

NMC submission for the Health, Social Care and Sport Committee Inquiry into the Impact of Covid-19 Inquiry

About us

- 1 As the professional regulator of nurses and midwives in the UK, and nursing associates in England, we work to ensure these professionals have the knowledge and skills to deliver consistent, quality care that keeps people safe.
- 2 We set the education standards professionals must achieve to practise in the United Kingdom. When they have shown both clinical excellence and a commitment to kindness, compassion and respect, we welcome them onto our register of over 700,000 professionals.
- 3 Once registered, nurses, midwives and nursing associates must uphold the standards and behaviours set out in our Code so that people can have confidence that they will consistently receive quality, safe care wherever they're treated.
- 4 We promote lifelong learning through revalidation, encouraging professionals to reflect on their practice and how the Code applies in their day-to-day work.
- 5 On the rare occasions that care goes wrong, or falls short of people's expectations, we can step in to investigate, and take action when needed. But we want to prevent something going wrong in the first place. So, we promote a culture that encourages professionals to be open and learn from mistakes, gives the public an equal voice and where everyone involved is treated with kindness and compassion.

Summary

- 6 Along with their colleagues across health and social care, nurses and midwives in Wales have demonstrated exceptional skill, perseverance and bravery since the outbreak of Covid-19. We would like to take this opportunity to reaffirm the extraordinary role played by our registrants during this crisis. This contribution has been all the more important due to the heavy impact the pandemic has had on Wales, which has seen a [higher rate of mortality](#) linked to coronavirus than many other parts of the UK. As a result of the challenges faced in particular parts of Wales, there have been significant differences in the [actions taken by the Welsh Government to control the spread of the virus](#), as compared with the rest of the UK.
- 7 We also want to set out the contributions that we have made as a professional regulator, which have been guided by the three pillars of our [corporate strategy 2020-2025](#): **regulate, support, and influence**.
- 8 In terms of how we **regulate**, we have introduced:
 - 8.1 temporary registration to help expand the nursing and midwifery workforce in Wales;

- 8.2 temporary changes to our education programme standards to enable students in Wales to support the service and continue their studies;
 - 8.3 flexible extensions to revalidation deadlines for nurses and midwives who need extra support during the pandemic; and
 - 8.4 changes to Fitness to Practise processes to balance the need to ensure the public are protected in high risk cases with a recognition of the current pressures those working in the sector are facing.
- 9 In terms of **support**, we have proactively developed and provided guidance and information for our stakeholders, those on our register, and those looking to apply for temporary registration.
- 10 Finally in terms of **influence**, we have worked in close collaboration with a wide range of stakeholders in Wales to achieve agreement, clarity and consistency in our collective decision-making and messaging.
- 11 Some of the measures have meant making a number of amendments to [our governing legislation](#). These changes, introduced as emergency powers provided by [the Coronavirus Act 2020](#), include amending the Nursing and Midwifery Order 2001 to allow temporary registration; amending our Registration Rules to allow us to extend revalidation dates; and our Fitness to Practise Rules to allow us to continue with some of our core functions, such as conducting hearings remotely.

Regulate

Temporary registration

- 12 Rapidly growing the nursing and midwifery workforce in a safe and measured way has been a key focus of the NMC's response to the coronavirus pandemic. To this end, enabled by emergency powers in the Coronavirus Act 2020, from 27 March 2020 we began temporarily registering nurses and midwives to expand the available nursing and midwifery workforce.
- 13 In line with the emergency powers and our [temporary registration policy](#), we can temporarily register people who are fit, proper, and suitably experienced. To date, we have granted temporary registration to eligible people in three groups:
- 13.1 nurses and midwives who have voluntarily left the register within the last three years;
 - 13.2 overseas-trained nurses and midwives who have completed all parts of the NMC registration process, except for the final Objective Structured Clinical Examination (OSCE); and
 - 13.3 nurses and midwives who voluntarily left the register four and five years ago.
- 14 To make sure they have the right level of support and oversight, these last two groups have been able to join the temporary register subject to conditions of practice. They must work as a registered nurse or midwife in an employed

capacity for a health or social care employer, and they must always work under the direction of an NMC registered nurse, midwife or other registered healthcare professional who is not on a temporary register.

- 15 As a result of these measures, there were over 14,200 people with temporary registration, as of 1 July. Of these, 614 (4%) had a registered address in Wales, This figure includes 584 nurses (95%) and 26 midwives (4%). For comparison, a similar proportion of people on the permanent register have a registered address in Wales (5%). We share a full breakdown of these figures with health and social care stakeholders across the UK each week, including with the Chief Nursing Officer and the national lead for midwifery in Wales.
- 16 After careful consideration we decided not to extend temporary registration to final year students for three reasons. Firstly, demand for temporary registrants is not at the same level as it has been due to the changing nature of the pandemic impact. Secondly, a large number of students have opted to undertake extended placements which enable them to support the system and continue their studies.
- 17 Finally, deployment of temporary registrants is not yet at the level we anticipated. Responsibility for deploying the emergency workforce to where they are needed and best-suited lies the devolved administrations in Wales, Scotland and Northern Ireland, and NHS England. Although we have not been provided with data, we are aware that a significant number of temporary registrants have not yet been deployed. This creates uncertainty for them and is a matter of concern to us.
- 18 We have written to all our temporary registrants to thank them for their support and bravery in stepping up to some of the most difficult and uncertain circumstances the UK's health and care system has ever faced. We have also asked the people on the temporary register to complete a short survey to help us better understand the role the register has played in the fight against Covid-19 so far. The survey includes questions on whether people have yet been deployed and whether they would consider joining our permanent register.
- 19 An analysis from 15 June shows that in Wales, over half of people who responded (57%) had not yet received an offer of employment or started practising. Just under a quarter (24%) had started practising. A further 14% had received an offer of employment, but had not yet started practising. For comparison, a similar percentage of respondents across UK had not yet received an offer of employment (56%), but a higher percentage had started practising (28%).
- 20 Of the people who had not yet received an offer of employment or started practising, just over a third of people in Wales said this was because they had not been contacted by potential employers (68%, compared with 72% across the UK). The analysis also found that around 44 percent of Welsh respondents said they would consider, or were highly likely to join or re-join the permanent NMC register (compared with 58% across the UK).
- 21 The survey includes a number of questions relating to equality, diversity and inclusion (EDI). This last point is especially important because we believe in an inclusive approach to regulation, and are committed to working with our partners to obtain a full account of the people who have temporarily registered with us.

Temporary prescribing

- 22 We have emergency powers to allow individual nurses and midwives, or groups of nurses and midwives, to prescribe medicines, even though they do not have a prescribing qualification. We recognise there are safety risks associated with using this power. We discussed the situation with all four Chief Nursing Officers who advised us that using the powers would not be beneficial at this point, and we have therefore not done so.

Emergency education programme standards

- 23 In March 2020, we introduced [emergency education programme standards](#). These give approved educational institutions the flexibility to allow nursing and midwifery students to progress on their programmes, while supporting the workforce during the pandemic. The changes mean that:
- 23.1 students in the final six months of their pre-registration programme are able to finish their programme whilst on clinical placement;
 - 23.2 students in their second year can spend up to 80 percent of their time in clinical placement;
 - 23.3 first year students can move into 100 percent theory during the emergency period.
- 24 Under the emergency changes, students who chose to spend the final six months of their programmes in clinical placement would not have to be treated as supernumerary, but they must be supervised while practising, and they would also be expected to be provided with protected learning time.
- 25 Feedback from students, universities, and professional partners, as well as our latest figures, indicate that this approach has had a positive impact. Approximately 29,500 students have taken up the option of an extended clinical placement across the UK, and around 2,200 of these are in Wales.

Registration and revalidation

- 26 For UK-trained applicants, we are continuing as normal with online applications to join and re-join the register. We are also continuing to process applications from those trained overseas who wish to join our register. However, in line with the UK and national governments' lockdown advice, our Objective Structured Clinical Examination (OSCE) test centres are closed until further notice, which means that international applicants cannot complete the registration process. This situation influenced our decision to invite the second group of people to join the temporary register as described in paragraph 14.2. Plans are now underway to re-open our test centres and we will be updating our applicants and stakeholders when plans are in place.
- 27 We recognise that as a result of the pandemic and lockdown measures some nurses, midwives and nursing associates have been unable to pay their annual registration fee due to financial hardship, and some have not had the time to meet the revalidation deadlines because of the demands they are under.

- 28 We have considered both issues very carefully. We know that some of our stakeholders have encouraged us to waive our annual registration fee altogether for this year. While we acknowledge the concern around this issue, we have decided not to pursue this. Our registration fee is a statutory requirement, part of the legal framework that sets out what we do and how we do it. Changing it requires the approval of Parliament and is not something we can do on our own. In addition, the fees paid by registrants are our sole source of income and are essential for funding all our regulatory activities: setting and assuring professional standards, maintaining the register, supporting revalidation, and running fitness to practise services.
- 29 To address the risk of financial hardship, we are providing an extra six weeks for payment of the fee when this is needed. We have also committed in our financial strategy to keep the fee at its 2015 level of £120 for as long as possible.
- 30 We are proactively supporting those who are struggling to meet revalidation deadlines by providing an automatic three-month extension for people due to revalidate in March, April, May and June 2020. Those due to revalidate from July onwards will be able to request a three-month extension if they need one. Further extensions beyond the initial three months are available where necessary.

Fitness to practise

- 31 We have introduced specific emergency amendments to our Rules which allow us to hold virtual hearings and to send notices electronically. This has meant that we have been able to continue to take essential actions to protect the public where necessary in high risk cases.
- 32 To reduce the impact on the service and on individuals during the pandemic, non-essential hearings and casework have been paused. However, we are now beginning to restore our casework activity as we recognise the impact delays may have on people who have raised concerns with us, the registrants themselves and their employers.

Support

- 33 Since the outbreak of the pandemic, nurses and midwives in Wales have displayed extraordinary levels of skill and professionalism while working in highly complex and uncertain environments. One of our top priorities has been to provide clear advice and information to support our registrants in performing their roles, making informed clinical decisions, and understanding the changes we have made in response to the pandemic.
- 34 To ensure we provide clear advice and information about temporary registration and our approach to regulation during the pandemic we have:
- 34.1 issued a joint statement with 10 other regulators of professions on [how we will continue to regulate during the pandemic](#);
 - 34.2 issued [four joint statements](#) with nursing and midwifery leaders across the UK on our plans for expanding the workforce;

- 34.3 organised calls and remote meetings and published a [blog and set of resources](#) for employers;
 - 34.4 created a [Covid-19 hub](#) with targeted information for stakeholders which has been viewed over 1 million times;
 - 34.5 sent 70,807 targeted emails to people eligible for temporary registration;
 - 34.6 answered 47,948 calls and 13,097 emails to our home-based contact centre between 20 March and 09 June 2020;
 - 34.7 used a range of media articles, blogs, social media, and webinars to reach as wide an audience as possible.
- 35 We have also published statements on issues that are important to our registrants and stakeholders, and important for the safety of people using services, including on:
- 35.1 [Availability of personal protective equipment](#);
 - 35.2 [Advance care planning and do not attempt cardiopulmonary resuscitation](#) (joint statement with the General Medical Council);
 - 35.3 The [disproportionate impact of Covid-19 on people from Black, Asian and minority ethnic \(BAME\) backgrounds](#);
 - 35.4 The [ONS statistics on deaths in care homes](#) in England and Wales. We also joined the Welsh Government in offering an [open letter to social care nurses](#) in Wales, thanking them for their hard work and professionalism during the pandemic.

Influence

- 36 For all of the measures we have taken in response to the pandemic we have engaged with partners across the four UK governments and associated public bodies. These engagements have enabled us to respond both with speed and with the necessary assurances that our decisions have been appropriate for the circumstances. They have also been vital for delivering the emergency legislation, standards and guidance necessary for tackling this pandemic.
- 37 Across the UK we have worked with the Council of Deans of Health, the Royal College of Nursing, the Royal College of Midwives, Unison and Unite, the Critical Care National Network Nurse Leads Forum, the British Association of Critical Care Nurses, the UK Critical Care Nursing Alliance, the Nurse Professional Advisory Group, the National Critical Care Network Directors' Group and leaders in the social care sector.
- 38 Partners we have worked closely with in Wales include the Welsh Government Department of Health, the Chief Nursing Officer, the national lead for midwifery, Health Education and Improvement Wales, and the All Wales Pre-registration Nursing and Midwifery Group.

- 39 We have also been sharing regularly-updated stakeholder packs with our senior stakeholders in Wales. These have included details of our latest coronavirus-related activities. At the end of April, our lead director for Wales Emma Broadbent also hosted a virtual meeting with senior stakeholders. This meeting covered how we have responded to the coronavirus outbreak, and the particular challenges and issues the Welsh health and social care systems were facing in relation to Covid-19.
- 40 We remain grateful for the advice and support of our partners during this unprecedented situation, and aim to continue collaborating on future challenges, including on preparations for transitioning out of the current emergency situation.

Next steps

- 41 There are a number of key issues that we and our partners need to address to support the continued management of the pandemic response and the resumption of health and care services. These include:
- 41.1 The impact of the pandemic on the education of nursing and midwifery students, and what this means for their application to the NMC register;
 - 41.2 How to end temporary registration at the end of the emergency while encouraging those on it to join the permanent NMC register;
 - 41.3 The challenge that international recruitment will likely face as the pandemic continues across the world, and the consequent need to focus on recruitment and retention of existing professionals in Wales and the rest of the UK;
 - 41.4 How to restore our fitness to practise activities in a safe and measured way;
 - 41.5 How to address the lack of support and recognition for nurses in the social care sector that has been exposed throughout the coronavirus pandemic;
- 42 We have already begun discussing these issues with the Chief Nursing Officer in Wales. These discussions have focused on ensuring there is a smooth transition following the end of the emergency period and considering how we can maintain the increased workforce to support service delivery.
- 43 To secure a successfully managed transition we believe that transparency and communication will be essential. To achieve this, we are keen to continue engaging with the Health, Social Care and Sport Committee, as well as our key partners across the Welsh health and social care landscape.

Date submitted: 3 July 2020