	None.
Annexes:	None.
Further information:	If you require clarification about any point in the paper or would like further information please contact the author below.

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

Summary of outstanding actions arising from the Council meeting on 24 May 2017

Minute	Action	Action owner	Report back to: Date:	Progress to date
NMC/17/40	**Summary of actions** Keep the position on apprenticeships across all countries under review and provide updates to the Council	Director of Education, Standards and Policy	5 July 2017	England: We have received one confirmed request for approval of a registered nurse apprenticeship route. Others have confirmed their interest but are not yet in a position to proceed. HEFCE has recently received bids for funding from the second phase of the Degree Apprenticeship Development Fund. http://www.hefce.ac.uk/pubs/year/2017/CL,092017/ As with last year, HEFCE have received a number of bids which feature nursing apprenticeships amongst the portfolio of apprenticeships which bidders would like to develop. This includes advanced practice programmes. The other three countries are not delivering the Nursing Degree Apprenticeships route at present.
NMC/17/41	**Chief Executive's report** Provide further information when available on NMC's work with others to take forward the	Director of Education, Standards and Policy	5 July 2017	There is no further update to be provided at the moment.

Minute	Action	Action owner	Report back to: Date:	Progress to date
	recommendations in the House of Lords report on long-term sustainability of the NHS			
NMC/17/42	**Future nurse standards and education framework: consultation** Produce a high-level user friendly version of the consultation with a few strategic questions to encourage public and patient input	Director Education, Standards and Policy	13 June 2017	Completed. A user friendly version of the consultation was launched on 13 June 2017 and will close on 12 September 2017.
NMC/17/42	**Future nurse standards and education framework: consultation** Reduce length and complexity of questions and ensure these are framed so that responses are measurable and assessable	Director Education, Standards and Policy	13 June 2017	Completed. Prior to launch we reviewed all the consultation questions and sought to improve the quality of the way in which we have asked questions. We have also streamlined those questions that were overly long or complicated.
NMC/17/42	**Future nurse standards and education framework: consultation** Track changes made as a result of consultation responses	Director Education, Standards and Policy	January 2018	Not yet due.

Minute	Action	Action owner	Report back to: Date:	Progress to date
NMC/17/42	**Future nurse standards and education framework: consultation** Consult on all four consultation documents subject to amendments, as discussed	Director Education, Standards and Policy	5 July 2017	Completed. All four documents are currently being consulted on.
NMC/17/42	**Future nurse standards and education framework: consultation** Undertake two separate consultations with prescribing and medicine management to be consulted on separately	Director Education, Standards and Policy	5 July 2017	Completed. Two separate consultations have been launched. The consultation on standards of proficiency for registered nurses launched on 13 June 2017 ending on 12 September 2017 and the consultation on prescribing and medicines management launched on 15 June 2017 ending on 14 September 2017.
NMC/17/43	**Nursing associates update** i. Update the Council on the approach to the management of those already in training; ii. bring a programme plan and timetable to the next meeting; iii. attach timeline to all future updates	Director Education, Standards and Policy	5 July 2017	i. Council members have an opportunity to discuss management of legacy cohorts at the Seminar on 4 July. ii. and iii. The plan and timeline is annexed to the agenda item on Nursing Associates and to the Nursing Associates paper on the Seminar agenda.

Minute	Action	Action owner	Report back to: Date:	Progress to date
NMC/17/44	**Midwifery Update** Provide the Council with a forward work plan and timetable relating to midwifery and maternity matters to be addressed	Director Education, Standards and Policy	5 July 2017	Work is ongoing to develop an overview of the midwifery and maternity issues to be addressed and will be brought to the next meeting.
NMC/17/45	**The first year of revalidation** Take account of the issues raised by the Council in evaluation	Director of Registration and Revalidation	5 July 2017	Points from Council will be fed into our Action Plans for years two and three of revalidation.
NMC/17/46	**Performance report 2016–2017** Include an explanation of third party investigations in future FTP dashboards	Director of Fitness to Practise	5 July 2017	Completed. An explanation of third party investigations is now included within the FtP dashboard.
NMC/17/46	**Performance report 2016–2017** Monitor the rate of increase in referrals in FTP including potential impact on performance and budget	Director of Fitness to Practise	5 July 2017	Data on new referrals including our forecast and averages is included within the dashboard. Also referenced in our commentary around our screening performance.
NMC/17/46	**Performance report 2016–2017** Explore scope to share the FTP section 60 e-learning package with Council members	Director of Fitness to Practise	5 July 2017	This is being explored and we will update members when we are clear what can be provided.

Minute	Action	Action owner	Report back to: Date:	Progress to date
NMC/17/48	**Financial monitoring report** Report clearly on efficiencies setting out the baseline, efficiencies to be secured from core business; and efficiencies to be secured from Transformation	Director of Resources	5 July 2017	The NMC's strategic approach to improving efficiency is outlined in the Financial Monitoring Report on the agenda.

Summary of outstanding actions arising from the Council meeting on 29 March 2017

Minute	Action	Action owner	Report back to: Date:	Progress to date
NMC/17/30	**Fitness to Practise performance, KPIs and dashboard** Provide separate information on cases dealt with under existing and new rules in future reports	Director of Fitness to Practise	27 September 2017	Not yet due.
NMC/17/34	**Transformation** Develop an implementation plan based on the agreed Transformation Option outline in the paper	Director of Transformation	25 July 2017	Not yet due. We are currently working on a paper for the 25 July meeting.
NMC/17/34	**Transformation** Ensure the full business case to be presented in July addresses the points requested by the Council	Director of Transformation	25 July 2017	Not yet due. We are currently working on a paper for the 25 July meeting.
NMC/17/35	**Draft Corporate Plan 2017–2018 and KPIs**	Director of Registration and Revalidation	5 July 2017	We are not suggesting revalidation KPIs as previously discussed with Council as

Minute	Action	Action owner	Report back to: Date:	Progress to date
	Consider development for the future of customer service and revalidation KPIs			the information is covered in existing KPI reports. A revalidation dashboard is being developed in response to Council's feedback. A draft customer service measure will be presented to Council at the meeting.
NMC/17/35	**Draft Budget 2017–2020** Present a final version of the budget, including final transformation costs based on the full business case	Director of Resources	25 July 2017	Not yet due.

Summary of outstanding actions arising from the Council meeting on 25 January 2017

Minute	Action	Action owner	Report back to: Date:	Progress to date
NMC/17/13	**Employer link service** Provide a report on the impact of the first year of the Employer Link Service when appropriate.	Director of Fitness to Practice	27 September 2017	Not yet due.

Summary of outstanding actions arising from the Council meeting on 28 September 2016

Minute	Action	Action owner	Report back to: Date:	Progress to date
NMC/16/74	**Equality and Diversity Annual Report 2015-2016** Provide a detailed plan setting out the specific actions and targets to progress the priorities set out in the report (paragraph 37).	Director of Education, Standards and Policy	25 January 2017	The action plan will be provided to the Council in September 2017.

Item 6
NMC/17/58
5 July 2017

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 priority: Strategic priority 3: Collaboration and communication.

Decision required: None.

Annexes: The following annexe is attached to this paper:

- Annexe 1: Proposed NMC UK Advisory Forum.

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

Author: Peter Pinto de Sa
Phone: 020 7681 5426
Peter.pinto@nmc-uk.org

Chief Executive: Jackie Smith
Phone: 020 7681 5871
jackie.smith@nmc-uk.org

Context:

1 This is a standing item on the Council agenda and reports on

1.1 key developments in the external environment; and

1.2 key strategic engagement activity.

2 The focus of recent strategic engagement has remained on the development of the Nursing Associate (NA) role and the launch of the consultation on new pre-registration nursing standards.

Four country factors:

3 The paper reflects activity across all of the UK countries.

Discussion:

A: External developments

General election 2017

4 Following the general election there remains some uncertainty about delay to our Fitness to Practise (FtP) rule changes. The re-appointment of the Minister of State for Health, Philip Dunne, means we remain hopeful that we will receive final ministerial approval to ensure the changes can come into effect from the end of July 2017.

5 In relation to nursing associates, the position is more complex. Legislative delays to the Section 60 (S60) changes required for the regulation of this role seem likely. We continue to liaise closely with Department of Health officials on the drafting needed to prepare the changes for ministerial approval. Further updates will be provided as the position becomes clearer.

B: Accountability and oversight

Meeting with the Cabinet Secretary for Health, Well-being and Sport, Wales

6 On 24 May 2017 the Chair and Chief Executive met Vaughan Gething, the Cabinet Secretary for Health, Well-being and Sport. The meeting focused on our work with the four countries, S60 changes, the possible impact of Brexit, the NA role and our education programme. During the discussion, the Cabinet Secretary sought reassurance that we continue to regulate nurses and midwives in Wales properly to ensure that the public is protected.

Meeting with the Welsh Assembly Chair of the Cross Party Group on Nursing and Midwifery

7 On 22 May 2017 the Chair and Chief Executive met David Rees AM, the Chair of the Welsh Assembly's Cross Party Group on Nursing and Midwifery, as part of the events programme at our Cardiff

Council meeting. The meeting with Mr Rees focused on our work in the four countries, the possible impact of Brexit on our register and our education programme. The Chair and Chief Executive welcomed the opportunity to learn more about the work of the Cross Party Group.

Annual PSA review for current year

8 On 6 June 2017, the PSA confirmed that our performance review this year will be targeted on aspects of our registration and FtP work.

9 In registration, the review will focus on the second and third Standards of Good Regulation which relate to processes and appeals and the accuracy and accessibility of the register. In FtP, the review will concentrate on the sixth and ninth standards, which relate to the timeliness and communication of final decisions. Timeliness in FtP was the only standard that we did not achieve last year.

10 The PSA has informed us that the reviews will consist of a number of targeted questions to assess our performance against their standards and, at this stage, they do not envisage carrying out on-site audits.

11 The PSA has not yet provided a timescale for the reviews but they are likely to take place during the summer.

Review of the PSA Standards of Good Regulation

12 The PSA has launched a formal consultation on the review of the Standards of Good Regulation (SOGR) which closes on 12 September 2017. We will offer our views. The PSA will then develop a preferred version of the SOGR, which should be available for a further consultation by early 2018 with a view to adopting the revised standards in time for the 2019 performance review process.

C: Stakeholder Engagement and Communication

Engagement on Section 60 changes

13 We have hosted a series of webinars to inform representatives from the Royal College of Nursing (RCN), the Royal College of Midwives (RCM), Unison and Unite/CPHVA about S60 changes to our FtP Rules. These webinars covered the draft guidance for case examiners and the new approach dealing with health cases.

14 Participants said they found the webinars a convenient and helpful way of discussing the changes, and told us they did not have any outstanding concerns regarding the guidance or our approach. On 4 July 2017, FtP colleagues attended a meeting organised by the RCN to discuss these topics further.

15 Over the summer we will be engaging with employers, educators and other stakeholders about the s60 changes through a variety of media, including the trade press, newsletters and our website.

Research on black and minority ethnic (BME) registrants

16 We are currently working with the RCN to organise a joint event, which will take forward the findings of our research on black and minority ethnic (BME) registrants' outcomes in FtP which was reported to Council in May 2017. The event is expected to take place in September 2017.

Launch of consultation on new pre-registration nursing standards

17 On 13 June 2017 we launched the consultation on new standards of proficiency for nurses and the draft education framework. A separate consultation on our proposals for prescribing and standards for medicines management was launched on 15 June 2017.

18 We wrote to key stakeholders, as well as all nurses and midwives on our register, encouraging them to respond to the consultation survey and promote the consultation with their colleagues.

19 We are working with around 30 UK-wide patient organisations and charities to promote a quick and accessible version of the consultation for patients, carers and the public.

20 We have also developed an easy read version of the short survey. Developed in partnership with Mencap, this survey is aimed encouraging people with learning disabilities to share their views on our proposals.

21 During the 13-week consultation, we will utilise a range of channels to engage with stakeholders. Face-to-face opportunities to engage across the four countries will be complemented with engagement online, and aligned with our social media plans. We will also use our existing communications channels and NMC stakeholder forums and meetings to promote the consultation.

22 For example, the Director and Assistant Director of Education, Standards and Policy have spoken at a number of events to promote the launch of the consultation, including:

22.1 A practice learning event at NHS Education Scotland on 9 June 2017;

22.2 'The Future Nurse: a system wide approach to nursing for the future' at Manchester Metropolitan University on 12 June 2017; and

22.3 The UK Committee on Children and Young People's Nursing

held on 13 June 2017.

23 There are two distinct streams to this engagement:

23.1 engagement with employers, educators, students and healthcare professionals, in order to promote the consultation and maximise the number of responses to the full consultation; and

23.2 engagement with patients, carers and the public, to enable those groups to have their say.

24 Data and insight will come through the consultation survey and will be complemented by independent qualitative research. This will target key sectors of the patient and public population, for example mental health service users and people with learning disabilities.

25 At the end of the first week of the consultation, more than 150 people had already responded to the full consultation and more than 3,000 people had completed the quick survey.

RCN Congress

26 The Chief Executive attended the RCN Congress in Liverpool on 14 and 15 May 2017. As part of her attendance, she took part in a debate about the director of nursing role.

Application of the NMC Code in an emergency situation

27 The recent spate of terrorist incidents has prompted us to take part in discussions with the chief nursing officers and other professional colleagues about the need to clarify the requirements of our Code for registrants who may find themselves involved in an unexpected incident or emergency outside their usual place of work, where people may require care. An initial meeting, chaired by the Chief Executive took place on 22 June 2017.

Meetings with the professional bodies

28 On 18 May 2017, the Chief Executive chaired the latest meeting with senior colleagues from the RCN, RCM, Unison and Unite CPHVA. The main item discussed related to the progress with the development of the NA role. On 10 May 2017, the Chief Executive met the Chief Executive of the RCN; and on 25 May 2017, she spoke with the Chief Executive of the RCM for regular catch-up discussions.

29 On 12 June 2017, the Chief Executive hosted a roundtable discussion with senior colleagues from HEE, DH, Care Quality Commission, NHS Improvement and NHS Employers to discuss the safe and effective deployment of nursing associates in practice, and agree respective roles and responsibilities and ways of working

going forward. Further discussions are planned.

Establishment of UK Advisory Forum

30 We are taking forward plans for our UK advisory forum. A note on the plans is at **annexe 1**.

31 The forum will provide us with a means of engaging with key professional and policy leads and stakeholders, and to hear from them about the issues that they want to raise in the context of our regulatory work in their country.

32 Two forum meetings a year are envisaged and we are planning to hold the inaugural meeting in Edinburgh in the autumn of 2017, with the second meeting taking place in Northern Ireland the spring of 2018.

D: Media activity

33 There was widespread coverage in both national print and broadcast media following the publication of NMC data by the Health Foundation which showed a sharp fall in the number of EU nurses and midwives joining our register. We issued a statement highlighting that it is likely that there is more than one contributing factor to this decline, with potential factors including the introduction of language testing and Brexit. We also committed to undertaking research to understand the reasons why EU trained nurses and midwives may be leaving our register.

34 There was significant coverage in both regional and national media following the final FtP hearing relating to the failings at University Hospitals of Morecambe Bay NHS Foundation Trust which resulted in the striking off of the registrant.

35 The launch of our consultation on new standards of proficiency for the future nurse and new education framework received coverage in national and trade media. This included coverage in the Daily Telegraph and a short broadcast piece on ITV's 'Good Morning Britain'. There has also been widespread support for the consultation across social media with over 30 partner organisations promoting it.

36 There has been coverage in both trade and national media following criticism from employers that the level of English language testing for EU trained nurses and midwives required by the NMC is too high. Following discussion around this issue at May’s Council meeting we issued a statement which committed us to gathering evidence in this area.

37 Following the recent conclusion of an inquest into the death of baby in 2013, we received a letter from the Coroner making a number of recommendations relating to the training of midwives in the use of

cardiotocographs. We responded to the coroner and issued a statement highlighting that we would be taking this and other issues into consideration as part of our review of midwifery standards being led by Professor Renfrew. This issue received coverage in the trade press and the 'Daily Telegraph'.

Public protection implications:	38	No direct public protection implications.
Resource implications:	39	No direct resource implications.
Equality and diversity implications:	40	None.
Stakeholder engagement:	41	Stakeholder engagement is detailed in the body of this report.
Risk implications:	42	No direct risk implications.
Legal implications:	43	No direct legal implications.

Proposed NMC UK Advisory Forum

Purpose and background

1 This note updates the Council on plans to set up a UK Advisory Forum.

2 The aim of the forum is to enhance our engagement across the four countries, so that our activities and policies are relevant to and reflect developments and different approaches in the four countries.

3 Council is asked to endorse the proposed arrangements for the NMC UK Advisory Forum.

Proposed arrangements

4 The proposed statement of purpose for the NMC UK Advisory Forum is set out at **annexe 1**.

5 Agendas will be tailored to each country where the forum takes place, but as a general rule will include: Chair's introduction; update from Forum members; NMC update paper on key areas of work; a presentation from a forum member; and an NMC item on a relevant topic.

6 The first NMC UK Advisory Forum is planned to take place in Scotland in October 2017, followed by the next forum in Northern Ireland in 2018.

7 The NMC UK Advisory Forum will be chaired by the Chief Executive and Registrar. The Chair of the Council and the Council members from each of Wales, Scotland and Northern Ireland will be invited to attend as observers as relevant. The forum will also consist of representatives of key interest groups and policy leads in the relevant geographical area where the forum is due to take place, enabling a fluid membership including the Chief Nursing Officers, policy leads in each administration, Directors of Nursing, system regulators and other key stakeholders.

8 Given that a large proportion of Council meetings and activities take place in England, a different approach is proposed. Here we envisage holding two evening events/dinners in English regions, including key stakeholders such as Directors of Nursing and Heads of Midwifery.

9 The work of the NMC UK Advisory Forum will be reported to Council through the Chief Executive and Registrar's report.

Chief Executive and Registrar

Annexe:
- Annexe 1: NMC UK Advisory Forum – Statement of Purpose

Annexe 1

NMC UK Advisory Forum

Statement of Purpose

Purpose

1 The purpose of the NMC UK Advisory Forum (England, Scotland, Wales and Northern Ireland) is to provide advice to the NMC so that its activities and policies are relevant to and take into account developments and different approaches in the four countries. The forum provides the NMC with an opportunity to:

1.1 listen to and learn from professional and policy leads and key stakeholders and interest groups;

1.2 share thinking on priorities and key challenges; and

1.3 discuss issues that partners and stakeholders wish to raise in the context of the NMC's work in their country.

Duties and activities

2 The NMC UK Advisory Forum will help the Executive to support Council's role in ensuring that the NMC has effective engagement across all four countries, and that our policies and activities are relevant to and reflect the context in all parts of the UK. The Forum will advise the Chief Executive and Registrar by:

2.1 providing a structured setting to engage in discussions on medium and long-term priorities with key stakeholders.

2.2 enabling listening to, sharing and discussion of key stakeholders' views on issues to be addressed.

2.3 enabling sharing and discussion of NMC policy developments at an early stage.

2.4 encouraging identification and discussion of areas of interest that may lead to future work.

Membership

3 The NMC UK Advisory Forum will consist of representatives of key professional and policy leads in the relevant geographical area where the forum is due to take place. This will enable a fluid membership and include local representatives from the Chief Nursing Officers; professional and policy leads from each administration; Directors of Nursing; system regulators; education Commissioners and providers; and relevant subject specialists including from the wider care sectors.

4 The NMC UK Advisory Forum will be chaired by the Chief Executive and Registrar. The Chair of the Council and the Council members from each of Wales, Scotland and Northern Ireland will be invited to attend as observers. Executive members will attend as relevant.

Working arrangements

5 The NMC UK Advisory Forum will meet annually, in turn in each of the four countries. The forum will be consultative in style and support shared understanding and learning of key issues in each of the four countries.

6 Agendas will be a combination of issues identified by the relevant country as well as cross-cutting themes that are relevant for all four countries.

7 Inputs to the meetings may be in the form of papers or presentations, which will be distributed in advance.

8 NMC UK Advisory Forum agendas, papers and discussion summaries will be published on the NMC's website.

9 The work of the NMC UK Advisory Forum will be reported to Council through the Chief Executive and Registrar's report.

10 Opportunities will be taken to combine Forum meetings with Council visits to care and educational settings.

Item 7
NMC/17/59
5 July 2017

Council

Audit Committee Annual Report 2016–2017

Action: For information.

Issue: Reports on the work of the Audit Committee during 2016–2017 and meetings in April and June 2017.

Core regulatory function: Supporting functions.

Strategic priority: Strategic priority 4: An effective organisation.

Decision required: None.

Annexes: None.

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

Author: Mary Anne Poxton
Phone: 020 7681 5440
maryanne.poxton@nmc-uk.org

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

Context:

1 Reports on the work of the Audit Committee during the 2016–2017 financial year (including one inquorate meeting in October 2016) and the Committee's meetings in April and June 2017.

2 The remit of the Audit Committee is to support the Council and the Executive 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.

3 The Committee meets quarterly and has a busy schedule of work. Debate is lively with progress being made on a number of fronts over the year. There remains work to be done in some areas.

Committee membership

4 The previous Chair of the Audit Committee, Louise Scull, resigned on 30 April 2016. The Council appointed Marta Phillips OBE as independent Chair of the Audit Committee for 12 months from 1 June 2016. Following her appointment as a Council member with effect from 1 May 2017, she has continued as Chair of the Audit Committee in her new capacity.

5 Derek Pretty was appointed to the Audit Committee from 1 January 2017, following the resignation of Amerdeep Somal from the Council.

6 In March 2017 it was decided to continue with the existing Council membership of the Committee to ensure continuity and avoid any unnecessary disruption.

7 The Committee has welcomed the regular attendance of the Chair of Council and the Chief Executive and Registrar, as Accounting Officer, at its meetings. The Committee has also benefitted from the consistent attendance of the Head of Internal Audit, external auditors and the National Audit Office at its meetings and in keeping with good practice has held private meetings with each at appropriate junctures during the year.

Committee review

8 In April 2017 the Committee undertook a review of skills across its membership and identified areas for development. In June 2017 members of the Committee received training from a charity specialist from the National Audit Office on their responsibilities as charity trustees, with a particular focus on the Annual Report and Accounts.

Four country factors:

9 The Committee is mindful of the need to ensure that the NMC is compliant with relevant legislation in all four countries, for example charity law.

Discussion: ## Internal controls, risk management and assurance

Risk and Assurance

10 During the year the Committee received updates on the operation of risk management and was pleased to note renewed efforts to strengthen the approach and to improve risk reporting. This work remains in progress and continues to be closely monitored by the Committee. The Committee also considered an overview of the effectiveness of risk management during 2016–2017. Whilst this provided helpful information on processes and reporting, the Committee gave a clear steer that future reports should focus more on outcomes and in particular whether any significant unanticipated risks had emerged or whether any anticipated risks had materialised.

11 The Committee reviewed both the content and format of the Assurance Map, the purpose of which is to give the Committee confidence in the level of assurance activity in place across the organisation. The Committee felt that the Assurance Map had become overcomplicated and would benefit from a more streamlined and simplified approach. Following consideration of a proposed new format the Committee has requested further work be carried out to ensure that the approach is fit for purpose.

12 In June 2017 the Committee was pleased to receive the first of a new style of ‘deep dive’ presentation into the Registration and Revalidation directorate’s risk management and assurance arrangements. The Committee was pleased to note that the Assurance Map had been used by the directorate to gauge the level of assurance activity in place within the directorate. The deep dive format will be taken forward on a rolling basis as a means of the Committee receiving assurances about the processes for risk, assurance and quality in place in each directorate.

Whistleblowing policy

13 A refreshed and updated Whistleblowing policy was introduced in April 2016 for staff and all who work for, with, or on behalf of the NMC. The Committee has monitored the implementation and use of the Whistleblowing policy throughout the year. During 2016–2017 there was one invocation of the policy, the outcome of which was reported to the Audit Committee in October 2016.

14 The Committee was pleased to note action taken to raise staff awareness of the policy and that training had been conducted by Public Concern at Work for the Leadership team in December 2016. Further training sessions for heads of sections and other management staff had been held in April 2017.

15 In June 2017 the Committee approved some amendments to improve the clarity and application of the Whistleblowing policy,

which reflected feedback from staff during the training sessions. The Committee was pleased to note the tone of the policy which had been designed to encourage staff to feel able to raise concerns.

Anti-fraud, bribery and corruption

16 The Committee has monitored the implementation and use of the Anti-fraud, bribery and corruption policy to assure itself that any issues raised are comprehensively investigated and action and learning is taken forward. There was one incident of potential fraud which was reported to the Committee in March 2017.

17 The Committee was pleased to note that there had been anti-fraud training for staff and highlighted the importance of ongoing awareness-raising activity in this area for all staff. The Committee also asked the Executive to ensure that controls in relation to fraud and risk are reviewed across the organisation to ensure that risks are appropriately identified and mitigated. The Committee will monitor progress in this area going forward.

Serious events and data breaches

18 The Committee has received reports throughout the year on serious events and data breaches and sought assurance on action to address the most serious events. The Committee has been pleased to note the development of the reports to include analysis of 'themes' and the focus on learning and organisational sharing. The Committee has probed on various matters, for example the role of staff supervision in ensuring consistency of compliance with policy and processes.

19 The Committee has asked for trend data and analysis in relation to information security incidents in order to provide further insight.

Review of Financial Regulations

20 At its inquorate meeting in October 2016 members of the Committee commented on draft revised Financial Regulations, which were subsequently approved by the Council in January 2017.

Single tender actions

21 The Committee scrutinised all single tender actions with the aim of assuring itself that proper processes are being adhered to by the Executive. The Committee was pleased to note during the year that the National Audit Office had used the NMC's single tender action reporting process as an example of good practice.

22 The Committee has asked for sight of cumulative single tender actions throughout the year in the form of a Single Tender Action register. This increased transparency will enable the Committee to identify any trends and ensure that any such activity is defensible

and not adding any risk to the NMC's operations.

Internal audit

23 The Committee approved the Internal Audit work programme for 2016–2017 and monitored progress throughout the year. The Committee is pleased to report that all planned Internal Audit assignments have been completed. A total of nine audit assignments were undertaken, of which one was advisory. These included an additional review on credit card controls and one requested later in the year on procurement and ICT contracting. The Committee was pleased to note that audit reports showed improvements across a number of areas and reflected the positive progress made by the organisation, although there remain areas of risk to be managed.

24 The Committee approved the draft Internal Audit work programme for 2017–2018, setting clear expectations around planning work on key areas, such as the robustness of processes and controls in relation to the integrity of the register. The scope of any Internal Audit involvement in Transformation will be looked at carefully to avoid duplication with other assurance activity.

25 The Committee considered the annual review of the effectiveness of the Internal Audit service, reflecting performance to January 2017. Key areas for improvement were identified for both Internal Audit and the Executive and are being addressed.

26 The Committee approved the process for retendering the current internal audit contract. Two members of the Committee, including the Chair, will support the development of the specification and will sit on the assessment panel which will evaluate the proposals.

Progress on Internal Audit recommendations

27 The Committee has continued to closely monitor progress in relation to implementing outstanding recommendations from previous Internal Audits to ensure these are followed through to closure. The Committee is pleased to report that good progress has been made over the year. At the Committee's June 2017 meeting only one recommendation was overdue to be implemented.

28 As a result of positive progress during the year an altered process for clearing Internal Audit recommendations has been adopted. Previously a recommendation could only be closed following review and sign-off by the Internal Auditor. Since October 2017 the Executive Board (comprising NMC directors) has taken the decision to sign off recommendations as having been completed. These are then recommended to the Audit Committee for closure.

Integrity of reports and financial statements

Review of accounting policies

29 The Committee reviewed the accounting policies for the financial reporting year 2015–2016 and considered that these remained appropriate for 2016–2017.

External Audit

30 The Committee approved the arrangements proposed by the External Auditors and the National Audit Office for the external audit and certification of the NMC's annual accounts for the year ending March 2017.

31 The Committee reviewed the letters of representation and draft audit reports from the External Auditors and the National Audit Office and noted that, subject to post-balance sheet review, both reports are expected to be unqualified.

32 The Committee considered and noted progress against previous year recommendations and welcomed recognition of the increased stability within the finance function.

Draft Annual Report and Accounts 2016–2017

33 The Committee scrutinised the draft Annual Report and Accounts 2016–2017, including the Annual Governance Statement. The Committee endorsed the Annual Report and Accounts for approval by the Council subject to:

33.1 Minor amends suggested to the Performance Review section, the Annual Governance Statement and the Financial Review section.

33.2 The normal post balance sheet review before the report is laid in Parliament in July 2017.

Draft Annual Fitness to Practise report 2016–2017

34 The Committee scrutinised the draft Annual Fitness to Practise Report 2016–2017. The Committee endorsed the draft for approval by the Council, subject to a number of comments and suggestions.

Committee's views on governance, risk management and control

35 The Committee has reflected on a range of issues including the Internal Audit annual opinion and report, the findings of external auditors and NAO and the views of the Accounting Officer.

36 In considering the draft Internal Audit annual opinion and report for

2016–2017, the Committee asked for greater clarity in the report as to which areas should be the focus of further improvement. The Committee was pleased to note the necessary clarification in the final report and the addition of a comment providing assurance as to the quality of governance arrangements at the Council and Executive director level.

37 Overall, the Committee's view is that the Council can have confidence that arrangements for governance, risk management and controls are satisfactory, notwithstanding the fact that there is further work to be done in the areas of finance, procurement and contract management. The Committee intends to monitor progress in these areas rigorously.

Public protection implications: 38 No public protection issues arising directly from this report.

Resource implications: 39 No resource implications arising directly from this report.

Equality and diversity implications: 40 No equality and diversity implications arising directly from this report.

Stakeholder engagement: 41 None.

Risk implications: 42 The role of the Audit Committee is to give assurance to Council that the NMC has effective governance, risk management and internal controls in place.

Legal implications: 43 None.

Item 10
NMC/17/62
5 July 2017

Council

Annual Revalidation Report

Action: For decision.

Issue: This paper seeks approval for publication of the Annual Report on Revalidation 2016–2017.

Core regulatory function: Registration and Revalidation.

Strategic priority: Strategic priority 1: Effective regulation.

Decision required: The Council is recommended to approve the publication of the annual revalidation report (paragraph 7).

Annexes: The following annexe is attached to this paper:

- Annexe 1: Annual revalidation 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.

Author: Sara Kovach Clark
Phone: 020 7681 5968
sara.kovach-clark@nmc-uk.org

Director: Emma Broadbent
Phone: 020 7681 5903
emma.broadbent@nmc-uk.org

Context:

1 The Council will know that the introduction of revalidation represented the most significant change to the regulation of nurses and midwives in the history of the NMC.

2 Implementation of revalidation began in April 2016. Since that time we have published four quarterly reports and we are now ready to publish the annual report. The Council has already considered an initial summary of the findings contained in this report at its meeting in May 2017. The report is now complete and we are asking the Council to formally approve the paper for publication.

Four country factors:

3 Revalidation applies equally across all four countries. Revalidation rates across all four countries are very similar and in line with historical renewal rates.

Discussion:

4 This is our first annual report and follows on from the publication of four quarterly reports which have been positively received by stakeholders.

5 There are no material differences to the summary paper that the Council considered in May 2017 and the picture continues to be very positive with over 202,000 nurses and midwives revalidating and no evidence that revalidation is having a negative impact on the number of nurses and midwives choosing to remain on the register. Revalidation rates for nurses and midwives are very similar.

6 The Council considered the findings from the first year evaluation at its seminar in June 2017. The final section of the NMC annual report outlines how we intend to take forward the recommendations from the first year of evaluation. The full report by Ipsos MORI will be published at the same time as the NMC annual report.

7 **Recommendation: The Council is recommended to approve the publication of the report.**

8 Following Council's approval the report will be published in July 2017. The report will be published on our website. There is a full communications plan in place which will be approved by the Chief Executive.

Public protection implications:

9 Revalidation is designed to ensure public protection, bringing about improvements in the practice of nursing and midwifery and strengthening public confidence in the professions. While the feedback we have had so far has been overwhelmingly positive it is too early to say what impact revalidation has had until we have completed the first cycle. We will continue to provide updates to the Council and publish quarterly and annual reports throughout the first

three years.

Resource implications:

10 Resource implications arising from this report relate to the compilation, translation and publication of the report, which are within existing staff budgets.

Equality and diversity implications:

11 As part of the revalidation application process we ask nurses and midwives to provide a range of equality and diversity data. Using this data we have carried out a detailed analysis of the impact on groups with different protected characteristics. This has shown some differences in revalidation rates for older nurses and midwives; those declaring a disability and some ethnic groups. At this stage it is difficult to identify whether this data indicates any material difference in being able to revalidate for any of these groups. We are actively monitoring this and working with our evaluation partners to understand in more detail the impact of revalidation on different groups of nurses and midwives.

Stakeholder engagement:

12 A summary of findings has been discussed with the revalidation stakeholder group and feedback has been largely positive although stakeholders' views are that revalidation is still at an early stage and that they want to ensure that we continue to share our data and analysis with them on a regular basis; in particular our understanding of why nurses and midwives choose to lapse their registration.

Risk implications:

13 In May 2017, we advised the Council that the Professional Standards Authority (PSA) retain a keen interest in revalidation. This continues to be the case and we will be meeting with them to discuss this report and the findings from the evaluation as soon as possible following the Council's approval.

Legal implications:

14 None.

Nursing & Midwifery Council

REVALIDATION

Annual data report

Year 1: April 2016 to March 2017

FOREWORD

Welcome to the first annual data report on revalidation from the NMC.

With the introduction of revalidation in April 2016 we made a very significant change in the way nurses and midwives are regulated. Now they must reflect on their practice; along with other nurses and midwives, and submit a range of evidence that demonstrates they are practising safely, effectively and in accordance with **the Code**.

I am delighted that we have made such a strong start with 202,699 nurses and midwives revalidating in this first year. This represents more than 92 percent of everyone who was due to revalidate, including those who are mainly practising and/or living abroad. The picture is even more positive when we look at revalidation rates across the four countries of the UK – these range between 93 percent and 94 percent. The average renewal rate for the last five years under the previous renewal arrangements was 90 percent.

Our evaluation partner is also publishing its first year evaluation report this month. The report is very encouraging and supports the overwhelmingly positive feedback we have received from nurses and midwives. In particular it recognises the positive effects of the consultation and engagement work we carried out as we were developing revalidation, as well as the quality of the materials on our website and the support offered to nurses and midwives. The model appears to be working very well with the majority of people who have revalidated valuing the opportunity to reflect on their practice and work more closely with other professionals.

We recognise that we have only completed one year of the first three year cycle of revalidation. We know that there is more we can do, especially for those who may find it harder to find opportunities with fellow professionals, or who do not have a formal employer.

Through revalidation we are beginning to gather a much greater depth of understanding of where nurses and midwives work and the different types of practice that they undertake, as well as the demographic profile of those who have revalidated. This information will allow us to build a more sophisticated model of regulation over time. We will begin by working with our partners this year to target additional support and communications where they are needed and to make sure revalidation remains a proportionate and effective addition to our regulatory approach.

Finally I would like to thank all the nurses and midwives who have revalidated this year and those who have supported them in doing this. Revalidation is only a success because of the commitment of so many people in the healthcare system. We will continue to work together in the next year to fulfil the aims and objectives of revalidation to improve the health and protection of the public.

Emma Broadbent
Director of Registration and Revalidation
emma.broadbent@nmc-uk.org

CONTENTS

5 Introduction

6 Aims and objectives

8 The big picture

9 Summary of findings from first year of revalidation

17 Employment, practice and work settings

30 Impact on groups with protected characteristics

46 Why people choose not to revalidate

56 The verification process

57 The evaluation of revalidation

INTRODUCTION

This is the first of our annual data reports on revalidation and follows on from our commitment to publish quarterly and annual data reports. We do this because we believe a transparent and collaborative approach is the key to making revalidation a success.

Our quarterly reports have focussed on the numbers of people revalidating at a relatively high level. In this report we seek to provide further insights into issues such as scope of practice, work setting, employment type, choice of confirmer, access to appraisals, and how we verify revalidation applications. We have also analysed the revalidation experiences of nurses and midwives with different protected characteristics, as well as the reasons why some nurses and midwives have chosen not to revalidate.

We have included a section on the independent findings of the evaluation of the first year of revalidation and our response to those findings.

We will continue to engage with partners on the format and content of our reports and we welcome any feedback that you may have.

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

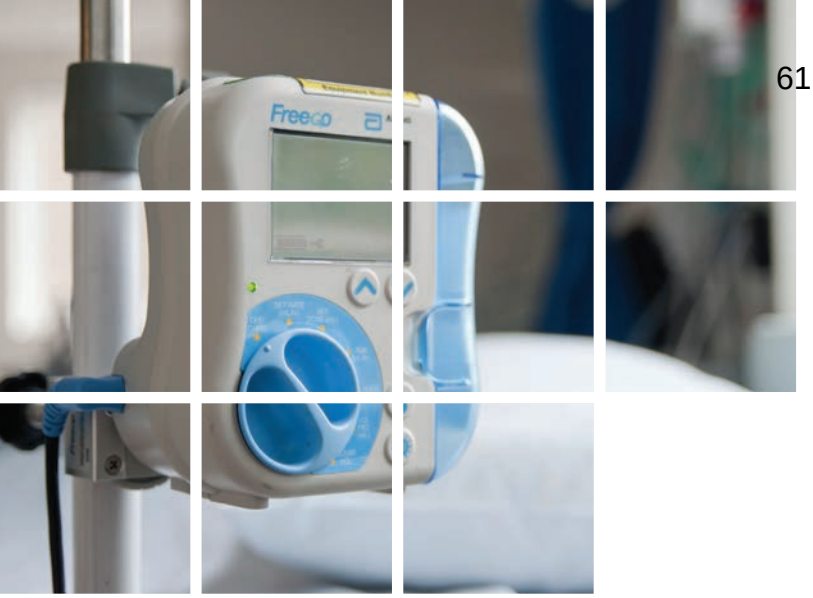
The data does not include nurses and midwives who submitted a revalidation application but by the end of their renewal month had not had their revalidation application fully processed. Reasons for this may include that: they were going through the process of verification, had declared cautions and convictions,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

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

AIMS & OBJECTIVES

We have introduced revalidation to improve public protection by making sure that nurses and midwives demonstrate their continued ability to practise safely and effectively throughout their career. With revalidation we want to:

- raise awareness of the Code and professional standards expected of nurses and midwives
- provide them with the opportunity to reflect on the role of the Code in their practice as a nurse or midwife and demonstrate that they are 'living' these standards
- encourage them to stay up to date in their professional practice by developing new skills and understanding the changing needs of the public and fellow healthcare professionals
- encourage a culture of sharing, reflection and improvement
- encourage them to engage in professional networks and discussions about their practice.



Revalidation replaces the previous Post registration education and practice (Prep) scheme by introducing several new requirements for reflection and engagement. Nurses and midwives are required to declare via an online form that they have:

- practised for a minimum of 450 practice hours (900 hours for those registered as both a nurse and a midwife) over the three years prior to the renewal of their registration
- carried out 35 hours of continuing professional development (CPD), of which at least 20 hours must be participatory learning
- collected five pieces of practice-related feedback over the three years immediately before the renewal of their registration
- completed five written reflective accounts on their CPD and/or practice-related feedback and/or an event or experience in their practice, and how this relates to the Code, over the three years prior to the renewal of their registration
- had a reflective discussion with another nurse or midwife
- received confirmation from an appropriate person that they have met all the requirements.

In addition they must:

- provide a health and good character declaration
- declare that they have (or will have when they practise) an appropriate professional indemnity arrangement

Following extensive public consultation in 2014 and a pilot in 2015 we published our revalidation guidance in October 2015.

For more information on the revalidation requirements and the guidance and support available **please visit our website**.

THE BIG PICTURE

SUMMARY OF YEAR 1 REVALIDATION DATA – APRIL 2016 TO MARCH 2017

202,699 nurses and midwives renewed their registration in the first year of revalidation.

In the four UK countries, revalidation rates were very similar, ranging from **92.9%** to **94.0%**.

The proportion of nurses and midwives revalidating by country was:

England	79.7%
Scotland	10.1%
Wales	5.1%
Northern Ireland	3.7%
Practising mainly outside the UK	1.4%

The percentage lapsing in the four UK countries was likewise very similar, at around **5–6%**. This is in line with previous years' lapsing rates.

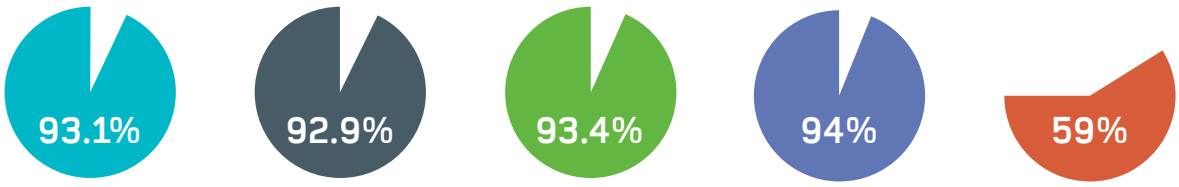
SUMMARY OF FINDINGS FROM FIRST YEAR OF REVALIDATION

THE NUMBERS REVALIDATING

Tables one to five show revalidation rates across the four countries and across all registration types. From these figures we can be assured that the introduction of revalidation has not had a negative impact on the register and there has been no increase in the numbers of nurses and midwives leaving the register.

More than 202,000 nurses and midwives revalidated between April 2016 and March 2017. Revalidation rates across the four UK countries were very similar ranging from 93 percent to 94 percent, which compares favourably to historical renewal rates under the previous Post registration education and practice (Prep) system. The revalidation rate for the whole register (including those who work outside the UK) was 92.4 percent. Revalidation rates for those working in the UK vary between 93 percent and 94 percent.

As we might expect, nurses and midwives working abroad revalidated at a lower rate than those who work in the UK. Those who work mainly abroad have always renewed their registration at a lower rate than those working in the UK and the difference has increased this year. People working abroad have a revalidation rate of 59 percent compared to the overall revalidation rate of 92 percent. The revalidation rates for each country are:



England | Scotland | Wales | Northern Ireland | Practising mainly outside the UK

During this year we have monitored the revalidation rates for both nursing and midwifery registrations. Revalidation rates for different registration types are based on the number of each type of registration before and after revalidation. The rates for nurses (92 percent) are and midwives (91.2 percent) are similar. The revalidation rates across all four countries and across both midwifery and nursing are in line with historical rates under the previous renewal arrangements.

Table six compares registration types before and after revalidation. From this we can see a pattern of dual registrants (people who hold both nursing and midwifery registrations) making changes to their registration type. 99 percent of those who revalidated kept the same registration type after revalidation. The remainder (1,373) changed their registration – either by lapsing one or more registrations and/or gaining another registration around the time of revalidation. We can see that most of the changes come from dual registrants who lapse one of their registrations. The majority of dual registrants (719) who changed their registration dropped nursing and retained midwifery, with 255 lapsing their midwifery registration to become 'nurse only'.

Another common change of registration was nurses who became nurse/ specialist community public health nurses (SCPHNs) around the time of revalidation, either through gaining a SCPHN qualification or reactivating an existing SCPHN qualification. There were 134 of these. A SCPHN is a registered nurse or midwife who is also registered in the specialist community public health nurses' part of the register.

APRIL 2016 TO MARCH 2017

Table 1: Revalidation summary table

This table summarises the number and percentage of nurses and midwives who renewed their registration with the NMC during the first year of revalidation (April 2016 – March 2017).

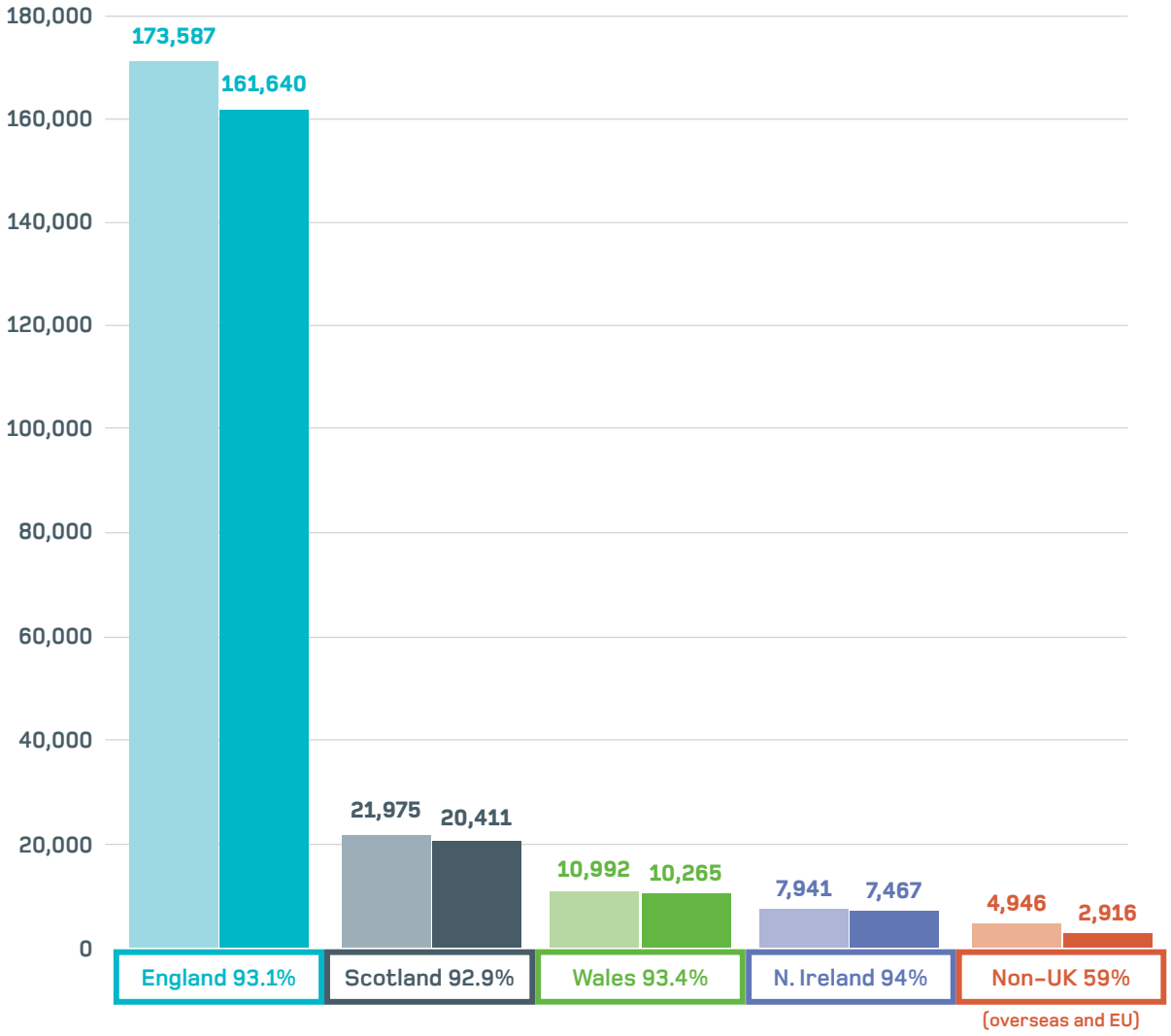
Quarter		England	Scotland	Wales	Northern Ireland	Not practising in UK***	Total
Q1 Apr –Jun 2016	Number due to revalidate*	30,730	3,375	2,023	1,544	1,085	38,757
	Number (percentage) who revalidated**	28,186 (91.7%)	3,062 (90.7%)	1,863 (92.1%)	1,435 (92.9%)	597 (55%)	35,143 (90.7%)
Q2 Jul –Sep 2016	Number due to revalidate	63,866	8,646	3,790	2,854	1,512	80,668
	Number (percentage) who revalidated	60,095 (94.1%)	8,178 (94.6%)	3,586 (94.6%)	2,705 (94.8%)	949 (62.8%)	75,513 (93.6%)
Q3 Oct –Dec 2016	Number due to revalidate	37,750	4,569	2,437	1,861	1,156	47,773
	Number (percentage) who revalidated	34,617 (91.7%)	4,186 (91.6%)	2,217 (91.0%)	1,744 (93.7%)	681 (59.0%)	43,445 (90.9%)
Q4 Jan –Mar 2017	Number due to revalidate	41,241	5,385	2,742	1,682	1,193	52,243
	Number (percentage) who revalidated or renewed	38,742 (93.9%)	4,985 (92.6%)	2,599 (94.8%)	1,583 (94.1%)	689 (57.8%)	48,598 (93.0%)
Total	Number due to revalidate	173,587	21,975	10,992	7,941	4,946	219,441
	Number (percentage) who revalidated or renewed	161,640 (93.1%)	20,411 (92.9%)	10,265 (93.4%)	7,467 (94.0%)	2,916 (59.0%)	202,699 (92.4%)

* includes all nurses and midwives who were sent a formal notice to revalidate for April 2016 – March 2017.
** all nurses and midwives who revalidated (including those who revalidated with alternative support arrangements).
*** This includes nurses and midwives whose current or most recent practice (those for whom we have an employer address), or their home address is either in the EU/EEA or overseas (outside the EU/EAA).

APRIL 2016 TO MARCH 2017

Table 2: Number due to revalidate vs numbers revalidating

This chart shows the number of nurses and midwives due to revalidate and the number who actually revalidated broken down by country for the first year of revalidation, April 2016 – March 2017.

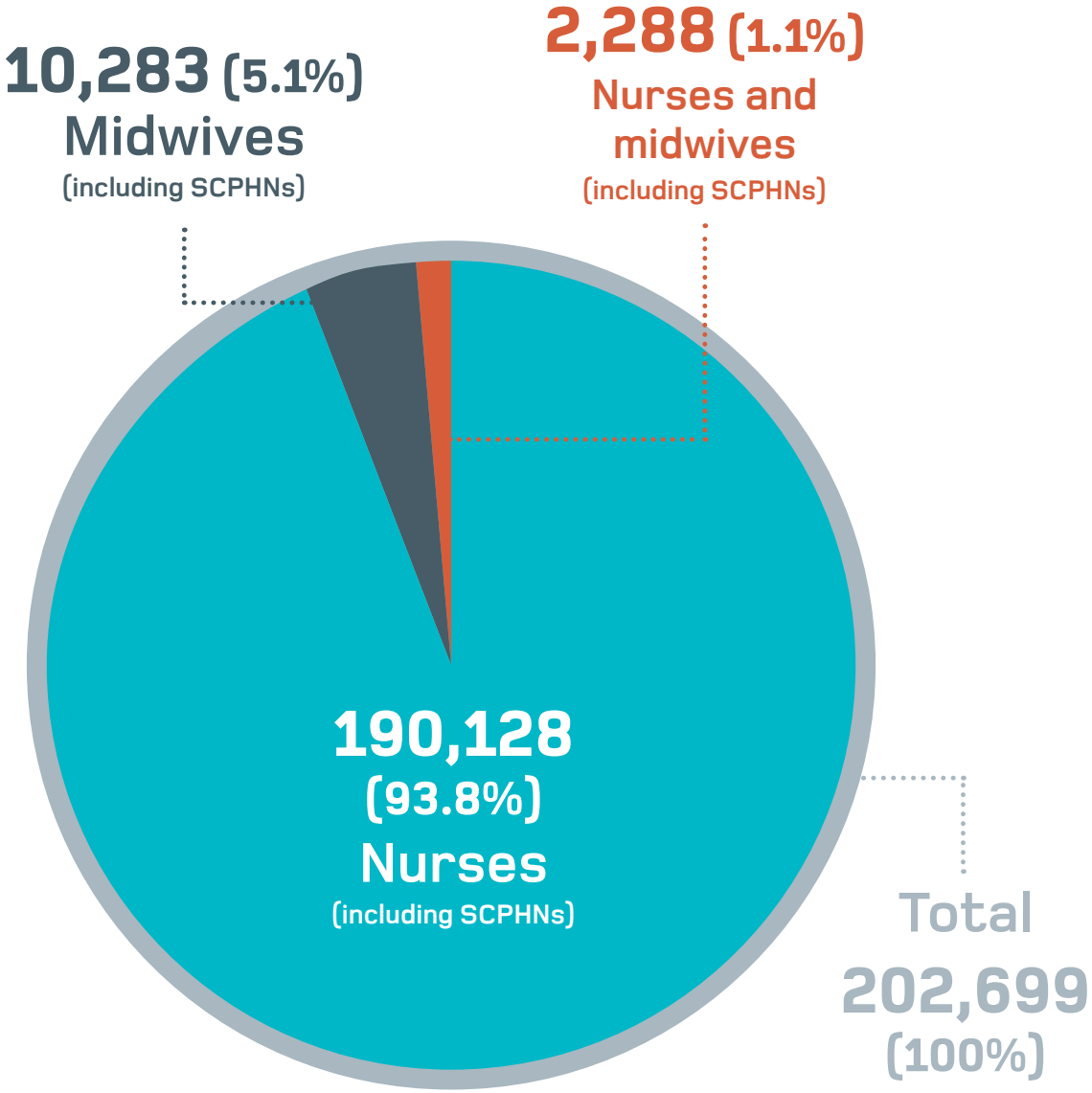


For each country, the light coloured bar represents those who were due to revalidate, and the dark coloured bar represents those who actually revalidated.

APRIL 2016 TO MARCH 2017

Table 3: Revalidated by registration type after revalidation

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



APRIL 2016 TO MARCH 2017

Table 4: Number due to revalidate*

This table shows the number of nurses and midwives who were due to revalidate in the first year of revalidation, broken down by country.

Registration type** before revalidation	England	Scotland	Wales	Northern Ireland	Not practising in UK***	Total
Nurse	154,689 (89.1%)	19,924 (90.7%)	9,864 (89.7%)	7,064 (89.0%)	4,506 (91.1%)	196,047 (89.3%)
Midwife	7,981 (4.6%)	990 (4.5%)	355 (3.2%)	377 (4.7%)	202 (4.1%)	9,905 (4.5%)
Nurse and midwife	2,592 (1.5%)	226 (1.0%)	217 (2.0%)	149 (1.9%)	142 (2.9%)	3,326 (1.5%)
Nurse and SCPHN	7,860 (4.5%)	793 (3.6%)	525 (4.8%)	344 (4.3%)	88 (1.8%)	9,610 (4.4%)
Midwife and SCPHN	317 (0.2%)	28 (0.1%)	20 (0.2%)	3 (<0.1%)	2 (<0.1%)	370 (0.2%)
Nurse, midwife and SCPHN	148 (0.1%)	14 (0.1%)	11 (0.1%)	4 (0.1%)	6 (0.1%)	183 (0.1%)
Total	**173,587**	**21,975**	**10,992**	**7,941**	**4,946**	**219,441**

* includes all nurses and midwives who were sent a formal notice to revalidate for April 2016 – March 2017.

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

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

APRIL 2016 TO MARCH 2017

Table 5: Total number who revalidated

This table shows the number of nurses and midwives who revalidated in the first year of revalidation, broken down by country. It includes both those who went through the standard revalidation process and those who completed our exceptional circumstances process. It is the total number who revalidated through the standard revalidation process (table 16) plus the total number who renewed their registration through the exceptional circumstances process (table 17).

Registration type after revalidation*	England	Scotland	Wales	Northern Ireland	Not practising in UK**	Total
Nurse	144,154 (89.2%)	18,495 (90.6%)	9,217 (89.8%)	6,643 (89.0%)	2,641 (90.6%)	181,150 (89.4%)
Midwife	8,021 (5.0%)	984 (4.8%)	385 (3.8%)	399 (5.3%)	127 (4.4%)	9,916 (4.9%)
Nurse and midwife	1,733 (1.1%)	134 (0.7%)	142 (1.4%)	88 (1.2%)	78 (2.7%)	2,175 (1.1%)
Nurse and SCPHN	7,318 (4.5%)	767 (3.8%)	497 (4.8%)	330 (4.4%)	66 (2.3%)	8,978 (4.4%)
Midwife and SCPHN	317 (0.2%)	27 (0.1%)	19 (0.2%)	3 (<0.1%)	1 (<0.1%)	367 (0.2%)
Nurse, midwife and SCPHN	97 (0.1%)	4 (<0.1%)	5 (<0.1%)	4 (0.1%)	3 (0.1%)	113 (0.1%)
Total	**161,640**	**20,411**	**10,265**	**7,467**	**2,916**	**202,699**

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

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

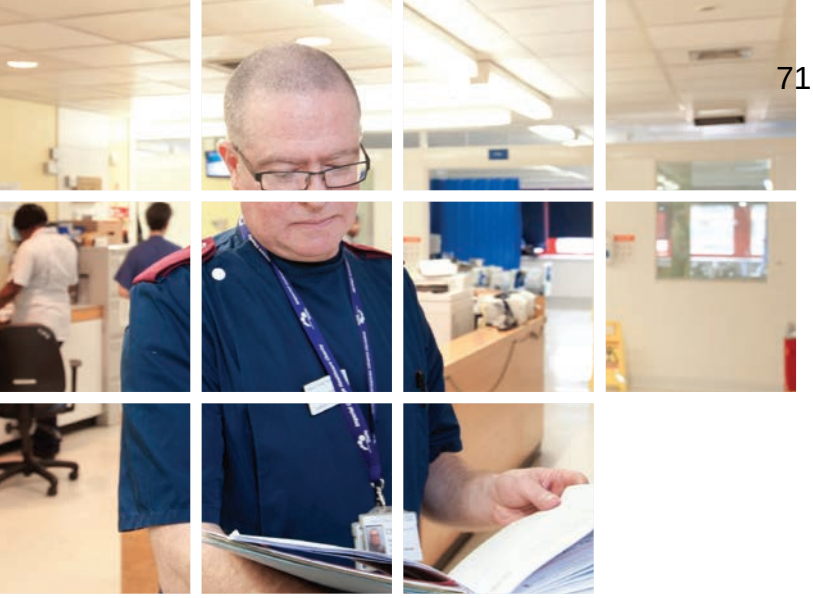
This table does **not** include those nurses and midwives who submitted a revalidation application but by the end of their renewal month had not had their revalidation application fully processed. Reasons for this may include that: they were going through the process of verification, had declared cautions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

APRIL 2016 TO MARCH 2017

Table 6: Comparison of registration types before and after revalidation

This chart shows the numbers of people of the different registration types before (rows) and after (columns) revalidation. The cells with a green background show those cases where there was no change in registration type following revalidation.

Registration before revalidation	Registration after revalidation						Total
	Midwife	Midwife and SCPHN	Nurse	Nurse and midwife	Nurse and SCPHN	Nurse, midwife and SCPHN	
Midwife	9,190	11	2	23	-	1	9,227
Midwife and SCPHN	3	351	-	-	1	2	357
Nurse	1	-	180,776	35	134	-	180,946
Nurse and midwife	719	-	255	2,115	1	2	3,092
Nurse and SCPHN	-	1	116	-	8,786	-	8,903
Nurse, midwife and SCPHN	3	4	1	2	56	108	174
Total	9,916	367	181,150	2,175	8,978	113	202,699



EMPLOYMENT, PRACTICE AND WORK SETTINGS

Nurses and midwives provide information on their employment type, practice settings and work place settings as part of revalidation. They can submit information about more than one type of employment work setting or scope of practice. For example if someone is currently working in two or three different jobs, each of these is counted.

Table seven shows the breakdown of current employment types for those who revalidated. It includes both those who were able to revalidate and those who needed alternative support arrangements. From this we can see there is a wide diversity of employment and practice being reported but most nurses and midwives report being directly employed (93.7 percent of all current employment types being reported).

We have also compared employment types for those who revalidated and had a nursing registration, and those who revalidated and had a midwifery registration (table eight). This shows that midwives are more likely to report being directly employed than nurses (96.3% of current employment types for people with a midwifery registration, compared to 93.5% current employment types for people with a nursing registration.) People with a nursing registration are more likely to report that they are employed by an agency (5.0% of current employment types for nurses, compared to 2.9% of current employment types for midwives.)

Table nine shows the breakdown of the current scope of practice for those who revalidated (including those with alternative support arrangements).The most commonly reported scope of practice was direct clinical care adult and general nursing

(which was reported as 62.8 percent of all current scopes of practice reported). The next most commonly reported scopes of practice were mental health nursing (10.6 percent), children's and neo-natal nursing (5.8 percent) and midwifery (5.3 percent).

Table ten shows the breakdown of work settings. A small majority (56.2 percent) report hospital or other secondary care as one or more of their work settings. The next most reported work setting was community setting, including district nursing and community psychiatric nursing (17.7 percent) and the care home sector (7.8 percent). GP or other primary care represented 5.6 percent of the settings reported. We have also compared work settings for those who revalidated and had a nursing registration, and those who revalidated and had a midwifery registration (Table 11). As might be expected, a large majority of midwives are based in three main settings: a maternity unit or birth centre (43.6% of current work settings for midwives); a hospital or secondary care (33.2% of current work settings); or community setting (17.2% of current work settings).

Table 12 gives a breakdown for each country of the confirmers reported by nurses and midwives. For the four UK countries the most commonly used confirmer type was an NMC registered line manager. Unsurprisingly, people working outside the UK report a much lower usage of an NMC registered line manager (37 percent compared to an overall 71.9 percent). A significant minority (24.5 percent) in England reported a confirmer type as another registered NMC nurse or midwife but not their line manager. It will be interesting to explore the reasons for this over the next two years. There are also some differences in confirmer type for nurses and midwives (table 13). Those who revalidated and had a nursing registration were more likely to have a confirmer who was 'a line manager who is also an NMC registered nurse or midwife' than those who revalidated and had a midwifery registration (72.2% of nurses compared with 64.9% of midwives). Those with a midwifery registration who revalidated were more likely to have a confirmer who is another NMC registered nurse or midwife (33.6% of midwives compared to 22.4% of nurses).

Finally, tables 14 and 15 detail how nurses and midwives have reported their appraisal arrangements. This shows a high level of appraisal (over 90 percent) not just across the four countries of the UK but also for those working abroad. There is some variation in appraisal rates between those who have a registered NMC line manager and those who don't (98 percent compared to 86.8 percent).Overall levels of appraisal are an encouraging sign that nurses and midwives are receiving organisational and professional support from employers and we will continue to monitor this over the next two years.

APRIL 2016 TO MARCH 2017

Table 7: Breakdown of current employment types for those who revalidated

This includes employment types for all current types of employment that have been reported, so the totals add up to more than the number of people in each country. If someone has two or three current periods of practice, each of these is included in the relevant cell in the table. For example, someone who is self-employed and who does additional voluntary work would record both employment types.

The percentages are worked out based on the total current types of employment reported. This table does not include those who were not practising at the time of revalidation.

Employment type	England	Scotland	Wales	Northern Ireland	Not practising in UK*	Total
Employed directly (not via UK agency)	157,149 (93.0%)	20,626 (96.9%)	10,302 (96.7%)	7,685 (97.1%)	2,760 (90.4%)	198,522 (93.7%)
Employed via an agency	9,118 (5.4%)	530 (2.5%)	263 (2.5%)	188 (2.4%)	184 (6.0%)	10,283 (4.9%)
Self employed	2,468 (1.5%)	111 (0.5%)	79 (0.7%)	29 (0.4%)	60 (2.0%)	2,747 (1.3%)
Volunteering	211 (0.1%)	17 (0.1%)	11 (0.1%)	9 (0.1%)	49 (1.6%)	297 (0.1%)
Total current periods of practice	**168,946**	**21,284**	**10,655**	**7,911**	**3,053**	**211,849**

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

APRIL 2016 TO MARCH 2017

Table 8: Employment type by registration type

The table shows a breakdown of current employment types for people who revalidated and had a nursing registration; and for people who revalidated and had midwifery registration. Please note that as some people have both registration as a nurse and as a midwife, they will be included in both groups. As in the table above, the percentages are worked out based on the total current types of employment reported. This table does not include those who were not practising at the time of revalidation.

Employment type	People with a nursing registration	People with a midwifery registration
Employed directly (not via UK agency)	188,219 (93.5%)	12,842 (96.3%)
Employed via an agency	10,118 (5.0%)	383 (2.9%)
Self employed	2,689 (1.3%)	87 (0.7%)
Volunteering	288 (0.1%)	25 (0.2%)
Total current periods of practice	**201,314**	**13,337**

APRIL 2016 TO MARCH 2017

Table 9: Breakdown of the current scope of practice for those who revalidated

Individuals can declare more than one scope of practice, so the totals add up to more than the number of people in each country. For example, a person who works in a policy development role part time, and in direct clinical care part time, would record both scopes of practice.

The percentages are worked out based on the total reported periods of practice.

The table does not include those who were not practising at the time of revalidation.

Scope of practice	England	Scotland	Wales	Northern Ireland	Not practising in UK*	Total current scopes of practice
Commissioning	1,004 (0.6%)	16 (0.1%)	22 (0.2%)	14 (0.2%)	8 (0.3%)	1,064 (0.5%)
Direct clinical care or management – adult and general care nursing	105,992 (62.7%)	13,312 (62.5%)	6,792 (63.7%)	5,096 (64.4%)	1,833 (60.0%)	133,025 (62.8%)
Direct clinical care or management – children's and neo-natal nursing	10,189 (6.0%)	969 (4.6%)	550 (5.2%)	399 (5.0%)	168 (5.5%)	12,275 (5.8%)
Direct clinical care or management – health visiting	4,774 (2.8%)	625 (2.9%)	354 (3.3%)	205 (2.6%)	26 (0.9%)	5,984 (2.8%)
Direct clinical care or management – learning disabilities nursing	2,587 (1.5%)	351 (1.6%)	183 (1.7%)	251 (3.2%)	28 (0.9%)	3,400 (1.6%)
Direct clinical care or management – mental health nursing	17,701 (10.5%)	2,605 (12.2%)	1,235 (11.6%)	699 (8.8%)	222 (7.3%)	22,462 (10.6%)
Direct clinical care or management – midwifery	9,058 (5.4%)	1,008 (4.7%)	502 (4.7%)	460 (5.8%)	174 (5.7%)	11,202 (5.3%)

Direct clinical care or management – occupational health	1,492 (0.9%)	198 (0.9%)	82 (0.8%)	60 (0.8%)	22 (0.7%)	1,854 (0.9%)
Direct clinical care or management – other	4,169 (2.5%)	581 (2.7%)	253 (2.4%)	173 (2.2%)	138 (4.5%)	5,314 (2.5%)
Direct clinical care or management – public health	1,015 (0.6%)	175 (0.8%)	64 (0.6%)	66 (0.8%)	45 (1.5%)	1,365 (0.6%)
Direct clinical care or management – school nursing	1,927 (1.1%)	167 (0.8%)	98 (0.9%)	57 (0.7%)	70 (2.3%)	2,319 (1.1%)
Education	3,198 (1.9%)	450 (2.1%)	213 (2.0%)	140 (1.8%)	147 (4.8%)	4,148 (2.0%)
Policy	121 (0.1%)	34 (0.2%)	10 (0.1%)	17 (0.2%)	9 (0.3%)	191 (0.1%)
Quality assurance or inspection	854 (0.5%)	96 (0.5%)	52 (0.5%)	35 (0.4%)	30 (1.0%)	1,067 (0.5%)
Research	1,308 (0.8%)	148 (0.7%)	46 (0.4%)	36 (0.5%)	28 (0.9%)	1,566 (0.7%)
Other	3,557 (2.1%)	549 (2.6%)	199 (1.9%)	203 (2.6%)	105 (3.4%)	4,613 (2.2%)
Total current periods of practice	**168,946**	**21,284**	**10,655**	**7,911**	**3,053**	**211,849**

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

APRIL 2016 TO MARCH 2017

Table 10: Breakdown of work settings for those who revalidated

Individuals can declare more than one work setting, so the totals add up to more than the number of people in each country. If someone has two or three current work settings, each of these is included in the relevant cell in the table. For example, if a person worked part time in a hospital, and part time in a university, they would record both work settings.

Work setting	England	Scotland	Wales	Northern Ireland	Not practising in UK*	Total
Ambulance service	211 (0.1%)	20 (0.1%)	30 (0.3%)	2 (<0.1%)	7 (0.2%)	270 (0.1%)
Care home sector	12,705 (7.5%)	2,020 (9.5%)	763 (7.2%)	964 (12.2%)	177 (5.8%)	16,629 (7.8%)
Community setting, including district nursing and community psychiatric nursing	30,585 (18.1%)	3,503 (16.5%)	1,906 (17.9%)	1,341 (17.0%)	246 (8.1%)	37,581 (17.7%)
Consultancy	489 (0.3%)	73 (0.3%)	19 (0.2%)	22 (0.3%)	18 (0.6%)	621 (0.3%)
Cosmetic or aesthetic sector	408 (0.2%)	39 (0.2%)	15 (0.1%)	8 (0.1%)	7 (0.2%)	477 (0.2%)
Governing body or other leadership	403 (0.2%)	47 (0.2%)	15 (0.1%)	11 (0.1%)	9 (0.3%)	485 (0.2%)
GP practice or other primary care	9,601 (5.7%)	1,138 (5.3%)	557 (5.2%)	372 (4.7%)	149 (4.9%)	11,817 (5.6%)
Hospital or other secondary care	94,439 (55.9%)	12,021 (56.5%)	6,292 (59.1%)	4,372 (55.3%)	1,859 (60.9%)	118,983 (56.2%)
Inspectorate or regulator	267 (0.2%)	51 (0.2%)	23 (0.2%)	20 (0.3%)	7 (0.2%)	368 (0.2%)
Insurance or legal	203 (0.1%)	28 (0.1%)	2 (<0.1%)	1 (<0.1%)	3 (0.1%)	237 (0.1%)

Maternity unit or birth centre	4,886 (2.9%)	555 (2.6%)	233 (2.2%)	232 (2.9%)	97 (3.2%)	6,003 (2.8%)
Military	300 (0.2%)	18 (0.1%)	8 (0.1%)	2 (<0.1%)	10 (0.3%)	338 (0.2%)
Occupational health	1,377 (0.8%)	204 (1.0%)	64 (0.6%)	52 (0.7%)	22 (0.7%)	1,719 (0.8%)
Police	285 (0.2%)	21 (0.1%)	10 (0.1%)	1 (<0.1%)	1 (<0.1%)	318 (0.2%)
Policy organisation	59 (<0.1%)	8 (<0.1%)	5 (<0.1%)	12 (0.2%)	4 (0.1%)	88 (<0.1%)
Prison	879 (0.5%)	101 (0.5%)	25 (0.2%)	32 (0.4%)	14 (0.5%)	1,051 (0.5%)
Private domestic setting	333 (0.2%)	28 (0.1%)	10 (0.1%)	13 (0.2%)	11 (0.4%)	395 (0.2%)
Public health organisation	1,303 (0.8%)	108 (0.5%)	69 (0.6%)	67 (0.8%)	70 (2.3%)	1,617 (0.8%)
School	971 (0.6%)	112 (0.5%)	48 (0.5%)	27 (0.3%)	80 (2.6%)	1,238 (0.6%)
Specialist or other tertiary care including hospice	2,307 (1.4%)	190 (0.9%)	131 (1.2%)	57 (0.7%)	48 (1.6%)	2,733 (1.3%)
Telephone or e-health advice	492 (0.3%)	132 (0.6%)	35 (0.3%)	11 (0.1%)	12 (0.4%)	682 (0.3%)
Trade union or professional body	80 (<0.1%)	14 (0.1%)	4 (<0.1%)	3 (<0.1%)	–	101 (<0.1%)
University or other research facility	1,880 (1.1%)	274 (1.3%)	155 (1.5%)	52 (0.7%)	78 (2.6%)	2,439 (1.2%)
Voluntary or charity sector	982 (0.6%)	130 (0.6%)	42 (0.4%)	56 (0.7%)	35 (1.1%)	1,245 (0.6%)
Other	3,501 (2.1%)	449 (2.1%)	194 (1.8%)	181 (2.3%)	89 (2.9%)	4,414 (2.1%)
Total current periods of practice	**168,946**	**21,284**	**10,655**	**7,911**	**3,053**	**211,849**

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

APRIL 2016 TO MARCH 2017

Table 11: Work setting by registration type

The table shows a breakdown of current work settings for people who revalidated and had a nursing registration; and for people who revalidated and had a midwifery registration. Please note that as some people have both registration as a nurse and as a midwife, they will be included in both groups. Therefore, some of the work settings in the column for people who have a midwifery registration will relate to their nursing registration, if they hold joint registration.

Where there are no cases in a cell, this is reported as a dash (–).

Work setting	People with a nursing registration	People with a midwifery registration
Ambulance service	270 (0.1%)	5 (<0.1%)
Care home sector	16,626 (8.3%)	17 (0.1%)
Community setting, including district nursing and community psychiatric nursing	35,566 (17.7%)	2,295 (17.2%)
Consultancy	615 (0.3%)	13 (0.1%)
Cosmetic or aesthetic sector	477 (0.2%)	2 (<0.1%)
Governing body or other	480 (0.2%)	11 (0.1%)
GP practice or other primary care	11,774 (5.8%)	90 (0.7%)
Hospital or other secondary care	115,859 (57.6%)	4,424 (33.2%)
Inspectorate or regulator	360 (0.2%)	17 (0.1%)
Insurance or legal	234 (0.1%)	6 (<0.1%)

Maternity unit or birth centre	1,091 (0.5%)	5,811 (43.6%)
Military	337 (0.2%)	4 (<0.1%)
Occupational health	1,718 (0.9%)	4 (<0.1%)
Police	318 (0.2%)	-
Policy organisation	85 (<0.1%)	5 (<0.1%)
Prison	1,051 (0.5%)	-
Private domestic setting	374 (0.2%)	32 (0.2%)
Public health organisation	1,574 (0.8%)	71 (0.5%)
School	1,234 (0.6%)	13 (0.1%)
Specialist or other tertiary care including hospice	2,726 (1.4%)	15 (0.1%)
Telephone or e-health advice	680 (0.3%)	8 (0.1%)
Trade union or professional body	83 (<0.1%)	18 (0.1%)
University or other research facility	2,268 (1.1%)	265 (2.0%)
Voluntary or charity sector	1,228 (0.6%)	28 (0.2%)
Other	4,286 (2.1%)	183 (1.4%)
Total current periods of practice	**201,314**	**13,337**

APRIL 2016 TO MARCH 2017

Table 12: Total number who revalidated by confirmer type

This table shows the number of nurses and midwives who revalidated by the standard revalidation process (that is, not through exceptional circumstances) in the first year of revalidation, broken down by confirmer type.

Confirmer type	England	Scotland	Wales	Northern Ireland	Not practising in UK*	Total
A line manager who is also an NMC registered nurse or midwife	112,549 (70.4%)	16,098 (79.7%)	8,041 (79.0%)	6,376 (86.2%)	1,069 (37.0%)	144,133 (71.9%)
A line manager who is not an NMC registered nurse or midwife	6,818 (4.3%)	764 (3.8%)	360 (3.5%)	228 (3.1%)	407 (14.1%)	8,577 (4.3%)
A regulated healthcare professional	1,077 (0.7%)	127 (0.6%)	50 (0.5%)	42 (0.6%)	36 (1.2%)	1,332 (0.7%)
An overseas regulated healthcare professional	17 (<0.1%)	8 (<0.1%)	1 (<0.1%)	1 (<0.1%)	235 (8.1%)	262 (0.1%)
Another NMC registered nurse or midwife	39,154 (24.5%)	3,177 (15.7%)	1,717 (16.9%)	744 (10.1%)	1,126 (39.0%)	45,918 (22.9%)
Another professional in line with 'How to revalidate with the NMC'	207 (0.1%)	20 (0.1%)	13 (0.1%)	7 (0.1%)	15 (0.5%)	262 (0.1%)
Total	**159,822**	**20,194**	**10,182**	**7,398**	**2,888**	**200,484**

Note: This table does not include eight cases where the confirmer type was not recorded on the system.

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

APRIL 2016 TO MARCH 2017

Table 13: Confirmer type by registration type

The table shows the number of people with a nursing registration, broken down by their confirmer type; and the number of people with a midwifery registration, broken down by their confirmer type. Please note that as some people have both registration as a nurse and as a midwife, they will be included in both groups. As in the table above, this includes those who revalidated by the standard revalidation process.

Confirmer type	People with a nursing registration	People with a midwifery registration
A line manager who is also an NMC registered nurse or midwife	137,392 (72.2%)	8,071 (64.9%)
A line manager who is not an NMC registered nurse or midwife	8,515 (4.5%)	108 (0.9%)
A regulated healthcare professional	1,309 (0.7%)	37 (0.3%)
An overseas regulated healthcare professional	253 (0.1%)	20 (0.2%)
Another NMC registered nurse or midwife	42,594 (22.4%)	4,182 (33.6%)
Another professional in line with 'How to revalidate with the NMC'	251 (0.1%)	14 (0.1%)
Total	**190,314**	**12,432**

Note: This table does not include eight cases where the confirmer type was not recorded on the system.

APRIL 2016 TO MARCH 2017

Table 14: Numbers revalidating who have/ do not have a regular appraisal

This table shows the number of nurses and midwives who revalidated by the standard revalidation process (that is, not through exceptional circumstances) in the first year of revalidation, broken down by whether they indicated that they have a regular appraisal.

Appraisal	England	Scotland	Wales	Northern Ireland	Not practising in UK*	Total
Have a regular appraisal	155,251 (97.1%)	19,043 (94.3%)	9,888 (97.1%)	7,192 (97.2%)	2,682 (92.9%)	**194,056 (96.8%)**
Do not have a regular appraisal	4,571 (2.9%)	1,151 (5.7%)	294 (2.9%)	206 (2.8%)	206 (7.1%)	**6,428 (3.2%)**
Total	**159,822**	**20,194**	**10,182**	**7,398**	**2,888**	**200,484**

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

Table 15: Numbers revalidating who have/do not have a regular appraisal, by whether they have an NMC registered line manager

Appraisal	Has an NMC registered line manager	Does not have an NMC registered line manager	Total
Have a regular appraisal	173,407 (98.1%)	20,649 (86.8%)	194,056 (96.8%)
Do not have a regular appraisal	3,301 (1.9%)	3,127 (13.2%)	6,428 (3.2%)
Total	**176,708**	**23,776**	**200,484**

IMPACT ON GROUPS WITH PROTECTED CHARACTERISTICS

One of the many benefits of the revalidation project is that it has enabled us to gain greater insight into the profile of the people on our register and better tailor our policies for the future. We have always had age and gender information but now as part of the revalidation application process we ask nurses and midwives to provide a range of equality and diversity data. We now have information on ethnicity, sexual orientation and disability for more than 80 percent of people on our register, and gender identity for 70 percent of people, as well as information on employment and work settings and scope of practice for all those who have revalidated. Using this information we will continue to assess the impact of revalidation over the next two years and, as appropriate, seek to minimise any adverse impact that may become apparent.

Before the introduction of revalidation we conducted an equality analysis using data from our register and information from the pilots. This enabled us to consider the potential impact of revalidation on a range of different groups. As a result of this we put in place several solutions to minimise any detrimental impacts, such as offering alternatives to the online application route and allowing extensions to the application deadline. We also introduced the option of renewing under Prep (our previous renewal arrangement) for those who were not able to meet the revalidation requirements as they had not been in practice sufficient time since the publication of the revalidation standards and their revalidation submission date. This option is also open to those who are not able to meet one or more of the requirements due to a protected characteristic, such as pregnancy/maternity or disability.

Tables 16 and 17 compare the numbers revalidating through the 'standard' revalidation process and those who have revalidated through alternative support arrangements.

The numbers of people requesting alternative support arrangements have not been high and since April 2016 the proportion of registrants applying for this has come down from three percent of those who revalidated in April 2016 to one percent of all those revalidating in March 2017. We expect this to continue to reduce. 97 percent of those on the register now have NMC Online accounts (this is true for both nurses and midwives) and we only received 27 requests for alternative arrangements to online submissions. It would seem from this that both the requirements and the submission process for revalidation are appropriate for the vast majority of nurses and midwives.

Demographic profile of those renewing

Tables 21 to 28 contain the information we have collected on the demographic profile of nurses and midwives revalidating. The majority of those who revalidated are under the age of 60 (94.6 percent) and report as white British (72.8 percent) and only 3.5 percent report as having a disability. The revalidation rate for nurses and midwives over 60 is lower than for people in younger groups. The renewal rates (under Prep) for people aged over 60 in the past seven years are also lower than other age groups. This is as we might expect, as many people in this group decide to take retirement. Under revalidation, the revalidation rate for some of the oldest age groups (over 65) have dropped further, although these people represent a relatively small proportion of the register as a whole. The challenges of retaining an aging workforce have been recognised by NHS Employers and nursing unions and we want to work with them to make sure that revalidation is not an obstacle to older nurses and midwives maintaining their registration.

The 3.5 percent of nurses and midwives who declare a disability (table 27 and 28) also have a lower revalidation rate (84.3 percent compared to 95 percent for those who declare they don't have a disability). As with older nurses and midwives, there may be a variety of reasons for this. A much higher proportion of nurses and midwives with a disability declare they are lapsing due to 'ill health' (table 34). Only 2.8 percent of people without a disability declare they are lapsing due to ill-health compared to 28.1 percent of those with a disability. It has not been possible to directly compare this rate with renewal under Prep as we have only just begun to collect information on disability through NMC Online. Overall, those declaring a disability and who told us they had lapsed were less likely to say that they were lapsing because they could not meet the revalidation requirements (3.9 percent compared to 6.3 percent).We discuss this further in the next section.

An initial review of the other demographic information shows no marked differences in revalidation rates between those of different gender (tables 23 and 24). However the revalidation picture for those of different ethnicities is slightly more complex, as we can see from tables 25 and 26, where we can see some differences in revalidation rates between different ethnic groups. For example, some groups have a revalidation rate of 95-96 percent (several Asian categories, several mixed categories and white British) compared to the revalidation rate for those who report any other black background (80.4 percent).

The numbers of people reporting in the different ethnic categories is widely different so it is hard to identify whether this data indicates any material difference in being able to revalidate. For example there are only 364 people who were due to revalidate during this year and identified as being 'any other black background' category so it is hard to draw any firm conclusions from this. We will keep this under review for the next year.

There are a lot of cases of 'unknown' ethnicity for those who were due to revalidate who ended up lapsing – people who lapsed often had not completed the equality and diversity monitoring form, hence the low revalidation rate for people with 'unknown' ethnicity. We don't know whether people with unknown ethnicity are broadly spread across the ethnic groups in the same way as those whose ethnicity is known. As the completeness of our data on the different protected characteristics improves we should have a clearer picture of whether revalidation rates vary between different groups.

We have considered the demographic profile of those who revalidated through the exceptional circumstances (EC) process (tables 18 to 20). While this is a relatively small number (2,207), we have been able to draw some conclusions about people who revalidate through this route. People revalidating through EC are a markedly younger group than those revalidating in the standard way; 65.3% revalidating through EC are under 40 compared with 34.5% of those who revalidate in the standard way. There are also a smaller proportion of males revalidating through EC than through the standard revalidation process; 4% of EC revalidators are male compared with 10.4% of people revalidating in the standard way. We think these differences in age and gender may at least in part be related to the fact that many people revalidating through EC are doing so as a result of maternity leave. We have also noted that people revalidating by EC are more likely to say that they are disabled than people revalidating in the standard way (10.1% of EC revalidators are disabled compared to 3.4% of people who revalidate in the standard way). Again, this may be because some people are using the EC process due to issues with ill health and disability.

This is the first year that we have had such a comprehensive set of demographic data and we will be in a more informed position once we have three years' worth of data alongside the conclusions from three years of evaluation. We will continue to monitor this and report annually.

APRIL 2016 TO MARCH 2017

Table 16: Number who revalidated through the standard revalidation process

This table shows the number of nurses and midwives who revalidated through the standard revalidation process. It does not include those who renewed through exceptional circumstances (EC).

Registration type after revalidation**	England	Scotland	Wales	Northern Ireland	Not practising in UK*	Total
Nurse	142,554	18,293	9,138	6,578	2,615	179,178
Midwife	7,926	978	383	398	126	9,811
Nurse and midwife	1,709	133	142	88	78	2,150
Nurse and SCPHN	7,231	761	497	327	66	8,882
Midwife and SCPHN	309	26	19	3	1	358
Nurse, midwife and SCPHN	97	4	5	4	3	113
Total	**159,826**	**20,195**	**10,184**	**7,398**	**2,889**	**200,492**

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

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

APRIL 2016 TO MARCH 2017

Table 17: Number who revalidated through exceptional circumstances

This table shows the number of nurses and midwives who revalidated through our exceptional circumstances process. This includes nurses and midwives who were unable to meet the standard revalidation requirements, for example due to maternity leave or long term illness. Where there are no cases in a cell, this is reported as a dash (–).

Registration type after revalidation*	England	Scotland	Wales	Northern Ireland	Not practising in UK**	Total
Nurse	1,600	202	79	65	26	1,972
Midwife	95	6	2	1	1	105
Nurse and midwife	24	1	–	–	–	25
Nurse and SCPHN	87	6	–	3	–	96
Midwife and SCPHN	8	1	–	–	–	9
Nurse, midwife and SCPHN	–	–	–	–	–	–
Total	**1,814**	**216**	**81**	**69**	**27**	**2,207**

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

APRIL 2016 TO MARCH 2017

Table 18: Age group of those who revalidated through exceptional circumstances

Age	Total renewed through EC	Percentage of total
Age between 21 – 30	454	20.6%
Age between 31 – 40	988	44.8%
Age between 41 – 50	355	16.1%
Age between 51 – 55	213	9.7%
Age between 56 – 60	119	5.4%
Age between 61 – 65	57	2.6%
Age between 66 – 70	18	0.8%
Age between 71 – 75	3	0.1%
Total	**2,207**	**100.0%**

APRIL 2016 TO MARCH 2017

Table 19: Gender of those who revalidated through exceptional circumstances

Gender	Total EC Accepted	Percentage of total
Female	2,118	96.0%
Male	89	4.0%
Grand Total	**2,207**	**100.0%**

APRIL 2016 TO MARCH 2017

Table 20: Disability status of those who revalidated through exceptional circumstances

Disability	Total EC Accepted	Percentage of total
Unknown	3	0.1%
Does not have a disability	1,822	82.6%
Prefer Not To Say	160	7.2%
Has a disability	222	10.1%
Grand Total	**2,207**	**100.0%**

APRIL 2016 TO MARCH 2017

Table 21: Numbers who revalidated by age group

This table shows the breakdown of revalidation rates by country and age group. This includes all those who revalidated both in the standard way and through exceptional circumstances (EC).

Age group	England	Scotland	Wales	Northern Ireland	Not practising in UK*	Total revalidated (percentage of total revalidated)
21–30	20,691 (12.8%)	2,469 (12.1%)	882 (8.6%)	1,046 (14.0%)	372 (12.8%)	25,460 (12.6%)
31–40	36,120 (22.3%)	4,392 (21.5%)	2,162 (21.1%)	1,751 (23.4%)	675 (23.1%)	45,100 (22.2%)
41–50	49,350 (30.5%)	6,226 (30.5%)	3,341 (32.5%)	2,124 (28.4%)	878 (30.1%)	61,919 (30.5%)
51–60	46,398 (28.7%)	6,536 (32.0%)	3,343 (32.6%)	2,151 (28.8%)	844 (28.9%)	59,272 (29.2%)
61–70	8,621 (5.3%)	767 (3.8%)	521 (5.1%)	380 (5.1%)	141 (4.8%)	10,430 (5.1%)
Aged 71 and above	460 (0.3%)	21 (0.1%)	16 (0.2%)	15 (0.2%)	6 (0.2%)	518 (0.3%)
Total	**161,640**	**20,411**	**10,265**	**7,467**	**2,916**	**202,699**

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

APRIL 2016 TO MARCH 2017

Table 22: Revalidation rate by age group

Age group	Total revalidated	Total due to revalidate	Revalidation rate by age group
21–30	25,460	26,521	96.0%
31–40	45,100	47,097	95.8%
41–50	61,919	64,588	95.9%
51–60	59,272	65,423	90.6%
61–70	10,430	14,795	70.5%
Aged 71 and above	518	1,017	50.9%
Total	**202,699**	**219,441**	**92.4%**

APRIL 2016 TO MARCH 2017

Table 23: Numbers who revalidated by gender

This table shows the breakdown of those who revalidated by gender and country. Where there are no cases in a cell, this is reported as a dash (–).

Gender	England	Scotland	Wales	Northern Ireland	Not practising in UK*	Total revalidated (percentage of total revalidated)
Female	144,543 (89.4%)	18,502 (90.6%)	9,264 (90.2%)	6,966 (93.3%)	2,526 (86.6%)	181,801 (89.7%)
Male	17,095 (10.6%)	1,909 (9.4%)	1,001 (9.8%)	501 (6.7%)	390 (13.4%)	20,896 (10.3%)
Unknown	2	–	–	–	–	2 (<0.1%)
Total	**161,640**	**20,411**	**10,265**	**7,467**	**2,916**	**202,699**

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

APRIL 2016 TO MARCH 2017

Table 24: Revalidation rate by gender

Gender	Total revalidated	Total due to revalidate	Revalidation rate by age group
Female	181,801	196,376	92.6%
Male	20,896	23,063	90.6%
Unknown	2	2	100.0%
Total	**202,699**	**219,441**	**92.4%**

APRIL 2016 TO MARCH 2017

Table 25: Numbers who revalidated by ethnic group

This table gives a breakdown of those who revalidated by ethnic group. Where there are fewer than 50 cases in a cell, this is reported as an asterisk * in order that small groups of people cannot be easily identified. Therefore the totals for a country or an ethnic group may be greater than the total of the numbers shown.

Where there are no cases in a cell, this is reported as a dash (–).

Ethnic group	England	Scotland	Wales	Northern Ireland	Not practising in UK**	Total
White British	112,740	18,556	8,810	5,742	1,706	147,554 (72.8%)
White – Gypsy or Irish Traveller	67	*	*	*	*	92 (<0.1%)
White Irish	2,639	187	74	913	136	3,949 (1.9%)
Any other white background	6,981	267	138	101	314	7,801 (3.8%)
Mixed – white and black Caribbean	1,674	226	127	85	*	2,130 (1.1%)
Mixed – white and black African	545	*	*	*	*	580 (0.3%)
Mixed – white and Asian	486	*	*	*	*	565 (0.3%)
Any other mixed background	590	*	*	*	*	662 (0.3%)
Asian/Asian British Indian	5,830	214	204	207	170	6,625 (3.3%)
Asian/Asian British Pakistani	877	*	*	–	*	922 (0.5%)

Asian/Asian British Bangladeshi	174	*	*	–	*	183 (0.1%)
Asian/Asian British Chinese	713	*	*	*	*	792 (0.4%)
Any other Asian background	7,765	224	449	225	162	8,825 (4.4%)
Black/black British African	12,084	209	136	*	132	12,592 (6.2%)
Black/black British Caribbean	3,016	*	*	*	50	3,108 (1.5%)
Any other black background	336	*	*	*	*	364 (0.2%)
Any other ethnic group	1,718	*	59	*	*	1,881 (0.9%)
Prefer not to say	3,258	307	151	77	97	3,890 (1.9%)
Unknown	147	*	*	*	*	184 (0.1%)
Total	**161,640**	**20,411**	**10,265**	**7,467**	**2,916**	**202,699**

* Where there are fewer than 50 cases in a cell.

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

APRIL 2016 TO MARCH 2017

Table 26: Revalidation rate by ethnic group

Ethnic group	Total revalidated	Total due to revalidate	Revalidation rate by ethnic group
White British	147,554	155,770	94.7%
White – Gypsy or Irish Traveller	92	96	95.8%
White Irish	3,949	4,428	89.2%
Any other white background	7,801	8,714	89.5%
Mixed – white and black Caribbean	2,130	2,219	96.0%
Mixed – white and black African	580	603	96.2%
Mixed – white and Asian	565	593	95.3%
Any other mixed background	662	713	92.8%
Asian/Asian British Indian	6,625	6,848	96.7%
Asian/Asian British Pakistani	922	964	95.6%
Asian/Asian British Bangladeshi	183	189	96.8%
Asian/Asian British Chinese	792	908	87.2%

Any other Asian background	8,825	9,175	96.2%
Black/black British African	12,592	13,157	95.7%
Black/black British Caribbean	3,108	3,360	92.5%
Any other black background	364	453	80.4%
Any other ethnic group	1,881	1,959	96.0%
Prefer not to say	3,890	4,255	91.4%
Unknown	184	5,037	3.7%
Total	**202,699**	**219,441**	**92.4%**

APRIL 2016 TO MARCH 2017

Table 27: Numbers who revalidated by whether they had a self-declared disability

Disability declared?	England	Scotland	Wales	Northern Ireland	Not practising in UK*	Total revalidated (percentage of total revalidated)
Has a disability	5,844 (3.6%)	585 (2.9%)	303 (3.0%)	211 (2.8%)	58 (2.0%)	7,001 (3.5%)
Does not have a disability	149,417 (92.4%)	18,977 (93.0%)	9,567 (93.2%)	7,039 (94.3%)	2,768 (94.9%)	187,768 (92.6%)
Prefer not to say	6,232 (3.9%)	835 (4.1%)	385 (3.8%)	212 (2.8%)	82 (2.8%)	7,746 (3.8%)
Unknown	147 (0.1%)	14 (0.1%)	10 (0.1%)	5 (0.1%)	8 (0.3%)	184 (0.1%)
Total	**161,640**	**20,411**	**10,265**	**7,467**	**2,916**	**202,699**

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

APRIL 2016 TO MARCH 2017

Table 28: Revalidation rate by whether the nurse or midwife had a disability

Disability declared?	Total revalidated	Total due to revalidate	Revalidation rate by whether they have a disability
Has a disability	7,001	8,309	84.3%
Does not have a disability	187,768	197,557	95.0%
Prefer not to say	7,746	8,511	91.0%
Unknown	184	5,064	3.6%
Total	**202,699**	**219,441**	**92.4%**

100

WHY PEOPLE CHOOSE NOT TO REVALIDATE

Nurses and midwives have the option of telling us that they do not want to revalidate and where they have done that we have asked them to tell us their reasons. We have been able to record reasons for 48.5 per cent of those who have lapsed. These are detailed at tables 30 to 35. 4.6 percent of those who gave reasons for lapsing told us they did so because they couldn't meet the revalidation requirements.

For those lapsing their nursing registration who were living/working in the UK, the most commonly cited reason was not meeting the practice hours (52 percent) and the reflective discussion requirements (42 percent). Those lapsing their nursing registration who were living/working outside the UK were most likely to say they could not do the reflective discussion (62 percent) – this may be because the reflective discussion partner has to be an NMC registrant, and they may not have easy access to an NMC registered nurse or midwife if living abroad.

Looking at midwives and SCPHNs, the numbers of midwives who reported not being able to meet the revalidation requirements (table 36) was very small (9) as was the number of SCPHNs (6) (table 37). It is not possible from these numbers to identify any particular issues across registration types and the reasons are spread across all areas quite evenly.

The breakdown by practitioner country shows that the majority of people lapsing in the UK countries and who give a reason report they are doing so because of retirement (56.2% to 71.1%), whereas people living outside the UK are most likely to say they lapse due to the fact that they are not currently practising or have opted

not to practise (68.8%). People living outside the UK are also more likely to say they do not meet the revalidation requirements than people in the UK. This may be due to the reasons noted above. Two thirds of people who lapsed their nursing registration and said they could not meet the revalidation requirements are practising in the UK.

We have also looked at the reasons for lapsing for people with a self-declared disability (Table 34). This shows that people with a disability are more likely to say that they are lapsing due to ill health than people who say they do not have a disability (28.1% of people with a disability compared to 2.4% of people without a disability).

Our independent evaluation partners are currently interviewing a sample of nurses and midwives who have declared they cannot meet the requirements to gain a greater understanding of why this was. We will be discussing these findings with our stakeholders to see what further action we might take in this area.

APRIL 2016 TO MARCH 2017

Table 30: Total number who lapsed

The country for all the tables relating to people who lapsed refers to their registered address when they lapsed. Where there are no cases in a cell, this is reported as a dash (–).

Registration type at point of lapsing*	England	Scotland	Wales	Northern Ireland	Not practising in UK*	Total
Nurse	9,618 (89.9%)	1,299 (91.8%)	593 (90.8%)	380 (90.5%)	1,814 (92.2%)	13,704 (90.4%)
Midwife	419 (3.9%)	54 (3.8%)	24 (3.7%)	23 (5.5%)	80 (4.1%)	600 (4.0%)
Nurse and midwife	136 (1.3%)	10 (0.7%)	8 (1.2%)	3 (0.7%)	51 (2.6%)	208 (1.4%)
Nurse and SCPHN	518 (4.8%)	51 (3.6%)	28 (4.3%)	14 (3.3%)	20 (1.0%)	631 (4.2%)
Midwife and SCPHN	8 (0.1%)	1 (0.1%)	–	–	1 (0.1%)	10 (0.1%)
Nurse, midwife and SCPHN	5 (<0.1%)	–	–	–	2 (0.1%)	7 (<0.1%)
Total (percentage of those due to revalidate who lapse)	**10,704 (6.2%)**	**1,415 (6.4%)**	**653 (5.9%)**	**420 (5.3%)**	**1,968 (39.8%)**	**15,160 (6.9%)**

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

APRIL 2016 TO MARCH 2017

Table 31: Reasons for lapsing

This table only includes active lapsers (through revalidation or cease to practise) for whom we have a recorded reason for lapsing (n=7,359).

Reason	Number	Percentage
Retirement	4,012	54.5%
Currently not practising / opted not to practise	2,584	35.1%
Ill health	382	5.2%
Does not meet the revalidation requirements	338	4.6%
Deceased	35	0.5%
No PII	8	0.1%
Total	**7,359**	**100.0%**

APRIL 2016 TO MARCH 2017

Table 32: Reasons for lapsing by registration type

The table shows the number of people who lapsed with a nursing registration, broken down by their reason for lapsing; and the number of people with a midwifery registration, broken down by their reason for lapsing. Please note that as some people have both registration as a nurse and as a midwife, they will be included in both groups. As in the table above, this includes only those for whom we have a recorded reason for lapsing (n=7,359). Where there are no cases in a cell, this is reported as a dash (–).

Reason for lapsing	People with a nursing registration	People with a midwifery registration
Retirement	3,819 (54.3%)	254 (57.2%)
Currently not practising / opted not to practise	2,464 (35.1%)	165 (37.2%)
Ill health	371 (5.3%)	15 (3.4%)
Does not meet the revalidation requirements	332 (4.7%)	9 (2.0%)
Deceased	35 (0.5%)	1 (0.2%)
No professional indemnity arrangement	8 (0.1%)	–
Total	**7,029**	**444**

APRIL 2016 TO MARCH 2017

Table 33: Reasons for lapsing by practitioner country

Where there are no cases in a cell, this is reported as a dash (–).

Reason for lapsing	England	Scotland	Wales	Northern Ireland	Not practising in UK*	Total
Retirement	3,136 (58.4%)	408 (56.2%)	246 (71.1%)	128 (64.3%)	94 (13.0%)	4,012 (54.5)
Currently not practising / opted not	1,723 (32.1%)	245 (33.7%)	75 (21.7%)	45 (22.6%)	496 (68.8%)	2,584 (35.1%)
Ill health	289 (5.4%)	44 (6.1%)	18 (5.2%)	18 (9.0%)	13 (1.8%)	382 (5.2%)
Does not meet the revalidation	188 (3.5%)	25 (3.4%)	2 (0.6%)	8 (4.0%)	115 (16.0%)	338 (4.6%)
Deceased	28 (0.5%)	2 (0.3%)	4 (1.2%)	–	1 (0.1%)	35 (0.5%)
No PII	3 (0.1%)	2 (0.3%)	1 (0.3%)	–	2 (0.3%)	8 (0.1%)
Total	**5,367**	**726**	**346**	**199**	**721**	**7,359**

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

APRIL 2016 TO MARCH 2017

Table 34: Reasons for lapsing for those who have/do not have a self-declared disability

Where there are no cases in a cell, this is reported as a dash (–).

Reason for lapsing	Has a disability	Does not have a disability	Prefer not to say	Unknown	Total
Retirement	156 (33.8%)	2,529 (52.4%)	156 (42.2%)	1,171 (68.8%)	4,012 (54.5%)
Currently not practising / opted not to practise	153 (33.1%)	1,860 (38.5%)	142 (38.4%)	429 (25.2%)	2,584 (35.1%)
Ill health	130 (28.1%)	116 (2.4%)	55 (14.9%)	81 (4.8%)	382 (5.2%)
Does not meet the revalidation requirements	18 (3.9%)	302 (6.3%)	15 (4.1%)	3 (0.2%)	338 (4.6%)
Deceased	4 (0.9%)	14 (0.3%)	2 (0.5%)	15 (0.9%)	35 (0.5%)
No PII	1 (0.2%)	4 (0.1%)	–	3 (0.2%)	8 (0.1%)
Total	**462**	**4,825**	**370**	**1,702**	**7,359**

APRIL 2016 TO MARCH 2017

Table 35: Revalidation requirement that they were unable to meet:-nurses

Please note that each registrant was able to select as many requirements as were applicable. Therefore the number of requirements in each column totals more than the number of people lapsing. Each registrant was asked the reasons for lapsing each registration if they lapsed more than one.

This is the total number of registrants who lapsed their nursing registration and declared that they 'do not meet the revalidation requirements'. This only includes those who lapsed from the register completely; it does not include 'partial lapsers' who lapsed one or more registrations but retained other registrations.

Where there are no cases in a cell, this is reported as a dash (–).

Revalidation requirement that they did not meet	England	Scotland	Wales	Northern Ireland	Not practising in UK	Total
Confirmation	43	4	–	1	34	82 (24.6%)
CPD	61	7	1	2	6	77 (23.1%)
Health and character declaration	22	2	–	1	2	27 (8.1%)
Practice hours	100	11	–	4	12	127 (38.1%)
Practice-related feedback	62	6	–	3	19	90 (27.0%)
Professional indemnity arrangement declaration	31	3	–	2	10	46 (13.8%)
Reflective discussion	76	11	1	5	69	162 (48.6%)
Written reflective accounts	69	7	1	4	32	113 (33.9%)
Total number of registrants lapsing their nursing registration	**188**	**24**	**2**	**8**	**111**	**333**

APRIL 2016 TO MARCH 2017

Table 36: Revalidation requirements they were unable to meet–midwifery (n=9)

This is the total number of registrants who lapsed their midwifery registration and declared that they 'do not meet the revalidation requirements'. This only includes those who lapsed from the register completely; it does not include 'partial lapsers' who lapsed one or more registrations but retained other registrations.

Where there are no cases in a cell, this is reported as a dash (–).

Revalidation requirement that they did not meet	England	Scotland	Wales	Northern Ireland	Not practising in UK	Total
Confirmation	1	–	–	–	2	3
CPD	1	–	–	–	3	4
Health and character declaration	1	–	–	–	1	2
Practice hours	2	1	–	–	3	6
Practice-related feedback	1		–	–	2	3
Professional indemnity arrangement declaration	1	–	–	–	1	2
Reflective discussion	2		–	–	2	4
Written reflective accounts	1		–	–	–	1
Total number of registrants lapsing their SCPHN registration	**3**	**1**	**–**	**–**	**5**	**9**

APRIL 2016 TO MARCH 2017

Table 37: Revalidation requirement they were unable to meet–SCPHN (n=6)

This is the total number of registrants who lapsed their SCPHN registration and declared that they 'do not meet the revalidation requirements'. This only includes those who lapsed from the register completely; it does not include 'partial lapsers' who lapsed one or more registrations but retained other registrations.

Where there are no cases in a cell, this is reported as a dash (–).

Revalidation requirement that they did not meet	England	Scotland	Wales	Northern Ireland	Not practising in UK	Total
Confirmation	2	–	–	–	1	3
CPD	1	–	–	–	–	1
Health and character declaration	1	–	–	–	–	1
Practice hours	3	1	–	–	–	4
Practice-related feedback	3	-	–	–	–	3
Professional indemnity arrangement declaration	2	–	–	–	–	2
Reflective discussion	3	-	–	–	–	3
Written reflective accounts	2	-	–	–	–	2
Total number of registrants lapsing their SCPHN registration	**4**	**1**	**–**	**–**	**1**	**6**

THE VERIFICATION PROCESS

Verification is a tool we use to gain assurance that nurses and midwives are complying with the revalidation guidance and meeting our requirements. We select a sample of applicants and ask them for the following information:

- a breakdown of practice hours that have made up their required 450 hours
- details of the type of practice they undertook
- where they carried out the work
- confirmation of hours of CPD and the types CPD that they undertook
- confirmation of their arrangements for professional indemnity.

We also contact the confirmer (and in some cases the reflective discussion partner) to verify that they carried out the relevant discussion and that this covered the areas specified in the guidance.

Our analysis so far has shown a high degree of compliance, consistent with the initial findings from the first year of evaluation. We have found a small number of instances of non-compliance and we have dealt with these appropriately. In the coming year we will build on what we have learned and take a dynamic approach to verification to allow us to identify and deal with non-compliance. We don't anticipate that we will have any meaningful data to publish until we have completed our first full three year cycle of revalidation.

THE EVALUATION OF REVALIDATION

We welcome the findings from the first year evaluation report published by Ipsos Mori. It is extremely encouraging to see the positive feedback that nurses and midwives have shared with respect to their revalidation experience, in particular the value of reflective practice. This is consistent with the feedback we have received ourselves. We are also pleased to see that there is early evidence that our intended outcomes of revalidation are being realised as nurses and midwives report improvements in practice and increased awareness of the Code. We have a role not just to set standards for safe and effective practise, but to help improve patient care. If these early findings are sustained revalidation should make a significant contribution to that goal.

At the same time we recognise that this is only the end of the first year of revalidation. We must treat any early findings with caution and take action to make sure that these initial positive findings become sustainable over the long term. The value of undertaking an early evaluation is that we can learn and improve as we go and we welcome these recommendations, many of which we have already begun to implement. We are committed to being transparent about our data and sharing our learning, particularly what we learn about why people lapse their registration. We will continue to work closely with Ipsos Mori to understand this over the next year and share our findings with our partners.

We agree that we need to build on our high quality communication approach and provide support through further improvements in the tools and guidance we offer. Reflective practice is the key to delivering the change that we are seeking and we

will look for additional ways to help nurses and midwives in carrying that out. We will explore with our partners the best way to do this, whether through case studies or signposting to examples of best practice being delivered on the ground.

The support available from employers is a critical factor in the success of revalidation. We are very pleased to see the level of support that many nurses and midwives have reported receiving from their employer. We are conscious that there is a wide variety of employment settings and we will look carefully at those areas where nurses and midwives report receiving less support. It may be that we have a role in working with those employers through raising awareness of the importance of revalidation and how it can help them deliver a safe service.

We also recognise that revalidation could be particularly challenging for those in more isolated practice who do not even have an employer and we want to work with unions and professional networks to address this where we can. While it seems clear that our current communications and case studies work well for a large proportion of the register we agree that there is more we can do here.

Other areas we will focus on over the next year are how nurses and midwives collect feedback (particularly from patients and service users), sharing information with systems and other regulators, and the verification of revalidation applications. The information we have from the first year of verification shows a high degree of compliance with the revalidation requirements and we are pleased that the evaluation report also reflects early signs that verification is having a positive effect on compliance. As we say elsewhere we are conscious there is more to be done and we will continue to evaluate our approach as we gather more data over the coming year.

Nursing & Midwifery Council

23 Portland Place, London W1B 1PZ

T +44 20 7333 9333

www.nmc.org.uk

The nursing and midwifery regulator for England, Wales, Scotland and Northern Ireland
Registered charity in England and Wales (1091434) and in Scotland (SC038362)

Item 11
NMC/17/63
5 July 2017

Council

Reappointment or recruitment process: Chair of the Council

Action: For decision.

Issue: Seeks approval of the proposed approach to reappointment or recruitment for the role of Chair of the Council.

Core regulatory function: Supporting functions.

Strategic priority: Strategic priority 4: An effective organisation.

Decision required: **The Remuneration Committee recommends that the Council:**

- **Approves the revised Chair role and person specification (paragraph 9 and annexe 1).**
- **Approves the recommendation to increase the time commitment to three days a week (paragraph 15).**
- **Approves the reappointment process, including delegating full authority to a Reappointment Panel comprising the two Vice-Chairs, as set out at annexe 2.**
- **Approves the proposed recruitment process, including delegating authority to the Remuneration Committee to identify Selection Panel members, as set out at annexe 3.**

Annexes: The following annexes are attached:

- Annexe 1: Revised Chair role and person specification.
- Annexe 2: Reappointment process and timetable.
- Annexe 3: Recruitment process and timetable.

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

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

Chair: Stephen Thornton
Remuneration Committee

Context:

1 The Chair of the Council's first term is due to expire on 30 April 2018. Under the Council's agreed policy, the Chair is eligible to be considered for reappointment for a further term should she wish to apply, without an open competition.

2 This paper sets out recommendations from the Remuneration Committee for:

2.1 A revised role and person specification for the Chair of the Council.

2.2 An increased time commitment for the role of three days a week.

2.3 A proposed process and timetable for reappointment, should the Chair wish to apply.

2.4 A proposed process and timetable for recruitment to the role, if needed.

3 Appointment/reappointment of the Chair of the Council is a decision for the Privy Council on the recommendation of the Council.

4 The Professional Standards Authority (PSA) is responsible for scrutinising the process and providing assurance to the Privy Council that it is robust.

Four country factors:

5 The composition of the Council must include at least one member (lay or registrant) who lives or works wholly or mainly in each of England, Northern Ireland, Scotland and Wales.

6 As the Council's current composition complies with this requirement, any recruitment process would be open to applicants from all four countries. Our recruitment processes will seek to ensure, through search and advertising, that candidates from all four countries are encouraged to apply.

Discussion:

Issues to be considered

a. Role and time commitment

7 The current Chair role description and competencies was approved by the Council in March 2014. The Remuneration Committee has reviewed the existing role, in accordance with both PSA guidance on reappointments and the Council's policy that account should be taken of the ongoing skills and competency needs of the Council.

8 The Committee considered that the role description should be revised and aligned to the updated Council member role adopted by the Council in November 2016. A revised role and person

specification is at **annexe 1**.

9 Recommendation: The Committee recommends that, subject to any comments, the Council approves the revised Chair role and person specification at annexe 1 as the basis for any reappointment or, as the case may be, recruitment exercise.

b. Time commitment

10 The Remuneration Committee also considered the current time commitment of 'on average two days a week' approved by the Council in March 2014, as part of the process for recruitment of the current Chair.

11 The Committee noted that, in practice, the Chair's activities involve both the committed two days 'plus additional time', as required. Whilst two days a week is the norm for many Non Executive Chair roles across the public sector, comparator information from other regulators indicates a minimum of 2.5 days and usually 3 days a week.

12 The Committee recognised that there is a significant difference between a commitment of two and three days and that an increased time commitment could risk blurring the boundaries between the Executive and non Executive role and could prove unproductive. It might also impact on the calibre and quality of candidates prepared to apply, should a recruitment process be necessary.

13 However, given the significant agenda and volume of business being addressed by the Council, the Committee noted that there were increased time demands on members and this was also the case for the Chair. The Committee therefore concluded that taking into account the current reality and strategic position of the organisation, together with the need to provide significant support and share the load with the Chief Executive in managing complex external relationships, the time commitment should be increased to three days a week.

14 The current Chair's allowance (£48k per annum) is based on a commitment of two days a week, on average. If the time commitment is increased, the Independent Panel on members' allowances would be asked to review and make recommendations as to any increase in the allowance. The Panel is due to undertake the second stage review over the summer.

15 Recommendation: The Council is asked to approve the Remuneration Committee's recommendation that the time commitment be increased to three days a week.

c. Reappointment policy, process and timetable

16 The Council's policy principles, agreed in June 2014, provide that

Council members may be reappointed, without need for an open competition, for a second term of three years. Reappointment is subject to eligibility; satisfactory performance; and an assessment of the ongoing skills / competency needs of the Council.

17 In March 2016, the Council confirmed the importance of ensuring that the composition of the Council met future needs and recognised that this represented a fundamental cultural change, which would involve putting the future needs of the Council before the performance of individual members when looking at reappointments.

18 Accordingly, under the policy principles agreed in 2014, the Chair of the Council is eligible to be considered for reappointment for a further term without an open competition, should she wish to apply.

19 Reappointments are made by the Privy Council. In the case of a Council member, reappointments are recommended by the Chair of the Council. In the case of the Chair, authority to make a recommendation rests with the whole Council.

20 An established process is in place which has been used for three previous Council reappointment exercises and which has met Professional Standards Authority (PSA) requirements.

21 It is proposed to adopt a similar process, subject to adjustments to reflect PSA guidance on Chair reappointments. This proposes that the Council delegates full authority to a Reappointment Panel, comprising the two Vice-Chairs, to conduct the process and determine on behalf of the full Council whether to recommend reappointment to the Privy Council.

22 The proposed reappointment process and outline timetable is at **annexe 2.**

23 **Recommendation: The Committee recommends that the Council approves the reappointment process, including delegating full authority to a Reappointment Panel comprising the two Vice-Chairs, as set out at annexe 2.**

d. Proposed recruitment process and timetable

24 In the event that the current Chair decided not to apply for reappointment, an open recruitment and selection process would need to be initiated.

25 Given that there will also be an existing registrant vacancy from 1 May 2018, both lay and registrant candidates would be able to apply from across all four countries.

26 A proposed recruitment process and outline timetable is at **annexe 3**.This would involve the appointment of a Selection Panel to conduct the recruitment and make a recommendation to the Privy

Council. It is proposed that the Council delegate authority to the Remuneration Committee to identify suitable membership of the Selection Panel, which would need to include independent membership.

27 Similarly, in the event that an application for reappointment was either not recommended or not approved by the Privy Council, an open recruitment exercise would be necessary. Whilst the process would be the same, the timetable for this would depend on when any such decisions were reached.

28 **Recommendation: The Committee recommends that, subject to any comments, the Council approves the proposed recruitment process, including delegating authority to the Remuneration Committee to identify Selection Panel members, as set out at annexe 3.**

Public protection implications:

29 A clear focus on public protection is an integral part of the role of the Chair.

30 Any reappointment and recruitment process does not of itself have public protection implications.

Resource implications:

31 Provision has been included in the Governance budget 2017–2018 to meet the costs of additional external resource to support any exercise as needed.

Equality and diversity implications:

32 Our reappointment process has been judged by the PSA as compliant with its requirements as regards fairness.

33 An equality impact assessment is undertaken at the start of every Council recruitment process and steps taken to ensure that our processes meet equality and diversity best practice.

Stakeholder engagement:

34 None at this stage but will be part of any reappointment or recruitment process.

Risk implications:

35 Any recruitment, selection and reappointment process presents risks in terms of the stability, cohesion, continuity and reputation of the Council and the NMC as a whole. Both timetables are challenging and leave little room for slippage.

Legal implications:

36 Our recruitment and reappointment processes are compliant with the legal requirements of the Nursing and Midwifery Order 2001 and the Nursing and Midwifery Constitution Order 2008.

Item 11: **Annexe 1**
NMC/17/63
5 July 2017

Revised role specification for Chair of the Council

Responsibilities

The Chair of the Council must be committed to public protection; to the NMC's statutory purpose and to guarding the NMC's independence. They must provide strong non-Executive Leadership, demonstrating the highest standards of integrity and probity, setting clear expectations as to culture, values and behaviours, and the style and tone of Council activity. They must have the courage to speak out and challenge and to work effectively with fellow members.

The Chair may be either lay or registrant and need not necessarily have specialist knowledge of regulation or of the health service.

Expected time commitment: 3 days a week.

The role of the Chair is to:

1. **Provide Leadership to the Council and the NMC:**

- Promoting the public interest and fostering an environment of openness, transparency, and accountability in the activities of the Council and of the NMC more broadly.

- Leading the conduct of Council business, bringing impartiality and objectivity, ensuring time is available for discussion of strategic issues; that Council and Executive members have appropriate opportunity to contribute; and that clear decisions are taken, as required.

- Ensuring the Council receives timely, accurate, and clear information to discharge its legal responsibilities and support effective decision-making.

- Maintaining good relationships with, and between, Council members, fostering unity and cohesion through mutual respect and open communication to ensure views and perspectives are understood. Ensuring the Council works collectively, addressing any conflicts, as necessary.

- Ensuring that Council members observe the Code of Conduct and other relevant provisions, and that any issues or complaints are resolved in accordance with agreed procedures.

- Leading the annual evaluation of the effectiveness of the Council collectively and appraisal of Council members individually, and taking appropriate steps to enhance effectiveness and support development, where necessary.

- Holding the Chief Executive and Registrar to account for the management of day-to-day operations, ensuring that resources are used effectively and appropriately to facilitate the delivery of core functions to best effect, and that this is kept under review as circumstances change.

- Maintaining a strong, supportive and constructive working relationship with the Chief Executive and Registrar in which each can speak openly about concerns, worries and challenges.

2. **In partnership with the Chief Executive, lead the external relationships of the NMC, to ensure that the confidence of the public and of stakeholders is maintained:**

   - In agreement with the Chief Executive, leading or supporting activities to promote the interests of the NMC externally, representing the NMC to key stakeholders and influencers across the four constituent nations of the UK.

   - Maintaining effective working relationships with counterparts including the Chairs of other healthcare regulatory bodies, in particular the Professional Standards Authority**.**

3. **Ensure the Council sets the strategic direction for the NMC:**

   - Taking responsibility for corporate strategy, business plans and budgets and the development of the framework for reviewing policy and operational performance.

   - Overseeing the development of policy and taking major policy decisions.

4. **Ensure and review the effectiveness of the NMC in fulfilling its statutory purpose:**

   - Ensuring that the focus of the Council is on the core purpose of public protection.

   - Evaluating the effectiveness of the Council in fulfilling its statutory purpose.

5. **Fulfil all responsibilities as a charity trustee for the NMC:**

   - Ensuring that the NMC acts at all times within the framework of charity law, and fulfils its charitable purposes.

   - Ensuring the Council exercises effective oversight of all appropriate functions, including property management; the employment of staff; health and safety; and equality and diversity.

   - Within the organisation, inspiring confidence of staff and partners, including panel members.

Person specification

Demonstrable evidence of the following:

- Outstanding leadership record in a substantial, high profile national role, including significant experience of successfully leading major change and business transformation.

- Capable of long term strategic thinking to steer the NMC through the next three/four years, leading the Council in delivering its strategy and responding effectively to future challenges in healthcare regulation.

- Ability to lead the Council in effective decision-making, identifying key issues, handling conflicting views, building consensus were possible and delivering concrete, decisions to deliver the organisation's objectives.

- Outstanding interpersonal and stakeholder management skills with a proven record of building effective and positive strategic relationships, so as to command credibility, confidence and support of a wide and complex range of interested parties at national level and ability to navigate a complex political environment.

In addition, the Chair should be able to show they can meet the core competencies which all Council members are expected to have as follows:

- Understanding of, and commitment to, the protection of the public through professional regulation.

- Clear appreciation of the non-executive role, and how executives should be held to account through constructive challenge.

- Ability to contribute to an organisation at a strategic level, demonstrating analytical skills and sound judgement.

- Capacity to understand and contribute to the organisational and business issues with which the Council deals.

- Ability to work successfully as part of a team, respecting and listening to others, earning the respect of colleagues, and contributing constructively to collective decision making processes.

- Understanding of the role of a charity trustee, and capacity to fulfil this role effectively.

- Personal commitment to good governance, and upholding the recognised principles of public life.

Reappointment process for the role of Chair

1 Our reappointment process was developed in 2014 and has been used for three Council member reappointment rounds. It seeks to comply with the PSA's four principles of Merit, Fairness, Transparency and Openness, and Inspiring Confidence and has so far been found satisfactory by the PSA. It is proposed to adopt the same approach, subject to some revisions to reflect that this is the Chair position and to take account of the PSA guidance.

2 For Council member reappointments, the process is approved by the Remuneration Committee. The process is conducted by the Chair, supported by the Secretary. The Chair decides whether to recommend reappointment to the Privy Council.

3 For the Chair, any recommendation for reappointment rests with the Council. It is proposed that the Council agrees to delegate full authority to a Reappointment Panel made up of the two Vice-Chairs to conduct any reappointment process and decide whether to:

3.1 recommend reappointment to the Privy Council on behalf of the whole Council; or,

3.2 not to so recommend and initiate a recruitment process for the role.

4 The proposed reappointment process would be as follows:

Eligibility under the constitution:

4.1 The individual submits a reappointment application (a) confirming that they are not disqualified; (b) confirming that they still meet the definition of a lay or registrant member (as the case may be); (c) confirming/updating declaration of interests; (d) confirming that they have the required time commitment to fulfil the role; (e) confirming that they continue to be willing to abide by the Code of Conduct.

Satisfactory Performance

4.2 In considering reappointment, all appraisals during the first term of office are considered. Appraisals of the Chair are conducted by the Vice-Chairs and take account of feedback from all Council members.

4.3 In addition, the views of key external stakeholders would be sought on the Chair's performance through a formal 360 degree exercise, as recommended by the PSA. It is proposed that the Reappointment Panel would select an external/independent individual or company to undertake this element of the 360 degree assessment which would include seeking

views from the Chief Executive and Registrar and key external stakeholders, such as:

- Government health department policy/professional leads across the four countries.
- Four Chief Nursing Officers.
- Professional bodies.
- Council of Deans.
- Chairs of selected other health care regulators.

4.4 The Reappointment Panel would collate and assess the evidence received from this 360 degree exercise and combine it with appraisals and other feedback sought from fellow Council members in their capacity as Vice-Chairs. As with Council member reappointments, the Panel would also hold a discussion meeting with the Chair.

5 The Panel would then reach a decision. If the Panel decides to recommend reappointment, it would submit the recommendation to the Privy Council and the required account of the process followed to the Professional Standards Authority for scrutiny. Following approval by the Privy Council, the process would then be completed.

6 If the recommendation was for any reason not approved, then an open recruitment exercise would need to be initiated. Similarly, should the Panel decide not to recommend reappointment, an open recruitment exercise would need to begin.

7 The Reappointment Panel's work would be supported by the Secretary to the Council, as is the case with member reappointments.

Outline Reappointment timetable

5 July 2017	Council meeting: • Approve role, competencies and time commitment. • Approve reappointment process and timetable, including delegation of authority to Reappointments Panel (comprising the two Vice-Chairs).
August 2017	Reappointment Panel assesses evidence from appraisals; Council member feedback; and 360 assessment and holds discussion meeting with the Chair.
August/ September 2017	Reappointment Panel decision. If recommendation is for reappointment: 1 Notice of reappointment recommendation sent to PSA to scrutinise the process. 2 Recommendation sent to Privy Council. 3 PSA assurance on process to Privy Council.

	4 Privy Council decision.
September 2017	If decision is not to recommend reappointment, open recruitment process initiated.

Recruitment process

Roles and responsibilities

1 Appointments are made by the Privy Council on the recommendation of the Council. The Professional Standards Authority (PSA) scrutinises the recruitment process and provides advice to the Privy Council on whether it can have confidence in the process.

2 The Council as a whole has responsibility for approving and overseeing the recruitment process for the role of Chair of the Council. It is proposed that the Council delegate to the Remuneration Committee decisions on potential members to serve on the Selection Panel to conduct the process and make recommendations for appointment to the Privy Council on behalf of the Council. The Panel would need to include at least one independent member and possibly more. PSA guidance requires that any Council members on the Selection Panel should be nearing completion of their terms of office and have suitable skills and expertise.

3 The Secretary to the Council is responsible for administering the recruitment and selection process; engagement with the PSA and Privy Council; and providing support and guidance at each stage. Additional expert HR support would be needed to support any recruitment process.

Eligibility

4 Due to expiry of a registrant member's second term of office on 30 April 2018, the role would be open to both lay and registrant applicants across all four countries.

Selection Panel and search

5 The Selection Panel is responsible for conducting the process and making recommendations on behalf of the Council. Selection decisions by the Panel will be made using the role description and person specification. As a minimum the Selection Panel will include at least one of each of:

5.1 A registrant Council member.

5.2 A lay Council member.

5.3 An independent, non-Council member.

6 Any recruitment process will be supported by search consultants. Any advertising will need to be well targeted to encourage lay and registrant candidates from all four countries, including members of under-represented groups.

7 An outline recruitment timetable is below:

5 July 2017	Council meeting: • Approve role, competencies and time commitment. • Approve recruitment and selection process. • Delegate authority to Remuneration Committee to identify Selection Panel members and appoint search consultants.
August 2017	Finalise candidate briefing. Submit advance notice to PSA for approval. Submit timetable to Privy Council.
September 2017	Advert live and applications open.
October 2017	Initial sift by search consultants. Long listing meeting. Initial interviews by search consultants.
Late November/early December	Shortlisting meeting. Candidates to meet Chief Executive.
January 2018	Interviews.
February 2018	Report to PSA. Recommendations to Privy Council.
Early March 2018	Notify candidate.
March/April 2018	Induction.
1 May 2018	Appointee takes office.

Item 12
NMC/17/64
5 July 2017

Council

English Language Stocktake: Update

Action: For discussion.

Issue: English Language Stocktake: Update.

Core regulatory function: Registration and Revalidation.

Strategic priority: Strategic priority 1: Effective regulation.

Decision required: The Council is asked to review the findings so far and recommendations (paragraph 19).

Annexes: The following annexe is attached to this paper:

- Annexe 1: English language tests and IELTS scores required by regulators.

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

Author: Philip Satherley
Phone: 020 7681 5778
Philip.Satherley@nmc-uk.org

Director: Emma Broadbent
Phone: 020 7681 5903
Emma.Broadbent@nmc-uk.org

Context:

1 It is good practice to review our policies every few years for fitness-for-purpose, public protection and proportionality. The British Council suggests reviewing the IELTS (International English Language Test System) requirements every two years.

2 It is clear that our role as a regulator is to ensure public protection, not to address workforce issues. We need to be confident that current English language requirements ensure public protection and that any changes would not lead to poor practice or endanger the public.

3 Our stocktake, so far, has provided no compelling evidence that the IELTS is not fit for purpose or that the level is set too high. However, this is an initial stocktake and we suggest more work would be helpful.

Four country factors:

4 The same requirements apply across the UK.

Discussion:

IELTS history

5 The current NMC policy stipulates that all non-EEA applicants are required to undertake and successfully pass an IELTS test. The required score level is 7.0 across all four domains (Writing, Reading, Listening, Speaking). This standard was established in 2006 following consultation on the then standard of 6.5 in IELTS.

6 In January 2016 the NMC was granted legal powers to require evidence that EEA trained nurses and midwives had the necessary knowledge of English to practice in the UK; those unable to provide this evidence must complete the IELTS test.

Professional regulators and IELTS

7 Internationally, an average minimum score of 7.0 is the common standard across nursing and midwifery regulators, also generally requiring a minimum of seven in each of the four domains. In general, the other UK professional regulators require a minimum of 7.0 overall. **Annexe 1** sets out IELTS requirements by healthcare regulators in the UK and nursing and midwifery regulators in key comparator countries.

Academic and General Training IELTS

8 IELTS is not a profession or healthcare specific test. There are two versions of IELTS: 'Academic' and 'General Training' (GT). The Academic version was developed primarily for those seeking to enter degree or post-graduate programmes. The GT version was originally developed for vocational and workplace training schemes. The NMC currently uses the Academic version as do the other regulators (with

the exception of the HCPC who also accept the GT version). For the NMC this is on the basis that IELTS is a degree level qualification. Internationally, the nursing and midwifery regulators require the Academic version.

9 We have explored with the British Council if we could develop more targeted aspects to the test but the Council has informed us that the nature of IELTS would not permit introducing more focused topics, such as healthcare.

Supporting applicants to undertake IELTS

10 The British Council provide a range of free guides and practice materials to test takers and employers/recruiters to support preparation for the test. Materials are available online and test takers can download practice tests. The extent to which employers and applicants access this material varies. Currently there is no IELTS support material produced by the NMC.

IELTS

11 We are seeking clarification of IELTS EEA and non-EEA data sets. Initial discussions with the British Council indicate the Writing part of the test to be a point of weakness in comparison to Speaking, Listening and Reading.

Exploring flexibility in our approach and policies

IELTS domain score requirements

12 Stakeholder feedback shows that there is general support for the overall level being set at 7.0, but with flexibility in individual domain scores. We could undertake further research to explore why the Writing domain consistently scores lower and what the impact of lowering it to 6.5 would be.

13 The top two non-EEA country sources for registrants with the NMC in 2015–2016 were the Philippines (63.8% of non-EEA) and India (23.3%). The British Council has confirmed to us that a standard of 6.5 for Writing, a requirement for level 7.0 in other domains and an overall score of 7.0 would mean that ‘many’ more candidates from these two countries would achieve our standard. It requires further detailed work by the British Council to provide figures on exactly how many more would, for example, have met the standard in 2016–2017.

14 The data we have gathered so far does not allow us to firmly conclude whether a move to 6.5 in Writing would raise public protection risks. Conversely, there is little evidence to say that it would not.

Other language tests

15 Some stakeholders have suggested that a language test which incorporates the clinical and social skills needed by nurses and midwives would be more appropriate than IELTS. English language academics, challenge whether IELTS currently tests English 'preparedness' appropriately, as it is divorced from context (for us that would be the nursing/healthcare context).

16 Two options to consider are i) developing a new test or, ii) using or adapting an existing healthcare-focused test. Two such tests which assess the clinical and social aspects of language skills are the Occupational English Test (OET), recognised by over 20 regulatory bodies in Australia, New Zealand and Singapore and the Canadian English Language Assessment for Nurses (CELBAN). OET assesses the language proficiency of a range of healthcare professionals, including nurses and midwives, doctors and pharmacists. CELBAN was developed solely for nurses, although midwives are interested its use.

17 We are currently gathering evidence related to OET and are exploring practical issues such as how OET domains and scores might map onto existing IELTS requirements. The OET has test centres in Asia and South East Asia, Africa, Europe, Australia and North American and additional test venues could be opened. Developments would need to be aligned with the other key professional regulators.

Nursing Associates

18 Language requirements for Nursing Associates (NAs), or equivalents, applying to work in the UK will need to be set in due course and we need to explore whether they would be at the same level as other registered nurses. Our register for NAs is due to open early 2019.

Conclusion

19 Having considered the evidence in this initial stocktake our recommendation to the Council is to:

19.1 Develop improved signposting and support from the NMC in relation to preparation for the IELTS test, including gathering and sharing best practice from employers.

19.2 Explore a new strategic solution, considering in particular the OET.

19.3 Further explore the Writing element of IELTS and the evidence base for any change.

19.4 Conduct work with patient and public groups to understand

their views and perspectives on this debate.

20 Public consultation and engagement on substantial policy and standards changes is best practice, alongside conducting a full equalities impact assessment. The Council would need to consider this in due course.

Public protection implications: 21 A full analysis of the impact on public protection of any policy change would be an integral part of any change.

Resource implications: 22 A detailed examination of resource implications would need to be carried out of any proposed changes.

Equality and diversity implications: 23 An equality impact assessment is not appropriate at this stage. Any proposed policy changes would include an equality impact assessment.

Stakeholder engagement: 24 Future engagement will be planned based on any proposed policy changes.

Risk implications: 25 At this stage, no change to policy is proposed.

Legal implications: 26 At this stage, no change to policy is proposed. Legal implications would be considered as part of next steps.

Item 12: **Annexe 1**
NMC/17/64
5 July 2017

English language tests recognised and accepted by international nursing and midwifery regulators

Country	Type of tests accepted
Australia	**IELTS**, OET (Occupational English Test) TOEFL (Test of English language as Foreign Language, set University level), Pearson (academic level)
Ireland	**IELTS**
Canada	**IELTS**, OET, CELBAN (Canadian English Language Benchmark Assessment for Nurses)*
New Zealand	**IELTS** and OET
South Africa	**IELTS**
USA	**IELTS**, TOEFL or TOEIC (Test of English in International Communications)

OET is health professional specific and CELBAN is nursing specific.

IELTS score requirements of other UK-based and international regulators[1] [2]

Regulator / professions	Overall average	Listening (minimum)	Reading (minimum)	Speaking (minimum)	Writing (minimum)
Nursing Midwifery Council	7.0	7.0	7.0	7.0	7.0
General Medical Council	7.5	7.0	7.0	7.0	7.0
General Pharmacy Council	7.0	7.0	7.0	7.0	7.0
General Dental Council – currently all 7 registrant groups	7.0	6.5	6.5	6.5	6.5
Health and Care Professions Council (except speech and language therapists)	7.0	6.5	6.5	6.5	6.5
Health and Care Professions Council (speech and language therapists)	8.0	7.5	7.5	7.5	7.5
General Osteopathic Council	7.0	7.0	7.0	7.0	7.0
General Optical Council	7.0	6.0	6.0	7.0	6.0
General Chiropractic Council	7.0	7.0	7.0	7.0	7.0
Australia	7.0	7.0	7.0	7.0	7.0
New Zealand – nurses	7.0	7.0	7.0	7.0	7.0
New Zealand – midwives*	7.5	7.0	7.0	7.0	7.0
Ireland – nurses and midwives	7.0	6.5	6.5	7.0	7.0
Canada – nurses (Ontario, British Columbia, Alberta)	7.0	7.5	6.5	7.0	7.0
South Africa*	6.0	-	-	-	-

[1] English requirements for the United States varies at the state level.
[2] All regulators in the UK require the Academic version of IELTS. However, the HCPC also accept the General Test which reflects their range of registrants. Non-UK regulators of nursing and midwifery require the Academic version of IELTS, however confirmation is needed for two*.

Item 13
NMC/17/65
5 July 2017

Council

Nursing Associate (NA): The Code, standards of proficiency and standards for education providers

Action: For discussion.

Issue: Update paper on the NA Code, standards of proficiency and standards for education providers.

Core regulatory function: All regulatory functions.

Strategic priority: Strategic priority 1: Effective regulation.

Decision required: None.

Annexes: The following annexe is attached to this paper:

- NA programme Council timeline.

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

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

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

Context:

1 In January 2017, the Council agreed to a request from the Secretary of State to regulate a new role, nursing associate (NA). The role is currently being piloted in England by HEE, with 2000 trainees due to graduate from January 2019.

2 At the Council meeting in March 2017, we set out an aspiration to develop, by autumn 2017, early working drafts of the:

2.1 NA standards of proficiency.

2.2 NA education provider standards.

3 The purpose of sharing working drafts at this stage is to give trainee NAs, and their educators and employers, a year's notice of our likely requirements for those seeking to join the NA part of our register.

4 As for nurses and midwives, NAs will also be bound by the principles of a code. The Code: *Professional standards of practice and behaviour for nurses and midwives (2015)* is the principle standard used by the NMC to regulate nurses and midwives. All those on the register commit to uphold the Code, revalidation against the Code enables nurses and midwives to remain on the register, and the Code is a reference point in fitness to practise decisions. The NMC has conducted a preliminary review of the Code and other practice standards and guidance to assess their potential to apply to NAs.

5 We will formally consult on the Code and NA standards in spring 2018 and the Council will be asked to approve final versions in autumn 2018.

Four country factors:

6 Health policy and workforce are devolved matters. The NMC is not aware of any plans in Northern Ireland, Scotland or Wales to develop the NA role in the immediate future. From the NMC's perspective, whether the NA role is used UK-wide or not, all four countries of the UK retain a stake in the NMC's approach to regulation, not least because of mobility within the UK labour market.

Discussion:

Development of draft NA standards of proficiency, education provider standards and a code

7 To support the development of a code and the working draft of the standards by the autumn, there have already been a number of engagement events with NA test sites. These include:

7.1 Early workshop in March 2017 with a small group of NA test sites.

7.2 Two standards workshops in June 2017 (around 60 attendees) and a further one planned in July 2017.

8 Over the summer we intend to develop and refine a working draft of the standards of proficiency and the education provider standards, as well as understand the impact that the introduction of NAs may

have on the existing Code, and any amendments and / or significant changes that may be required. We intend to do this in a number of ways, including:

8.1 Working more widely with organisations such as the Council of Deans of Health and representatives from other health and social care organisations to seek their input, and that of their members.

8.2 Seek the views of the Royal Colleges, Union representatives and public and patient groups.

8.3 Use the insights from members of the NA External Stakeholder Group to be held in July 2017.

8.4 Seek input from senior nurse leaders including the CNOs.

8.5 Deliver a workshop to the Professional Strategic Advisory Group, which has participation from four countries and both professions.

8.6 Use the events planned for the education programme over the summer and keep track of any emerging findings from the future nurse consultation.

8.7 Work with a group of Council Members led by Robert Parry, to shape the drafts in advance of the Council discussion and decision in September 2017.

9 The NA standards build on the approach we have taken to the nursing standards, currently out for consultation. We will take stock of the outcomes of the nursing consultation, which closes in mid-September, before we finalise a version of the NA standards for formal consultation in 2018. In the meantime, we intend to ensure the draft standards have had a sufficient level of exposure and debate before they come to the Council in September 2017.

10 We recognise the importance of the development of the Code for NAs and the role the Code will play in defining the role of the NA in practice. We intend to ensure that we seek a wide range of views in this area, drawing on our experience of developing the current Code and capitalising on the success and positivity we received from the professions we already regulate.

11 **We welcome the Council's views on the proposed approach to the NA proficiencies, the education provider standards and the Code.**

Public protection implications:

12 Ensuring public protection will be of paramount importance when considering the NMC's approach to the development of NA standards of proficiency and education provider standards.

Resource implications:	13	In agreeing to regulate NAs, the Council was clear that the costs of bringing a new profession into regulation must not be borne by existing registrants. The DH has agreed to meet reasonable NMC costs and we are working together to agree the resources required.
Equality and diversity implications:	14	The NA programme is the subject of a full EQIA which is being overseen by the programme management group. The impact assessment will be informed by data from the pilot and apprenticeship programmes.
Stakeholder engagement:	15	The NA programme has a comprehensive communications and engagement plan, approved by the NA Board.
Risk implications:	16	This activity seeks to mitigate a key risk identified by the Council which is that it will inherit trainees who qualify before the NMC has set NA standards or approved programmes.
Legal implications:	17	Legislative change is required to enable the NMC to regulate NAs.

Nursing & Midwifery Council

Council timeline
(as at 15 June 2017)

NA Programme Council timeline
Council discussion/decision points

Subject	Council discussion or decision					
	1st	2nd	3rd	4th	5th	6th
Code	June '17 - Discussion	July '17 - Discussion	October '17 - Discussion	March '18 - Discussion	April '18 - Decision for consultation	October '18 - Approve final
Standards	June '17 - Discussion	July '17 - Discussion	September '17 - Decision on working draft	March '18 - Discussion	April '18 - Decision for consultation	October '18 - Approve final
Legacy cohorts	July '17 - Discussion	November '17 - Discussion	January '18 - Approve approach			
Fee	September '17 - Discussion	October '17 - Discussion (if required)	November '17 - Decision for consultation	June '18 - Discussion	September '18 - Approve fee	

Item 14
NMC/17/66
5 July 2017

Council

Midwifery update

Action: For discussion.

Issue: This paper provides Council with a midwifery update.

Core regulatory function: All regulatory functions.

Strategic priority: Strategic priority 1: effective regulation.

Decision required: None.

Annexes: None.

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

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

Context:

1 The Council agreed at its January 2017 meeting that a number of measures would be put in place to ensure that the Council received regular advice relating to the regulation of midwives.

2 This paper provides the Council with an update on recent midwifery activity including the work of the Midwifery Panel, the development of new standards of proficiency for the future registered midwife, and recent and planned engagement.

Four country factors:

3 There are differing approaches across the four countries to midwifery issues and maternity services. Where different approaches apply, these are discussed in detail throughout the paper.

Discussion:

Midwifery Panel

4 The next Midwifery Panel will take place on 6 July 2017. The Council will receive an update from this meeting at the September 2017 meeting.

Standards of proficiency for the future registered midwife

5 Work in this area is being led by Professor Mary Renfrew, and we have recently appointed a Senior Midwifery Advisor, who will provide strategic support to this work internally. We have identified nine principles to underpin the development of our new standards of proficiency, namely that we will develop standards which:

5.1 Are outcomes focused and evidence based;

5.2 Embrace the values set out in the Code;

5.3 Provide separate standards of proficiency for the future registered midwife to those standards for institutions delivering midwifery programmes;

5.4 Reflect radical and continuing change in midwifery and maternity services;

5.5 Are sufficiently future proofed;

5.6 Are open to objective assessment;

5.7 Are accessible to the public;

5.8 Provide the building blocks for continuous professional development; and

5.9 Are unambiguous, transparent and succinct.

6 We have set up a Thought Leadership Group (TLG), chaired by Professor Mary Renfrew, to feed directly into the development of the new standards. The membership of this group will continue to develop as further members are invited from across the four countries. The TLG met in May 2017 and plan to meet again in July 2017. We anticipate that the group will meet regularly between now and March 2018.

7 In addition to engaging through the TLG, Professor Mary Renfrew has already undertaken a number of one to one engagements and group engagements. Our engagement and communications strategy has been developed and this includes the development of a larger virtual TLG, one to one meetings with senior colleagues, attendance at meetings of key groups, pro-active use of social media, and a series of listening events and roadshows to ensure that we engage with midwives, students, other healthcare professionals, women and families throughout the development of these new standards of proficiency. To date the Midwifery Panel has fulfilled the role of the Senior Sponsorship Board in relation to this work.

8 We have commissioned analysis that aggregates the findings of Professor Mary Renfrew's engagement work to date. The research findings set out the key areas of focus from stakeholders to date:

8.1 The drivers for change, which include a number of high profile reviews; system level culture and capacity; variation in outcomes across institutions; societal and technological change; increasing clinical complexity, and an increase in inter–professional working.

8.2 Uncertainties in the current and future landscape, including issues relating to Brexit, student funding in England, the integration of health and social care, and the future models of care delivery for women and families.

8.3 Possibilities for the changing shape of midwifery education.

8.4 A range of needs for the new standards of proficiency, including the need for extensive stakeholder engagement and the need to continue to ensure that midwifery as a profession is protected. Work in this area has started to identify a number of areas for inclusion in the new standards, such as mental health, complexity, developing leadership, understanding and using evidence, and the promotion of health.

9 Following the publication of the recent coroner's report and recommendations for midwifery education and training, on 2 June 2017 we wrote to all Approved Education Institutions (AEIs) and Lead Midwives for Education (LMEs) who deliver midwifery programmes, to inform them that we are undertaking an evidence gathering exercise. We asked them to provide us with information

about the learning, teaching and assessment components included in their existing programmes; specifically in the areas of fetal monitoring and interpretation, escalating concerns in complex births and perinatal mental health. The findings will be fed into the development of the new standards of proficiency for midwifery. We will report to the Council on the findings.

Recent and planned engagement

10 We have developed a new midwifery hub for our website, which will host information about the Midwifery Panel, midwifery supervision and the midwifery education programme: we anticipate that this will be launched in July 2017. We are also developing a range of midwifery–specific resources, including blogs and films, which will be delivered over the coming months.

11 In partnership with Hanover Communications, we are planning an initial programme of listening events which will take place across the four countries. These events will commence in late August 2017and will target midwives, students, educators, heads of midwifery, interdisciplinary colleagues, women and their families, allowing them to share their views about the future of midwifery and the key issues and opportunities they would like to be considered when developing the new draft standards.

12 To support the core TLG we are establishing a virtual TLG, representing the diversity of the midwifery community from across the UK. This group will be primarily engaged with via webinar and email, and will play an important role in shaping the new draft standards. This is expected to go live in July 2017.

Public protection implications:

13 The development of new standards of proficiency for the future registered midwife, along with the implementation of changes to midwifery supervision, are solely driven by the need to protect the public.

Resource implications:

14 The resource implications linked to the items in this paper have been incorporated in our corporate planning processes.

Equality and diversity implications:

15 An equality impact assessment will take place as part our work in relation to the development of new standards of proficiency for the future registered midwife. Initial considerations may particularly relate to, but are not limited to, issues relating to part time study, Welsh language and new and flexible modes of study.

Stakeholder engagement:

16 We have recently appointed a Senior Midwifery Advisor. We anticipate that this role will include significant engagement activity

across the four countries. In addition, Professor Mary Renfrew continues to engage extensively in relation to the development of new standards of proficiency for the future registered midwife.

Risk implications: 17 Risk implications arising from this paper predominantly relate to the development of new standards of proficiency for the future registered midwife, in particular in relation to the time frames for delivering this work.

Legal implications: 18 None arising from this paper.

Item 15
NMC/17/67
5 July 2017

Council

Performance and Risk report

Action: For discussion.

Issue: The latest overview of performance and risk management.

Core regulatory function: All functions.

Strategic priority:
Strategic priority 1: Effective regulation.
Strategic priority 2: Use of intelligence.
Strategic priority 3: Collaboration and communication.
Strategic priority 4: An effective organisation.

Decision required: The Council is recommended to:

- Discuss progress against the corporate plan 2017–2018 (paragraph 10).
- Discuss our KPI performance for April and May 2017 (paragraph 17).
- Discuss the corporate risk summary (paragraph 20).

Annexes: The following annexes are attached to this paper:

- Annexe 1: Performance reports including year to date progress update on the corporate plan commitments.
- Annexe 2: Corporate risk summary.

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

Author: Janice Cheong
Phone: 020 7681 5765
Janice.cheong@nmc-uk.org

Director: Adam Broome
Phone: 020 7681 5964
adam.broome@nmc-uk.org

Context:

1 This report provides the latest overview of performance and risk management across the organisation.

2 Further improvements in reporting about performance and risk are ongoing.

Four country factors:

3 These are taken into account in considering our corporate plan commitments, risks and through our operational performance.

Discussion:

Performance (annexe 1)

Year to date progress against the corporate plan for 2017–2018

4 **Annexe 1a** presents an assessment of progress, based on a red/amber/green rating system, on the delivery of specific commitments within our corporate plan 2017–2018.

5 We are reporting against 12 commitments based on progress made to 15 June 2017. The ratings and narrative may not reflect circumstances that have happened since then. Our forecast for delivery at year end is that:

We are on track to meet **seven** of our commitments (green).	We are not yet clear on whether **five** of our commitments will be met (amber).

Amber forecast ratings for commitments

6 **Commitment 1d – Continued development of our approach to the quality assurance (QA) of nursing and midwifery education:** there is uncertainty around work for later in the year as this is dependent on decisions to be made by the Council in the autumn. We are on track to produce the information the Council will require for deciding upon a future QA approach.

7 **Commitment 2 – Developed and consulted on both standards of proficiency and standards for education for nursing associates:** discussions about funding are ongoing with the Department of Health. However, good progress is being made with the standards and policy work.

8 **Commitment 3 – Implemented legislative changes to address fitness to practise (FtP) concerns proportionately and quickly:** there is uncertainty around whether the FtP rules will be laid in Parliament by 7 July 2017 and therefore whether the project will keep to timescales. However, we are continuing to work on the assumption that the project will be completed this year and we are

on track for the implementation of systems and processes to operationalise the new legislative changes.

9 **Commitment 5a – Delivered the first phase of the contact centre, including procurement of appropriate accommodation;** and; **Commitment 5b – Delivered the first phase of a new customer relationship management system and associated new technology:** we are continuing to undertake a risk assessment of our Transformation programme, to determine how the overall approach and timeline need to flex in line with various external and internal factors.

10 **Recommendation: The Council is invited to discuss progress against the corporate plan 2017–2018.**

Corporate key performance indicators and supplementary information

11 **Annexes 1b to 1f** present information on performance for April and May 2017, including our corporate key performance indicators (KPIs).

12 We have maintained performance against our registrations KPIs (**annexe 1b**) except for two dips, the noteworthy one being:

12.1 a dip in EU/Overseas performance to 85% in April 2017 (target 90%) due to vacancies in the team. By May 2017, performance had recovered to almost 100%.

13 Additional registration information is at **annexe 1b** and this includes revalidation figures. Our call centre performance has been consistent and revalidation rates have continued to compare favourably with historical renewal rates.

14 We exceeded our 80% target for imposing FtP interim orders within 28 days as shown in **annexe 1c**. The FtP dashboard at **annexe 1d** shows that in May 2017 we received a relatively high number of new referrals and there were a higher than average number of interim orders, adding slightly more pressure to our Screening caseload. However, we improved our Screening timeliness target from April 2017.

15 Performance against our FtP 15 month end-to-end KPI has remained around 75%, in line with our forecast and indicative of our continuing prioritisation for the progression of older cases.

16 We report a new customer measure at **annexe 1e**, comprised of two elements; customer satisfaction and effort. The measure reflects customer feedback about the service experienced from our FtP and Registration and Revalidation teams. For April and May 2017 75.1% of customers indicated that they were satisfied/very satisfied and 70.3% of customers agreed that the NMC made it easy for them to

manage their issue. We have set ourselves initial targets of 75% and 70% against the satisfaction and effort elements respectively.

17 **Recommendation: The Council is invited to discuss our KPI performance for April and May 2017.**

Corporate risks

18 **Annexe 2** presents our corporate risk summary. The Council undertook an annual risk review in April 2017 to consider the current corporate risks the NMC faces. The summary contains these corporate risks.

19 Risks 3 and 4 are a priority to address: these are the two red-rated risks around organisational capacity and capability with regard to delivering our major change programmes and business as usual. The Council discussed these risks at the June 2017 Seminar and will continue to monitor the mitigations being put in place.

20 **Recommendation: The Council is invited to discuss the corporate risk summary.**

Fitness to Practise

Exercise of delegated authority

21 In June 2014 the Council delegated authority to the Director of Fitness to Practise to issue guidance on matters relating to the NMC's Fitness to Practise (FtP) function, including updates to existing guidance. In the last 12 months the Director of FtP issued four new pieces of guidance, which covered guidance for decision makers at substantive order reviews, publication, the handling of information in FtP cases, and new guidance for case examiners in anticipation of their new powers under section 60 changes to our Rules.

22 Substantive updates were made to four existing pieces of guidance, including a consolidation of separate pieces of order guidance documents into one, and changes to guidance on voluntary removal, reviews of no case to answer decisions, and conditions of practice, the last of which introduced transitional arrangements for cases involving midwifery supervision.

23 In addition, minor amendments were made to 13 guidance documents to introduce the NMC's new overarching objective following the coming into effect of the Health and Social Care (Safety and Quality) Act 2015.

Public protection

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

implications:

Resource implications:	25	Resource implications are captured in the financial monitoring report.
Equality and diversity implications:	26	Equality and diversity implications are considered in reviewing our performance and risks.
Stakeholder engagement:	27	KPI and risk information is in the public domain.
Risk implications:	28	The impact of risks is assessed and rated within our corporate risk register.
Legal implications:	29	None.

Annexe 1 - progress and performance

This cover page is an overarching summary of progress and performance.

The accompanying reports within annexe 1 contain the detail.

Contents of annexe 1:

1a Year to date progress against the corporate plan 2017-2018

1b Registration and Revalidation performance report

1c FtP performance report

1d FtP dashboard

1e Customer service

1f 12 month summary of corporate KPIs

Corporate plan commitments: forecast for delivery at year end

	R	A	G
Effective regulation (strategic priority 1)		3	6
Transforming the NMC (strategic priorities 2, 3 and 4)		2	1
Commitment RAG totals (12 in total)		**5**	**7**

KPI performance for April and May 2017

	KPI	Year to date average	Target
1	% of UK initial registration applications completed within 10 days	96.6%	95%
2	% of UK initial registration applications completed within 30 days	98.6%	99%
3	% of EU/overseas registration applications assessed within 60 days	92.5%	90%
4	% of interim orders imposed within 28 days of opening the case	90%	80%
5	% of FtP cases concluded within 15 months of being opened	76%	80%

Item 15: **Annexe 1a**
NMC/17/67
5 July 2017

Year to date progress against the corporate plan 2017–2018

Report period: April – mid June 2017

Our corporate plan 2017–2018 states priorities and commitments for the financial year, aligned to the strategic priorities of our corporate strategy 2015–2020. This report provides an assessment of the progress being made.

Due to the early July 2017 meeting date for Council, this report does not cover the whole month of June 2017.

Key to 'delivery commitments' table headings

Delivery commitments	Work we had committed to undertaking in 2017–2018 as stated in the corporate plan.		
Red/amber/green (RAG) status		**Current status** (an assessment of our progress and performance April-mid June 2017)	**Forecast status** (anticipated position at 31 March 2018)
	Red	Significant work has not been progressed.	We do not expect to fully meet this commitment by year end.
	Amber	Work is still at early stages or we have not met all planned milestones.	It is not yet clear whether the commitment will be met at year end.
	Green	Most, if not all work has been progressed to date.	We are on track to meet all areas of this commitment.
Commentary	Explanation of RAG statuses.		

	Delivery commitments	Current status	Forecast status	Commentary
Strategic priority 1				
Education				
1a	**Nursing:** published new competency based pre-registration education standards ready for early adoption from September 2018 and full roll-out by September 2019, taking into account the views and feedback from the public, patients and all our stakeholders.	**Green**	**Green**	At its May 2017 meeting Council agreed to proceed to consultation of the draft standards of proficiency for the registered nurse. The public consultation was successfully launched on 13 June 2017 and will close on 12 September 2017. Independent analysis of the consultation findings will be undertaken. We are actively targeting patient and public groups and will also be running targeted focus groups. A full stakeholder engagement plan has been agreed for the duration of this consultation to encourage everybody to get involved. We have agreed to run joint seminars with the Council of Deans of Health (CoDH) for potential early adopters of these standards.
1b	**Midwifery:** prepared draft new competency based pre-registration education standards ready for us to begin testing with midwifery professionals, educators, women, the public and other stakeholders.	**Green**	**Green**	This work is running approximately one year behind the nursing project. We have held the first midwifery Thought Leadership Group (TLG) and all other stakeholder planning is underway. We have appointed a new midwifery education and policy advisor who starts on 10 July 2017.
1c	**Nursing and midwifery education programmes:** published a new education framework setting out the requirements for institutions seeking to deliver approved programmes, taking into account the views and feedback from the public, patients, the profession and stakeholders.	**Green**	**Green**	At the May 2017 meeting Council agreed to proceed to consultation of the draft education framework. The public consultation was successfully launched on 13 June 2017 and will close on12 September 2017. Independent analysis of the consultation findings will be undertaken. A full stakeholder engagement plan has been agreed for the duration of this consultation to encourage everybody to get involved. We have agreed to run joint seminars with the CoDH to support early adopters of the delivery of pre-registration nursing programmes.

	Delivery commitments	Current status	Forecast status	Commentary
1d	**Nursing and midwifery education quality assurance:** continued development of our approach to the quality assurance (QA) of education.	**Amber**	**Amber**	We are proceeding as planned with our negotiations to extend the current QA supplier for one year which will take us to 31 August 2018. We are also on target to bring a costing and risk/benefit analysis of the proposed future approach to QA to Council in September 2017.
1e	**Nursing and midwifery post-registration standards:** reviewed prescribing, medicines management, and return to practice standards, taking into account the views from the public, patients and stakeholders, and revised these standards if appropriate.	**Green**	**Green**	At its May 2017 meeting Council agreed to proceed to consult on the proposal to adopt the Royal Pharmaceutical Society's competency framework for all prescribers, to consult on the draft programme requirements for nurse and midwife prescribers and the proposal to withdraw our standards for medicines management. The public consultation launched on 15 June 2017 and will close on14 September 2017. A full stakeholder engagement plan has been agreed for the duration of this consultation to encourage everybody to get involved. Independent analysis of the consultation findings will be undertaken.
Nursing associates				
2	Developed and consulted on both standards of proficiency and standards for education for nursing associates. In doing so, we will consult with and listen to the views of patients, the public and our stakeholders.	**Amber**	**Amber**	Good progress is being made with the policy and standards work. Draft standards have been shared with the Council, some key stakeholders and wider audiences via a number of workshops. Early feedback is positive and engagement will continue over the summer. The Council will review a 'working draft' of the standards in September 2017, to be shared for the benefit of test sites in particular. The standards may be refined in the light of the nursing standards consultation and will be the subject of formal consultation in 2018. The amber ratings reflect ongoing discussions with the Department of Health about funding.
Section 60				
3	Implemented legislative changes to address fitness to practise concerns proportionately and quickly having taken into account the views of patients, the public, and	**Amber**	**Amber**	At the end of March 2017 we successfully implemented the changes to midwifery legislation and changes to FtP review cycles. We are on target for implementing systems and processes to support the new Case Examiner powers at the single FtP committee at the end of

	Delivery commitments	Current status	Forecast status	Commentary
	our stakeholders. Case examiners will have begun to use new powers to give advice, issue warnings and agree undertakings in cases as appropriate.			July 2017, although this is dependent on completion of the final steps of the parliamentary process to confirm the rules. Should the rules not be laid in Parliament by 7July 2017 we expect that the project will slip until October 2017 at least. Any slip will impact our ability to progress cases requiring Case Examiner decisions from August 2017 and would mean a subsequent delay in our corresponding benefits realisation. This uncertainty is the reason for the amber forecast status.
Business as usual performance				
4a	Maintain strong performance against our key targets for Registration and Fitness to Practise.	**Green**	**Green**	As presented in annexe 1b, overall registrations performance from April 2017 has been consistent; however, we just missed our 30 day target for UK registrations in May 2017. We expect to recover performance for June 2017. We also failed to hit our target for international registrations in April 2017, however this is now back on track with almost 100% performance for May 2017 and 91% as the year to date average. The drop in performance in April 2017 was due to vacancies and high levels of annual leave and sickness. The revalidation rate for May 2017 was 92% which is slightly higher than the previous month and for May 2016. FtP current performance is reported on the FtP KPI report (annexe 1c) and the FtP performance dashboard (annexe 1d). At this stage we expect to meet our year end commitments. The new powers that we will gain when the Section 60 order comes into effect will allow us to improve our FtP performance this year. However, the uncertainty around the implementation of the legislation does pose a significant risk to our operations.
4b	Continue to report on our customer service performance and improvements introduced as a result of customer feedback.	**Green**	**Green**	A new customer satisfaction measure is being introduced from June 2017 (annexe 1e) and will provide a combined satisfaction and effort score for the FtP and Registration and Revalidation (RR) functions. The measure is a combination of overall volumes of FtP and RR feedback responses and will be weighted based on the percentage rate of responses for each directorate.

	Delivery commitments	Current status	Forecast status	Commentary
				We have set ourselves initial targets of 75% and 70% against the satisfaction and effort elements respectively. Response rates for April and May 2017 were 1,236. 75.1% of customers indicated that they were satisfied/very satisfied and 70.3% of customers agreed that the NMC made it easy for them to manage their issue. It is our intention to develop this overall measure so that we can capture feedback from a range of stakeholders around a range of functions and transactions. FtP work to increase the collection of feedback from customers is ongoing and links to surveys embedded in emails have led to a significant improvement in response rates. We will continue to encourage responses over the coming months and consider how we might gather more focussed feedback from specific groups of customers.
Strategic priorities 2, 3 and 4				
Transformation				
5a	Delivered the first phase of the contact centre, including procurement of appropriate accommodation.	**Amber**	**Amber**	We are reviewing the overall approach and timeline in the light of external pressures and internal capacity.
5b	Delivered the first phase of a new customer relationship management system and associated new technology.	**Amber**	**Amber**	
5c	Implemented the first elements of the People Strategy, including improved HR and OD capacity and delivery to support staff and managers through the first phase of transformation.	**Amber**	**Green**	The draft People Strategy is due to be discussed at the July 2017 Council Seminar. Plans are underway to mobilise an operational HR improvement project, together with ongoing focus to develop internal change management capability and capacity across the wider business.

Registration and Revalidation performance – corporate KPIs

Time period:
April – May 2017

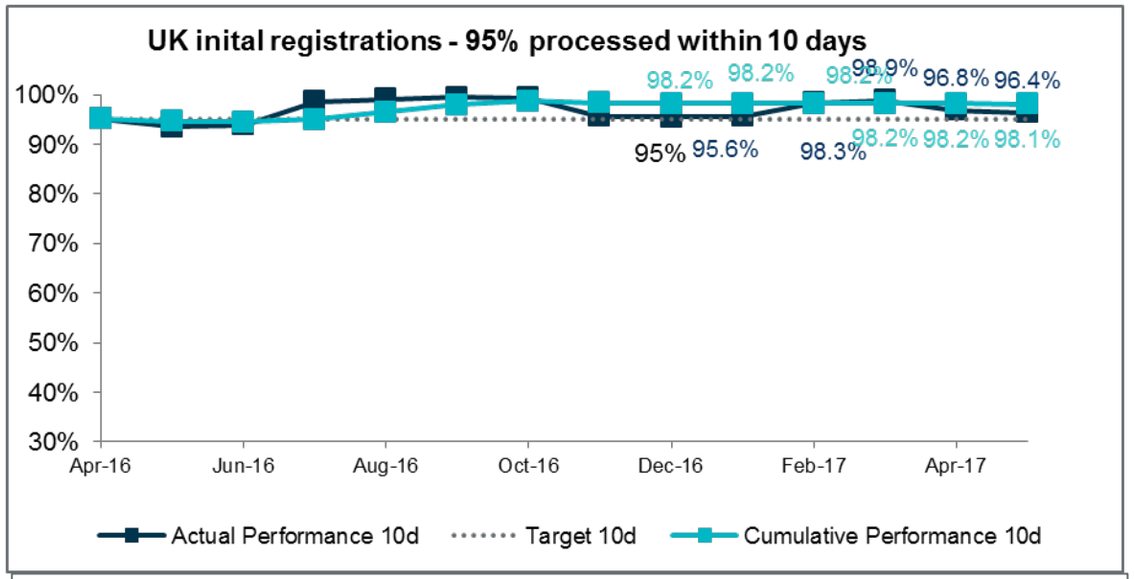
KPIs 1 and 2 - Percentage of UK initial registration applications completed

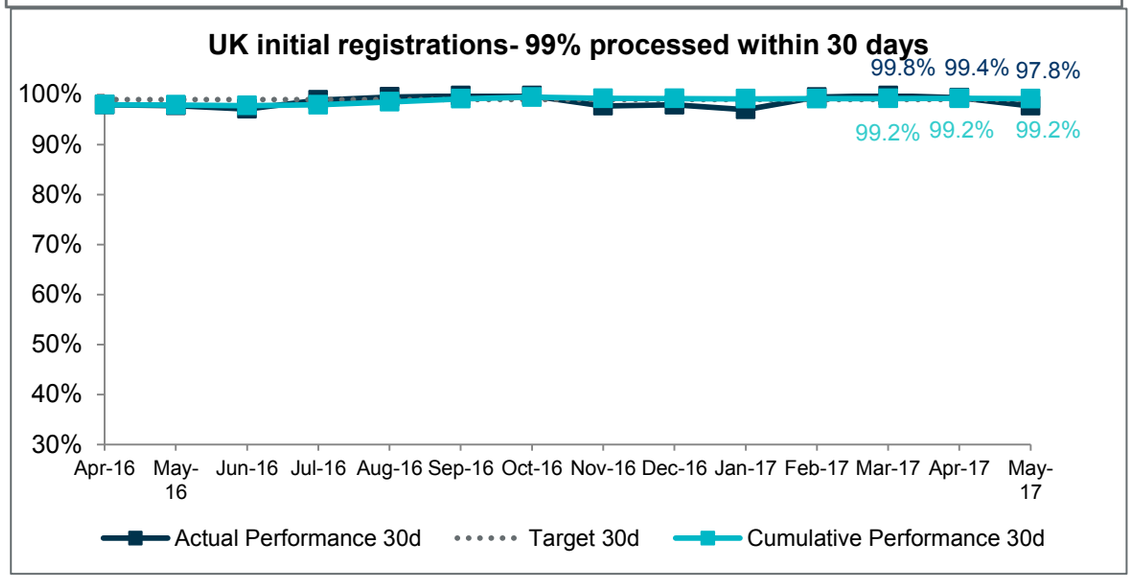
Average for 2016–17	March 2017		April 2017		May 2017		Year to date average	Year end average target	
	No.	As a %	No.	As a %	No.	As a %			
98.2%	1,489	**98.9%**	904	**96.8%**	557	**96.4%**	**96.6% Green**	**95% within 10 days**	**KPI 1**
99.2%	1,503	**99.8%**	928	**99.4%**	565	**97.8%**	**98.6% Amber**	**99% within 30 days**	**KPI 2**

Commentary:
Performance remains consistent, however we have failed to meet our 30 day target in May 2017. We do not at this stage believe this will impact on our overall outturn at year end.

Primary target Red/Amber/Green rating:
Green – figure is greater than or equal to 95% target, Amber – between 90% and 94.9%, Red – 89.9% or lower.

Secondary target Red/Amber/Green rating:
Green – figure is greater than or equal to 99% target, Amber – between 94% and 98.9%, Red - 93.9% or lower.



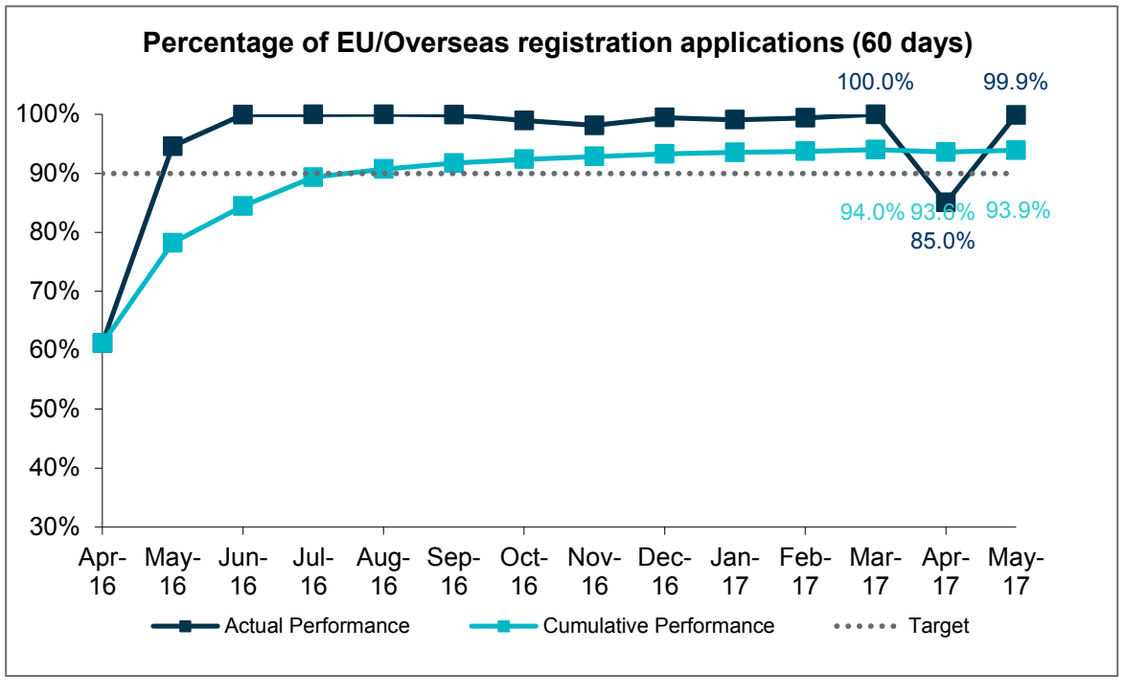


KPI 3 - Percentage of EU/Overseas registration applications assessed within 60 days

March 2017		April 2017		May 2017		Year to date average	Year end average target
No.	As a %	No.	As a %	No.	As a %		
875	**100%**	790	**85%**	1,007	**99.9%**	**92.5% Green**	**90%**

Commentary: We failed to meet our target in April 2017 due to vacancies in the team, however in May 2017 performance recovered from the previous month and is better than target for the year to date.

Red/Amber/Green rating:
Green - figure is greater than or equal to 90% target, Amber - between 85 and 89.9%, Red - 84.9% or lower.



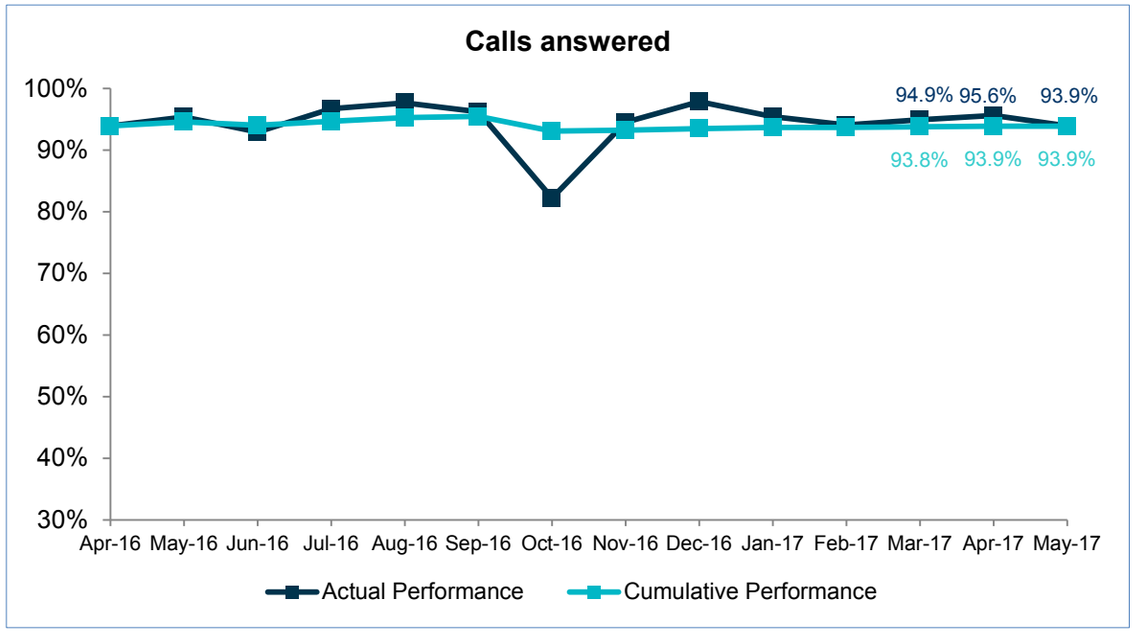
Registration and Revalidation performance – supplementary information

Time period:
April - May 2017

Call centre

Percentage of calls answered

Full year 2017–18	March 2017	April 2017	May 2017	Year to date
	94.9%	**95.6%**	**93.9%**	
	26,367 /1,404 answered/abandoned	**19,113 /874** answered/abandoned	**21,151 /1,371** answered/abandoned	**93.9%**



Commentary:

We delivered a consistent performance during April and May 2017, and remain on target for year end.

Revalidation

Revalidation volumes and percentages - whole register

Month	April 2017	May 2017
Number	14,099	10,953
As a percentage	91%	92%

This compares favourably with historical renewal rates.

Percentage revalidation rates for each UK country

Month	England	Scotland	Northern Ireland	Wales
April	91%	90%	90%	90%
May	93%	90%	92%	93%

Verification

0.5% of applications selected for verification were rejected for incomplete or inaccurate information. This is a reduction on the previous period.

Stakeholders continue to report positive feedback about revalidation.

Fitness to Practise performance – corporate KPIs

Time period:
April – May 2017

KPI 4 – Percentage of interim orders (IO) imposed within 28 days of opening the case			
Average for 2016–17 (March 2017)	**April 2017**	**May 2017**	**Year end average target**
91%	**91%**	**90% Green**	**80%**

KPI 5 - Percentage of FtP cases concluded within 15 months of being opened			
Average for 2016–17 (March 2017)	**April 2017**	**May 2017**	**Year end average target**
75%	**75%**	**76% Amber**	**80%**

Red/Amber/Green rating: Red - cumulative average for previous 12 months is less than 72%; Amber - between 72% and 80%; Green - greater than or equal to 80%

Commentary on FtP performance

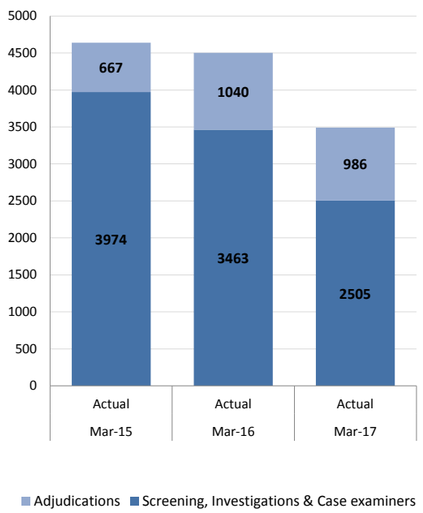
We have continued to maintain our performance against the IO KPI by keeping it above 90% for April and May 2017, as we did throughout 2016-2017. This is above our 80% target and has been achieved through the Screening Team's continuing commitment to prioritising cases where an IO may be required.

The KPIs reflect our rolling performance over the last 12 months, but it should be noted that May's isolated performance was 82% of orders imposed within 28 days. This was due to the high number of referrals for the month and a higher than average proportion of those requiring interim orders consideration.

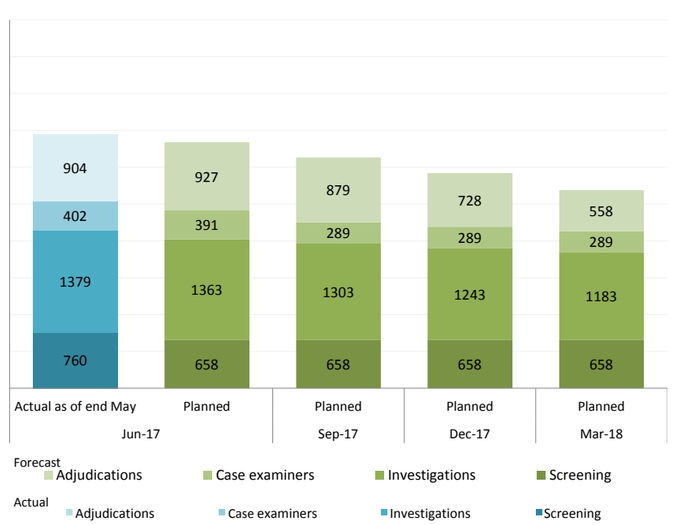
Our performance against our end-to-end 15 month KPI is holding around the mid-seventies. This is in line with our forecast and is indicative of our continuing prioritisation for the progression of older cases. We are broadly on track to meet our overall caseload and timeliness targets during the year, as set out on in our *FtP Performance dashboard* (see **annexe 1d**).

FtP performance dashboard May 2017

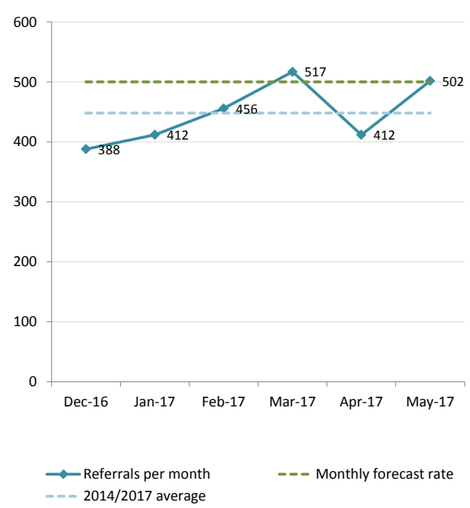
Historic caseload



FtP caseload



New referrals



Timeliness Pathway

Timeliness target	Implementation month	Performance against live dates/ forecast for future dates
No Screening cases over 8 weeks	Apr-17	
No Investigation cases over 32 weeks	Dec-17	
No Case Examiner cases over 39 weeks	Dec-17	
No Adjudication cases over 65 weeks	Jun-18	

FtP caseload projection and timeliness pathway

Our operational plans are predicated on delivering projected caseload and timeliness targets within budget. The bar charts on the far left show our year-end caseloads over the last three financial years and our actual and projected caseloads for the current financial year. The table RAG rates our progress towards the timeliness* targets through the year and our performance against them once the implementation date is live.

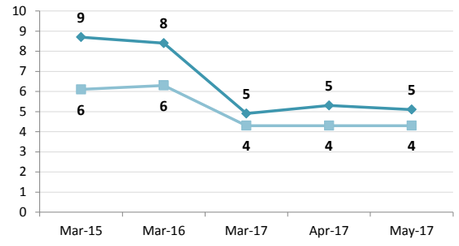
In the year to date, we are on track to achieve our overall caseload projections. The line graph on the left shows the new referral rate over the last six months, the average referrals between 2014 and 2017, and our forecast referral rate. We are experiencing relatively high volumes of new referrals which means that the Screening function is operating at or near capacity. We had a very high number of new referrals in the first three weeks of May and a higher than average number of interim orders. As a result, the overall screening caseload has increased slightly but remains in tolerance.

At the end of April 88% of active screening cases were aged 8 weeks or less; at the end of May the figure was 90%. As a result, the timeliness target is rated amber. The 51 screening cases that, at the end of May, were older than 8 weeks old are all being monitored closely. Although none are subject to third party investigations, all are held up because of delays in obtaining information from other parties.

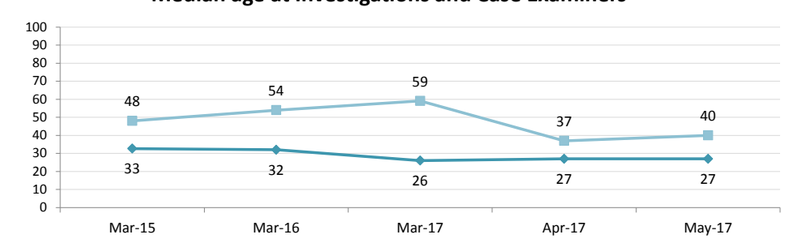
Since the last report to the Council, we have restated the Investigations timeliness target from 30 weeks to 32 weeks to better reflect our operating processes and corrected the implementation date to December to align with the Case Examiner target. At this stage, we are on track to meet the target.

Our caseload forecast and timeliness targets reflect the expected implementation of the section 60 changes at the end of July 2017. Any delay in implementing section 60 would have a significant impact on our operations and underlying budgets.

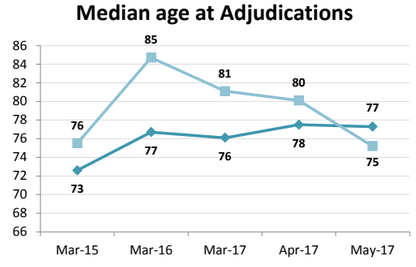
Median age at Screening



Median age at Investigations and Case Examiners



Median age at Adjudications

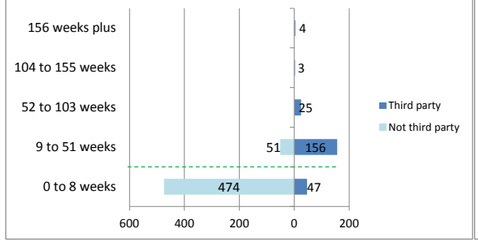


Median age of progressing and remaining caseloads

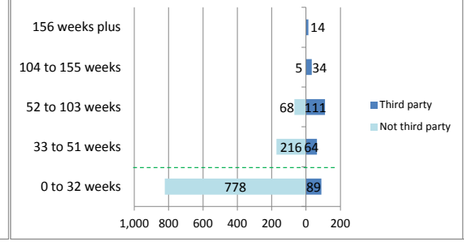
The graphs on the left show the median age in weeks of cases at the point at which they progress from the key stages in the FtP process, alongside the median age of cases that remain in the caseload at each stage. The graphs include the median age of caseload and decisions for March 2015 and March 2016. In the May 2017 Council report, we provided this data in a quarterly format; we have restated it in a monthly format to better align to the cycle of Council meetings.

Our performance in April and May has been positive. We have maintained low levels for the median ages at the Screening stage. The median ages at the Investigation and Adjudication stages reflect our continuing focus on older cases.

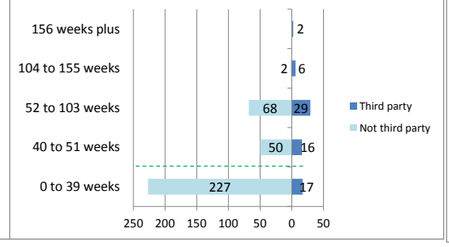
Screening caseload



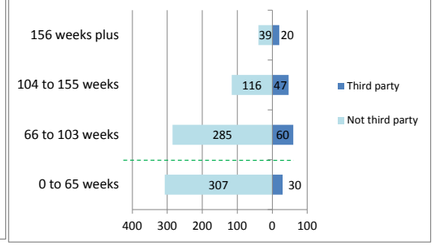
Investigations caseload



Case Examiner caseload



Adjudication caseload



Caseload Movement Summary May 2017

Opening caseload 3,516	502 cases received	524 cases closed	3,486 Closing caseload

Age of caseload at key stages of the FtP process

The graphs on the left illustrate the age profile of cases at each stage of the process. The dotted line on each graph shows the point by which we expect cases to have progressed. Each age category has been further broken down to show those cases which have been subject to a third party investigation* which has delayed their progress.

Showing caseloads in this way should provide assurance about the timely progression of cases within our control.

* The timeliness targets exclude cases which have been held up by third party investigations. Third party investigations can include investigations being conducted by the Police or a coroner. Cases that are placed on hold because of third party investigations are reviewed regularly to determine what action, if any, we can take.

Customer Service Performance

Percentage of customers satisfied with the service received and percentage of customers who felt the NMC made it easy for them to deal with their issue

Definitions
Satisfaction - % of customers Highly Satisfied and Satisfied with the service received
Effort - % of customers who Strongly Agree and Agree that the NMC made it easy for them to manage their issue

Measure	May 2017	June 2017	July 2017	Year to date
Overall satisfaction	**75.10%**			**75.10%**
Effort	**70.31%**			**70.31%**

This is a new measure to be introduced from June 2017. It is a combined customer satisfaction and customer effort score for Fitness to Practise (FtP) and Registration and Revalidation (RR) directorates, reflecting feedback about the services provided by these directorates.

The measure is a combination of overall volumes of FtP and RR feedback responses and will be weighted based on a percentage rate of responses for each directorate. It will be amended as the overall response rates change (i.e. weighting to remain in line with overall response rate for each directorate). Response rates for April and May 2017 were 1,236. Performance for April and May 2017 show 75.1% satisfied/very satisfied and 70.3% agreed that the NMC made it easy for them to manage their issue.

It is our intention to develop this overall measure so that we can capture feedback from a range of stakeholders around a range of functions and transactions.

12 month summary of corporate KPI figures

	Corporate KPI	2016-2017 Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2016-2017 Average	2017 Apr	May	YTD avg	Target
1	% of UK reg applications completed within **10** days	93.9%	98.5%	99.1%	99.4%	99.3%	95.5%	95.4%	95.6%	98.3%	98.9%	98.2%	96.8%	96.4%	96.6%	95%
2	% of UK reg applications completed within **30** days	97.1%	98.9%	99.5%	99.8%	99.8%	97.8%	98%	97%	99.5%	99.8%	99.2%	99%	97.8%	98.6%	99%
3	% of EU/OS reg applications assessed within 60 days											n/a*	85.0%	99.9%	92.5%	90%
4	% of interim orders imposed within 28 days of opening the case	90%	91%	91%	91%	92%	92%	92%	92%	92%	91%	91%	91%	90%	90%	80%
5	Proportion of FtP cases concluded within 15 months of being opened	78%	78%	79%	78%	78%	77%	76%	76%	76%	75%	75%	75%	76%	76%	80%

* target in 2016-17 was 90% within **68** days. We achieved an average of 94%.

Corporate risk summary

Current rating = a rating of the risk as it currently stands (with mitigation in place).
Movement = score movement since last review / meeting

	Corporate risks	Current rating	Movement	Status - mitigations in place and planned
1	**Risk that we may register, or may have registered people who do not meet our requirements or standards**	**A**	No change	In place: Registration and revalidation processes in place to ensure only individuals who meet requirements join the register or revalidate. Verification of revalidation applications on a risk-based approach. Education QA framework to assure education providers. **Planned:** Robustness of data and systems work is continuing into 2017–2018, with transformation to make long term improvements. QA strategy implementation. Development of new standards for the graduate nurse of the future (early 2018), a new education framework (Dec 2017) and a new model for QA of our education framework.
2	**Risk that we may fail to take appropriate action to address a regulatory concern**	**A**	No change	In place: Existing FtP, Registrations and Education processes. Employer Link Service and engagement with representative bodies improves knowledge of FtP processes supporting early engagement. **Planned:** Ongoing project - implement the section 60 changes to improve the FtP function.
3	**Risk that we may have insufficient capacity and resilience to deliver change programmes and business as usual**	**R**	No change	In place: Limit placed on commitments in Corporate plan 2017–2018. **Planned:** Demand and delivery framework being implemented. Roll out of People Strategy to enable us to improve the way we attract and retain staff, and manage our workforce.
4	**Risk that we may have insufficient capability to deliver change programmes and business as usual**	**R**	No change	In place: existing recruitment of staff / contractors. Training. **Planned:** Roll out of People Strategy to enable us to improve the way we attract and retain staff, and manage our workforce.
5	**Risk that there may be adverse incidents related to business continuity and health and safety**	**A**	No change	In place: Business Impact Assessment (BIA) completed enabling each area of the organisation to understand their resource need in the event of an incident. Specialist external advisers. Tested IT infrastructure disaster recovery arrangements are in place, to limit the impact of an incident. Business Continuity Working Group established as part of

	Corporate risks	Current rating	Movement	Status - mitigations in place and planned
				Information Governance and Security Board - ensuring cross-organisational input and engagement. **Planned:** Full business continuity plan in place / tested by end of Q3 2017–2018.
6	**Risk of information security and data protection breaches**	**A**	No change	In place: Likelihood and impact being mitigated as much as possible - Information security risk register and treatment plan in place, in accordance with ISO standard, and carefully managed. Technical controls in place, e.g. updating patches, IT security measures, encrypted email. A schedule of communications to staff to maintain awareness of responsibilities, e.g. information security reminders in Insider newsletter. Oversight by Information Governance and Security Board and assessments via internal audits. **Planned:** Continue to maintain and strengthen controls by: • implementing the treatment plan. • maintaining communications with staff. • ongoing BAU work on technical side. Longer term improvements via Transformation.
7	**Risk that we may lack the right capability to influence and respond to changes in the external environment**	**A**	No change	Mitigations for external risks: We have some influence over likelihood, via our engagement with stakeholders and lobbying. But we have more ability in controlling the impacts of external changes, by anticipating and making plans for possible eventualities. Following the General Election, we are closely monitoring events and engaging with government to determine how the current uncertainties could impact on our major programmes. Brexit lead in place. Mitigations for internal risks: A Regulatory Intelligence unit has been set up and will enhance the use of information in our regulatory activities.
8	**Risk that we may not meet external expectations of us (reputation and perceptions)**	**A**	No change	In place: Ongoing engagement with key stakeholders, keeping them up-to-date on our work. Planned: Delivery of commitments we have publically made.

Item 16
NMC/17/68
5 July 2017

Council

Financial Monitoring Report to 31 May 2017

Action: For information.

Issue: Provides the financial monitoring report for the two months to 31 May 2017.

Core regulatory function: All regulatory functions.

Strategic priority: Strategic priority 4: An effective organisation.

Decision required: None.

Annexes: The following annexe is attached:

- Annexe 1: Summary financial results to 31 May 2017.

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

Author: Dan Stroud
Phone: 020 7681 5638
Dan.Stroud@nmc-uk.org

Director: Adam Broome
Phone: 020 7681 5964
Adam.Broome@nmc-uk.org

Context:

1 The Council receives a financial monitoring report against the budget at each meeting.

2 Given the timing of this Council meeting, the current report covers the two month period to 31 May 2017. A fuller report with quarterly forecast against the 2017–2018 budget will be available at the Council's meeting on 25 July 2017.

Four country factors:

3 None relevant to this paper.

Discussion

Overall picture and year to date (YTD)

4 Since the Council approved the budget in March 2017, there have been a number of significant developments both internally and in the wider political and economic environment which may have an impact on the year end results. A reforecast against budget will be completed at the end of quarter one, so that a fuller picture is available when the Council meets on 25 July 2017.

5 The year to date picture is a variance of £0.4 million above budget. This is mainly due to lower income than forecast when the budget was set. A breakdown is at **annexe 1**.

Income

6 Current register volumes are below budget in all three categories - UK, EU and Overseas giving a year to date income variance to budget of £0.5 million. Further analysis is required to fully understand the drivers of this, but at this stage indications are that income for the full year may be lower than budget.

Expenditure

7 The year to date spend is just under budget. There are variances for individual directorates, but these balance out overall. However, directorates are experiencing financial pressures caused by the challenging external environment and the need to maintain delivery. This is not yet reflected in expenditure patterns for the first two months, but will be an ongoing financial challenge for the remainder of the financial year.

8 In relation to Nursing Associates, the Department of Health (DH) has committed to funding and discussions are ongoing. Currently this is showing as a variance, as funding has yet to be received. However, in accordance with the Council's commitment that registrants' fees will not be used to introduce regulation, the costs of the programme will be contained within any funding agreed with the DH.

9 In March 2017, the Council approved provision of £2.5m for

transformation to 31 July 2017. Although expenditure at 31 May 2017 is below budget, the full provision is expected to be spent by 31 July 2917. The Council will consider next steps, including further transformation spend, at the meeting on 25 July 2017.

Emerging pressures and mitigations

10 The main pressures on the budget are discussed below, together with mitigations identified so far.

10.1 **Section 60 implementation:** Project and supplier costs for system changes are expected to be higher than anticipated. This may be offset by earlier than anticipated cost benefits realisation; however this is subject to the changes being implemented on time. The pause caused by the General Election has produced some risks around this.

10.2 **Travel and Accommodation:** a full analysis of 2016–2017 expenditure completed after the budget was approved, indicates that provision for spend may be insufficient. The recent change in travel and accommodation supplier, with more regular and detailed billing data, should ensure that under-budgeting of this nature does not happen in future budgets. In addition, to mitigate the current year pressure, measures have been introduced to tighten controls around the use of travel and accommodation and further controls are under consideration.

10.3 **People Strategy:** additional resource is likely to be required to support improvements in our HR/Organisational Development function and implementation of the People Strategy. This is linked closely to any decisions made on the next stages of the transformation programme.

10.4 **Office Accommodation:** The temporary office accommodation in Hanover Square is budgeted until the end of October 2017. If space cannot be found in existing office locations for colleagues to return, maintaining the additional offices beyond October 2017 will produce a budget pressure. Further work is underway to ensure most effective use of existing accommodation to free up the space necessary to vacate Hanover Square.

10.5 **Redundancy/legal costs:** no specific provision was made for redundancy costs in this financial year and there have also been unexpected legal costs. Where possible, insurance cover is used to mitigate legal costs. The creation of a separate General Counsel function should also help to mitigate future legal costs as we seek to deal with more legal work in-house and use more expensive external counsel only

when necessary.

11 Other mitigations in place or planned include:

11.1 **Contingency fund:** £0.5 million contingency was included in the 2017–2018 budget to add resilience and is available to assist in addressing the issues outlined above.

11.2 **Workforce costs:** A review of the use of temporary/contract staff resource is underway. This, together with a policy of prudent vacancy management, should deliver some savings, whilst ensuring that we continue to deliver corporate priorities.

11.3 **Programme management:** work is underway to improve programme management through a strengthened Programme Management Office and better prioritisation and tracking of existing and potential programmes and projects.

11.4 **Investment and other income:** we are reviewing our approach to managing investments which may generate some additional income in the short to medium term depending on the approach agreed by the Council. We continue to keep possible sources of alternative income under review but these will not come to fruition in the short to medium term.

11.5 **Efficiency improvements:** once the Council has decided next steps relating to the transformation, we will have a clearer overall picture on efficiencies. We will of course continue to seek to drive out efficiencies in our business as usual work.

Capital

12 Capital Expenditure is broadly in line with budget year to date and is not forecast to exceed budget by year end.

Resource implications: 13 Any budget overspends will impact on available free reserves.

Equality and diversity implications: 14 None.

Stakeholder engagement: 15 None.

Risk implications: 16 Risks to achieving budgeted spend are discussed in the main body of this paper.

Legal implications:	17	None.

Item 16: **Annexe 1**
NMC/17/68
5 July 2017

£000

INCOME AND EXPENDITURE (£'000s)	YTD May 17 v Budget			
2017/2018	Actual	Budget	Variance	% vs budget
NMC Income	13,786	14,338	(552)	(4%)
Nursing Associates funding	0	0	0	0%
Total Income	**13,786**	**14,338**	**(552)**	**(4%)**
Directorates - BAU				
OCCE	1,373	861	(513)	**(60%)**
Registration & Revalidation	802	1,073	271	**25%**
Fitness to Practise	7,311	7,129	(182)	**(3%)**
Education Standards & Policy	589	635	46	**7%**
Technology Business Innovation	1,094	1,198	105	**9%**
Resources	1,695	1,683	(12)	**(1%)**
Programmes & Projects*				
People Strategy	0	84	84	**100%**
Registration & Revalidation Projects	20	97	77	**79%**
Section 60	333	497	164	**33%**
Education Programme	143	349	206	**59%**
TBI Projects	44	50	6	**13%**
Transformation	798	1,070	272	**25%**
Nursing Associates	405	0	(405)	**(100%)**
Corporate expenditure				
Depreciation	533	546	12	**2%**
PSA Fee	292	292	0	**0%**
Miscellaneous provisions	0	0	0	**0%**
Total Expenditure	**15,431**	**15,563**	**132**	**1%**
Income less Expenditure (before pension payment)	**(1,645)**	**(1,224)**	**(421)**	**(34%)**
Less payments towards pension deficit**	176	176	0	**0%**
Income less Expenditure (after pension payment)	**(1,821)**	**(1,400)**	**(421)**	**(30%)**
Capital	**141**	**100**	**(41)**	**(41%)**

*Excludes projects without an approved business case
**Excludes any potential actuarial adjustments made at year end

Staff v non-staff expenditure	YTD May 17 v Budget			
2017/2018	Actual	Budget	Variance	% vs budget
Staff Sals & Other Staff	7,554	7,402	(153)	**(2%)**
Non staff expenditure	7,877	8,161	284	**3%**
Total Expenditure	**15,431**	**15,563**	**132**	**1%**

Colour Key:

In line with or favourable to budget
Up to 5% adverse to budget
More than 5% adverse to budget

Item 17
NMC/17/69
5 July 2017

Council

Appointments Board Annual Report 2016–2017

Action:	For information.
Issue:	Provides the annual report of the Appointments Board to the Council.
Core regulatory function:	Supporting functions.
Strategic priority:	Strategic priority 4 – An effective organisation.
Decision required:	None.
Annexes:	None.
Further information:	If you require clarification about any point in the paper or would like further information please contact the author below.

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

Chair of Appointments Board:
Belinda Phipps

Context:

1 This report serves to satisfy paragraph 9 of the Appointment Board's (the Board) terms of reference, which state that the Board will report 'annually to the Council on the Appointments Board's activities, including an assessment of compliance with, and effectiveness of, policies in place.'

2 The Board met four times in 2016–2017. This report details the Board's work over the period and how the Board has met its terms of reference.

Four country factors:

3 Same in all four countries.

Discussion:

Board membership

4 The Board's membership is comprised entirely of non-Council members to ensure an appropriate separation of the Board's work from that of the Council's.

5 A new member was appointed to the Board in September 2016 bringing the Board's membership to full complement (five members including the chair).

6 The current members of the Board are:

6.1 Belinda Phipps (Chair).

6.2 Bridget Anderson (partner member).

6.3 Mary Dowling (partner member).

6.4 Fiona Whiting (partner member).

6.5 Frederick Psyk (partner member).

Board's role and work programme

7 The Board's remit is to assist the Council with functions relating to the appointment of panel members and legal assessors to undertake fitness to practise (FtP) activities. The Board's primary objective is to make sure that effective arrangements are in place to recruit, train and manage FtP panel members and legal assessors. The Board also works to support FtP to drive forward continuous improvements, particularly in relation to case management by panel members and the quality of decision making.

8 The Board has a well-structured programme of work which

ensures that the Board monitors and reviews:

8.1 current and future campaigns to recruit FtP panel members and legal assessors;

8.2 the contractual arrangements and the supporting policies relating to panel members and legal assessors;

8.3 the training provided to panel members and legal assessors; and

8.4 information on performance of panel members and legal assessors.

9 In addition to its ongoing programme of review work, the Board scrutinises appointments, reappointments, transfers between Practice committees for panel chairs and members and legal assessors, and makes recommendations to the Council. In the past year the Board has made recommendations to Council on the:

9.1 appointment of 111 panel members;

9.2 appointment of 45 legal assessors;

9.3 reappointment of 58 panel members; and

9.4 reappointment of 107 legal assessors.

10 Over the past year, the Board has paid particular emphasis on reviewing panel member policies, analysing the major recruitment campaigns for panel members and legal assessors, and striving to help FtP identify ways to ensure that the performance of FtP panel members and assessors contributes to and supports overall FfP performance.

Panel member policies

11 In 2015–2016, the Board began a review of the Panel Member Services Agreement (PMSA) and its supporting policies which include a Code of Conduct, Conflicts of Interest, performance process, complaints process and the criteria for recommendation for reappointment.

12 The PMSA and supporting policies set out the contractual terms that the NMC has with its panel members. The agreement and policies ensure that relevant governance is in place outlining the expectations that the NMC has of its panel members and what panel members can expect from

the NMC.

13 The key component of this work, a revised PMSA, was introduced in April 2016: the Board is pleased that at September 2016, all panel members had signed up to the revised arrangements.

14 The Board has also finished a wider programme of work reviewing and feeding back on all of the relevant policies that support the PMSA, with the finalised set of policies presented to the Board in June 2017.

Panel member and legal assessors appointments and reappointments

15 The Board continues to review and make recommendations to Council on the appointment and reappointment of FtP panel members.

16 In the past year, particular emphasis has been placed on reviewing the recruitment approach and ensuring FtP has a clear assessment of the number of panellists required to meet operational requirements and cover forecasted hearings.

17 As part of its scrutiny of recruitment campaigns, the Board has paid close attention to the need to secure high calibre appointments and for panel members and legal assessors to reflect the diversity of the register.

18 In addition the Board has continued to review the way in which performance of appointed panel members is assessed and reported on, so that the Board's decisions to make recommendations to the Council are based on sound evidence.

Performance monitoring

19 The Board continues to receive, at each meeting, copies of the FtP key performance indicators and dashboard, once these have been reviewed by the Council.

20 The Board has also received information on the work of the Quality Outcomes Review Group (QORG) and Decision Review Group (DRG). The Board will continue reviewing output from the QORG and DRG at future meetings to assist FtP in identifying learning points from the data.

21 Board members have attended meetings of the DRG to gain further understanding of the way in which FtP cases

are analysed.

22 The Board also maintains an up-to-date picture of wider organisational developments through a regular update on corporate developments at each meeting. Particular emphasis will be given to the Section 60 changes and the impact these have on the FtP directorate.

Conclusion

23 The Board's focus has been on ensuring that its work is directed at the contribution of panel members and legal assessors to the timeliness and quality of fitness to practise outcomes, which in turn should have a positive impact on the throughput of FtP cases.

24 Over the next year, the Board plans to focus on reviewing the training provided to panel members and monitoring the performance of recently recruited panel members. The Board will also continue to review data from FtP on non-completed hearings in an effort to help FtP identify the contribution of panel members and legal assessors to improve the completion rate of hearings.

25 The Board is grateful for the support it has received from the Director of Fitness to Practise, Adjudication staff and the Panel Support Team.

Public protection implications:

26 There are no public protection implications arising directly from this report.

27 The Board plays an important role in the NMC's governance structure by ensuring that processes in place on the appointment and reappointment of panel members serve to protect the public. Public protection implications are therefore considered carefully by the Board.

Resource implications:

28 None arising directly from this report.

Equality and diversity implications:

29 None arising directly from this report.

Stakeholder engagement:

30 None.

Risk

31 There are no risk implications arising directly from this

implications:		report.
Legal implications:	32	None.

Item 18
NMC/17/70
5 July 2017

Council

Annual Health and Safety Report 2016–2017

Action: For information.

Issue: Provides assurance on the NMC's health and safety arrangements and information on health and safety activity over the last 12 months from April 2016 to March 2017.

Core regulatory function: Supporting functions.

Strategic priority: Strategic priority 4: An effective organisation.

Decision required: None.

Annexes: None.

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

Author: David Power
Head of Estates
Phone: 020 7681 5488
david.power@nmc-uk.org

Director: Adam Broome
Director of Resources
Phone: 020 7681 5964
adam.broome@nmc-uk.org

Context:

1 In terms of health and safety the NMC is a relatively low-risk environment, but it is still important that the Council monitor the extent to which we have formal policies, guidance and procedures in place, assuring the health, safety and welfare of our employees, contractors and visitors.

2 This paper provides an annual report on how we ensure compliance with health and safety requirements and the assurance available to the Council.

Four country factor:

3 Same in all four countries.

Discussion and options appraisal:

Sources of assurance

4 The following arrangements are in place:

4.1 A Health and Safety Steering Group (HSSG), chaired by the Head of Estates, under the Director of Resources, with membership drawn from across the organisation. Over the last 12 months the group has met four times: April 2016, June 2016, September 2016 and March 2017.

4.2 Mandatory e-learning training on health and safety for all staff.

4.3 Training for statutory responsibilities and further training for specific roles.

4.4 A health and safety policy, to be reviewed in 2017.

4.5 A health and safety guide for staff which was reviewed, revised and reissued in June 2016.

4.6 Sufficient numbers of trained first aiders and fire wardens at all sites, including refresher courses as necessary.

4.7 Fire evacuation testing and weekly fire alarm tests.

4.8 Regular incident reporting.

4.9 A programme of planned preventative maintenance.

Reviews during the year

5 The health and safety guide was reviewed and revised to ensure that it was up to date with the latest relevant legislation. This includes guidance for staff and managers around responsibilities in relation to staff working off–site. The guide will be included in induction packs for new starters, as well as being promoted to all staff through Insider Weekly and on iNet as a news item.

6 There were no changes to legislation during 2016–2017 that required revisions to policy.

Training

7 The main core health and safety training focus in the year centred on continuing to improve rates of compliance with the mandatory e-learning training. Compliance is now consistently above 90 percent and reached 96 percent as a top score in June 2016.

8 A new e-learning platform went live on 1 April 2016. This also flags to HR when refresher training is due and reminder emails are sent to staff.

9 Refresher and new training continues to be provided to fire wardens and first aiders across all sites, with defibrillator training also provided to those requiring it.

10 Health and safety also includes consideration of staff welfare. In July 2016 a range of 'Wellbeing' opportunities and workshops were offered to staff and take-up has been good. An evaluation report was undertaken on how the sessions were received and this is being taken forward within the priorities for 2017–2018.

Incident reporting

11 During the year 1 April 2016 to 31 March 2017 there were four reported health and safety incidents across all sites. The incidents were minor and have not identified any trends or common causes.

12 We did not have any RIDDOR incidents (Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations 2013) that were reportable to the Health and Safety Executive (HSE).

13 Following the security incident at the Stratford hearings centre in June 2016 that was reported in last year's annual report, a Serious Event Review (SER) was undertaken and an action plan produced. Actions undertaken include: a review of the physical security measures at each venue; guard presence at hearings centres; changes in case risk assessment procedures; 'conflict management' training for staff.

Progress against priorities set for 2016–2017

14 The priorities for last year and the associated outcomes are indicated below:

14.1 Ensuring that through the period of transformation, directorate representation is maintained across all areas of the business to the Health and Safety Steering Group.

14.1.1 *Outcome: New members from across the organisation have joined the Health and Safety Steering Group.*

14.2 We will also work to ensure that we support staff's well-being through the period of uncertainty caused by change, linking our well-being activity into the broader People Strategy for the organisation.

14.2.1 *Outcome: Following the well-being event in July 2016, consultation to inform future initiatives will be undertaken with the Employee Forum and is included within the proposed new People Strategy. We have also increased communications and advertising with regards to the Employee Assistance Programme – the independent, confidential counselling and helpline service. This will continue to be a priority for 2017–2018 (see below).*

14.3 During the period of internal and external remedial works to 23 Portland Place, staff are kept informed of the works to minimise and prevent the risk to staff.

14.3.1 *Outcome: Staff were informed in connection with a number of works that have been undertaken through the use of Insider and NMC's intranet front page.*

Priorities for 2017–2018

15 In addition to regular monitoring of incidents and accidents and maintaining oversight of any changes to legislative requirements, priorities for health and safety for the coming year are:

15.1 Keeping security under review for all our buildings/venues and to appoint a security contractor to provide manned guarding at our hearing venues.

15.2 Keeping our business continuity arrangements under review, undertake business continuity exercises and learn any necessary lessons from these exercises.

15.3 Ongoing planned maintenance programme at 23 Portland Place to maintain health and safety compliance of 23 Portland Place and an ambient office environment.

15.4 Ensuring that through the period of transformation, directorate representation is maintained across all areas of the business to the Health and Safety Steering Group.

15.5 We will also be working with the Employee Forum to inform future well-being initiatives using Public Health England's 'The Workplace Well Being Charter' as a basis for this work. This is linked with the broader People Strategy for the organisation. This priority will be led by Human Resources

and Organisational Development.

15.6 To increase the awareness and reporting of ‘near misses’ which will help in the prevention of accidents and other incidents.

Public protection implications	16	None.
Resource implications:	17	There are no material resource implications. Health and safety requirements, such as training, are built into normal revenue budgets.
Equality and diversity implications:	18	None.
Stakeholder engagement:	19	Not applicable.
Risk implications:	20	This report provides assurance that we have measures in place to address any health and safety risks.
Legal implications:	21	Policies and guidance notes are reviewed and updated for compliance with any new legislation or best practice.

Item 19
NMC/17/71
5 July 2017

Council

Chair's action taken since the last meeting of the Council

Action: For information.

Issue: Reports action taken by the Chair of the Council since 24 May 2017 under delegated powers in accordance with Standing Orders.

There have been three Chair's actions:

1. Appointment of panel members to the Conduct and Competence Committee.

2. Appointment of panel Chairs to the Conduct and Competence Committee.

3. Reappointment of panel members to the Conduct and Competence Committee and Investigation Committee and transfer of members to the Investigation Committee.

Core regulatory function: Supporting functions.

Strategic priority: Strategic priority 4: An effective organisation.

Decision required: None.

Annexes: The following annexes are attached to this report:

- Annexe 1: Chair's action – Appointment of 56 new panel members to the Conduct and Competence Committee for a four year term from 15 June 2017.

- Annexe 2: Chair's action – Appointment of 45 new panel Chairs to the Conduct and Competence Committee.

- Annexe 3: Chair's action – Reappointment of 27 panel members to the Conduct and Competence Committee and one member to the Investigation Committee for a further term of four years and transfer of two panel members to the Investigation Committee.

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

Chair's Action

Under NMC Standing Orders, the Chair of the Council has power to authorise action on minor, non-contentious or urgent matters falling under the authority of the Council (Scheme of Delegation, paragraph 4.6). Such actions shall be recorded in writing and passed to the Secretary who maintains a record of all authorisations made under this paragraph. The Chair is required to report in writing, for information, to each Council meeting the authorisations which have been made since the preceding Council meeting.

Each Chair's action must set out full details of the action that the Chair is requested to authorise on behalf of the Council.

Requested by: Sarah Page Director of Fitness to Practise	**Date:** **15 June 2017**

At the Appointments Board meeting on 14 June 2017, the Board considered the outcome of a recent recruitment exercise for panel members to the Conduct and Competence Committee. The Board recommended the appointment of 56 new panel members to Council.

We are unable to wait until the Council meeting on 5 July for the appointments to be confirmed by Council due to the urgent need to schedule these new panel members onto S60 training which runs throughout June.

Full details of the individuals for appointment can be found in the supporting paper at **annexe 1**.

Signed Janet Finch (Chair)

Date 15 June 2017

Chair's Action
15 June 2017

For Chair's Action

Appointment of new registrant and lay fitness to practise panel members.

Action: For decision.

Issue: Appointment of 56 panel members to the Conduct and Competence Committee.

Core regulatory function: Fitness to Practise.

Strategic priority: Strategic priority 1: Effective regulation.

Strategic priority 4: Effective organisation.

Decision required: The Chair is recommended to appoint the 56 individuals with immediate effect, as set out at Annexe 1

Annexes: The following annexe is attached to this paper:

- Annexe 1: List of individuals to be appointed as lay and registrant panel members to the Conduct and Competence Committee

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

Author: Paul Johnson
Phone: 0207 681 5680
Paul.Johnson@nmc-uk.org

Director: Sarah Page
Phone: 0207 681 5864
Sarah.Page@nmc-uk.org

Context:

1 A recruitment process started in July 2016 to replace 45 panel members whose second term came to an end in 2016 and a further 128 who come to the end of their second term of appointment in 2017.

2 The recruitment process attracted applications from 881 individuals with 389 undertaking online assessment and 204 being invited to interview.

3 Following completion of the interview process 115 individuals were considered suitable for appointment and 59 were submitted to the Appointments Board for recommendation to Council for appointment.

Four country factors:

4 Same in all UK countries.

Discussion:

5 The selection process consisted of an online competency based application with 389 individuals being identified as suitable applicants to progress to the next stage of assessment.

6 This number of applicants significantly exceeded the number we were resourced to interview and online aptitude and styles based assessments were used to identify 204 people for interview. Our recruitment partner has confirmed that there was no evidence that this would, or had, disadvantaged any minority groups.

7 The interview process consisted of a scenario based exercise and a series of competency based questions linked to the agreed competency model for panel members. All interview panels comprised of a senior member of NMC staff and a recruitment consultant from Gatenby Sanderson.

8 Training took place for the 56 individuals listed in Annexe 1 on 20-21 and 24-25 April 2017.

9 The selection process followed means the NMC is satisfied that the process has identified individuals who will make a positive contribution to the work of the practice committees.

10 The Appointments Board scrutinised the details of the recruitment strategy and the monitoring data from each stage of the campaign and recommends to Council the appointment of the 56 individuals listed in Annexe 1 to the Conduct and Competence Committee.

11 **Recommendation: The Chair is recommended to appoint the 56 individuals, as set out at Annexe 1.**

Public protection implications:

12 Panel members are required to make decisions at Fitness to Practise events that protect the public.

Resource implications:	13	No direct resource implications. Panel member costs are included in existing budgets.
Equality and diversity implications:	14	The publicity campaign for this recruitment was inclusive of diversity and targeted underrepresented groups.
	15	There is no indication that the process resulted in any adverse equality and diversity implications and the individuals selected have been selected on merit.
Stakeholder engagement:	16	As part of the tender specifications for the recruitment agency, we were explicit that the publicity campaign was inclusive of diversity.
Risk implications:	17	Not having sufficient panel members will negatively impact on our ability to run fitness to practise events.
Legal implications:	18	Individuals appointed will be required to sign the NMC's Panel Member Service Agreement.

Chair's Action: **Annexe 1**
15 June 2017

Annexe 1 - List of individuals to be appointed as lay and registrant panel members to the Conduct and Competence Committee

Following the recommendation from the Appointments Board, the Council is asked to appoint the following panel members for 4 years.

Identifying number	Name	Lay or Registrant	Practice Committee	Start of term date	End of term date	Length of term
1	Adrian Smith	Lay	Conduct and Competence Committee	15 June 2017	14 June 2021	4 years
2	Adrian Ward	Lay	Conduct and Competence Committee	15 June 2017	14 June 2021	4 years
3	Alex Forsyth	Lay	Conduct and Competence Committee	15 June 2017	14 June 2021	4 years
4	Alexandra Ingram	Lay	Conduct and Competence Committee	15 June 2017	14 June 2021	4 years
5	Alice Rickard	Lay	Conduct and Competence Committee	15 June 2017	14 June 2021	4 years
6	Andrew Clemes	Lay	Conduct and Competence Committee	15 June 2017	14 June 2021	4 years
7	Andrew Harvey	Lay	Conduct and Competence Committee	15 June 2017	14 June 2021	4 years
8	Anthony Mole	Lay	Conduct and Competence Committee	15 June 2017	14 June 2021	4 years
9	Bill Matthews	Lay	Conduct and Competence Committee	15 June 2017	14 June 2021	4 years

10	Carolyn Tetlow	Lay	Conduct and Competence Committee	15 June 2017	14 June 2021	4 years
11	Catherine Boyd	Lay	Conduct and Competence Committee	15 June 2017	14 June 2021	4 years
12	Claire Corrigan	Lay	Conduct and Competence Committee	15 June 2017	14 June 2021	4 years
13	Colin Sturgeon	Lay	Conduct and Competence Committee	15 June 2017	14 June 2021	4 years
14	Darren Shenton	Lay	Conduct and Competence Committee	15 June 2017	14 June 2021	4 years
15	Georgina Foster	Lay	Conduct and Competence Committee	15 June 2017	14 June 2021	4 years
16	Gillian Seager	Lay	Conduct and Competence Committee	15 June 2017	14 June 2021	4 years
17	Jill Wells	Lay	Conduct and Competence Committee	15 June 2017	14 June 2021	4 years
18	Jocelyn Griffith	Lay	Conduct and Competence Committee	15 June 2017	14 June 2021	4 years
19	Julius Komorowski	Lay	Conduct and Competence Committee	15 June 2017	14 June 2021	4 years
20	June Robertson	Lay	Conduct and Competence Committee	15 June 2017	14 June 2021	4 years
21	Lindsey Rose	Lay	Conduct and Competence Committee	15 June 2017	14 June 2021	4 years
22	Louise Fox	Lay	Conduct and Competence Committee	15 June 2017	14 June 2021	4 years
23	Michael Glickman	Lay	Conduct and Competence Committee	15 June 2017	14 June 2021	4 years
24	Paul Evans	Lay	Conduct and Competence Committee	15 June 2017	14 June 2021	4 years

25	Robert Cawley	Lay	Conduct and Competence Committee	15 June 2017	14 June 2021	4 years
26	Sadia Zouq	Lay	Conduct and Competence Committee	15 June 2017	14 June 2021	4 years
27	Sarah Roberts	Lay	Conduct and Competence Committee	15 June 2017	14 June 2021	4 years
28	Sarah Tozzi	Lay	Conduct and Competence Committee	15 June 2017	14 June 2021	4 years
29	Sue Davie	Lay	Conduct and Competence Committee	15 June 2017	14 June 2021	4 years
30	Adebiyi Ashaye	Registrant	Conduct and Competence Committee	15 June 2017	14 June 2021	4 years
31	Alexandra Hawkins-Drew	Registrant	Conduct and Competence Committee	15 June 2017	14 June 2021	4 years
32	Alison Bradley	Registrant	Conduct and Competence Committee	15 June 2017	14 June 2021	4 years
33	Allwin Mercer	Registrant	Conduct and Competence Committee	15 June 2017	14 June 2021	4 years
34	Angela O'Brien	Registrant	Conduct and Competence Committee	15 June 2017	14 June 2021	4 years
35	Anna Ferguson	Registrant	Conduct and Competence Committee	15 June 2017	14 June 2021	4 years
36	Anne Grauberg	Registrant	Conduct and Competence Committee	15 June 2017	14 June 2021	4 years
37	Carole Panteli	Registrant	Conduct and Competence Committee	15 June 2017	14 June 2021	4 years
38	Carolyn Jenkinson	Registrant	Conduct and Competence Committee	15 June 2017	14 June 2021	4 years
39	Catherine Cooper	Registrant	Conduct and Competence Committee	15 June 2017	14 June 2021	4 years

40	Deborah Hall	Registrant	Conduct and Competence Committee	15 June 2017	14 June 2021	4 years
41	Dorothy Keates	Registrant	Conduct and Competence Committee	15 June 2017	14 June 2021	4 years
42	Elaine Biscoe	Registrant	Conduct and Competence Committee	15 June 2017	14 June 2021	4 years
43	Hannah Harvey	Registrant	Conduct and Competence Committee	15 June 2017	14 June 2021	4 years
44	Jan Fowler	Registrant	Conduct and Competence Committee	15 June 2017	14 June 2021	4 years
45	Jude Bayly	Registrant	Conduct and Competence Committee	15 June 2017	14 June 2021	4 years
46	Kathryn Smith	Registrant	Conduct and Competence Committee	15 June 2017	14 June 2021	4 years
47	Ken Arndt	Registrant	Conduct and Competence Committee	15 June 2017	14 June 2021	4 years
48	Lorraine Shaw	Registrant	Conduct and Competence Committee	15 June 2017	14 June 2021	4 years
49	Martin Bryceland	Registrant	Conduct and Competence Committee	15 June 2017	14 June 2021	4 years
50	Maureen Gunn	Registrant	Conduct and Competence Committee	15 June 2017	14 June 2021	4 years
51	Natasha Duke	Registrant	Conduct and Competence Committee	15 June 2017	14 June 2021	4 years
52	Pamela Campbell	Registrant	Conduct and Competence Committee	15 June 2017	14 June 2021	4 years
53	Philip Sayce	Registrant	Conduct and Competence Committee	15 June 2017	14 June 2021	4 years
54	Shorai Dzirambe	Registrant	Conduct and Competence Committee	15 June 2017	14 June 2021	4 years

55	Sophie Kane	Registrant	Conduct and Competence Committee	15 June 2017	14 June 2021	4 years
56	Angharad Davies	Lay	Conduct and Competence Committee	15 June 2017	14 June 2021	4 years

Nursing & Midwifery Council

Chair's Action

Under NMC Standing Orders, the Chair of the Council has power to authorise action on minor, non-contentious or urgent matters falling under the authority of the Council (Scheme of Delegation, paragraph 4.6). Such actions shall be recorded in writing and passed to the Secretary who maintains a record of all authorisations made under this paragraph. The Chair is required to report in writing, for information, to each Council meeting the authorisations which have been made since the preceding Council meeting.

Each Chair's action must set out full details of the action that the Chair is requested to authorise on behalf of the Council.

Requested by: Sarah Page Director of Fitness to Practise	**Date:** **15 June 2017**

At the Appointments Board meeting on 14 June 2017, the Board considered the outcome of a recent recruitment exercise for Chairs to the Conduct and Competence Committee. The Board recommended the appointment of 45 new Chairs to Council.

Due to operational requirements we wish to have these individuals appointed prior to the next scheduled meeting of Council in July 2017 so that they can start sitting on the Conduct and Competence Committee as soon as possible.

Full details of the individuals for appointment can be found in the supporting paper at **annexe 1**.

Signed Janet Finch (Chair)

Date 15 June 2017

Nursing & Midwifery Council

For Chair's Action

Appointment of new Chairs to the Conduct and Competence and Health Committees.

Action: For decision.

Issue: Appointment of current practice committee members to the role of Chair for the Conduct and Competence and Health Committees for the remainder of their current term of appointment from 15 June 2017.

Core regulatory function: Fitness to Practise.

Strategic priority: Strategic priority 1: Effective regulation.

Strategic priority 4: Effective organisation.

Decision required: The Chair is recommended to appoint the 45 individuals listed at Annexe 1.

Annexes: The following annexe is attached to this paper:

- Annexe 1 – List of individuals to be appointed as Chair to the Conduct and Competence and Health Committees

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

Author: Paul Johnson
Phone: 0207 681 5680
Paul.Johnson@nmc-uk.org

Director: Sarah Page
Phone: 0207 681 5864
Sarah.Page@nmc-uk.org

Context:

1 At current levels of hearings activity, there is an ongoing risk that not all hearings before the Conduct and Competence and Health Committees can be allocated a Chair.

2 This lack of capacity will increase as 24 current Chairs of the Conduct and Competence and Health Committees reach the end of their second term of appointment in 2017.

Four country factors:

3 Same in all UK countries.

Discussion:

4 In April 2017 a role evaluation was completed which identified the key competencies required for the role of Chair. This document was issued to all current members of the committee and those individuals who were in the process of completing their induction training.

5 These individuals were invited to submit a written expression of interest which addressed how they met the key competencies identified.

6 The NMC received 47 submissions which were assessed by a group of senior NMC staff. From these submissions 45 individuals were assessed as possessing the necessary skills to undertake the role of Chair.

7 All 45 individuals were placed on a face to face training course developed to prepare panel members to undertake the role of Chair.

8 All 45 panel members have now successfully completed the training course.

9 The Appointments Board scrutinised the details of the recruitment strategy and recommends to Council the appointment of the 45 individuals listed in Annexe 1 to the Conduct and Competence and Health Committees.

10 **Recommendation: The Chair is recommended to appoint the 45 individuals, as set out at Annexe 1 as Chairs of the Conduct and Competence and Health Committees for the remainder of their current term of appointment from 15 June 2017.**

Public protection implications:

11 Chairs are required to make decisions at Fitness to Practise events that protect the public.

Resource implications:

12 No direct resource implications. Panel member costs are included in existing budgets.

Equality and diversity implications:	13	There is no indication that the process resulted in any adverse equality and diversity implications and the individuals selected have been selected on merit.
Stakeholder engagement:	14	All panel members were offered the opportunity to apply for the role.
Risk implications:	15	Not having sufficient Chairs will negatively impact on our ability to run fitness to practise events.
Legal implications:	16	None identified.

Annexe 1 – List of individuals to be appointed as Chair to the Conduct and Competence Committee

Following the recommendation from the Appointments Board, the Council is asked to appoint the following panel members to the role of Chair for the Conduct and Competence and Health Committees for the remainder of their current term of appointment from 15 June 2017.

Chair Name	Panel	Lay or Registrant	Term in Office	End of Term Date
David Bleiman	CCC	Lay	Second	31/12/2017
Susan Cousland	CCC	Registrant	First	27/01/2020
Julia Whiting	CCC	Registrant	Second	02/08/2020
Mary Monnington	CCC	Registrant	Second	28/02/2021
Catherine Rice	CCC	Registrant	Second	28/02/2021
Janet Kelly	CCC	Registrant	Second	28/02/2021
Julia Coulson (Thompson)	CCC	Registrant	First	27/01/2020
Katrina Tanner	CCC	Lay	Second	30/09/2017
Jane Davis	CCC	Registrant	Second	28/02/2021
Michael Murphy	CCC	Registrant	First	27/01/2020
Pradeep Khuti	CCC	Lay	Second	30/09/2017
Christopher Morrow-Frost	CCC	Registrant	Second	28/02/2021
Nicola Rabjohns	CCC/HC	Registrant	Second	30/09/2017
Noreen Kent	CCC/HC	Registrant	Second	02/08/2020
Kathryn Eastwood	CCC/HC	Registrant	Second	02/08/2020
David O' Brien	CCC/HC	Registrant	Second	28/02/2021
Florence Mitchell	CCC/HC	Registrant	First	27/01/2020
Andrew Galliford-Yates	CCC/HC	Registrant	Second	28/02/2021

Jennie Stanley (Fecitt)	CCC/HC	Registrant	Second	30/09/2017
Marianne Murdoch	CCC/HC	Registrant	Second	30/09/2017
Mike Collins	CCC/HC	Lay	Second	30/09/2017
Julie Tindale	CCC/HC	Registrant	Second	02/08/2020
Clive Chalk	CCC	Lay	First	13/06/2021
Catrin Davies	CCC	Lay	First	13/06/2021
David Crompton	CCC	Lay	First	13/06/2021
Anthony Griffin	CCC	Lay	First	13/06/2021
Nicola Jackson	CCC	Lay	First	13/06/2021
John Hamilton	CCC	Lay	First	13/06/2021
Raymond Marley	CCC	Lay	First	13/06/2021
John Vellacott	CCC	Lay	First	13/06/2021
Debbie Hill	CCC	Lay	First	13/06/2021
Melissa D'Mello	CCC	Lay	First	13/06/2021
Jill Wells	CCC	Lay	First	13/06/2021
Andrew Quested	CCC	Lay	First	13/06/2021
Adrian Smith	CCC	Lay	First	13/06/2021
Adrian Ward	CCC	Lay	First	13/06/2021
Sophie Lomas	CCC	Lay	First	13/06/2021
John Penhale	CCC	Lay	First	13/06/2021
Deborah Jones	CCC	Lay	First	13/06/2021
Anthony Kanutin	CCC	Lay	First	13/06/2021
Susan Thomas	CCC	Lay	First	13/06/2021
Philip Sayce	CCC	Lay	First	13/06/2021
Anthony Mole	CCC	Lay	First	13/06/2021
Maureen Gunn	CCC	Registrant	First	13/06/2021
Sarah Roberts	CCC	Lay	First	13/06/2021

Nursing & Midwifery Council

Chair's Action

Under NMC Standing Orders, the Chair of the Council has power to authorise action on minor, non-contentious or urgent matters falling under the authority of the Council (Scheme of Delegation, paragraph 4.6). Such actions shall be recorded in writing and passed to the Secretary who maintains a record of all authorisations made under this paragraph. The Chair is required to report in writing, for information, to each Council meeting the authorisations which have been made since the preceding Council meeting.

Each Chair's action must set out full details of the action that the Chair is requested to authorise on behalf of the Council.

Requested by: Sarah Page Director of Fitness to Practise	**Date:** **15 June 2017**

At the Appointments Board meeting on 14 June 2017, the Board considered the performance data of 28 panel members who were eligible to be reappointed to a further 4 year term. The Board recommended the re-appointment of 27 panel members to the Conduct and Competence Committee and one panel member to the Investigating Committee.

The board also recommended the transfer of two panel members from the Investigating Committee to the Conduct and Competence Committee.

Due to a number of these panel members' first terms ending prior to the next Council meeting in July 2017, we wish to have these individuals reappointed by Chair's Action.

Full details of the individuals for reappointment can be found in the supporting paper at **annexe 1**.

Full details of the individuals for transfer can be found in the supporting paper at **annexe 2**.

Signed Janet Finch (Chair)

Date 15 June 2017

Chair's Action
15 June 2017

For Chair's Action

Reappointment and transfer of panel members.

Action: For decision.

Issue: The reappointment and transfer of panel members to the Conduct and Competence and Investigating Committees.

Core regulatory function: Fitness to Practise.

Strategic priority: Strategic priority 1: Effective regulation.

Strategic priority 4: Effective organisation.

Decision required: The Chair is recommended to:

- reappoint with immediate effect, the 27 panel members to a second term of office to the Conduct and Competence Committee and one panel member to a second term of office to the Investigating Committee as listed in Annexe 1; and

- transfer, with immediate effect, two panel members from the Investigating Committee to the Conduct and Competence Committee as listed in Annexe 2.

Annexes: The following annexes are attached to this paper:

- Annexe 1: list of individual performance.

- Annexe 2: list of panel members to be transferred

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

Author: Paul Johnson
Phone: 0207 681 5680
Paul.Johnson@nmc-uk.org

Director: Sarah Page
Phone: 0207 681 5864
Sarah.Page@nmc-uk.org

Context:

1 The Nursing and Midwifery Council (Midwifery and Practice Committees) (Constitution) Rules 2008 state that a panel member appointed to a practice committee may be appointed to a further term by Council. No person can serve more than two terms.

2 There are 28 panel members coming to the end of their first term in June or July 2017 that the NMC wishes to appoint to a second term.

Four country factors:

3 Same in all UK countries.

Discussion:

4 Performance information has been gathered on 28 panel members between January 2015 and March 2017 and is set out in Annexe 1.

5 All 28 panel members have met the required standards for reappointment.

6 The Appointments Board have scrutinised the performance data of all 28 panel members and recommends to Council the appointment of the 27 individuals listed in Annexe 1 to the Conduct and Competence Committee and the one individual to the Investigating Committee.

Recommendation: The Chair is recommended to reappoint the 28 individuals, as set out at Annexe 1.

7 Two panel members have been in contact with the NMC since the last meeting of the Appointments Board in February 2017 and have requested that they are transferred from the Investigating Committee to the Conduct and Competence Committee.

8 Having reviewed the forecast hearings activity in both committees the NMC and the Appointments Board support the application of the two panel members.

9 **Recommendation: The Chair is recommended to transfer the two individuals, as set out at Annexe 2.**

Public protection implications:

10 Panel members are required to make decisions at Fitness to Practise events that protect the public.

Resource implications:

11 No direct resource implications. Panel member costs are included in existing budgets.

Equality and diversity implications:

12 There are no identified equality and diversity implications.

Stakeholder engagement:	13	The NMC has engaged with each of the 28 panel members eligible for reappointment advising of the process. Each individual in this group has been provided with a personal activity and engagement report, and the opportunity to comment upon it.
Risk implications:	14	If we do not reappoint the panel members set out in Annexe 1 we will not be able to constitute sufficient panels to manage planned business activity.
Legal implications:	15	Panel members are not employees and the panel member service agreement in place does not guarantee a second term of appointment.

Chair's Action: **Annexe 1**
15 June 2017

Nursing & Midwifery Council

Annexe 1: list of individual performance.

#	Name	End of Term date	Sitting days	Completion rate 2015-2017	Quality Decision Making	Formal Concerns 2015-2017	Training	Recommendation
1	Wendy Yeadon	31 July 2017	106	91%	1	0	Outside Deadline	Reappoint to the Conduct and Competence Committee for a second term of four years from 31 July 2017 to 30 July 2021
2	Paul Hopley	31 July 2017	33	100%	0	0	Outside Deadline	Reappoint to the Conduct and Competence Committee for a second term of four years from 31 July 2017 to 30 July 2021
3	Naseem Malik (IC)	30 June 2017	25	100%	0	0	Outside Deadline	Reappoint to the Investigating Committee for a second term of four years from 30 June 2017 to 29 June 2021
4	Gail Mortimer	30 June 2017	64	86%	0	0	Completed	Reappoint to the Conduct and Competence Committee for a second term of four years from 30 June 2017 to 29 June 2021
5	Alison Stone	30 June 2017	52	89%	0	0	Completed	Reappoint to the Conduct and Competence Committee for a second term of four years from 30 June 2017 to 29 June 2021
6	Ilana Tessler	30 June 2017	84	89%	0	0	Completed	Reappoint to the Conduct and Competence Committee for a second term of four years from 30 June 2017 to 29 June 2021
7	Tim Mann	30 June 2017	115	89%	0	0	Completed	Reappoint to the Conduct and Competence Committee for a second term of four years from 30 June 2017 to 29 June 2021

8	Robert Barnwell	30 June 2017	181	85%	0	0	Completed	Reappoint to the Conduct and Competence Committee for a second term of four years from 30 June 2017 to 29 June 2021
9	Tim Skelton	31 July 2017	174	86%	0	0	Completed	Reappoint to the Conduct and Competence Committee for a second term of four years from 31 July 2017 to 30 July 2021
10	Andrew Gell	31 July 2017	81	88%	1	0	Completed	Reappoint to the Conduct and Competence Committee for a second term of four years from 31 July 2017 to 30 July 2021
11	David Boden	31 July 2017	174	86%	0	0	Completed	Reappoint to the Conduct and Competence Committee for a second term of four years from 31 July 2017 to 30 July 2021
12	Anne Asher	31 July 2017	125	86%	0	0	Completed	Reappoint to the Conduct and Competence Committee for a second term of four years from 31 July 2017 to 30 July 2021
13	Anne Owen	31 July 2017	70	78%	1	0	Completed	Reappoint to the Conduct and Competence Committee for a second term of four years from 31 July 2017 to 30 July 2021
14	Dermot Keating	31 July 2017	37	82%	0	0	Completed	Reappoint to the Conduct and Competence Committee for a second term of four years from 31 July 2017 to 30 July 2021
15	Irene Kitson	31 July 2017	111	89%	1	0	Completed	Reappoint to the Conduct and Competence Committee for a second term of four years from 31 July 2017 to 30 July 2021
16	Jane Kivlin	30 June 2017	133	93%	2	0	Completed	Reappoint to the Conduct and Competence Committee for a second term of four years from 30 June 2017 to 29 June 2021
17	Gillian Madden	30 June 2017	100	92%	2	0	Completed	Reappoint to the Conduct and Competence Committee for a second term of four years from 30 June 2017 to 29 June 2021

18	Barbara Stuart	30 June 2017	231	95%	3	0	Completed	Reappoint to the Conduct and Competence Committee for a second term of four years from 30 June 2017 to 29 June 2021
19	Paul Powici	30 June 2017	213	93%	1	0	Completed	Reappoint to the Conduct and Competence Committee for a second term of four years from 30 June 2017 to 29 June 2021
20	Eileen Skinner	30 June 2017	101	98%	0	0	Completed	Reappoint to the Conduct and Competence Committee for a second term of four years from 30 June 2017 to 29 June 2021
21	Nigel Hallam	30 June 2017	70	95%	0	0	Completed	Reappoint to the Conduct and Competence Committee for a second term of four years from 30 June 2017 to 29 June 2021
22	Jacqueline Alexander	30 June 2017	76	96%	0	0	Completed	Reappoint to the Conduct and Competence Committee for a second term of four years from 30 June 2017 to 29 June 2021
23	Stuart Gray	30 June 2017	209	96%	1	0	Completed	Reappoint to the Conduct and Competence Committee for a second term of four years from 30 June 2017 to 29 June 2021
24	Kevin Hope	30 June 2017	41	90%	0	0	Completed	Reappoint to the Conduct and Competence Committee for a second term of four years from 30 June 2017 to 29 June 2021
25	Helen Potts	31 July 2017	102	91%	0	0	Completed	Reappoint to the Conduct and Competence Committee for a second term of four years from 31 July 2017 to 30 July 2021
26	Bill Nelson	31 July 2017	118	96%	0	0	Completed	Reappoint to the Conduct and Competence Committee for a second term of four years from 31 July 2017 to 30 July 2021
27	Trevor Spires	31 July 2017	110	90%	1	0	Completed	Reappoint to the Conduct and Competence Committee for a second term of four years from 31 July 2017 to 30 July 2021

28	Elizabeth Burnley	31 July 2017	89	94%	0	0	Completed	Reappoint to the Conduct and Competence Committee for a second term of four years from 31 July 2017 to 30 July 2021

Chair's Action: **Annexe 2**
15 June 2017

Annexe 2: list of panel members to be transferred

#	Name	Current Practice Committee	Current term of appointment	End date of current term	Lay or Registrant	Chair	Recommendation
1	Christine Castledine	IC	Second	30/09/2017	Lay	Y	Transfer panel member from the Investigating Committee to the Conduct and Competence Committee from 15 June 2017 for the remainder of their current term of appointment.
2	Alice Clarke	IC	Second	28/02/2021	Registrant	N	Transfer panel member from the Investigating Committee to the Conduct and Competence Committee from 15 June 2017 for the remainder of their current term of appointment.

Item 20
NMC/17/72
5 July 2017

Council

Council meeting dates 2018–2020

Action: For information.

Issue: Provides the Council meeting dates for 2018–2020.

Core regulatory function: Supporting functions.

Strategic priority: Strategic priority 4: An effective organisation.

Decision required: None.

Annexes: The following annexe is attached to this paper:

- Annexe 1: Council meeting dates 2018–2020.

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

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

Council meeting dates

April 2018–March 2019

April 2018	Seminar	Tuesday 24 April
May 2018	Seminar	Tuesday 22 May
	Meetings	Wednesday 23 May
June 2018	Seminar	Tuesday 12 June
July 2018	Seminar	Tuesday 3 July
	Meetings	Wednesday 4 July
	Seminar	Wednesday 25 July
September 2018 SCOTLAND	Seminar	Tuesday 18 September
	Meetings	Wednesday 19 September
October 2018	Seminar	Tuesday 30 October
November 2018	Seminar	Tuesday 27 November
	Meetings	Wednesday 28 November
January 2019	Seminar	Tuesday 29 January
	Meetings	Wednesday 30 January
February 2019	Seminar	Tuesday 26 February
March 2019	Seminar	Tuesday 26 March
	Meetings	Wednesday 27 March

April 2019–March 2020

April 2019	Seminar	Tuesday 30 April
May 2019	Seminar	Tuesday 21 May
	Meetings	Wednesday 22 May
June 2019	Seminar	Tuesday 11 June
July 2019	Seminar	Tuesday 2 July
	Meetings	Wednesday 3 July
	Seminar	Wednesday 24 July
September 2019 N Ireland	Seminar	Tuesday 17 September
	Meetings	Wednesday 18 September
October 2019	Seminar	Tuesday 29 October
November 2019	Seminar	Tuesday 26 November
	Meetings	Wednesday 27 November
January 2020	Seminar	Tuesday 28 January
	Meetings	Wednesday 29 January
February 2020	Seminar	Tuesday 25 February
March 2020	Seminar	Tuesday 24 March
	Meetings	Wednesday 25 March