

## Queen's Speech briefing – the importance of a Bill modernising health professional regulation

### Overview of the Nursing and Midwifery Council

- 1 The Nursing and Midwifery Council (NMC) is the independent nursing and midwifery regulator for England, Wales, Scotland and Northern Ireland. We were established by Parliament under the Nursing and Midwifery Order 2001. We exist to protect the public.
- 2 We set standards of education, training, conduct and performance so that nurses and midwives can deliver high quality healthcare consistently throughout their careers. We make sure that nurses and midwives keep their skills and knowledge up to date and remain fit to practise. We have clear and transparent processes to investigate nurses and midwives who fall short of our standards.
- 3 In order to be on the register nurses and midwives must pay an annual fee. This fee funds all of our regulatory activity.

### Our deep disappointment at the lack of a Bill in the Queen's Speech

- 4 **We are deeply disappointed that a Bill modernising the regulation of nurses and midwives has not been included in the Queen's Speech.**
- 5 The need for urgent reform has been recognised for many years and has support across all political parties, from nurses and midwives, representative bodies and patient groups. There is an overwhelming consensus that our current legislation is hopelessly out of date, inefficient and costly. It does not serve the public or the professions well.
- 6 Our Chief Executive and Registrar, Jackie Smith, [said in response](#) to the Bill's omission: "*This is a major setback and comes despite the government's undertaking in response to the Francis Report into failings at Mid Staffordshire NHS Foundation Trust.*"
- 7 Until very recently we were anticipating that a Bill would be announced next week and we understand that the Department of Health has a Bill ready to go.
- 8 Failure to change the NMC's legislation means:
  - 8.1 there is no prospect of reducing the time it currently takes us to deal with complaints, 15 months, from start to finish;
  - 8.2 we will continue to plough 80 percent of our budget into fitness to practise, spending the majority of our resources on the few where concerns have been raised and adding huge pressure on the fee that nurses and midwives must pay to us; and

- 8.3 midwifery supervision, severely criticised by the Parliamentary and Health Service Ombudsman and the Public Administration Select Committee, stays with all the inherent risks to public protection.

## The problem with our legislation

- 9 Our legislation is hopelessly outdated, making it slow for us to change in the fast-paced healthcare environment. It forces us to use outmoded and expensive procedures for addressing concerns raised about a nurse or midwife's skills, knowledge, health or character (known as fitness to practise).
- 10 The number of fitness to practise referrals we receive is a key driver of our costs. We have made significant efficiencies, but our fitness to practise caseload continues to rise. Without the means to be able to deal with all our cases in the most appropriate and proportionate manner, if referrals continue to increase further fee rises will be necessary in order to protect the public.
- 11 The current process of changing our legislation is time-consuming. It takes about 18 months to 2 years and requires a lengthy period of collaboration with the DH and securing parliamentary and Privy Council time. We are dependent on finite policy and legal resource in the Department of Health to make these changes happen and this resource is also called on by all the other health professional regulatory bodies.
- 12 The length of time that the process takes prevents us from responding in a timely fashion to the constantly evolving health and social care environment.

## The need for legislative reform

- 13 With legislative reform we would be able to:
- 13.1 **Speed up and simplify processes to protect the public** – processes for dealing with complaints about healthcare professionals can be long and stressful for patients and the professionals. The Bill would enable a number of reforms that are badly needed but are prevented by current legislation. It would also provide for greater consistency across all regulators and help to make decision making more transparent.
- 13.2 **Better protect patients** – the Mid Staffordshire NHS Foundation Trust Public Inquiry called for regulators to focus on promoting safe, compassionate care rather than intervening only after patients have suffered harm. The new law would enable them to focus more resources on education and effective registration and to promote professional standards.
- 13.3 **Increase efficiency** – the Bill will enable (and require) regulators to co-operate more closely and will help all of us keep our costs down.
- 14 Realising these aims is essential in order to retain the trust and confidence of the public, healthcare professionals and the health service in which they work.

## Annexe: Background

- 15 In **2011** the government published [Enabling Excellence](#), its command paper on professional regulation. This said the health professional regulatory framework is “**complex, expensive and requires continuous government intervention to keep it up to date**”.
- 16 In **2012** the Law Commissions published its [consultation paper](#) on legislative reform for healthcare professional regulation.
- 17 In **February 2013** Prime Minister David Cameron MP described the NMC’s decision-making processes, imposed by our legislation, as “**outdated and inflexible**” in his [statement to Parliament](#) on the Mid Staffs Public Inquiry (the Francis report).
- 18 In early **2014** the government [stated our legislation](#) was “**restricting [our] ability to effectively carry out [our] fitness to practise regulatory functions**”.
- 19 In **April 2014** the Law Commissions’ published their final report, [Regulation of Health Care Professionals](#), including a draft Bill.
- 20 The government did not include a Bill in the **June 2014** Queen’s Speech commencing the final session of the last parliament. Many politicians from across the political spectrum and observers have described this as a missed opportunity.
- 21 In **October 2014** we published [Better legislation for better regulation](#), which set out in detail the case for legislative reform.
- 22 In **January 2015** the government published its [response](#) to the Law Commissions’ recommendations, accepting the large majority of recommendations in full. The government said it “**remains committed to legislative change**”.
- 23 In response to the government we published a [joint statement](#), alongside representatives of patients’ groups, nursing and midwifery professional bodies, unions, and systems and education representatives in calling on political leaders to commit to bringing forward a bill reforming health care regulation.
- 24 The government again did not include a Bill in the **May 2015** Queen’s Speech at the start of the 2015–2020 parliament.