

## Observer questions – Council meeting 29 September 2021

### Questions submitted by Mushtag Kahin via Twitter

**You have 16 leaders in NMC with only person of colour.**

#### Response

- We have 12 Council members – one Council member is from a black and minority ethnic background.
- The Council is committed to diversity and in January 2021, we appointed two Associates. So of the 14 Council and Associates colleagues, 3 have a black and minority ethnic background.
- Our leadership also includes eight Executive colleagues, of whom one is from a black and minority ethnic background. Within the overall leadership of 22, we have black and minority ethnic colleagues – just under 20%.

**What will NMC do to increase diversity and embed anti-racism in the organisation?**

**What actions are being taken to become an anti-racist organisation?**

#### Response

- We have a joint statement on anti-racism which sends a clear message on our position and is on our web site
- We are pulling together various threads from Workplace Race Equality Survey, staff engagement survey, Pay Gap reports, Black Lives Matter action plan, rising together findings (internal programme for BAME staff), BMe staff forum recommendations and the People Plan into one action plan. This will look at embedding anti-racism and EDI more broadly into all policies, processes, training, and development and, very importantly, talent management.
- We will look at our end-to-end approach to recruitment and make improvements to encourage application, interview, and appointment of more senior BAME people
- We are specifically looking at bullying and harassment, grievances etc. to find out if we have any issues here and have committed to tackle them
- We have an active BMe network and encourage safe space discussions. The Network Chairs are members of our Equality Diversity and Inclusion Leadership Group and so can input on policy and process and have an opportunity to highlight other areas of discrimination
- We are embedding anti-racism by developing all our learning and development to include clear expectations of all staff and a programme to support managers as well as developing a resource pack of readily accessible resources
- We regularly talk to other regulators and look at good practice elsewhere to make what we do stronger.
- Alongside the work on race equality we are committed to equality across the piece. The work of the EDILG includes our other staff networks and groups, such as LGBT+, Disability and we encourage the groups to work collaboratively on intersectional issues.

## How will NMC ensure psychological safety for Black nursing associates, nurses, and midwives when 63% of referrals are no case to answer?

### Response

We understand that being referred to our fitness to practise process can be overwhelming for anyone. We also know that the majority of referrals result in no case to answer across all professions and ethnicities and that these often get a long way through our process before this decision is reached, which is difficult to all involved.

Our Ambitious for Change research has shown that professionals from a Black or Minority Ethnic background are more likely to be referred to us by their employer.

We are tackling this in a number of ways:

- Taking a more person-centred approach. We have a free 24-hour careline service to give emotional support, as well as practical help and advice to registrants during the fitness to practise process.
- Working with employers to prioritise local action and ensure referrals are managed effectively at a local level, where appropriate. This has had a dramatic downward effect on inappropriate referrals, resulting in fewer no case to answer referrals from employers.
- Getting a clear understanding of concerns at an early stage has seen us conclude more referrals at the first stage of our process, avoiding the anxiety, stress and uncertainty that can arise from a lengthy investigation.
- A more systematic approach to capturing and taking account of **context** in our fitness to practise investigations.
- Concentrating on what registrants have done to strengthen their practice where there is a concern, so we can make an informed decision at an early stage without the need for lengthy investigations.
- Only holding full hearings to resolve material disputes between us and the professional.

We hope these changes better support professionals subject to fitness to practise investigations and we will continue to monitor how they are having a positive impact.

As part of the second phase of our Ambitious for Change research we are speaking to professionals referred to fitness to practise to help us understand the impact on them and hear their views about what they think we and others can do to tackle any unfairness.

**What accountabilities will NMC take when NHS Trusts and individuals refer Black registrants due to biases, racism and Islamophobia exposing themselves posing a danger to the public and patients?**

**Response**

Our work on context and our work with employers are both key to this. As mentioned last year we published guidance and resources for employers on managing concerns locally. It encourages employers to:

- 1.Promote just culture
- 2.Have clear policies in place
- 3.Treat everyone fairly, and actively look for and address areas of bias or discrimination in local processes
- 4.Ensure that referrals are signed off by someone other than the person who investigated the concerns so they can satisfy themselves that a referral is fair and appropriate

The guidance makes it clear that any evidence of bias or discrimination in a referral would be a very serious concern that we would need to investigate. Any alleged discrimination would need to be identified separately and dealt with on that basis.

## Observer questions – Council meeting 29 September 2021

### Questions submitted by Christine Jehoratnam to the Secretary via email on 28 September 2021

**1. I am very much supportive of the SPQ programme. I have personally witnessed. How the agents, who are taking the contracts with the council. The delivery of care for people in their own homes is very frightening. Please give some clarity in this. I would like to be part of this programme.**

*Thank you for your interest in our post registrations review. The 16 week consultation closed on 2 August 2021 and the responses are being independently analysed and will inform the next phase of this work. Further information on the work done so far and on the next steps can be found [here](#).*

**2. Adult Nursing Programme. Does still have the Protocol remaining the same. What I mean is. Do they have to do the CBT which is designed for the Trained nurses. Its Part 1 and Part Two. which I am embarking on teaching with my team.**

*All professionals applying to the NMC register who gained their qualification outside the UK will follow the same registration process and meet the same requirements whichever part of the register they are seeking to join. This means they will need to pass the two part test of competence which comprises the CBT that covers numeracy and clinical theory and the objective structured clinical examination (OSCE), which is a practical exam.*

**3. Senior carers who are now begin allowed to come into the UK. what sort of Protocol is the regulatory body NMC following?**

*We regulate nurses and midwives across the UK, and nursing associates in England. We are therefore unable to comment on the protocol for Senior carers, as this is not a role we regulate.*

**4. Can the NMC have a joint meeting with the Board force on Immigration.**

*Immigration and visa requirements are solely a matter for the Home Office. We are of course mindful of the impact their policies have on the workforce in the UK and we will be responding to the Migration Advisory Committee's call for evidence for their review into [The impact of the ending of freedom of movement on the adult social care sector: call for evidence](#). The NMC has regular contact with the Home Office in relation to visa requirements.*