

# The NMC: Our role in making it work for social care



# WHAT WE ARE FOR, AND HOW WE DO IT

## **The professional regulator for Nurses, Midwives and Nursing associates in the UK**

**“Regulation** is the controlling of an activity or process, usually by means of rules”

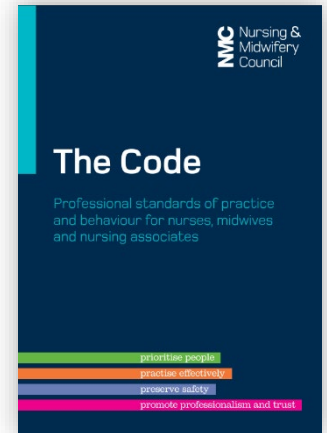
**Why?** The activity would be less safe/lower quality for the recipients of it, if such control and rules didn't exist

NMC strapline “we exist to protect the public”

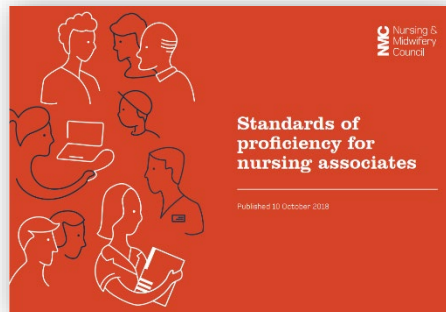
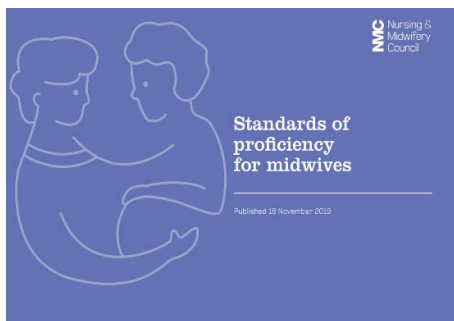
***(That's good – it means what Nurses, Midwives and Nursing Associates do, is important)***

# Our regulation works by setting standards, they describe -

1. How Nurses, Midwives and Nursing Associates should behave and conduct themselves



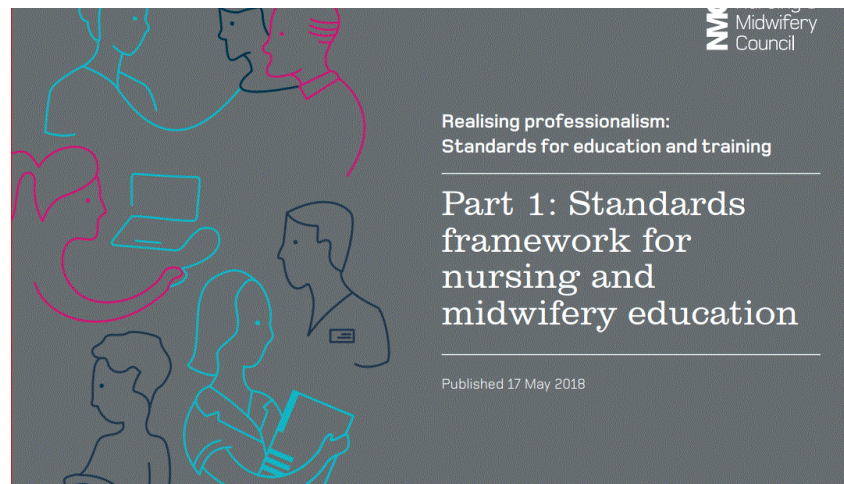
2. What knowledge should they have, and what should know how to do



# How do people acquire the knowledge and skill?

.....By setting standards to define how our students should be trained and assessed

- Universities need to demonstrate how they are organised to deliver the education
- How they will deliver each individual programme
- How students will be supervised and assessed in practice
- All of this is assessed through our educational quality assurance process



# We then maintain the register



At 31 March 2019  
there were:

**653,544**  
Nurses

**36,916**  
Midwives

**7,288**  
Nurses & Midwives

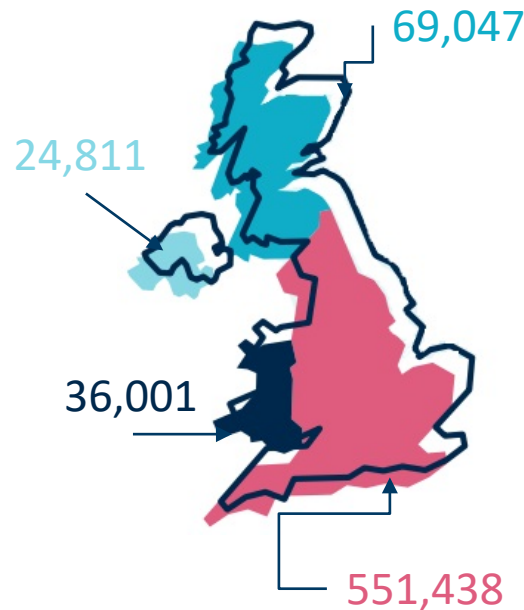
**489**  
Nursing Associates

on our register.

A total of  
**698,237**



Country of registration



In 2018–2019 we  
processed 30,623  
new applications  
for registration.

**23,498**

 were from  
applicants  
trained in the **UK**

**968**   
were from  
those trained  
in the **EU/EEA**

**6,157**   
were from  
applicants trained  
outside the **EU/EEA**

# When then make sure that people remain fit to stay on the register

- Are people keeping themselves up to date?

## Revalidation

- On the rare occasions when care goes wrong, we step in to investigate and take action when needed (<0.1%)

## Fitness to Practise

# What we don't do

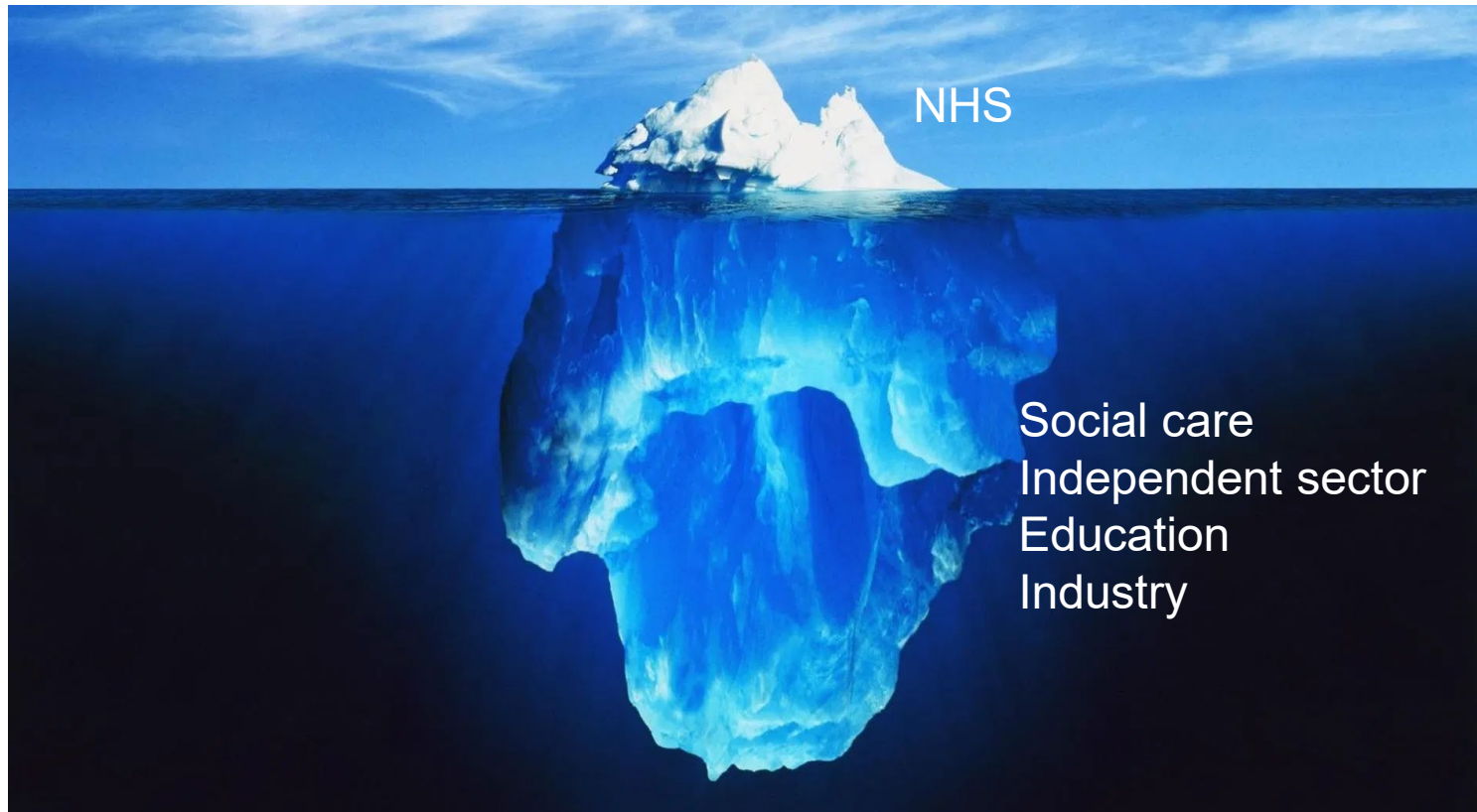
- We do not **represent** nurses, midwives or nursing associates
- We don't have a role in **funding of training or continuing professional development**
- We have no powers to dictate staffing levels, or regulate **employers**
- We don't **regulate health and care settings, or commission training places**
- **But we work** with the organisations in all four UK countries that do this important work.





**We know we aren't just about  
the NHS – our initiatives need to  
work for you too**

**NMC** Nursing &  
Midwifery  
Council



# NMC statement from Andrea Sutcliffe

*“The NMC recognises the **vital contribution** that adult social care nurses make every day for millions of people living in communities who rely on receiving person-centred care that meets their needs and supports their aspirations.*

*“Since joining the NMC, concerns have been raised with me that nurses working in **adult social care are seen as somehow less skilled than those working in the health sector and as a consequence are sometimes disregarded and undermined by others.***

*“I want to emphasise this is absolutely not the case.*

*“To join our register, **all nurses must demonstrate the same clinical excellence** and commitment to kindness, compassion and respect. We make no distinction between the standards, behaviours and skills we expect nurses to uphold, regardless of the setting in which care is provided.*

*“Nurses working in adult social care should never be made to feel as though they are less important or less skilled than nurses working in the health service. We know that in many cases, **an adult social care nurse is often one of only a few registered nurses in their service – responsible for managing and providing care to people with increasingly complex needs requiring a very high level of knowledge, skill and competence.***

*“Today I will be flying the flag for nurses in social care at the Care England conference. I hope others will join me to recognise, celebrate and promote the brilliant work nurses in adult social care do alongside their colleagues in the health service.”*

# We are aware of the issues

- Social care funding.....
- Salaries
- Pension issues
- Perceived attractiveness of work
- Insufficient exposure of nurses to the world of social care

# What can we do?

- Further increase our **engagement** with social care in our core role
  - Involvement in standard setting, strategy development,
- Use our **contacts** more
  - Make the most of Andrea!
- Use our **influence** more
  - Formal response to the NHS people plan, CPD allocation etc
- Get the **language** right, it's not just "Health" – it's "Health AND Social Care"
- **Directly** - use our standards to ensure that new nurses are more exposed to the world of social care

# What's new, and how can it help you?

- New pre-reg Nursing, Midwifery and Nursing associate standards
  - New pre-registration nursing standards don't use the word "hospital"
  - New standards strengthen to requirement for knowledge across the life span and in acute, mental health and learning disability
  - Emphasize the need to learn about delivery of care across boundaries, settings and sectors
  - The need for skills to work in, and lead teams including regulated, unregulated and volunteer staff
- Changes to the standards for delivering education
  - Changes to standards for student supervision and assessment, removing barriers to the use of social care settings for student placements
  - We are able to approve a variety of routes into nursing, including apprenticeship programmes

# What's new, and how can it help you?

- English Nursing Associate register is now open for 1 year
  - Regulated skills, a subset of the RN, shorter training, more autonomous, can progress to registered nursing via an apprenticeship route
- New Return to Practice programme and the opportunity to return to practice via a test of competence
  - Recruit people who are no longer registered, who can regain access to the register by the TOC route as overseas nurses do

# What's new, and how can it help you?

- Changes to overseas registration process (online, new language requirements, increased OSCE capacity)
  - Increased OSCE capacity will help you. But larger Trusts very quick to book in advance...(get in there quickly! – or work in partnership)
- New approach to fitness to practice (earlier closure, account of context, registrant and public support processes now in place)
  - Planning more guidance (CPR issues...)
- New NMC strategy will launch in April
  - Enshrine our commitment to social care, also emphasis
- Celebrated 100 years of nursing regulation in December 2019

## We didn't forget social care!

- Specific social care stories including Clare Smith, Adult Social Care Nurse in Scotland and more to come



**NMC** Always Caring  
Always Nursing  
100 years of  
professional pride



*‘To be able to make a patient’s day better, that may be pain control or something as simple as holding a hand – it’s what makes it all worthwhile. Nursing means everything to me.’*

Clare Smith



# Opportunities for the social care nursing workforce

- Nurses who want to deliver good care outside the NHS
- Nurses who have left the register
- Nurses who have retired from full time work
  - Be explicit about your employment/job satisfaction/quality of life offer?

## Nursing Associates

- Use what resource you can to make the most of developing nursing associates
- Train them really well
- Some will become your RN's of the future

# What might be about to happen?

- Social care becoming recognised as a very big issue
- Being the issue of the day comes with challenges and opportunities
- Will being the top of everyone's agenda be a blessing or a curse?
- Make sure you are part of the solution
- Find the opportunity in the difficulty



# THE NMC 2020-2025 - A NEW STRATEGY

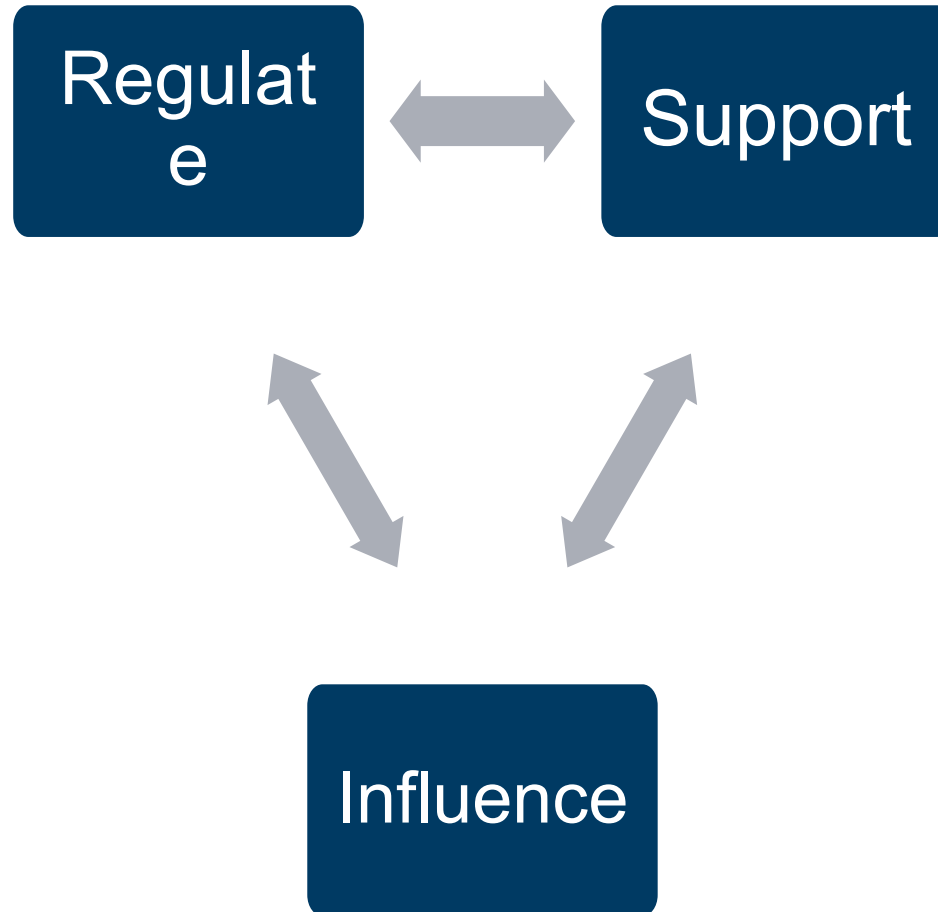
## **LOOKING TO THE FUTURE**

# Key themes from consultation

Strong support for:-

- Work on revalidation, advanced practice, more shared standards
- NMC promoting a better, and positive, understanding of itself and its professions
- Rebalancing negative perceptions of the NMC - a closer, more supportive relationship with our registrants and students
- Making better use of and sharing our data and intelligence - “State of Nursing and Midwifery Education and Practice”
- Working in collaboration with others – standards, safety and wider workforce issues

Our role:  
from “protecting the public” to:



# Flying the flag for nurses in social care



**Regulators, commissioners, providers, managers, nurses, colleagues**

***Nurses making a difference for people,  
their families and communities***

**Thank you**