

Patient and public
engagement forum,
8 October 2014

Welcome and introduction

Mark Addison,
Chair

What we will cover today

- Compassion and care in education and in practice.
- Update on the Code review.
- NMC strategy.
- Medicines management.
- Terms of reference for this group.

Independent review of our progress

- We have made substantial improvements against the four areas outlined by the 2012 strategic review.
- Crucially, the report states that our focus is clearly set on our core purpose of protecting the public.
- We hope that the report will give confidence to patients, the public and our other stakeholders that we are firmly on the way to being a more efficient and effective regulator.
- We recognise that we have more to do in some areas and we are committed to continuous improvement.

PSA annual performance review

- Individuals and organisation are welcome to feed in their views on our work since April 2014.
- Your comments help the Professional Standards Authority (PSA) assess our performance.
- The PSA will publish the results in June 2015.
- You can give you views at www.surveymonkey.com/s/performance-review2014-15
- Feedback needs to be given by 17 November 2014.

New Chair

- From 1 January 2015, the new Chair of the NMC will be Professor Dame Janet Finch.
- Professor Dame Janet is currently a member of the Medical Research Council and Science and Technology Honours Committee, amongst other roles.
- She was Vice Chancellor at Keele University from 1995-2010.

Update

Jon Billings,
Director of Strategy

The proposed revalidation model

- Every three years, at the point of renewal a nurse or midwife will declare they are fit to practice and have:
 - practised for 450 hours during the last three years.
 - met the requirements for continuing professional development (CPD).
 - obtained confirmation from a third party on their continuing fitness to practise.
 - reflected on practice related feedback and the Code.
 - have a professional indemnity arrangement in place.

Consultation headlines

- Revalidation broadly welcomed as a way of improving the regulation of nurses and midwives and enhancing patient care.
- Most felt they could access appropriate confirmer and appraisal.
- Majority agreed with requirement of 40 hours CPD (20 hours participatory over 3 years) – feeling that CPD could have a positive impact on their patient care.
- Most already reflect on feedback – some keep a formal account others do so informally.

Engagement overview

- 100 engagement activities between January and September 2014, reaching 2750 stakeholders.
- Included five stakeholder summits attended by 1200 managers, nurses and midwives.
- Now in moving from consultation promotion to partnership building:
 - Supporting employer readiness
 - Planning the revalidation pilots
 - Preparing the pilot organisations

Timeline

- **December 2014** – Council considers draft revised Code
- **End of December 2014** – publication of revised Code
- **January 2015** – publication of draft guidance for revalidation
- **January to June 2015** – revalidation pilot and testing
- **Autumn 2015** – Council decision on model and roll out
- **End of 2015** – revalidation launch

Four country engagement

- On 24 and 25 September 2014 the Chair and Chief Executive visited Northern Ireland. While there they:
 - Met with Jim Wells, Minister for Health, Social Services and Public Safety
 - Hosted a regulator and union stakeholder dinner
 - Met with senior registrants
- In November 2014 we will be meeting with the Patient and Client Council.

House of Commons Public Administration Select Committee (PASC)

- On 10 September 2014 we gave oral evidence to the PASC session following up the Parliamentary and Health Service Ombudsman's report into midwifery supervision and regulation.
- The Committee explored to what extent the Ombudsman's recommendations in their report had been implemented to date.
- We have commissioned the King's Fund to undertake an independent review of midwifery regulation.

Party conferences

- We are attending the political party conference to call for a commitment from the parties to take forward a bill based on the Law Commissions' recommendations.
- This would enable us to make some fundamental and much needed changes to the current system of delivering public protection.
- We are also meeting a number of patient groups at the party conferences.

Professional Strategic Advisory Group

- This group was established in July 2014 and includes senior nursing and midwifery professionals.
- It enables us hear from leaders in the professions and to ensure their expertise is brought to bear on our work at a formative stage when it can have the most impact.

Care and compassion in practice: an education perspective

Professor B. Gail Thomas

Dean of Health and Social Care

Bournemouth University

Current concerns about caring

- There have been a number of cases of uncaring practice in the recent past in UK health and social services that demonstrate that we cannot always rely on professionals/ support workers to deliver the quality of care we expect
- However....

Is it a student issue?

- Francis did not specifically identify any issues with quality of students or their learning
- The majority of student nurses enter the profession because they are altruistic and are intent on providing good standards of care (Hemingway et al 2012, Scammell et al 2012)
- Disillusionment can happen during the programme of study- the reality of practice can be disappointing and disheartening for students
- Why?

This isn't a new issue

- Project 2000; one of the rationales for the move of nursing from hospitals to colleges/ universities was due to the desensitisation/ socialisation that occurred in hospital schools (Melia 1982)
- Roach articulated 6 C's very similar to those of the CNO in 1987- conscience, commitment, competence, confidence, compassion and comportment
- Research over the past decade reiterates the need to balance demands of complex technical skills with a compassionate approach (Corbin 2008)

Is it actually nurses who are involved?

- There is often job confusion and anyone in a uniform in practice is defined by the public frequently as a 'nurse'
- Health care/ maternity assistants are not trained to a consistent standard across the UK and are not regulated therefore quality may be an issue for some employers
- The ability to supervise care assistants in busy ward environments with very few registrants creates a challenge for ensuring care is consistently compassionate

This isn't only a UK issue

- Reader & Gillespie 2013 reviewed 14 studies/ reports that reviewed patient neglect in the US, South Africa, Taiwan, Germany, Sweden, Norway and the UK
 - Common themes- poor staff morale, high workload, low staffing numbers, burnout as well as communication issues, poor use of protocols and insufficient training
- There are studies in other parts of the world that propose ways to enhance compassion in care (Watson 2009- US, Guo et al 2013- China, Begum & Slavin 2012- Pakistan)

That doesn't excuse it!

- So what are we doing in universities to help students demonstrate and develop the right values through their course of study?
- This presentation shares typical processes to achieve that goal in HEIs
 - Pre-arrivals
 - Recruitment and selection
 - Curriculum
 - Teaching and assessing approaches
 - Learning in practice

Where do we set expectations about values?

- Pre application work
 - Outreach with schools identifying the importance of using the 'head, hands and heart' in practice
 - Values are explored at open days where students come to find out about the course before applying
 - Clearly articulated in marketing materials

How do we select for values?

- Application form requires a personal statement to include their previous experience of caring/ practice and their thoughts about the profession
- References required as evidence of good character
- Interview days include practitioners as well as service users and carers
- Small group interviews where they discuss a topic that demonstrates their values (e.g. views about position of older people in society)

- NMC Standards/ NHS Constitution/ policy/ research
- Underpinning philosophy
 - BU example of ‘humanisation’
 - ‘Conceptual framework that values what it means to be human in the context of health care’ (Todres, Galvin & Holloway 2009)
 - Understand the potentially humanising and dehumanising elements in caring systems and interactions
 - Develop the belief that caring is important, the passion for operating within the framework and the ability to challenge when others do not

8 dimensions of humanising and dehumanising care

Forms of dehumanisation

- Objectification
- Passivity
- Homogenization
- Isolation
- Loss of meaning
- Loss of personal journey
- Dislocation
- Reductionist body

Forms of humanisation

- Insiderness
- Agency
- Uniqueness
- Togetherness
- Sense-making
- Personal journey
- Sense of place
- Embodiment

Todres et al 2009

Evidence of success

- Longitudinal research project started at BU in 2013 with new degree curriculum
- Early results seem to be positive
 - *‘I think as much as you feel you’ve got those (caring) qualities as you go through your training you realise that those qualities can really grow. I think they can be learned which if you’d have asked me this time last year I would have thought, no, you’ve either got it or you haven’t but I think they can be taught and learned.’*
 - *One of the important things that I am learning is the need to understand or see the things from the patient’s perspective – to put yourself in their shoes rather than just seeing them as just another patient. To consider, actually, what illness or diagnosis means to them, to their family and to their situation and so on.’*

Teaching and assessing approaches

- In addition to the underpinning philosophy, we use a variety of ways to reinforce values in universities
 - Service user and carer involvement in teaching and assessing
 - Use of actors
 - Reflective action learning sets
 - Simulation
 - Assessment in both theory and practice

Ensuring quality of practice experience

- Mentor/ assessor preparation and regular updates
- Briefing and debriefing- personal tutor
- Network of practice educators to support mentors
- Practice audits to ensure quality of learning environment
- Regular evaluation and feedback to practice areas
- Links with Directors of Nursing; feedback loop from quality reviews in Trusts (e.g. CQC, Monitor)

Conclusion

- New student nurses are normally enthusiastic, positive and wanting to offer high quality care
- There is a challenge to ensure they have positive values reinforced throughout their programmes so they don't become disillusioned
- This is in both the classroom and practice
- An underpinning philosophy that sets out the value base and offers the strength to challenge is one way to make this happen

Begum S & Slavin H (2012) Perceptions of 'caring' in nursing education by Pakistani students: an exploratory study *Nurse Education Today* 32, 332-336

Corbin J (2008) Is caring a lost art in nursing? *International Journal of Nursing Studies* 45:2, 163-165

Guo Y, Shen J, Ye X, Chen H, Jiang A (2013) The design and testing of a caring teaching model based on the theoretical framework for caring in the Chinese context: a mixed method study *Nurse Education Today* 33, 912-918

Hemingway A, Scammell J, Heaslip V (2012) Humanising nursing care: a theoretical model *Nursing Times* 108:40, 26-27

Melia K (1982) 'Tell it as it is'—qualitative methodology and nursing research: understanding the student nurse's world *Journal of Advanced Nursing* 7:4, 327–335

Roach S (1987) *The Human Act of Caring: A Blueprint for the Health Professions* Canadian Healthcare Association Press, Ottawa

Scammell J, Tait D (2014) Using humanising values to support care *Nursing Times* 110:15, 15-17

Todres L , Galvin K & Holloway I (2009) The humanisation of health care: a value framework for qualitative research *International Journal of Qualitative Studies in Health and Wellbeing* 4:2, 68-77

Watson J (2009) Caring science and human caring theory: transforming personal and professional practices of nursing and health care *Journal of Health and Human Services Administration* 31:4, 466-482

Shape of Caring review: Thinking about the future

Lisa Bayliss-Pratt – Director of Nursing (HEE)

Context for change

- Growing population – 3 million by 2020
- Challenge of Aging population
- Challenges of long term chronic disease management
 - Diabetes 25%
 - Kidney Disease 45%
 - Dementia 25%
 - Obesity: 48% Men and 43% Women by 2030
- Chronic care management: 70 - 75% of costs of NHS



Context for Change

- **Funding Uncertainty:**
 - Continued growth over past 50 years
 - NHS spend now larger than education and defence
 - 1 in 16 people in England are employed by NHS
- **Future Funding**
 - Demands will rise but budget will not keep pace

How and where we care for patients will change

- Home or community care will be more common
- 70% currently in hospitals need not be there
- Majority capable of assisted self management
- Majority could access services using smart technology



How and where we commission services will change

- Local commissioning already established



Who we commission from will change

- Co-operatives of providers - Mutuals – charities - etc

Constant factors

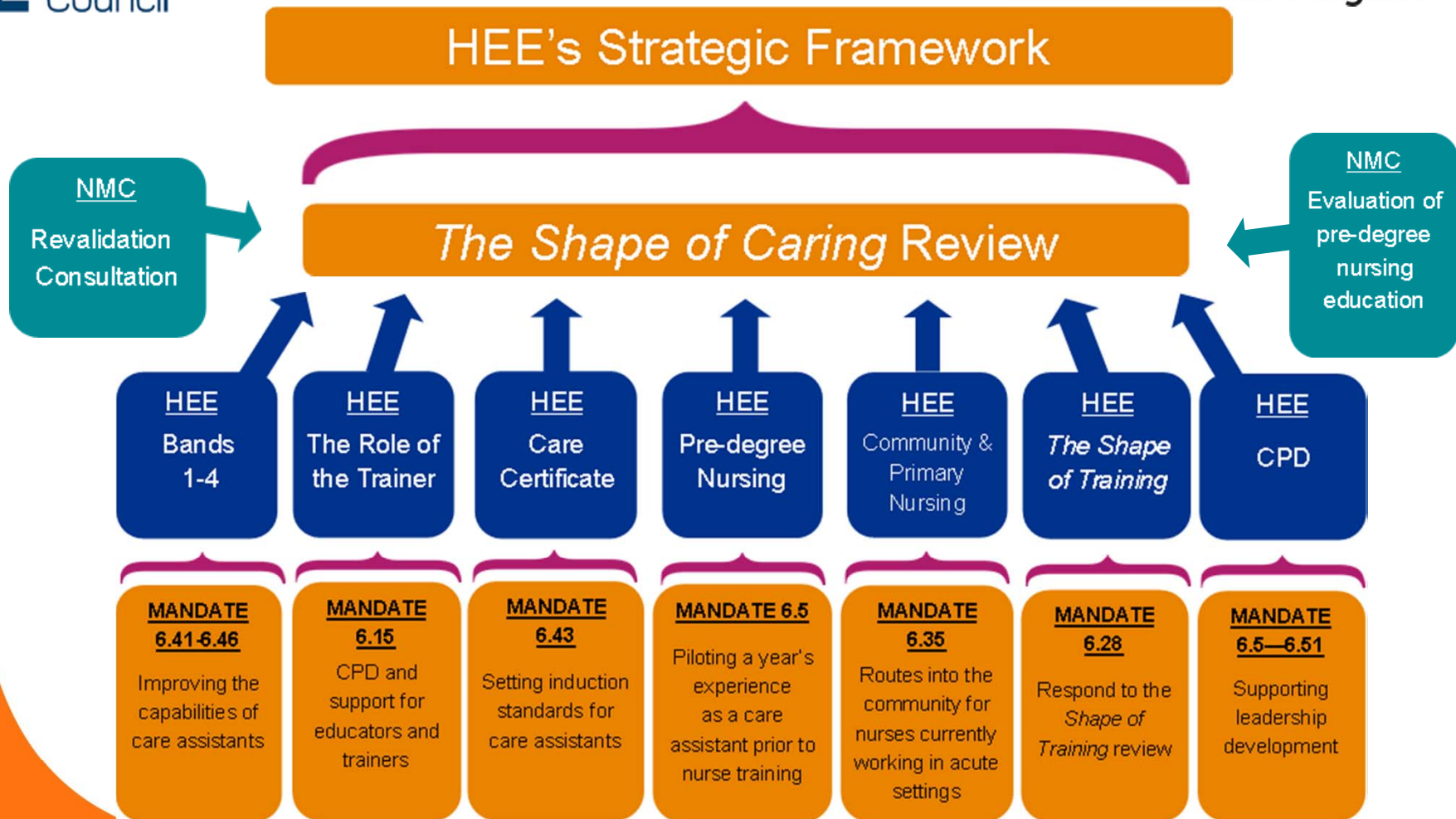
- Patients, families and communities
- ‘Caring’ workforce

A vision for the future...

- The majority of healthcare will be **managed out of the hospital setting**, with **more care being provided in the community**. Patients will be encouraged **to self-care** as much as possible:
 - Patients will be better supported to manage their own health, with better outcomes for individuals and better value for money
 - Patients will receive high quality care wherever they are and at the time of their choosing, reducing inequalities and outcomes
 - Patients will have higher quality relationships with healthcare professionals, reducing unnecessary visits to different specialists, leading to satisfaction for patients
 - Patients will benefit from the latest research and technology, whilst being treated with care and compassion

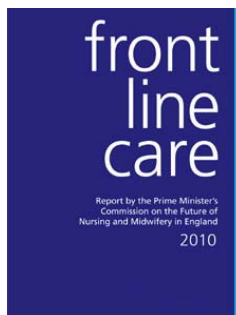
(Framework 15: HEE's Strategic Framework 2014-2029)

"Support Workers"
"Pre Degree Care"
"Older People"
"Self Care"
"Values Based Recruitment"
"Ward Sister & Leadership"
"School Nurses"
"Care Homes"
"National Workforce Plan"
"Emergency Care A&E"
"Relationships with Local Communities"
"Immunisations"
"Core Competencies"
"Courage"
"Health & Social Act"
"Mental Health"
"Practice Nurses"
"NOLA"
"Compassion"
"Dementia"
"Health & Social Care Integration"
"Community Care"
"Social Care"
"Health & Wellbeing"
"Communication"
"Patient Safety"
"Babies/ Midwives"
"Competence"
"Revalidation & NMC"
"NHS Constitution"
"CPD Frameworks"
"Frailty"
"General V Specialism"



How to best train them?

- Prime Minister's Commission on the Future of Nursing and Midwifery (2010): 20 recommendations relating to nursing/midwifery
- Willis (2012): 29 recommendations relating to nursing
- Francis (2013): 29 recommendations for nursing/HCSW
- Cavendish (2013): 18 recommendations for HCSWs



Currently we lack a coordinated response

Shape of Caring review

- **Patient centered**
- **Evidence based**
- **Build on existing best practice**
- **Output focused**
- **Career focused**
- **Skill focused**



Solution and evidence based!

The Shape of Caring review

- Commissioned by HEE
- Sponsoring Board jointly chaired by **HEE** and the **NMC**
- A review of nurse and HCA education and training across England (with significant input from other UK countries)
- Independent chair: **Lord Willis** of Knaresborough
- Report with recommendations: **February 2015**

How we are doing it?

- Review of the literature
- Engagement events:
 - Examples of good practice
 - HCAs, nurses, educationalists and the public
 - Involving a cross section of staff:
 - Independent sector, prison health, community, acute, voluntary sector
 - Commissioning Groups
- Formal Call for evidence
- Social media

The Shape of Caring - Emergent themes:

- Increasing **patient/carer voice & service user involvement**
- **Valuing the role of the Care Assistant**
- Widening opportunities for **Care Assistant career progression**
- Assuring **flexibility** in the model of **education and training** for the future
- Assuring & maintaining **high quality practice learning environments** for the future
- Assuring Registered Nurses **continuous learning and development**
- Enabling **research, innovation** and evidence-based practice
- Reviewing the use of **funding** and **commissioning levers** to drive up quality

Thank You..

Lunch break



6Cs and us.....



Paul Jebb Assistant Director of
Nursing Patient Experience

The NHS Constitution

The NHS belongs to the people.

It is there to improve our health and well-being, supporting us to keep mentally and physically well, to get better when we are ill and, when we cannot fully recover, to stay as well as we can to the end of our lives. It works at the limits of science - bringing the highest levels of human knowledge and skill to save lives and improve health. It touches our lives at times of basic human need, when care and compassion are what matter most.

People Centred

Positive

Compassion

Excellence

The vision for nurses, midwives and care staff



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Excellence

Challenges



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What are the 6C's?

- The 6 Cs are linked to the National Nursing and Midwifery Strategy – Compassion in Practice
- Launched by Chief Nurse in December 2012
- 6Cs are for everyone....

What are the 6Cs?

As Chief Nursing Officer for England, I want to make sure we give our patients the very best care with compassion and clinical skill, ensure pride in our professions and build respect. The response from staff since my appointment has confirmed that nurses, midwives and care staff feel the same. The actions set out in this vision and strategy, which have been developed with you, will change the way we work, transform the care of our patients and ensure we deliver a culture of compassionate care.”

**Jane Cummings, Chief Nursing Officer for England
NHS Commissioning Board**

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6Cs - Values essential to compassionate care

Care

Care is our core business and that of our organisations; and the care we deliver helps the individual person and improves the health of the whole community.

Caring defines us and our work. People receiving care expect it to be right for them consistently throughout every stage of their life.

Compassion

Compassion is how care is given through relationships based on empathy, respect and dignity.

It can also be described as intelligent kindness and is central to how people perceive their care.

Competence

Competence means all those in caring roles must have the ability to understand an individual's health and social needs.

It is also about having the expertise, clinical and technical knowledge to deliver effective care and treatments based on research and evidence.

Communication

Communication is central to successful caring relationships and to effective team working. Listening is as important as what we say. It is essential for 'No decision without me'.

Communication is the key to a good workplace with benefits for those in our care and staff alike.

Courage

Courage enables us to do the right thing for the people we care for, to speak up when we have concerns.

It means we have the personal strength and vision to innovate and to embrace new ways of working.

Commitment

A commitment to our patients and populations is a cornerstone of what we do. We need to build on our commitment to improve the care and experience of our patients.

We need to take action to make this vision and strategy a reality for all and meet the health and social care challenges ahead.

The 6Cs Action Areas

- 1. Helping people to stay independent, maximising well-being and improving health outcomes
- 2. Working with people to provide a positive experience of care
- 3. Delivering high quality care and measuring the impact of care
- 4. Building and strengthening leadership
- 5. Ensuring we have the right staff, with the right skills, in the right place
- 6. Supporting positive staff experience

Enhancing Quality

- “If quality is to be at the heart of everything we do, it must be understood from the perspective of the patient.”



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Compassion

Excellence

What our patients are going through..

http://www.youtube.com/watch?v=rbb3DcaohU&feature=em-share_video_user



Your actions

How do the 6Cs fit in with your values? And the Values of your organisation?

What makes the 6Cs matter?

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Your actions

“What has to be addressed as a result of the 6Cs being developed?”

Where have you seen or experienced excellent care, how have you used this experience?

Your actions

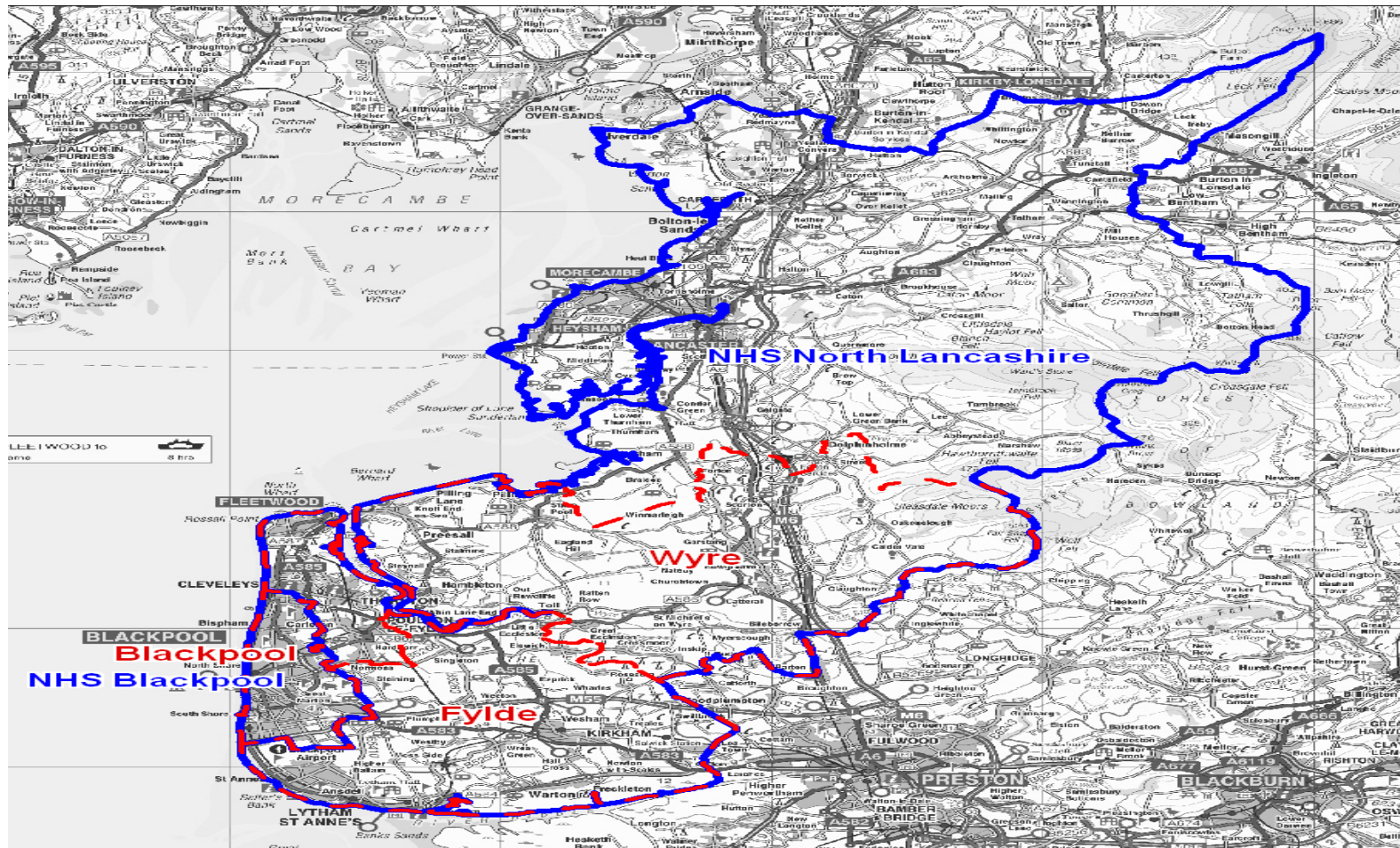
How do **we** translate patient feedback into successful action together?

What action will I take to implement compassionate care and the 6Cs

6Cs in Blackpool

- Developed our compassionate care strategy
- Engaged with nursing, midwifery and therapy staff
- Key areas of work:
 - Patient safety
 - Patient experience
 - Leadership
 - Clinical quality
 - Workforce & Education

The Trust



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6Cs in Blackpool

- Nurses, Midwives, Health Visitors and Therapists will provide high standards of care to our patients and families within a culture of compassionate and safe care.

Our Strategy

“Despite the challenges the organisation and the wider NHS is experiencing I firmly believe that the collective energy, will and drive of our professions can make a real difference in influencing future care and service models for our patients. We have a great opportunity to lead to ensure that we realise our vision.”

**Marie Thompson,
Executive Director of Nursing and Quality**

6Cs linked to Strategic Quality Goals

- Zero Delays
- Zero Inappropriate Admissions
- 100% Patients and Carers involved in decisions about their care
- 100% Compliance with Agreed Pathway
- Zero Patient Harms

6Cs in Blackpool – Y1

Compassionate Care Strategy 2013-2016

VISION - Nurses, Midwives, Health Visitors and Therapists will provide high standards of care to our patients and families within a culture of compassionate and safe care.



Care

Compassion

Competence

Courage

Communication

Commitment

**Strategic
Aims
2020**

100% of patients and carers involved in decisions about their care

100% compliance with agreed pathways

Zero inappropriate admissions

Zero patient harms

Zero Delays

Year 1 Actions

Patient Safety Experience

- Friends & Families Test
- Patient Survey Feedback
- Dignity in care
- Fundamentals of care
- Patient Experience Revolution

Patient Safety

- Achieve pressure ulcer reduction trajectory
- Achieve falls reduction trajectory
- MRSA pathway compliance

Clinical Quality

- Expansion of nursing care indicators and care metrics
- Dementia Care
- Knowing how we are doing - transparency

Leadership

- 6C's behaviours
- Transforming Care
- Ward Leader and Team Leader development

Workforce & Education

- Staffing reviews
- Introduce nurse staffing acuity tool
- Recruitment/Retention
- eRoster

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6Cs in Blackpool – Y2

Compassionate Care Strategy 2013-2016

VISION - Nurses, Midwives, Health Visitors and Therapists will provide high standards of care to our patients and families within a culture of compassionate and safe care.



Care

Compassion

Competence

Courage

Communication

Commitment

**Strategic
Quality
Goals 2020**

Patients and carers
are involved in
decisions about their
care

100% compliance
with agreed
pathways

Zero inappropriate
admissions

Zero patient
harms

Zero Delays

Year 2 Actions

Patient Experience

- Friends & Families Test Expansion
- Shared Decision Making Expansion
- Awareness of Complaints Process
- Shadowing our Patients Journey

Patient Safety

- Achieve our Zero Harms Goals
Pressure Ulcers
Falls
Medication Errors
- Improve Infection Prevention Standards
MRSA Pathway
Compliance
CPE Policy Compliance
Hand Hygiene Compliance
- Introduce Safety Thermometer - Maternity Services

Clinical Quality

- Dementia Care Improvements
- Review & Expand Nursing Care Indicators
- Develop Therapy Care Indicators
- Improve Record Keeping
- Open and Honest Care Expansion Maternity and Community

Leadership

- Role Model the 6C's & Embed the Trust Values
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- Team Leader & Ward Leader Development

Workforce & Education

- Staffing Level Reviews & Monitoring Patients Acuity
- Prepare for NMC Revalidation
- Pre-Registration Engagement
- Development of a Flexible Workforce

Work in Progress...

People Centred

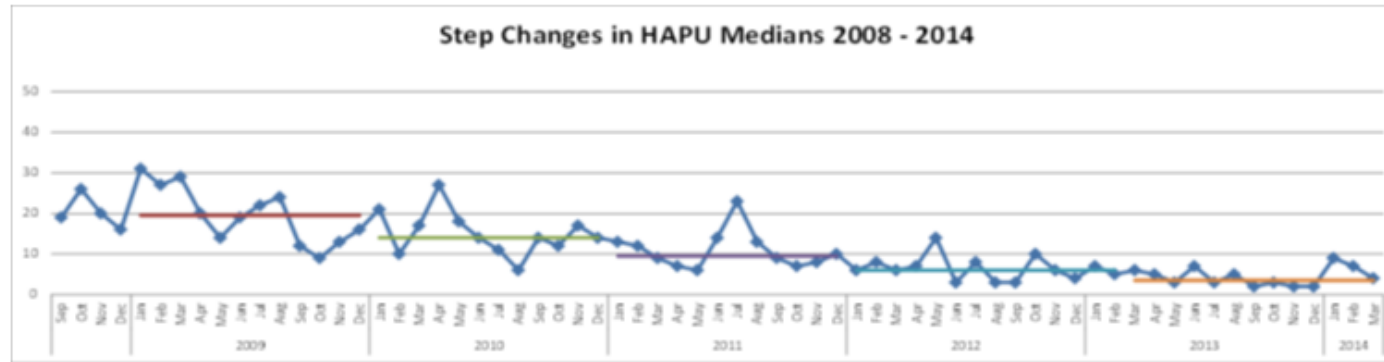
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Our call to action – patient safety

Hospital Acquired Pressure Ulcers (prevalence)



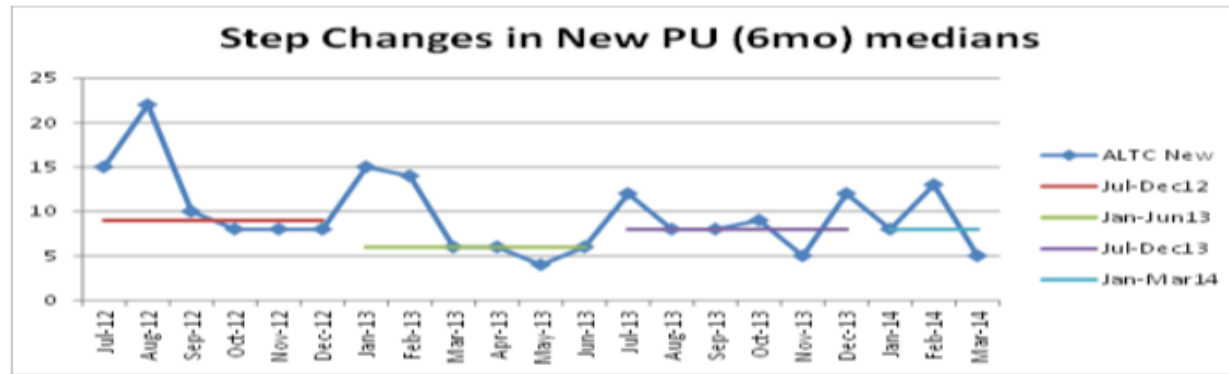
	2013/14 Target	2013/14 Performance	Trajectory target	Performance
Stage 2	30%	25%	42	45
Stage 3	40%	60%	9	6
Stage 4	100%	100%	0	0
All stages		32.89%	51	51

2013/14 National Median 4.66, BTH median 3.995

March 2009 – March 2014 84.38% reduction

Our call to action

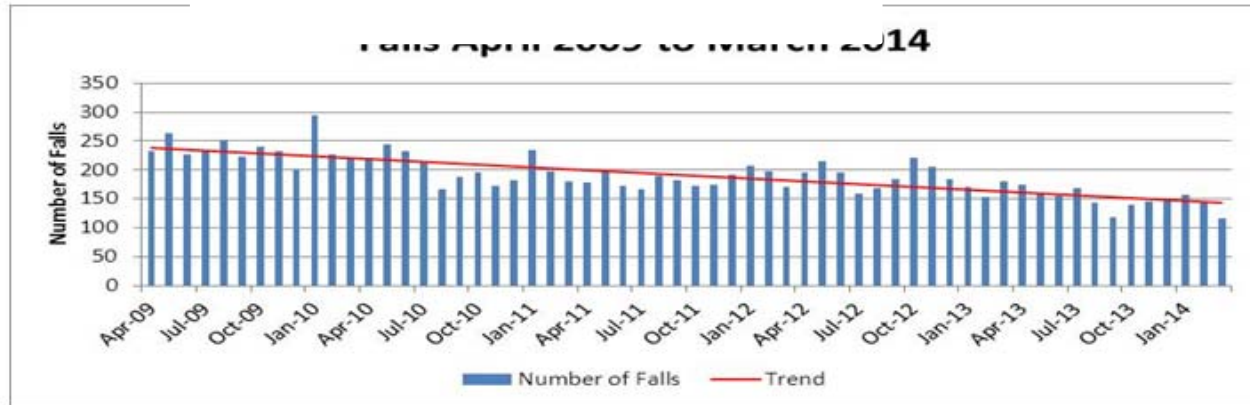
Community Acquired Pressure Ulcers (prevalence)



Overall target = 10% reduction	2013/14 % Target	2013/14 % Performance	Trajectory target	Performance
Stage 2	10%	12%	74	72
Stage 3	10%	59%	31	14
Stage 4	10%	0%	9	4
All stages	10%	27%	114	90

Our call to action - Falls

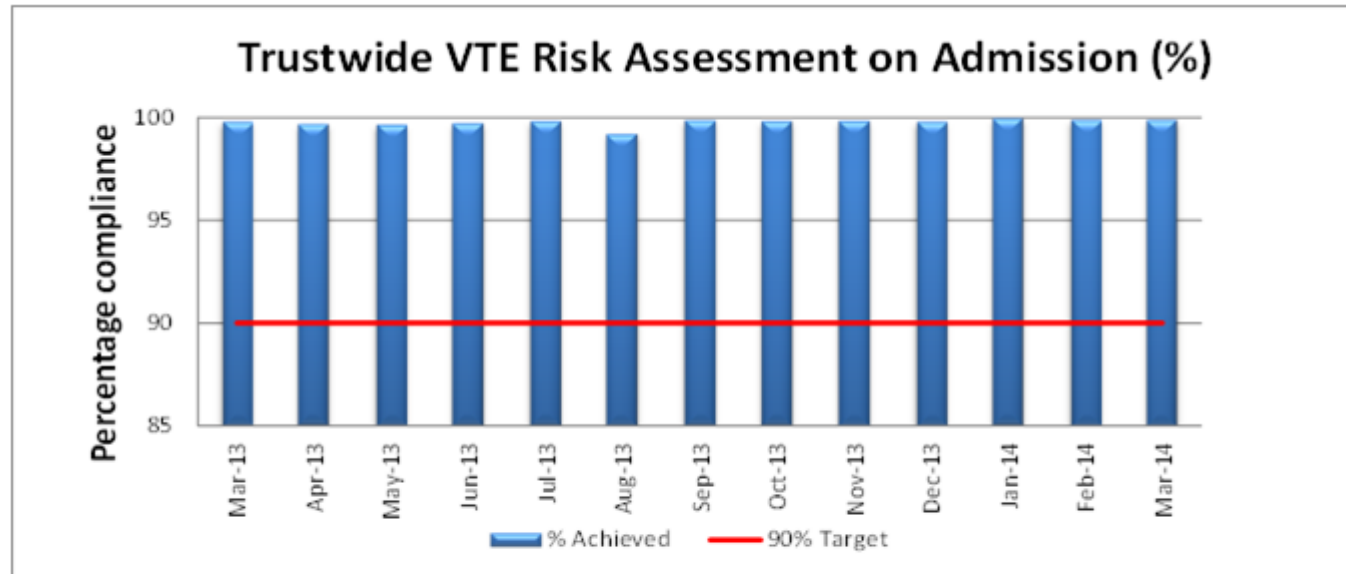
FALLS TRENDS



	2013/14 % reduction Target	2013/14 % Performance reduction against target	Trajectory target	Performance
Low/Minor	30%	25%	1611	1733
Serious	30%	8.4%	25	33
Major/Disaster	30%		0	6
All falls	30%	24%	1635	1772

9.3% reduction in falls resulting in serious harm and above since 2011/12

Our call to action - VTE



- 99.5% of patients received a VTE risk assessment against a target of 96%
- A 50% reduction in patients having a VTE 2012/13 v 2013/14

Our call to action

Patient Experience

Inpatient Survey July 2013

- 84% rated overall **care** as excellent, very good or good
- 95% felt they were treated with **respect and dignity**
- 84% felt that nurses **answered** their questions in a way that was understood
- 74% always had **confidence** and **trust** in the nurses treating them

Our call to action

Patient Experience

Friends & Families Test

National Data for 13/14

People Centred

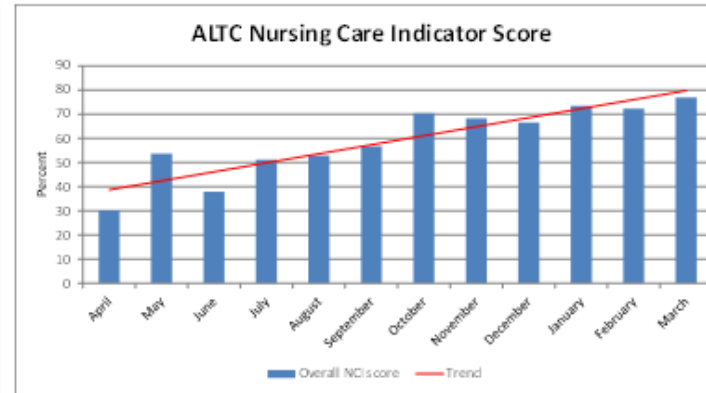
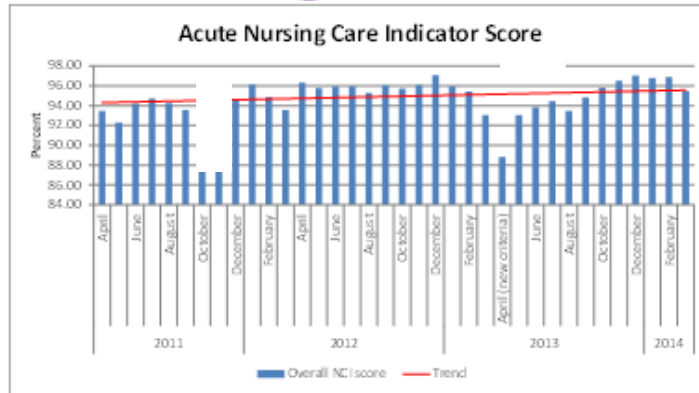
Positive

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Our call to action

Clinical Quality



	2013/14 % Target	2013/14 year end % Performance	% improvement in year
Scheduled Care	95%	97%	0%
Unscheduled Care	95%	95%	5%
Cardiac	95%	94%	6%
Families	95%	99%	7%
Acute Overall	95%	96%	8%
ALTC	95%	77%	46.8%
Trust Overall	95%	91%	17.5%

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Our call to action

Leadership

- Creating an environment that supports new ways of working which in turn supports the Trust vision to provide more care closer to the patient's home.
- Integrated models
- Care Pathways

Our call to action

Workforce & Education

- Ensuring care is delivered in a safe environment with the appropriate level of staff resource including knowledge and skills.



People Centred

Positive

Compassion

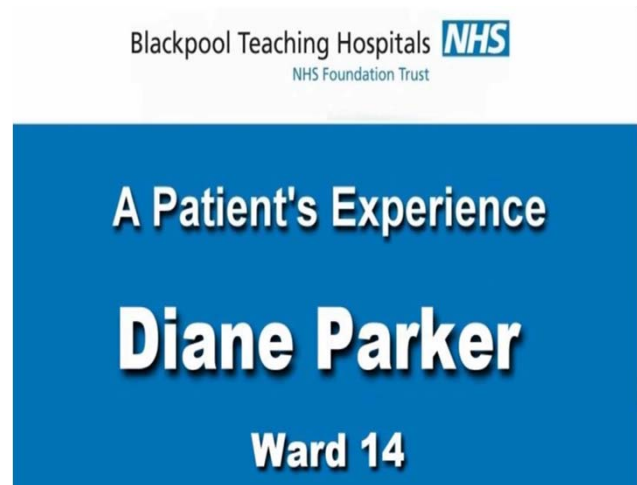
Excellence

Our call to action

Compassionate Care Year 2

- Integration
- Delivery Trust Quality Goals
- Improve our patient experience
- Harm free care
- Recruitment & Retention
- Staffing – publication

Our Patients Feedback....



- <http://www.youtube.com/watch?v=Acd6hhbR9yM&list=UUc7pRPIWerkD891Oj1djIWg>



Thank you

- paul.jebb@bfwh.nhs.uk

@pauljebb1


@BpIPatient_Exp



Update on Code

Yasmin Becker, Assistant Director Revalidation
and Standards
Chris Bell, Standards Development Manager

Consultation part one

- 
- Online survey (January to March) on the revalidation model and the Code:
 - Focused on operational aspects of the model.
 - Gauged initial views on the content of the revised Code.
 - Outcomes informed draft revised Code and revalidation model development.
 - 9799 responses (215 responses from organisations).
 - Clear majority of UK public feel revalidation would enhance public safety and supported proposals for a new Code.

Consultation part two

- Ran from 19 May to 11 August 2014
- Considered draft revised Code and revalidation process
- Consisted of an online consultation survey and qualitative research, including deliberative workshops, focus groups and online forums with nurses and midwives, employers, patients and the public and seldom heard groups
- 1,652 responses from individuals and 110 from organisations
- Final report due – mid October

Consultation Outcomes: The Code

- Encouragingly, the draft revised Code has generated considerable debate, with much of it positive. Going forward key issues include:
- **Application:** ensuring it addresses all scopes of practice, not just direct patient care roles.
- **Tone:** including positive language to support the professionalism agenda.
- **Length/structure:** reducing the length and structuring under more appropriate and distinct themes.

Timeline

- **October 2014 onwards** - Draft revised Code to be reviewed in light of feedback received from consultation and key stakeholders.
- **December 2014** - Council considers draft revised Code.
- **End of December 2014** - Publication of revised Code.


Review of prescribing and medicines management

Ben Scanlon
Standards Development Officer

Context

- our prescribing and medicines standards were introduced in 2006 and 2007 respectively
- the prescriber standards apply to those who undertake the V100 and V300 qualification. Those who complete a qualification can record it on our Register
- the Standards for Medicines Management apply to all registrants.
- these standards do not use current regulatory language and do not align with the NMC's regulatory role

Context, cont'd

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- Standards for Medicines Management (SMM) in particular are very detailed. This has meant that they have become increasingly out of step with other regulation in the medicines area
 - Although medicines and prescriber standards are discrete sets of standards, we are working on them together
 - A challenge -the strategic view in the prescribing and medicines field is lacking

Issues

- lack of a strategic voice is an issue in medicines and prescribing
- the review revealed a desire for cross-regulatory prescriber (and possibly medicines) standards applying to all prescribing professionals
- prescribing professions include doctors, nurses, pharmacists, podiatrists, physiotherapists, opticians, radiographers and dentists ... and vets

Issues, cont'd

- as a result, we intend to convene a Prescriber and Medicines Working Group as a strategic forum for prescriber and medicines regulators and to gauge the extent of commitment to develop cross-regulatory standards.

Engagement

- as part of the review, we have been engaging with individuals and groups of experts
- we are expanding our engagement to include participation in a number of public and specialist medicines and prescriber events being held this month and in December, including this group
- we will have one and possibly two Calls for Evidence
- we will convene a Prescriber and Medicines Working Group in London for regulators

Next steps

- if the Prescribing and Medicines Working Group decides to work on cross-regulatory standards, the new standards would be developed by December 2015
- if they do not do so, we aim to issue revised standards by April 2015
- in the Calls for Evidence, we are looking for strategic input on the level at which our standards should be articulated, language used and issues they should address, either current or those likely to arise in the future, input on how our standards work operationally in context and technical issues.

Discussion on draft terms of reference

Jon Billings,
Director of Strategy

Next steps

Jon Billings,
Director of Strategy

Next steps

- Circulate the summary notes from today and ask those not able to attend to contribute.
- We circulate the summary to our executive team and share with all staff.
- We publish the summary on our website.

Keeping in touch

- Read and circulate notes of this meeting.
- Sign up to our public newsletter.
- Follow us on Twitter – @nmcnews.
- Just call or email us!
- Laura Oakley – laura.oakley@nmc-uk.org

Dates for your diary

Future meetings of the Patient and public engagement forum are on:

- Wednesday 4 February 2015.
- Thursday 7 May 2015.
- Wednesday 16 September 2015.

Thank you