

NMC response to the Department of Health consultation ‘The regulation of medical associate professions in the UK’

Introduction

1. We exist to protect the public by regulating nurses and midwives in the UK. We do this by setting standards of education, training, practice and behaviour so that nurses and midwives can deliver high quality healthcare throughout their careers.
2. We maintain a register of nurses and midwives who meet these standards, and we have clear and transparent processes to investigate nurses and midwives who fall short of our standards.
3. We welcome the opportunity to respond to this consultation on the regulation of these four medical associate professional roles in the UK. As some of those undertaking these specialist healthcare roles are currently registered with the NMC, we set out below some key principles and considerations which the government may wish to take into account in determining their regulatory approach.

Context

4. It is right that changing demands on our health and care services should give rise to new models of care and new roles in the delivery of care. Professional regulation needs to be responsive to such developments, with the flexibility to protect the public where public confidence demands that new roles should be regulated. Our role in regulating the new nursing associate profession demonstrates our commitment to this dynamic approach to regulation.
5. The regulation or otherwise of the four specialist healthcare roles included in this consultation will ultimately be a matter for the government and Parliament to consider. We encourage an evidence-based approach to such decisions based on considerations of clinical risk, public protection and public confidence.

Issues for consideration

6. We recognise that two of the specialist roles included in this consultation are only open to those with existing statutory regulation. These roles are currently undertaken by those on the NMC register, primarily registered nurses. This is the case for Surgical Care Practitioners (SCPs) and Advanced Critical Care Practitioners (ACCPs), both of which must already be an established regulated healthcare professional, such as a registered nurse.
7. As a professional regulator, we regulate the individual nurses and midwives on our register against their professional Code regardless of their individual scope of practice; they could for example be a front line adult nurse or midwife, an

advanced nurse practitioner, a health visitor, a researcher, or a senior nursing or midwifery policy adviser.

8. If a registered nurse is practising as an SCP or ACCP, then the key question must be whether this could constitute a legitimate scope of their professional nursing practice, so they would be able to maintain their registration with the NMC. In such a case they would continue to comply with our regulatory requirements including revalidation in respect of their whole scope of practice.
9. There is no legal or statutory limitation on the scope of practice of a nurse in the UK which means that nursing has developed over time to include many advanced nursing and specialist healthcare roles which meet the changing healthcare needs of the public. Assuming those in SCP and ACCP roles are currently required to maintain their NMC registration as is suggested by the consultation, these two roles must be regarded as being of that nature.
10. Therefore, insofar as registered nurses are already undertaking SCP and ACCP roles as part of the broader range of advanced nursing practice roles now in existence, the government should consider the extent to which further statutory regulation is necessary to increase public protection and public confidence in those undertaking these roles.
11. However, if the direction of travel is for all these medical associate roles to become open to those who are not already regulated healthcare professionals and to extend beyond what could reasonably be regarded as advanced nursing practice, the government may wish to consider the need for all four roles to be regulated as one or more new distinct professions.

Dual registration

12. The introduction of separate statutory regulation for some or all of these medical associate roles, including the SCP and ACCP roles, would also raise the question of whether dual registration would then be required for certain registrants. For instance, if a registered nurse is currently practising as an SCP or ACCP, and regards this as within the scope of their professional nursing practice, they would be able to maintain their registration with the NMC if they chose to do so. This would also enable them to continue to undertake wider nursing roles alongside this specialist role (e.g. as a bank nurse at weekends) and allow more flexibility in their career progression. If separate regulation for these roles with a different regulator was introduced, they would then have to give up their registration with the NMC and seek sole registration as an SCP or ACCP, leaving them unable to practise as a nurse, or choose to seek dual registration.
13. A requirement for dual registration for any regulated professional may lead to confusion for the individual and the public as well as the extra cost of a second registration fee. Both regulators would be exercising their regulatory functions in relation to the individual in respect of potentially the same scope of professional practice, which might duplicate and conflict with one another. Furthermore, in any fitness to practise process both regulators would have the power to investigate

and impose sanctions on the individual and remove the individual from their register.

14. This situation is different from that of an individual who chooses to practice two separate professions and who is therefore required to be registered with two different regulators as each would only have jurisdiction over its own professional practice.
15. We therefore argue that the government should consider if the implication of dual registration in the case of separate statutory regulation might reduce regulatory coherence and flexibility and potentially provide a disincentive for some existing regulated professionals to undertake these roles.