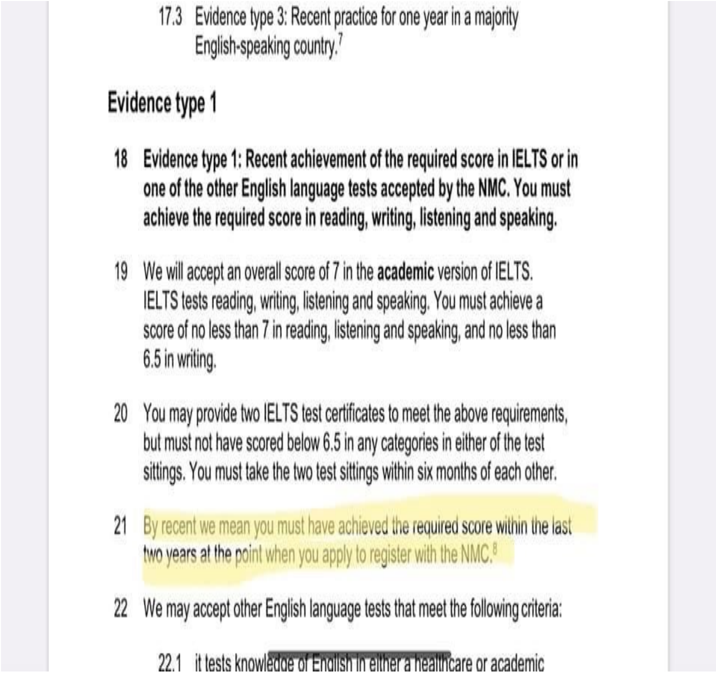
Observer questions – Council meeting 29 July

Question 1 - Anthony Johnson, Lead Organiser and Registered Nurse, Nurses United
Interpretation of the Code “I’d like to ask if our interpretation of the Code is correct? We believe that Nurses are able to campaign politically and that there is no difference to them whistleblowing by their patient’s bedside or in the public eye when policies and systemic issues put them and their patient's at risk. We believe that Nurses should use the evidence base when they make statements in their jobs but also when they discuss nursing policies and politics. We believe that Registered Nurses have a human right to freedom of speech and they are allowed to speak their opinions as long as they justify them as such.” I’ve previously had NMC staffers say as such but I would like the NMC to put out a statement to the effect. I would also like to be able to submit a document from Nurses United on our interpretation of the code for the Council to be able to give their opinion. My rationale for this are simple. Nurses have died because we haven’t felt able to speak out and campaign because the institutions that purport to represent us have previously said they can’t. The Nursing and Midwifery Council has a moral and regulatory duty to clarify this situation.
Response: Executive Director, Professional Practice Thank you for your question regarding nurses participating in political activities and campaigns, and the NMC’s position with regard to our registrants engaging in such activities. With regard to nurses engaging in political activities, the NMC has never stated that registrants should not be free to engage in political activities or campaign on matters they feel strongly about. Indeed, our recently published Future Nurse standards of proficiency for registered nurses (NMC, 2018) state that nurses should demonstrate an understanding of the importance of the importance of exercising political awareness throughout their career, in order to maximise the influence and effect of registered nursing on quality of care, patient safety and cost effectiveness. As with all other activities they undertake, registrants must at all times be aware of and abide by the requirements of the Code. This includes section 16.2 on raising and if necessary escalating any concerns they may have about patient or public safety However, the Code also requires them to be aware at all times of how their behaviour can affect and influence the behaviour of other people Nurses will therefore be expected to use their professional judgement to ensure they balance any political activity they undertake with these requirements of the Code, in order to ensure that the standards and values set out in the Code are upheld.

Question 2 - John Edwin Cachuela, Nurse, Overseas

I am one of the applicants from overseas and would like to clarify the recent advice regarding the new system of NMC that validates all documents submitted in the portal after completing the OSCE which is affected by the current pandemic.

Based on the NMC's official website:



17.3 Evidence type 3: Recent practice for one year in a majority English-speaking country.[7]

Evidence type 1

18 **Evidence type 1: Recent achievement of the required score in IELTS or in one of the other English language tests accepted by the NMC. You must achieve the required score in reading, writing, listening and speaking.**

19 We will accept an overall score of 7 in the **academic** version of IELTS. IELTS tests reading, writing, listening and speaking. You must achieve a score of no less than 7 in reading, listening and speaking, and no less than 6.5 in writing.

20 You may provide two IELTS test certificates to meet the above requirements, but must not have scored below 6.5 in any categories in either of the test sittings. You must take the two test sittings within six months of each other.

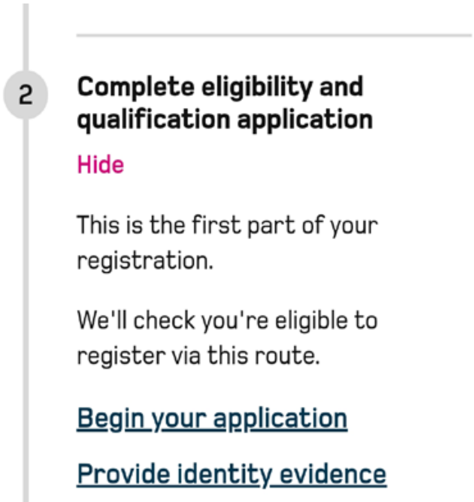
21 By recent we mean you must have achieved the required score within the last two years at the point when you apply to register with the NMC.[8]

22 We may accept other English language tests that meet the following criteria:

22.1 it tests knowledge of English in either a healthcare or academic

As highlighted, the English language test has to be valid at the point when you apply to register with the NMC.

Is creating a profile and paying evaluation fees considered an application to register with the NMC already as seen in the screenshot below?



If yes, does it mean that if the document submitted in the portal prior its expiry will still be acknowledge even if it has lapsed while completing the OSCE?

I hope we can discuss this in the next council meeting in order to make things clearer especially for overseas nurses who have already started their application.

Thank you for your time and more power to NMC and the NHS!

Response: Executive Director, Professional Regulation

Thank you for your question.

We have recently reviewed the guidance on our website and will be updating it to make it as clear as possible.

We recognise that some applicants like yourself have been impacted by the global pandemic and have not been able to progress their applications with us. We have therefore introduced a temporary measure to enable applicants whose language evidence expired between 23 March 2020 and 20 January 2021 to provide additional evidence that demonstrates that their language skills haven't deteriorated since expiry. Applicants will have six months after their language expires to complete registration with us and use that evidence.

You may provide additional evidence to show that you have been working and using your English in a clinical setting in the UK or in registered practice in a majority English speaking country.

If you are in a non-majority English speaking country, we recognise it may be difficult to provide this additional evidence but we will consider any additional evidence you provide in accordance with paragraph 16 of our English language guidance. It will need to show that your language has not deteriorated between the expiry date of your previous successful test result and your completed application.

Full details are on our website: https://www.nmc.org.uk/news/coronavirus/test-of-competence/

Question 3 - Jane Beach, Lead Professional Officer for Regulation UNITE

My question relates to the post registration standards paper. Paragraph 22 states:

> *The proposal for a generic "community/close to home" specialist practice qualification does not suggest that the traditional roles of District Nurse, Community Learning Disability Nurse, Community Childrens Nurse, Community Mental Health Nurse, or General Practice Nurse should no longer exist*

Unite would urge caution here. We are dealing with, what we assume is an unintended consequence of making the revised standards for student supervision and assessment also applicable to SCPHN students. Organisations are using the change to practice assessor as an opportunity to remove practice teacher posts and down band existing practice teachers. Unite is extremely concerned about the impact this will have on the preparation of future SCPHNs for safe and effective practice. When practice teachers undertook a post graduate certificate in order to effectively prepare the SCPHNs of the future, it is simply not feasible that practice assessors, with as is proposed by one AEI, one day of training, will prepare students to the same degree. Unite considers this is a risk to public safety. How will the NMC address this in the new SCPHN programme standards and in relation to district nursing, community mental health nursing, what can the NMC do to prevent these titles disappearing and have you assessed what the unintended consequences of a generic qualification might be?

I assume the NMC did not intend that student SCPHNs would require less preparation for practice. Our expectation was that practice teachers would become the practice assessor and that a similar level of preparation and support for the role would still be required.

Response: Executive Director, Professional Practice

Thank you for your questions

We are not suggesting that the new standards will lead to generic roles. What we are proposing for SPQ standards is that we will develop/scope out the content for one set of proficiency standards that applies to different fields of community and primary care nurses and their practice and in recognising that their context of practice will be different.

With regards to practice teachers:

- Specifically we did not intend that those SCPHNs who support student SCPHNs would require less preparation for practice. Instead the preparation and continued support to undertake both practice supervisor and assessor roles to meet SSSA remains an NMC requirement.
- Those who are already practice teachers do not need to undertake a further period of preparation as someone new to supervision and assessment (both a practice supervisor and practice assessor roles) – instead they may need additional preparation in line with both the new SSSA standards and the new standards of proficiency for SCPHN and their associated programme standards. Inevitably someone new to supervision and assessment would require additional preparation and support to undertake the role for the first time.
- We accept that a side effect of changing the standards for supervision and assessment has had an impact in relation to the fact that people who had undertaken an NMC approved teaching course would attract a higher pay band. These decisions were outside of the remit of the NMC. We will be looking at the requirements for supervision and assessment of SCPHN and SPQ students as part of the work on the programme standards for these courses. This will identify any specific requirements for these students (as we did for prescribing courses). Any requirements will be subject to Quality Assurance processes as part of programme approval.

Question 4 - Christine Dickinson, Community practice teacher

I’ve raised my concerns within the school nursing consultation for SCPHN standards. How can the requirements for these students support be radically decreased to supervisors completing a 3 hour e learning session?

I'm totally confused and bewildered that previously staff who wished to support SCPHN students had to complete a year long course and then be supervised in practice with a student. I'm not adverse to change and The NHS is always changing with the view to improve and enhance practice. I my view this is not enhancing practice or indeed how is this adequate support for the SCPHN student?
Response: **Executive Director, Professional Practice** Thank you for this question. To clarify – we/the NMC has not stated at any time that the preparation necessary to become a practice supervisor should be 3 hours. We published our new outcome focused standards for supervision and assessment (SSSA) in 2018. At the same time we indicated the period of transition to implement these standards. SSSA highlight 'what' practice supervisors and practice and academic assessors need to be able to do in order to fulfil these roles and 'what' support is necessary to enable this to happen. We do not however approve programmes in the way we used to when we often stated processes for 'How' these programme are run. We continue to be committed to ensuring that SCPHN School Nurse students receive appropriate support and supervision that enables them to be assessed and to meet their proficiencies in order to register as a SCPHN School nurse. All the standards apply to those who support, supervise and/or assess SCPHN students. We will be consulting on new SCPHN proficiencies for School nurses and new standards for SCPHN programmes. The programme standards are organised under 5 main headings and one of those headings is Supervision and Assessment where we align to SSSA but where we will state specific standards for safe and effective supervision and assessment for SCPHN programmes. This is something we did successfully for prescribing programmes. We are looking at this now as part of our overall review and will formally consult in due course.
Question 5 - Gail Adams Head of Professional Services UNISON
1. The Department of Health (England) have made some proposed changes to the Emergency Statutory Instrument. How will the NMC consult in a meaningful way after the event, given that it will already be in law? And what assurance can registrant have that the legislation will again be changed if this is what the outcome of the consultation calls for? 2. Can council assure registrants that it will always retain a panel of 3 to hear cases and that this will include the registrant member for all substantive decisions of facts? 3. Is the NMC concerned about the precedence set if the Department of Health (England) are setting the rules for an independent regulator? 4. Have the NMC consulted with the devolved nations Governments about the proposed changes to fitness to practice given that it will have UK wide implications? Will the NMC publish its data risk assessment on these plans?

Response: Executive Director, Strategy and Insight

Thank you for these questions.

1. We recognise that this is not a normal situation and that our solution is not how we would normally do things in this space. However, we think the substance is the same. Namely that there will be an opportunity for stakeholders to feed back in detail on our proposals, which will be considered by Council before a final decision is taken on whether and how to use the powers in a non-emergency setting.

   We will ensure that our consultation provides sufficient information about our experience of using these powers during the emergency period and asks questions in a way that gives respondents the opportunity to set out their views on each of the changes. It would not be appropriate for us to pre-judge the outcomes of that consultation at this stage, but clearly if we reached the conclusion post-consultation that a certain rule was not appropriate in a non-emergency period then we would communicate this to DHSC with a view to requesting a further rule change, and in the interim undertake not to use such a power.

2. We intend to release an updated version of our emergency guidance over the coming weeks, the guidance states “We will only go ahead with our substantive meetings and hearings where we have a panel of three members including a registrant member.”

   The guidance sets out the circumstances in which we might have to use a 2 person panel, to date we have not had to use 2 person panels and we do not plan to do so. As we are gradually increasing our levels of activity we do not expect there to be exceptional pressure on our panel member capacity at the end stages of the fitness to practise process and therefore do not envisage having to use 2 person panels. However, we wish to retain the flexibility to do so in an emergency, should the need arise.

3. The fact that our rules require Privy Council approval before they can be laid in parliament means that cooperation between us and DHSC is always necessary before the rules can be made. This doesn’t mean that DHSC are setting the rules themselves, but more that they have an important role to play in effectively sponsoring the statutory instrument through the parliamentary process. We have long pressed for greater flexibility to set our own rules outside of the parliamentary process and we are hopeful that this will be achieved through regulatory reform.

4. We understand from DHSC that they have been in regular contact with their colleagues in devolved administrations around the rules amendments.

5. Now that we have decided on our approach to how individuals can observe our virtual events we will finalise our Data Protection Impact Assessment. We do not generally publish DPIAs but we are happy to provide a copy to the rep bodies once we have finished it.