

# **NMC response to the Care Quality Commission consultation on the next phase of regulation**

## **Introduction**

- 1 The Nursing and Midwifery Council (NMC) is the professional regulator for nurses and midwives in the UK. We exist to protect the public. We do this by holding and controlling access to the register of qualified nurses and midwives and setting standards of education, training, conduct and performance for nurses and midwives. If an allegation is made that a registered nurse or midwife is not fit to practice, we have a duty to investigate that allegation and, where necessary, take action to protect the public.
- 2 We welcome the opportunity to respond to this consultation. We have focussed on responding to the consultation question (3a) on new or changed CQC key lines of enquiry (KLOEs) which are asked during service inspections. However, our response also highlights the importance of data sharing and our similarities as regulators committed to public protection and improving services. No other consultation questions have been directly answered as they sit outside of our role as a regulator.
- 3 Central to the NMC is the Code<sup>1</sup>, which sets out the professional standards that nurses and midwives must uphold in order to be registered to practise in the UK. It is structured around four themes – prioritise people, practise effectively, preserve safety and promote professionalism and trust.
- 4 Generally, the NMC and CQC gather data from different tiers of care delivery. Whereas the CQC collects data at the service and systematic level, the NMC primarily gathers information and data at the individual practitioner level. Combining this data helps to build up a detailed picture of care and draws attention to where improvements and direct action is needed. Looking at this data collectively can prove to be especially important in areas which are difficult to quantify, such as treating people with dignity and compassion (which both the CQC and NMC address).

## **Our response**

### **Consultation question 3a. What do you think about our proposed changes to the key lines of enquiry, prompts and ratings characteristics?**

#### **Medicine management**

- 5 CQC KLOE S3. 'Are there reliable systems, processes and practices to ensure proper and safe handling of medicines?'

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<sup>1</sup> <https://www.nmc.org.uk/standards/>

- 6 There are 72,890 nurse and midwifery prescribers in the country (including nurse independent prescribers).<sup>2</sup> The NMC Code sets out that nurses must ‘advise on, prescribe, supply, dispense or administer medicines within the limits of your training and competence, the law, our guidance and other relevant policies, guidance and regulations’. This is further detailed in the NMC’s Standards of proficiency for nurse and midwife prescribers.<sup>3</sup>
- 7 As part of the work of the NMC education review programme, we are in the process of updating our Standards of Proficiency for Nurse and Midwife Prescribers and reviewing our Standards for Medicines Management. A consultation on the future of both these documents will be launched later this year.

### **Complimentary standards**

- 8 There are a number of examples of new or changed CQC KLOEs set out in the consultation which complement the professional standards in the NMC Code. Two areas (professional qualifications and competence and shared decision making) demonstrate this.

### **Qualified staff**

- 9 The NMC regulates to ensure that individual nurses enter the workplace with the right qualifications and skill set and that this is continually addressed to ensure competence and fitness for purpose. This is set out in the Code across several standards:
  - 9.1 6.2. Maintain the knowledge and skills you need for safe and effective practice;
  - 9.2 13. Recognise and work within the limits of your competence;
  - 9.3 18. Advise on, prescribe, supply, dispense or administer medicines within the limits of your training and competence, the law, our guidance and other relevant policies, guidance and regulations; and
  - 9.4 22.3. Keep your knowledge and skills up to date, taking part in appropriate and regular learning and professional development activities that aim to maintain and develop your competence and improve your performance.
- 10 It is appropriate that several CQC KLOEs reflect this at the organisational and process level. Crucially, these KLOEs also investigate whether qualifications and skills are assessed on an ongoing basis, for example when staff take on new responsibilities, or work across settings:
  - 10.1 S1.3. How is safety promoted in recruitment practices and through ongoing checks (for example Disclosure and Barring Service checks)?;

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<sup>2</sup> Nursing and Midwifery Council data, 31<sup>st</sup> January 2017

<sup>3</sup> <https://www.nmc.org.uk/globalassets/sitedocuments/standards/nmc-standards-proficiency-nurse-and-midwife-prescribers.pdf>

- 10.2 E3.1. Do recruitment processes ensure that all staff have the right qualifications, skills, knowledge and experience to do their job when they start their role? How is this assessed on an ongoing basis, or when staff take on new responsibilities?; and
- 10.3 E3.3. Do all staff have appropriate training to meet their learning needs and to cover the scope of their work? Is there protected time for this training?

## **Decision making**

- 11 Two KLOEs capture information on the extent to which services support people to be involved in decision making (including documenting and sharing preferences):
  - 11.1 C2. How does the service support people to express their views and be actively involved in making decisions about their care, treatment and support?; and
  - 11.2 R2.10. How are people who may be approaching the end of life supported to make informed choices about their care? Are people's decisions documented and delivered through a personalised care plan and shared with others who may need to be informed?
- 12 These compliment NMC standards around nurses involving and listening to people and documenting their preferences:
  - 12.1 2. Listen to people and respond to their preferences and concerns; and
  - 12.2 4.3. Keep to all relevant laws about mental capacity that apply in the country in which you are practising, and make sure that the rights and best interests of those who lack capacity are still at the centre of the decision-making process.

## **Sharing information**

- 13 The NMC supports the emphasis placed by the CQC on data and information being key to efficient and effective regulation. The NMC has a memorandum of understanding and a joint working protocol with the CQC which outlines the process and circumstances where information will be shared. In order to protect the public and improve services it is vital that regulators continue to conduct investigations at the individual and service level and share this data appropriately.
- 14 The NMC has a strong working relationship with the CQC and we hold regular meetings to review our work and share intelligence. We are keen to continue to work closely with the CQC and will continue to improve the capture and sharing of data at the systemic and individual practitioner level.