The NMC’s regulatory functions and their impact on safe care

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The NMC’s regulatory functions

• Holding the register of the 670,000 nurses and midwives who practise in the UK
• Setting standards of education and quality assuring programme provision
• Ensuring nurses and midwives continue to be fit to practise once on the register by setting conduct and performance standards
• Taking action to prevent harm to the public where nurses and midwives fall short of required standards
Outcomes of regulatory functions

• Our regulatory functions support the integrity and meaning of the register

• A source of public confidence, employer assurance and professional standing
Registration

• Once registered, nurses and midwives must renew their registration every three years and meet these requirements:
  • 450 hours of practice
  • 35 hours of CPD
• Nurses and midwives not meeting these requirements can no longer practise
The changing nature of regulation

- Doubling of fitness to practise referrals to the NMC since 2008/09
- Shift in regulator’s activities to revalidation
- High-profile failures in standards of care and increased focus on safety of care
- Increased public expectations of regulators
- New trends and requirements
The NMC as an evolving regulator

• New strategy 2015-2020 to be signed off in January 2015

• Effective regulation: continuous improvement of core regulatory functions

• Intelligence: better use of data and insight

• Communications and collaboration: better understanding, stronger partnerships

• Effective organisation: people, systems, resources, customer care
The NMC and appropriate staffing levels

- Although not within the NMC’s remit to set staffing standards, but it is an area of interest:
  - Code requires registrants to report concerns that environmental problems put people at risk
  - *Raising Concerns* guidance states that concerns over “resources, products, people, staffing” should be raised
  - We inform the appropriate system regulator if we uncover concerns about a provider when investigating a referral or through our education quality assurance
Revalidation: aim

• To enhance public protection by bringing nurses and midwives into a structured process where they regularly reflect on how they are maintaining their fitness to practise

• This will be supported by feedback from patients or colleagues

• Confirmation from another person that their declaration is reliable and there are no known fitness to practise concerns
Revalidation: model

• Every three years, at the point of renewal, a nurse or midwife will declare they have:
  • Practised for 450 hours in the last three years
  • Followed CPD requirements
  • Reflected on practice-related feedback to improve standards of care
  • Obtained confirmation from third party about their declaration
Revalidation: model

• Self-declaration will be provided together with confirmation from their employer or manager

• The NMC will carry an audit of responses in a random and risk-based manner

• There will be triangulation of risk intelligence to better inform regulation
Updating the Code

• New introductory section outlining patient and public expectations

• It will be recommended that the Code should be read by the registrant as only applying to them insofar as it is relevant to their practice

• Glossary introduced to facilitate understanding of key themes
Updating the Code: key themes

• Professional accountability and candour
• Using social media responsibly
• Involving patients, families and carers in care and treatment decisions
• Confidentiality and information sharing
• Communication and language proficiency
• Record-keeping, prescribing, managing medicines
Consultation Outcomes: The Code

The draft revised Code has generated considerable debate. 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/relevance**: enabling registrants to use the Code to revalidate against their own practice so they don’t attempt to apply aspects which don’t relate to their scope of practice.
Key dates

• Revised Code/revalidation consultation
  • Part 1: January to March 2014
  • Part 2: May to August 2014
• End of 2014: publication of revised Code and draft revalidation guidance
• 2015: early implementers/pilot scheme
• End of 2015: revalidation is launched
Thank you

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