

RCN response to the NMC Consultation on Shaping the Future: The development of their next Five Year Strategic Plan

CORPORATE





Acknowledgements

The RCN would like to thank all those members of the nursing family who responded to the call for feedback to the consultation and took time to share their concerns and wishes for the future strategy of the regulatory body, the NMC.

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Introduction

This document has been collated for the Royal College of Nursing (RCN) in response to the Nursing and Midwifery Council (NMC) call for consultation on Shaping the Future - the development of their next Five Year Strategic Plan. The RCN membership have been engaged via forums and social media platforms across the UK to provide consultation on the NMC Strategy. The response represents members from hospital and community settings across the NHS and independent sector.

The NMC consultation process will be undertaken over a 12-month period. This document includes the responses gained at the first stage of the process. Membership was requested to consider four questions by the NMC:

- What are the key issues are affecting nursing, midwifery and health and social care today and beyond?
- How should the NMC address these issues?
- What will have the greatest impact on the NMC over the next five years?
- What the NMC should focus on?

Responses were received from 61 sources across the membership. Analysis of the qualitative data presented the following themes reflecting members' views on the nursing profession and regulatory body/processes.

What the key issues are affecting nursing, midwifery and health and social care today and beyond?

On analysis of members' qualitative responses the following themes emerged to demonstrate the key areas identified as affecting the nursing, midwifery and social care workforce.

Theme 1: Safer staffing and workforce

Safe and effective workforce staffing represented the members' highest area of concern. The RCN is campaigning for safe and effective staffing legislation across the UK. RCN members expressed that the clinical workforce were experiencing stressors and strains, which are unprecedented, therefore the NMC should demonstrate a greater focus on the systemic context and the impact of workforce pressures on the performance and standards of nursing care.

At national level, there are too few nurses entering the profession to keep pace with rising patient demand. Work pressures were recognised as further impacting upon the nurse attrition rates from the profession. The NMC role was recognised as assuring the public that registrants are safe practitioners. This is supported by the RCN's call for UK-wide legislation for safe and effective staffing. Both the NMC and RCN should further consider the implications of nurses and support workers in social care and integrated care sectors.

Learning disability/Child/Mental health nursing crisis

The NMC has a particularly critical role to play in demonstrating where there are particular areas of workforce crisis, such as learning disability, children's or mental health nursing, in the absence of robust government data.

The RCN is very concerned at the reduction in nurses generally and for learning disability nursing this is at crisis point. The information on Health Education England (HEE) predicting a 30% vacancy rate can be seen here:

>> hsj.co.uk/workforce/learning-disability-nurse-shortage-to-hit-critical-levels/7025199.article

Recommended NMC actions

The RCN recommends:

- Recorded data collection on where the registered nurses in learning disability (RNLDs) are employed to support student nurse training.
- It would give a clearer picture of what RNLDs are doing, which will help to shape where RNLDs are going in the next 5-10 years.
- It may identify that there are RNLDs on the register who may not be practicing as a RNLD.
- The NMC looks to provide support to those RNLDs, currently not on the register, to return to practice.

Workforce stress and impact on health and wellbeing

The profession is under unprecedented levels of stress and this impacts on both physical, mental and emotional wellbeing. It is well known to the RCN that our members face incredible challenges at their place of work and that mental health services across the country are struggling to cope. Many of our members come to counselling in crisis and the Office for National Statistics (ONS) released figures in 2017 showing that the risk of suicide among female nurses was 23% above the national average*. The RCN counselling service carried out 1,604 counselling assessments in 2018. 44 members required immediate interventions to safeguard from an acute risk of suicide.

Recommended NMC actions

The RCN recommends:

1. Investment in knowledge

- The strategy needs to reflect how the NMC will look to get or invest in getting a better understanding of the various work settings, and the factors that support or impede good practice.
- More effectively address the workforce pressures highlighted as areas, which impede the delivery of high standards of care.
- The NMC needs to further consider the reasons for registrants leaving the register, particularly prior to retirement age and develop action plans to support this.
- Undertake a review of the NMC methods of re-registering lapsed registrants, demonstrating a more robust mechanism to alert members to fee payment.
- Data collection from lapsed members to ascertain reasoning and format actions to reduce this.
- Due to a recognised demographic reduction in 18-year-olds across the UK the NMC will need to address registration processes for international nurse access.
- The NMC must work with bodies to raise the profile of nursing.

2. Provision of data for safe and effective staffing

We call for a complete legal framework, supported by additional relevant policy and funding levers, which addresses the following:

- Clear accountability - Specific duties for Government, national bodies, commissioners and providers to make sure there are enough registered nurses and nursing support staff, and other professional groups, to meet patients' needs.
- Right numbers and skills - Decisions regarding staffing levels for safe and effective care should be based on assessment of local needs, evidence, workforce planning tools, and the professional judgement of senior clinicians.
- Workforce strategy - A credible, fully funded strategy for tackling registered nurse and nursing support staff shortages and those in other professions, to meet the whole country's health and care needs.
- Transparent planning - Quality assurance of workforce planning within the system for the right numbers and skill mix of registered nurses and nursing support staff, alongside other parts of the workforce to deliver safe and effective services.

*<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2017registrations>

The NMC should identify in their strategy the importance in terms of public safeguarding the need for safe and effective staffing levels in all areas where nursing care is delivered.

In recent years actions taken by the NMC have served to undermine public confidence in the nursing profession. The NMC should use the opportunity of their strategy development to reverse this and provide evidence to the public and the profession that nursing continues to be the most trusted profession due to its high standards of care.

3. Political influencing

- Members call for the NMC to be much more politically active and to use its powerful position to influence Government with regards to bursaries/ financial support for student nurses and midwives and for legislation for safe staffing levels.
- The NMC has an important role to play in attracting people into the professions of nursing and midwifery and should use their strategy to outline the benefits of a self-regulating profession and the protection this offers both the public receiving services and nurses providing services.

4. Preceptorship

- The RCN ask the NMC to re-examine mandated preceptorship standards to ensure newly registered nurses and midwives are supported effectively within the workforce. We know that the largest number of leavers are those within their first few years on the register and many cite the lack of preceptorship as being a key indicator for lack of confidence in their role as registrants and for poor workplace satisfaction.
- The RCN calls for mandatory standards for clinical supervision and access to CPD within employers' obligations for all of the workforce across all sectors.

5. Increasing diversity in the workforce

- The NMC also need to examine how they encourage a more diverse profession. The second year revalidation statistics show only 10.5% of registrants are male. Based on this the RCN would suggest that the NMC needs to actively attract more men into the nursing and midwifery profession. The same is relevant for ethnicity and diversity with the numbers black (6.3%) and Asian (3.4%) revalidating in the second year.
- Members believe that the NMC should address diversity within their standards to inform the curriculum resulting in increased education and awareness on cultural and racial issues in the workplace.

Nursing leadership has also come under scrutiny and there has been a call for Inclusive Leadership and not just Brexit and international recruitment. Based on feedback the RCN has received from its diverse membership we would suggest that the NMC use the opportunity in the development of its five-year strategy to identify the requirements and standards for inclusive leadership at all levels of nursing. The London Inclusion Solution programme has exposed us to student members and RGNs who have concerns around preparation for nurse leaders to work with BME patients, service users and staff. Some BME staff do not see the NMC as a place that they can share these concerns and often seek refuge elsewhere.

We acknowledge that the NMC is an independent regulator and that legislation must come from Government. However, the single biggest role that the NMC has to play in facilitating safe and effective staffing is in the transparent, thorough and easily accessible data provision. The NMC are in a position to collect a significant amount of data on the size and shape of the nursing workforce. This would underpin a more transparent and easily accessible data set, which impacts upon the flow, growth and retention of nursing staff.

Theme 2: Support and guidance

Setting standards and regulation to support the workforce

The RCN Clinical Support Worker committee has been calling for regulation of the support worker workforce. The RCN has always been clear that the nursing associate (NA) role must not be used as a substitute for registered nurses, but we must also consider the impact that the introduction of the NA may have on other support worker roles. The current regulatory framework for health care assistants (HCAs) is via voluntary regulation with the Professional Standards Authority.

The RCN's position is that roles which support the registered nurse workforce should be regulated in the interests of public protection and patient safety. There are benefits to setting up regulatory and educational standards for these roles that best protect public safety, increase workforce flexibility and deliver improved productivity. The recent tragic events of Gosport have increased several fold the need for all health care professionals to be a regulated work force. However, we have questioned the assumption that the current models of health care, and nursing, regulation are the most proportionate to achieve this; further work is required to identify the most appropriate models for future regulation.

Recommended NMC actions

The RCN recommends:

- The roles which support the registered nurse workforce should be regulated in the interests of public protection and patient safety. There is benefit in setting up regulatory and educational standards for these roles that best protect public safety, increase workforce flexibility and deliver improved productivity.
- A call for national standards of education and practice for the health care support workforce. This, along with country specific codes of conduct for health care support workers (HCSWs) could support the NMC to examine a step towards regulation.
- The NMC should lead on evaluating the creation of new regulated support roles, ensuring the role is fit for purpose and contributes towards safe and effective care. We would like to see systematic and transparent evaluation built into the creation and roll-out of any new role and remain committed to assisting the NMC in undertaking any evaluation of NAs or future roles.

Profession vs punitive

Whilst the NMC has updated standards, it has not provided detailed practical guidance in support. For example, in the GMC's *Good Medical Practice* there is a page of helpful comment about how to maintain a professional boundary with a patient, and it is made clear that there may be circumstances where a personal relationship is possible with a former patient. The NMC *Code* simply instructs nurses to have clear professional boundaries at all times, and the detail of what this actually means is sometimes only apparent once a case has been through the fitness to practise (FtP) process. To keep the workload for this to a manageable level, it should be noted that joint working has been successful on the GMC/NMC *Professional Duty of Candour* guidance document, which contains much practical detail.

Recommended NMC actions

The RCN recommends:

- Keep the workload for this to a manageable level, it should be noted that joint working has been successful on the GMC/NMC Duty of Candour guidance document, which contains much practical detail. This could be replicated in the NMC's ways of working.
- The NMC needs to build on their strategy in FtP and elsewhere to develop processes that move away from a punitive, blame culture towards a transparent learning environment.
- The NMC needs to regulate and champion nursing.
- The NMC should publish helpful links on their website to help and support international nurses seeking registration and those going through FtP cases, particularly those who have taken themselves off the register due to ill health. This would fit in with the seven goals in the Future Generations Act.
>> <https://futuregenerations.wales/about-us/future-generations-act/>

Fitness to practice

The rise in the number of FtP cases is compounded by the delay in hearings, leaving some registrants suspended from work for long periods. We are very appreciative that the NMC have been working with the RCN and other representative bodies at each stage of the new FtP processes and we consider that the new strategy for FtP is bold and ambitious and has the potential to improve patient safety. We applaud the efforts in FtP to investigate other contributory factors when something has gone wrong, rather than focus the whole endeavour upon building a case against the registrant. We are aware of too many cases in which a nurse is held personally accountable for the failings of the system around them. Data sharing via the FtP processes are an opportunity to share a wealth of information which the Government needs to be faced with, in order to begin the necessary changes to the legal framework for accountability on supply, recruitment, retention and remuneration.

Recommended NMC actions

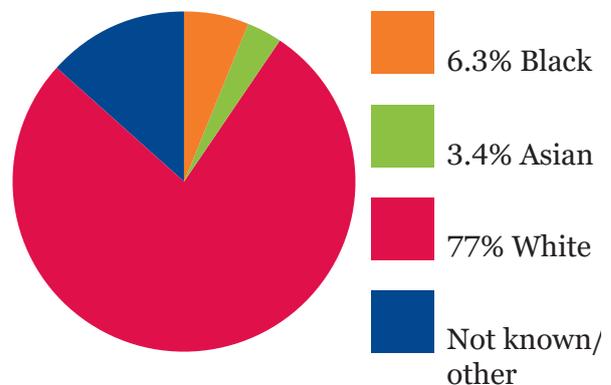
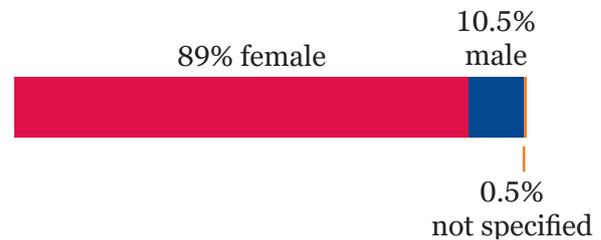
The RCN recommends:

- The FtP process needs streamlining and issues should be dealt with locally through performance management processes if appropriate.
- The time is right for the NMC to change its stance and be more supportive of registrants.
- Greater visibility and working with employers and support closer to the frontline. This will help to ensure referral thresholds are understood, support managers to identify poor practice at an earlier stage and if appropriate handle at a local level to reduce the unnecessary need for referral and subsequent stress this can cause our nurses and midwives.
- We want the NMC strategy to be supporting organisations to manage nurses and midwives that make genuine mistakes.
- We seek this different treatment for registrants in the FtP process be removed, to support a culture change towards openness and learning.
- Consistency in the organisation and timing of hearings.
- Potential exploration of technology in the interviewing of witnesses.
- We also ask that the NMC works closely with employers to resolve these systemic issues, in particular staffing levels, to avoid situations of individual blame. The NMC need to send very clear messages that employers who increase workloads without increasing registered staff will themselves be held accountable if something goes wrong with patient care.
- The NMC approach to FtP should take account of the new ways of working likely to be identified in the NHS Improvement plan, workforce strategies, where they exist, in Wales, Scotland and NI, and the outcome of the recent review in England organisations of approaches to staff disciplinary processes.

Revalidation

The evidence from the Ipsos Mori 2nd interim report on NMC revalidation headlines demonstrated areas for concern:

- Demographics – the revalidation statistics show 89% of nurses are female with only 10.5% male (the remaining not declaring).
- The same could be said of ethnicity and diversity with the numbers of BAME staff revalidating in the 2nd year being as low as 6.3% black and 3.4% Asian, while white registrants make up 77% of those revalidating in the second year.
- The majority of people using exceptional circumstances during the second year were under 40 and female. The NMC could look at how the GMC manage this, using the deferral system and changing the legal basis for this. We need to support nurses to stay in the profession.
- 3.8% of those who revalidated in the 2nd year declared a disability and of those disabled registrants the revalidation rate is only 85.6%. This needs exploring. We believe that those who are on extended sickness absence have significant challenges in meeting revalidation criteria. The NMC need to look into this and how they can support registrants.



We are concerned that the NMC does not use revalidation as a means to improve significantly the data that they hold on the profession. The Learning Disability Nursing Forum have been shocked to find out that the NMC do not know where people whom they register are working. We think this is of significance to public protection and the public's faith in the register. We feel the general public would share our shock if they knew this and we felt that this information should be available through the revalidation processes.

The NMC gains a huge amount of data via revalidation and there are opportunities to gain more. This data can support the examination of when things go wrong in detail. For example how clinical errors occur and why certain settings and groups are disproportionately represented in NMC referrals to FtP.

Recommended NMC actions

The RCN recommends:

The NMC needs to strengthen revalidation requirements going forward in the following areas:

- CPD that is relevant to the registrant's scope of practice and more emphasis made on writing effective reflective accounts.
- Engage with stakeholders about improvements to revalidation – including the strategy for verification.
- NMC needs to act on the active marketing of attracting men and increase the diversity of the nursing and midwifery profession across cultural and ethnic groups.
- Address the challenge that those who are on extended sickness absence have significant challenges in meeting revalidation criteria.
- Revalidation is an opportunity to collect data on the level of educational qualification; where they are practising; and numbers in the different fields of nursing.
- Data collect on the reasons for leaving the register.
- The NMC should improve the information that they provide to students about revalidation, such as a 'welcome pack' that would highlight their responsibilities for ongoing registration and adherence to the *Code*.
- We hope that the NMC continue with the promising work of the Employer Link Service and the Regulatory Intelligence Unit to make use of findings, so that employers are alerted to deficiencies in their systems and that information about diversity is shared. We ask that the NMC shows leadership in this arena, given their unique access to certain data in large enough quantities to make a difference to safety for patients and to an inclusive experience for nursing staff.
- The NMC revalidation quarterly meetings were a good way of engaging with stakeholders.

Advanced practice

The lack of regulation space for the development of advanced nursing practice alarms much of the profession. In its absence other regulatory or professional organisations are stepping in. This allows for variation in standards and education provision across the UK. Regulation and standards setting by the NMC would ensure a UK-wide standard of practice and education. The RCN has led the drive to set the standards for advanced practice; set the standards for accreditation of advanced practice programmes and have set the criteria for advanced nursing credentialing. This continues to grow and we have over 400 nurses now on our public facing directory, 50% from primary and community care. We are conscious that there have been consultations regarding the regulation of Medical Associate Professionals (MAPs), which currently encompasses Advanced Critical Care Professionals (ACCPs) and Surgical Care Professionals (SCPs), the majority of ACCPs and SCPs are nurses (regulated as nurses). We agree with the decision to regulate Physician Associates and Physician Assistant Anaesthetics. However, we are concerned that DHSC have not ruled out additional regulation for ACCPs and SCPs. The NMC should oppose this development and seek to regulate advanced nursing practice.

Recommended NMC actions

The RCN recommends:

- Regulation and standards setting by the NMC would ensure a UK-wide standard of practice and education. Further work undertaken by the Institute of Health Visiting (iHV) developing specialist to advanced roles in health visiting, linking to the wider work on Advanced Clinical Practice. Public Health England are working on an ACP pathway and the RCN have mapped Advanced Practice Frameworks to the four-country advanced practice standards:
 - >> rcn.org.uk/professional-development/advanced-practice-standards
- This would support a multi-professional academy of advancing practice which is under development and should be influenced by the NMC and professional bodies.
- The NMC should ensure regulation by a medical body/double regulation.

Specialist practice standards

We are concerned that there has been no comment from the NMC council meeting to the report on Part 3 (SCPHN) of the register. Professional lead colleagues, leading on Public Health, Education and Children and Young People, were interviewed by Ipsos Mori, the researchers commissioned by the NMC to look at Part 3 of the register and Specialist Practice Qualifications (SPQ). They expressed the view that losing Part 3 would be a risk to the profession and speciality and a risk to the public as it could undermine the uniqueness and specialist skills of the role to parents, children and young people who would not have access to skilled specialist support. This also impacts on other stakeholders involved in delivering services to children and young people.

We remain concerned that nurses and the programmes they undertake are not necessarily reflecting the work that has been carried out. The revised SCPHN curriculum includes a mapping exercise to the Public Health Skills and Knowledge Framework. The NMC have an opportunity to work with others to identify role profiling tools to support student HVs and SNs but also student nurses to map their learning needs or their skills and experience in a public health role.

Recommended NMC actions

The RCN recommends:

- The current reviewing of specialist practice qualifications continue and these qualifications continue to be recognised and valued:
>> rcn.org.uk/news-and-events/news/uk-new-report-calls-for-urgent-investment-in-district-nursing-210519
- The NMC draw on the work that has been completed to aid them in the regulation and setting of standards for both community practitioners and specialist community public health nurses.* The revised HV and SN Curriculum, led by iHV came out in March:
>> <https://ihv.org.uk/our-work/education/recommended-national-curriculum/>

* The Public Health Skills and Knowledge Framework (PHSKF):

>> <https://www.gov.uk/government/publications/public-health-skills-and-knowledge-framework-phskf>

Theme 3: Education and training

Continuous professional development (CPD)

Changing care provisions across health and social care calls for recognition and development of training to support nurses to meet these challenges. CPD is essential for nurse retention, recruitment and training support. CPD is a vital element of safe and effective practice; of evidence-based practice; as well as the revalidation of registered nurses and midwives and nursing associates. The ability to access, provide and participate in CPD is strongly affected by the amount of staff available in a given setting.

Implementation of new NMC standards remain a concern. The NMC launched the new Pre-Registration Education Standards for pre-registration nursing and nursing associates (NA) in 2018 and these are now being implemented. The RCN's recent campaign to raise awareness among our members' feedback was seen to address that nursing staff lack the knowledge regarding the new standards and the implications for them. We have concerns over the quality assurance of training for practice supervisors and practice assessors following the removal of the mandatory training for the mentorship role. This situation leaves it open to interpretation by individual trusts and organisations as to how to implement this. This training in the past has facilitated CPD for registrants and additional skills and qualifications.

We also heard concerns expressed by members about whether or not the NMC visitors will be adequately trained for their role and if the Quality Assurance process will be valid and reliable. Although we welcome the use of other professionals as practice supervisors we know from our work around the country that these professions are inconsistently aware of changes to nurse education.

The RCN states that the education model for nursing must remain an all-graduate profession. In 2017, Government removed nursing bursaries for tuition fees in England and grants for living costs, redirecting £1.2bn into NHS delivery. This was positioned as introducing a financially sustainable funding system, attached to the stated expectation that the number of nursing students would grow by 25% under a market-led model. However the reform has failed as applications to courses are down 30% and acceptances on to courses are down 3.91% since the final year of the bursary in 2016.

As such, there is a worrying political narrative about reducing requirements for entry or otherwise reducing the quality of the nursing degree as a way of boosting student numbers rather than through the use of financial incentives. While this is England only, as the NMC is a UK wide regulator, political narrative and changes driven by England will have an impact for all countries in the UK. This level of concern calls into question the professional credibility of the regulator.

The NMC can't change political decisions on student funding, but they are in a position as the independent regulator to fight for maintaining high quality degree provision across the UK.

The RCN is clear that only graduates can provide the holistic mix of skills necessary for twenty first century nursing care. Nursing must under no circumstances go back to a pre-graduate model. There are concerns that there is a growing push for a generic model of nursing, yet members are clear that the fields of nursing add value to the workforce and meet patient needs. The academic requirements must be maintained at a level that ensure graduates are fit for practice to join the register and provide safe and effective staffing, now and into the future.

We are concerned that the entry requirements for nursing programmes will be reduced to address reduction in numbers of applicants or to support a different route into the profession. Narrow conceptions of entry requirements based solely on academic qualifications risks undermining consideration of the holistic skills needed to become a nurse.

Similarly, while online nursing is a method of delivery, the NMC has a role to ensure that this new method of delivery does not undermine the provision of the 'traditional' three-year education route and that any novel methods of delivery are robustly evidence-based to ensure that they prepare students with the necessary skills and have considered the practical implications on providing distance learning when so much of a nursing student's important study is set in a clinical setting.

Nursing associates

Although we recognise the time pressures the NMC were under to develop the regulatory framework for this new professional role, we remain concerned that this continues to be described as a new profession. It does not meet the definition of a new profession – it uses the knowledge and skills of nursing and is therefore a new professional role (as is clear in the 'platforms' around the proficiencies).

We remain concerned that the nursing associate role specifically suffers from the following:

- **Delegation and responsibility** - Any new support role must have clear lines of accountability between the new role and the registered nurse. Without explicit lines of accountability, there is a risk of patient and staff confusion, and a negative impact on patient safety.
- **Inappropriate substitution** - The new nursing associate must be a supporting role in the health care workforce and must not be used as a way to replace registered nurses. As outlined in our previous consultation responses, we are aware of a number of employers who are planning to replace registered nurses with nursing associates.

The apprenticeship framework, professional education and the role of regulatory bodies has proved challenging. This is particularly around the End Point assessment for apprentices and we remain concerned at the impact of this in the responsibility for controlling standards for registration. We agree that there is a place for an apprenticeship route into degree level nursing if delivered appropriately and with high quality. The College welcomes alternate routes into nursing to address the immediate and future supply problems that undermine safe and effective staffing levels for patient care.

Recommended NMC actions

The RCN recommends:

- The NMC does not dictate the creation of new regulated support roles. However, it has a role to play in ensuring that nursing associates, or any future role across the UK, is exactly that, a support role that supports the safe and effective staffing offered by the registered nurse workforce.
- The profession receives clear guidance from the NMC on changing workforces.
- The NMC should update and provide clarity regarding delegation and accountability for this new mix of roles.
- The NMC should also clarify and assure the public what their evaluation strategy is for their new education standards.
- As with the new regulated support roles, the NMC has an essential part to play in the monitoring and evaluation of the apprenticeships.

Standards for education and practice

Recommended NMC actions

- The NMC should acknowledge the current workforce vacancy crisis across the UK as it considers its CPD requirements, using its influential role to articulate that CPD is reliant on having sufficient staff that have the necessary time and management support.
- Provide standards, improving guidance and information on how the new practice-based learning (PBL) management optimises student learning. We welcome the establishment of implementation groups in all four countries.
- Lead on the development of an evaluation strategy for the new standards and curricula.
- Clarify NA role boundaries, providing guidance on skill mix, career progression and role evaluation.
- The NMC should closely monitor and consider the roll-out of the NA role in England whilst considering further regulated support roles in other parts of the UK.
- Provide advice and guidance on the quality assurance process for the training for practice supervisors and practice assessors.
- Work closely with the other regulatory and statutory professional bodies to ensure staff are clearly aware of the requirements of them as practice supervisors.
- The impact on public protection due to all these changes needs to be closely monitored, as these are fundamental changes to nurse education.
- The development of mandatory standards for clinical supervision and access to CPD within employer's obligations.

Supernumerary status must remain

The RCN's position is that the NMC must protect the supernumerary status of all nursing students and trainee nursing associates. Any compromise of status of nursing students would fundamentally compromise patient safety as well as undermine nursing students' learning and ability to practise safely upon registration. We reflected this view in our response to the NMC's nursing associate consultation in July 2018. We have been clear that pressure on the system caused by a lack of funding, lack of credible workforce strategy and poor workforce planning cannot be solved by the removal of supernumerary status for nursing students. Doing so would fundamentally compromise the ability to ensure patient safety and is yet another short-term response to a system-level issue that needs to be addressed in a safety critical field.

The introduction of supernumerary status was designed to give student nurses the opportunity to get involved in practice, so that they can realise their own learning needs and also understand their professional responsibilities. Prior to this, student nurses were part of the workforce, with student nurses therefore missing out on some fundamental nursing experiences and ability to develop required skills and competencies to deliver safe and effective care. Given the increased focus on sustainability and climate change there is a clinical, ethical and social need to embed sustainability throughout all pre and post-registration education. Noting the different needs in pre and post-registration education, pre-registration students will require explicit support to understand the core elements of sustainability and how their roles impact on this as well as how they can mitigate the impact of climate change through changes in their practice. The curricula should be expanded to centre on sustainable nursing practice that supports the UK to meet its obligations to the sustainable development goals.

Recommended NMC actions

The RCN recommends:

- The ability to access, provide and participate in CPD is strongly affected by the amount of staff available in a given setting. The NMC should acknowledge the current workforce vacancy crisis across the UK as it considers its CPD requirements and use its influential role to articulate that CPD is reliant on having sufficient staff that have the necessary time and management support.
- The RCN is a member of the Inter-professional CPD and Lifelong Learning UK working group (twenty-three professional organisations and unions) and has developed a brand new, joint CPD and lifelong learning (LLL) position statement, which outlines a set of CPD and LLL Principles* for health and social care.
- The NMC needs to endorse and promote this.

>>[https://www.collegeofparamedics.co.uk/publications/principles-for-cpd\(6/26/2019\)](https://www.collegeofparamedics.co.uk/publications/principles-for-cpd(6/26/2019))

Additional sub themes

Midwives' views

Key concerns of midwives echo those of other members. The revised standards for midwifery education will be launched but midwives are concerned at the impact on the profession. Lack of bursaries for student midwives has had an impact on well-being and the need to survive financially. There is an increasing diversity and complexity of women becoming pregnant and this will create new challenges for maternity services.

Recommended NMC actions

- The NMC should have a role in post-registration qualifications and education standards. The RCN have experienced and expert members who could be happy to work with the NMC on these standards.

Lack of engagement and disillusionment with the regulator

Members expressed a degree of frustration and anxiety in their responses.

Recommended NMC actions

- Many responses sought a closer involvement with the regulator, building on the strengthening relationship between the RCN, employers, NMC, involving more stakeholders and improving the engagement with registrants.

Immigration/Brexit/internationally trained workforce

- International recruitment from the EU has played a vital role in keeping UK nursing numbers steady for many years. In 2013 EU nationals comprised 2.4% of the NMC's register. As of September 2018 they account for nearly 5% of the total workforce.
- A collapse of the EU workforce presents a huge challenge for the sustainability of the UK's health and social care sector.
- This is not just about numbers, it is also about demographics. The age profile of UK respondents to the latest NMC survey showed that only 8.2% were aged between 21 and 40. By contrast, 77.6% of those from the EU were in this younger age group. We need this younger group of nurses to stay if the service is to remain stable.

Recommended NMC actions

- Maintain standards in a post-Brexit environment.
- The NMC should continue to focus on the impact and opportunities presented by Brexit throughout the duration of its next strategy - ensuring that its regulatory processes post-Brexit are fit for purpose in the UK. We ask the NMC to recognise that the Northern Ireland perspective be unique.
- We have concerns about the attractiveness of the UK as a place to work for international nurses currently, and in the future. Given the current and projected nursing workforce shortages, it will be imperative that the NMC adapts and modernises its regulatory model and approach so that it doesn't produce any unnecessary or additional barriers to growing the number of registered nurses and midwives.
- The education and training of registered nurses in the UK must currently conform to standards set out by the EU. This is contained in a law called the Mutual Recognition of Professional Qualifications (MRPQ) Directive. It is the responsibility of the NMC to enforce these standards, which include checking that an applicant has completed the agreed number of training hours in clinical placements.
- As well as raising the standards of nursing education, the MRPQ Directive has enabled the UK to recruit nurses from Europe to fill our own workforce shortages. The Directive also includes language checks on EU nurses and a duty on all EU member states to inform one another about suspended or banned professionals, both of which are important and positive developments for patient safety.

What will have the greatest impact on the NMC over the next five years?

- Workforce – too few nurses and midwives – compounded by the Generation Z impact.
- Too few registrants risks a greater number of FtP cases.
- The current transformation of maternity services (England only).
- Need for good leadership in nursing and midwifery Public Health Agenda.
- Funding and resource to meet the demands of the service.
- Potential of increase in ratio of support roles vs registered professional.
- Lack of bursary impacting on student nursing and midwifery education.
- Dearth of funding/opportunity for CPD, learning and development.
- Ageing workforce.
- Ageing multi-morbid population.
- Brexit/international recruitment.

What should the NMC focus on?

As we have outlined above in detail we can summarise in this list of key areas:

- Effective regulation.
- Support, promote the core values of nursing and midwifery and guide the profession.
- Encourage new registrants and support lapsed registrants to come back to their profession.
- Supporting a workforce which is fit for population needs.
- Increase support for organisations to reduce FtP.
- Examine the need for regulation/standard setting in advanced, specialist, consultant roles and of the clinical support workforce
- Update out of date education standards.
- Strengthen revalidation.
- Influence the politics of health care.
- Engage with/involve stakeholders.

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