

Summary of the patient and public engagement forum 9 July 2014

The patient and public engagement forum met at 23 Portland Place, London on 9 July 2014. We were joined by a colleague from KPMG who observed this meeting. The Professional Standards Authority (previously known as the Council for Healthcare Regulatory Excellence) carried out a strategic review of the NMC in 2012, and made recommendations on how we can improve. We have been working hard to make these improvements over the last two years. In order to check on our progress we have asked KPMG to review how we are doing. Observing this meeting was part of this review.



Welcome

Mark Addison, our Chair, gave an update on some of our recent work. We have recently held two meetings of the patient and public engagement forum in Scotland. These events were positively received and have helped add to our understanding of the healthcare issues in Scotland. Work is underway to develop our patient and public engagement work in Northern Ireland and Wales.

We were hugely disappointed that the government has not included the Law Commission's bill on reforming healthcare regulation in its final session of Parliament. The bill would have enabled us to make some fundamental and much-needed changes to the current system of delivering public protection. We have called for all political parties to make a public commitment to including this bill in their plans for the first session of the next parliament. We will discuss the Law Commission's bill in more detail at our meeting on 4 February 2015.

The Professional Standards Authority (PSA) recently published its performance review for 2013–2014. The PSA looks at all nine health professions regulators and considers how they meet standards for healthcare regulation. We have made improvements across our regulatory functions and in our stakeholder engagement. We will be doing more work to improve our customer service, how we handle people's data and how we assess our own performance.

Revalidation continues to be a key focus for us and is the single biggest project we are working on. Revalidation will help us to protect the public by ensuring nurses and midwives continue to be fit to practise throughout their careers.

The King's Fund is working on the review of midwifery regulation. This work is important as the basic framework of midwifery regulation has not changed since 1904. We will continue to update the forum on the progress of this work.

We and Health Education England have commissioned a review into nurse and healthcare assistant education and training in England. The Shape of Caring review will ensure that nurses and healthcare assistants receive consistently high-quality education and training which supports patient care throughout their careers. The final report will make recommendations for improving current pre and post-registration nursing and healthcare assistant education and training.



Update on our current work

Alison Sansome, our Director of Registration, gave an update on other areas we have been working on.

Online registration is now being rolled out. Nurses and midwives can use the online service to: complete their notification of practice form; change their contact information; provide equality and diversity information; and print statements of entry. To date, 10,000 nurses and midwives have requested access to online accounts, 5,000 have activated their accounts and 4,000 have had interactions online.

In 2013, we reviewed the process for overseas registration in order to make it more robust. From autumn 2014, we will introduce a new registration process for nurses and midwives who trained outside the European Economic Area (EEA). This will enhance public protection. Under the new process, applicants will sit an online examination at one of the global centres local to them. After passing this, they will come to the UK to complete an objective-structured clinical examination (OSCE). This will be a practical test of conduct and competence in a simulated-practice environment. The practical test is delivered by a UK university. Applicants will continue to be required to present documents to us including identification, university transcripts and IELTS certificates.

You asked: Is the language test designed for those who want to work in healthcare?

We said: We use a standard test called the international English language test (IELT). While this does not specifically cover healthcare we do expect applicants to achieve a score of 7.0, which is higher than for most other professions. Employers also have a role to play in checking that their staff have appropriate skills, including communication skills.

We have been working with witnesses involved in fitness to practise hearings to help us improve their experiences. Witnesses have told us they need: more support; a single point of contact for advice; consistent information and advice; support and assistance at the hearings; and to be more comfortable at hearings. We have set up a witness experience project which aims to improve: the experience of our witnesses; the information and advice we provide; and our training for staff and panellists to cover points raised by witnesses. We are currently recruiting a witness support team. Forum members said they would like to get involved in this work and we will pass this on to the witness experience project team.

You asked: Do we provide information for witnesses?

We said: Yes, we have a leaflet for witnesses that explains investigations and another that explains hearings. These are both on our website at <http://www.nmc-uk.org/Hearings/Information-for-witnesses/>.

We have continued to raise our public profile and have shared our new leaflet *What can I do if I am unhappy about the care I have received or witnessed?* with over 1000 groups who support patients, their carers and families. We would like to thank the forum for their help developing this leaflet and for helping us to share it. The leaflet is available on our website at <http://www.nmc-uk.org/Publications/Information-for-the-public/>.

Forum members discussed some of the challenges patients and the public face when raising a concern, including not knowing which organisation to go to. We appreciate that the complaints process can be confusing, and can help by making sure that we have information available for the public and that we work closely with groups who work with patients, carers and their families. A member of the forum also raised the issue of personal health budgets. More people now have these and are commissioning their own care services. This makes it even more important that the public understand what to expect from a nurse or midwife and how to raise a concern if they are unhappy about the care they receive or witness. The standards in the Code apply to nurses and midwives in all settings, regardless of how their services are commissioned and funded.

We are continuing our four-country engagement and held a Council meeting and number of engagement events in Edinburgh at the beginning of June 2014. Feedback from these events has been very positive and we will be undertaking similar activity in Wales and Northern Ireland in the future.

Our work to engage with professionals has also been continuing. We have held two recent roundtables to discuss the issues of the relationship between professionalism and regulation. These were attended by directors of nursing, unions and other regulators. Themes emerged included the role of the director of nursing, the impact of wider culture on upholding professional standards, our visibility and championing professionalism.

We have launched our new Facebook page. Our page now focuses on the Code and we make regular posts which quote paragraphs from the Code. You can 'like' *The Code for nurses and midwives* page on Facebook at <https://www.facebook.com/nmcuk>.

There is still time to take part in our current consultations.

- The consultation on the draft Code and revalidation guidance is open until 11 August 2014. Take part at <http://www.nmc-uk.org/Get-involved/Consultations/Consultation-on-revalidation-and-the-revised-Code/>.
- The consultation on a proposed fee increase is open until 31 July 2014. Take part at <http://www.nmc-uk.org/Get-involved/Consultations/Fee-consultation/>.

On the 17 June 2014, Jackie Smith, our Chief Executive and Registrar, and Sarah Page, our Director of Fitness to Practise, gave evidence to the Health Select Committee on complaints and raising concerns. We were asked about topics including how we support patients through the fitness to practise process and what we are doing to raise awareness of standards of nursing and midwifery. We discussed our current consultation on the draft revised Code and our improvements to the witness experience.



Overview of our role in education

Lucia Owen, Education Policy and Engagement Manager, gave a presentation to the forum on our role in education. We set standards for pre-registration nursing and midwifery education and for specific post-registration nursing and midwifery education. We also quality assure education programmes against our

standards – this includes visits to practice placements. Our role is to set the standards and to approve the organisations that offer nursing and midwifery courses. We do not set the content of courses – this is up to the provider.

There are 79 approved education institutions: two in Northern Ireland, 10 in Scotland, six in Wales and 61 in England. Between them they offer over 1000 courses.

Our standards require students to do 50 percent of their learning in practice. They are supported and assessed by nurses and midwives working in practice who have completed a mentor or practice-teacher programme.

We have a quality-assurance framework that we use to assess the universities and institutions that provide the courses we approve. We carry out around 200 approvals per year. Student feedback is an important part of the monitoring process.

We have a standards development plan to review and develop our standards. We will evaluate our standards so that we can make informed decisions about whether or not standards are required and how they should be worded to ensure compliance is reasonable and achievable. This will also help us to respond to changes in the risks of nursing and midwifery practice and education. We will involve stakeholders in early drafting work by establishing working groups, and then we will publicly consult on the changes so that we take into account as many views as possible before we set the final standards and guidance.

In January 2014, we formed an education advisory group, which includes lay members. We are currently developing an education strategy that will be presented to Council early in 2015. As part of our response to the Francis report, we committed to evaluating our pre-registration nursing and midwifery standards, which will also incorporate standards to support learning and assessment in practice.

Forum members debated the requirement for nurses to have a degree-level qualification. Some members feel concerned that there might be caring and compassionate people who want to go into nursing but are excluded by the degree-level requirement. Other members recognised its benefit and that such a requirement is becoming common across the world. Research has shown that care outcomes for

patients are better where more nurses are degree-level educated. The forum agreed that care and compassion is essential regardless of how a nurse or midwife is trained and we will explore this topic more at the meeting on 8 October 2014.

You asked: Will the delivery of quality assurance be brought back in house in the future?

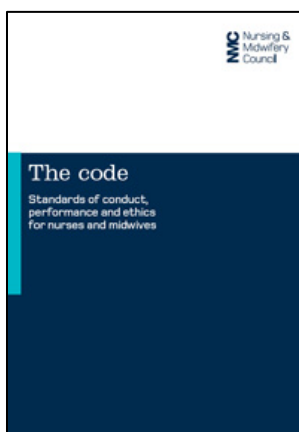
We said: The current contract for quality assurance is for the next three years, and at this point it will be reviewed.

You asked: Do deans have to sign a declaration that the information they provide about courses is accurate?

We said: Yes, in fact we ask them to sign two declarations.

You asked: What is the role of Health Education England?

We said: Health Education England (HEE) was established in April 2013. Its role is to provide leadership for the new education and training system. It will ensure that the shape and skills of the future health and public health workforce evolve to sustain high-quality outcomes for patients in the face of demographic and technological change. HEE will ensure that the workforce has the right skills, behaviours and training, and is available in the right numbers, to support the delivery of excellent healthcare and drive improvements. More information is available at <http://hee.nhs.uk/>.



Update on the Code review

Chris Bell, our Standards Development Officer, provided an update on the Code review. Part one of the consultation ran from January to March 2014 and focused on the revalidation model and the current version of the Code. The outcomes have been used to inform the draft revised Code and revalidation development. There were 9,799 responses (6,741 online and 3,058 from a public omnibus survey).

Comments about the Code included the following.

- The language is too complicated, open to interpretation or removed from everyday practice.
- It is too broad and generic in its scope, and does not address the full range of roles that modern nurses and midwives perform.
- It is more prescriptive, rather than supportive in tone.
- It would benefit from some examples of scenarios.

Suggestions about what topics the Code should cover include social media, raising concerns, NHS England's 6Cs (Care, Compassion, Competence, Communication, Courage and Commitment), accountability and duty of candour.

Part two of the consultation is now underway. By Friday 4 July 2014 we had 1051 responses to the online consultation, 105 of these were from members of the public. Ipsos MORI is carrying out the second part of consultation. We do not yet know what the specific issues and feedback are as the consultation is ongoing.

Next steps:

Mid-May to mid-August 2014	Consultation part two continues
Mid-August to mid-September 2014	Responses analysed by Ipsos MORI
Mid-September 2014	Responses document published
Mid-September to mid-November 2014	Draft revised Code tweaked and finalised in light of responses, comments and analysis
Late November to early December 2014	Revised Code to be approved by Council
End December 2014	Revised Code published

The forum discussed the importance of patients and the public being able to use the Code and to understand what to expect from nurses and midwives. Members felt that the Code consultation should be more widely promoted in the media so that the public can get involved.

Members also discussed if the Code should say 'must do'. Some felt that the tone was not right, others felt it was important that nurses and midwives know the standards are not optional.

We will keep the forum updated on the progress of the consultation and future opportunities to get involved.



Over to you – an open session for members of the group to share and discuss

Compassion is a topic that has come up at several meetings and forum members asked for the opportunity to explore this in more detail. They would like to share their experiences and to discuss the issue of compassion and care in practice. We will include this

on the agenda for the meeting on 8 October 2014. Forum members also requested that this be a longer meeting to allow plenty of time for discussion. Therefore, the meeting on the 8 October 2014 will take place from 11:00 to 16:00 (lunch will be provided). We will provide some background information on research and evidence around this topic in advance of the meeting to help inform the group's discussion. We will look into inviting

an external speaker to join the discussion. We will also cover medicines management in this meeting.

The forum would also like to better understand the Law Commission’s work, legislative change and the impact on patients and the public. We will cover this topic at our meeting on 4 February 2015.



The next meeting of the patient and public engagement forum will take place on 8 October 2014 from 11:00 to 16:00 at our London office, 23 Portland Place, W1B 1PZ.

Attendees

Guests	Our staff
<ul style="list-style-type: none"> • Bridget Baker, Doula UK • Beverley Beech, Association for Improvements in Maternity Services • Lavinia Fernandes, Parkinson’s UK • Roger Goss, Patient Concern • Jan Green, Healthwatch Luton • Sue Harle • Robert Johnstone, National Voices • Andrew Leitch, Scottish Health Council • Michael Osborne, Integritas Advocacy • Debra Ridley • Francesco Palma • Allesandro Palma • Lynn Strother, Greater London Older People's Forum 	<ul style="list-style-type: none"> • Mark Addison, Chair • Maura Devlin, Council Member • Alison Sansome, Director of Registration • Chris Bell, Standards Development Manager • Lucia Owen, Education Policy and Engagement Manager • Laura Oakley, Engagement Officer • Sohinee Sen, Events Officer

