

RCN response to the NMC Consultation on draft strategic themes – Shaping the future 2020 – 2025

Introduction

The RCN welcomes the opportunity to respond to the second stage of the NMC consultation on the draft strategic themes for Shaping the Future 2020 – 2025. We applaud the NMC's commitment to become a progressive regulator, working with its registrants and collaborating with others. In addition, we support the inclusive approach in the development of the new strategy, giving nurses, midwives and nursing associates the opportunity to have a say on how their regulator can support them to deliver better, safer care. This will have a big impact on the professional life of all registrants and on the care they deliver.

We are of the view that all the themes are highly relevant, of equal importance and very much interrelated. However, we think that a particular focus on the development of themes one, three and four is required.

Draft vision

We are very supportive of the draft vision. It reflects the NMC's ambition to be more responsive, to constantly learn and develop its service that enables it to adapt to the changes that nurses, midwives and nursing associates face in practice. We are particularly pleased to see an emphasis on a just culture; taking a lead role to encourage openness and the development of a learning culture for all.

A central tenet for improvement is to create a culture which enables nurses, midwives and nursing associates learn from things that may have gone wrong and reflect on ways of doing things differently or better. The way in which the NMC interface and work with its registrants and those with whom they come into contact will be essential if they are to mirror the ethos of an open and learning culture that is required to support registrants and protect the public in the most effective way.

We think the draft vision reflects the ambition to influence and support registrants to deliver better and safer care. However, safe care does not necessarily equate to high quality standards; it is possible that the quality of care can fall short even if it is thought to be safer and better. We would recommend that the vision makes explicit the ambition to support nurses, midwives and nursing associates to deliver high quality standards of health care.

Theme 1: Dynamic approach to shaping practice

It is important that the NMC considers how it can be more responsive to the changing models of care and the different ways in which its registrants work across the UK. The Interim People Plan (2019)¹ highlights the important role professional regulators play in supporting the development of a flexible and professional workforce and assuring that they are both fit to practise and fit for purpose. Supporting professionalism is central to providing assurance that healthcare professionals are well equipped to deliver safe, high quality care.

We think the NMC strategy needs to reflect how it will support the development of a flexible workforce that is able to be more responsive to the changing needs of the healthcare environment. Given the current and projected nursing workforce shortages, it is essential that the NMC adapts and modernise its regulatory model and develop a more dynamic approach to prevent the unnecessary barriers that may inhibit the ability to increase the number of nurses and midwives.

We would recommend that the NMC strategy reflect the investment that will be committed to support its registrants to ensure they have and maintain the right knowledge, skills and expertise to deliver safe, high quality care. In addition, focus given on how to sustain this level of support for professionals. It is important that the strategy meets the needs of all nurses, midwives and nursing associates as well as students. It must also support leadership in the profession and a wider vision for ongoing education and training.

The strategy needs to set out a clear framework for how the NMC will support the development and maintenance of professional standards for all those that they regulate. Our members feel that the standards against which they are regulated are not always clear or practical in the context of their work or clinical environment. We would like to see the NMC provide detailed guidance about standards to underpin the Code. On occasion, in fitness to practise cases, it has been unclear what standard is required as the Code is quite generic. The GMC, in 'Good medical practice' provides a helpful model that could assist.

As the nursing profession continues to develop, there will be increasing numbers of nurses and midwives working at advanced and specialist practice levels. The lack of regulation around advance practice allows for variations in standards and education provision across the UK. We think there is a need for greater focus and clarity on the regulatory framework for advanced practice roles. The strategy needs to reflect the trajectory for developing the regulatory approach that will offer a greater level of protection to the public.

¹ NHS Interim People Plan (2019)

Equally, we think that the specialist practice qualification should continue to be recognised and valued as part of the NMC strategy. To lose part 3 of the register would undermine the uniqueness and specialist skills of the role to vulnerable groups of patients, at a time when the strategic direction nationally is emphasising the need for a greater focus on public health interventions and care in community settings.

Theme 2: Building our relationship with the public

To maintain public confidence as a regulator, the NMC needs to improve the way it engages with patients and families who complain. As such, the development of the strategy will need to reflect how it will engage better with the evidence from patients and families and how to improve the service provided to public complainants.

We think that the NMC's approach to transparency with the public needs to mirror that which is expected and promoted of its registrants. This will help to improve public confidence in the NMC as a regulator.

We support the NMC's ambition to engage with the public and give them the information and support they require, as well as the opportunity to relay their experiences and be treated with compassion. This is particularly important in relation to the fitness to practice process. However, we do have some concerns about the intended introduction of 'Personal Experience Statements'. The NMC obtained a report from the research company 'Traverse' in which some of the reservations of representatives are set out. When the NMC is responsible for the roles of prosecutor and adjudicator (which in itself already carries a potential conflict), it is vital to both be scrupulously neutral and to give the appearance of neutrality.

There is a tension between providing emotional support during the process itself to those affected by a fitness to practice case and acting properly in accordance with legal principles so that a registrant is treated impartially. We fear that in pursuing a laudable policy to provide compassionate support to those who have been adversely affected, there will be a muddying of the NMC's role that could undermine the process overall.

Theme 3: Strengthening the relationship with our profession

We support the NMC's ambition to strengthen the relationship with its registrants. We are of the view that this theme requires a lot of focus throughout the development of the strategy. A better understanding of the context in which nurses, midwives and nursing associates work is required if the NMC is to support and be responsive through the service it provides to its registrants. This includes giving attention to the four countries and diversity of the health and social care sector. Some attention is required on how the NMC will invest in getting a better understanding of the various work settings and the factors that support or impede good practice.



The NMC has a clear role in contributing to addressing and resolving the issues related to nursing workforce supply, recruitment, retention and remuneration; in particular, the large-scale shortages affecting the profession.

There is a need to address the negative perception that we often hear from our members; prime concern is about losing their PIN as oppose to one that supports the development of standards and learning.

There is an increased awareness, supported by evidence, to indicate the importance of understanding systemic shortcomings and that learning from mistakes is more productive and supports the development of a just culture. The willingness of the NMC to consider external factors will enable them to obtain information for the Regulatory Intelligence Unit that will contribute to overall patient safety. Trust in the NMC may improve by considering an incident in the round and showing determination to understand all the factors that led to an incident.

We welcome the NMC's commitment to "understand the importance of considering the context of a case" in regard to Fitness to Practice cases. We consider that the work undertaken to account for context in fitness to practise is extraordinarily important in building trust between the registrant body and the NMC. It has been our experience that, in the past, all resources and focus have turned upon the isolated acts of a single practitioner when something has gone wrong. We are aware of too many cases in which a nurse is held personally accountable for the failings of the system around them; especially when shifts are understaffed. The NMC need to incorporate methods to understand and account for the context when questioning fitness to practise, this must be an integral part of the strategy development.

We have been very pleased to note the efforts of the NMC to place 'human factors' at the centre of investigations and we have heard the commitment to change attitudes at all levels in the fitness to practise process. This will provide a supportive framework for registrants and reduce some of the risk factors on the physical and mental health of registrants going through the process. This will also reduce fear about a blame culture and, with increased trust, registrants and the NMC should be able to resolve fitness to practise cases more easily and with better outcomes for all concerned.

It is important for the NMC to support the calls for clear accountability for the system, so that nurses on the NMC register are not taking the blame for failings in the system. This will enable the NMC to be more accurate in their investigations and being able to identify those nurses who are not meeting the standards required. We also think it is important for the NMC to work closely with employers to resolve these systemic issues, in particular staffing levels, to avoid situations of individual blame.

We know from the research that a disproportionate number of black and minority ethnic nurses and midwives are more likely to be referred to and receive sanctions from the NMC. This creates a perception of unfairness, which is contrary to patient safety; how staff are treated is ultimately linked to the care and safety provided to patients. In addition to the attention required to the 'human factors', we think that the developments should also reflect the work that is necessary to better understand the risk of bias at every stage of the fitness to practise process and include a potential challenge to employers with disproportionate patterns of referrals.

We acknowledge that the NMC is an independent regulator and its role is not to represent nurses and midwives. However, as the regulator for the nursing and midwifery profession, we think the NMC needs to address how it can support the profession by being much more vocal about matters that have an impact on registrant's ability to practice safely and effectively.

Theme 4: Using and sharing research, data and intelligence

The NMC holds a wealth of data and intelligence with potential to share and be utilised, importantly including the opportunity to capture essential workforce data during initial registration and revalidation. We support the development of a transparent and accessible data set to better understand and plan the growth and retention of all nursing disciplines. It can also help anticipate the risk of harm and support system wide improvements across all healthcare settings, including challenging government in order to begin the necessary changes to the legal framework for accountability on supply, recruitment, retention and remuneration of nurses.

We are keen to emphasise the importance of separating registrant data between nurses, midwives and nursing associates. In addition, the NMC need to publish data on the field of practice across the UK and the new leavers and joiners to understand the shifting workforce picture.

Inequalities research will drive information about systemic pressures, whether these are environmental, relating to patient safety risks, or fitness to practise. It is crucial that this data is available for broader research to understand the current picture for the nursing workforce.

Detailed analysis of fitness to practise intelligence should be public not just for employers. The contextual data of fitness to practise intelligence can demonstrate systemic issues across health and social care, which contribute to these cases and need to be addressed. The sharing of detailed examination of circumstances when something has gone wrong could make a significant contribution to the ability of other organisations to promote safety.

Additionally, we would like to see data about workplaces utilised to identify which workplaces are responsible for disproportionate numbers of referrals. We anticipate that certain types of workplaces are more difficult for registrants and offer inadequate protections to their workforce, as reflected by increased referral numbers. Data about this will enable those workplaces to make the appropriate adjustments to protect registrants from challenging situations that lead to NMC referrals. This can make an important contribution to understanding why certain groups, such as BAME registrants, constitute disproportionate referrals to the NMC.

Theme 5: Closer collaboration with others

It is important that the NMC work closely with other organisations and develop a broader 'teamwork' ethos which mirrors the changes to the way in which healthcare is being delivered and registrants are expected to work. Closer collaboration will enable intelligence sharing and a greater understanding of the systemic failings that may affect individual practice. Sharing information will also support greater improvements to the services provided and public protection.

As part of its strategy development, it is important that the NMC reflect how they will increase their scope of work with others in the health and care system. This is important for the NMC to be able to identify and prepare for professional and regulatory challenges or changes that may be required. An example might be through the increased use of technology to automate or provide care.

As previously indicated, greater collaborative working will enable the NMC, as a regulator, to better understand the context in which its registrants practice and the contributory failings within the system.

More engagement with health and social care organisations is required to facilitate a better understanding of the referral thresholds and the work of the NMC. This will help to support organisations identify poor practice and facilitate proactive approaches to be made to the NMC at an earlier stage. In so doing, and where appropriate, address the management of concerns at a local level to reduce the unnecessary need for referral and the subsequent impact that this action can cause for registrants.

Sharing the expertise and knowledge across the regulatory bodies would help to provide a more consistent, efficient and joined up approach to the regulation of health care professional.

Sent on behalf of the RCN

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