

NMC response to Health Education and Improvement Wales' (HEIW) and Social Care Wales' (SCW) consultation on the development of a Health and Social Care Workforce Strategy

Introduction

- 1 We are the independent regulator for nurses and midwives in the UK, and nursing associates in England. We hold a register of the 690,000 nurses and midwives and nursing associates.
- 2 Better and safer care for people is at the heart of what we do, supporting the professionals on our register to deliver the highest standards of care.
- 3 We make sure nurses, midwives and nursing associates have the skills they need to care for people safely, with integrity, expertise, respect and compassion, from the moment they step into their first job.
- 4 Learning does not stop the day nurses, midwives and nursing associates qualify. To promote safety and public trust, we require professionals to demonstrate throughout their career that they are committed to learning and developing to keep their skills up to date and improve as practitioners.
- 5 We want to encourage openness and learning among health and care professions to improve care and keep the public safe. On the occasions when something goes wrong and people are at risk, we can step in to investigate and take action, giving people affected, patients and families a voice as we do so.

Summary

- 6 We welcome the opportunity to respond to HEIW's and SCW's consultation on the development of a health and social care workforce strategy for Wales. The integration of health and social care in Wales is a positive step forward and we are pleased to see that HEIW and SCW are working together on the development of the workforce strategy. We look forward to providing further input as the strategy develops.
- 7 We hold the largest register of professionals working in health and social care – the people on our register are at the heart of health and care across a range of settings – and we believe that we have an important role to play in the health and care workforce. As the regulator, we do not control the way that the health and care system is structured, or how resources are used, but we do set the standards of training and care that nurses and midwives provide to ensure that they have the skills and resilience to work effectively in the modern work place.
- 8 Increases in life expectancy, demand for care and complexity of care are widely acknowledged as growing challenges for the health and social care workforce. We believe that effective workforce planning to deliver the right workforce with the right skills and education is key to meeting the challenges of the future and ensuring high quality care and patient safety.

- 9 We support measures that prioritise further investment in nursing and midwifery via recruitment, retention and career development. These will help to build capacity, meet increasing demands and support this workforce to protect the public.
- 10 We will use our response to share our experiences and data about the people on our register who make up an important part of the health and social care workforce. We will also set out how our role relates to workforce and the steps we have taken to reduce barriers to coming onto our register. We hope that this information will be helpful in demonstrating how we can provide support to the workforce and work with HEIW and SCW in the development of the workforce strategy.
- 11 Our response is framed within the context of our remit as the professional regulator for nurses, midwives and, in England, nursing associates. The consultation raises a number of issues that fall outside this remit, and we do not address these in our response.

Consultation Questions

What do you think should be the key principles which underpin support for the workforce in health and social care?

- 12 Nurses and midwives are the cornerstone of health and care, and we believe that the strategy should recognise the vital role that they play in providing high quality care in Wales, both now and in the future. We outline in more detail below how providing nurses and midwives with the ongoing support, training and development opportunities they need throughout their careers is key to retaining staff and improving the quality of care. It also ensures a flexible workforce with the necessary skills to respond to a changing health and care landscape.
- 13 The strategy is a welcome step towards a long-term workforce plan that embraces the health and care professions. It should support existing professionals in delivering the highest standards of care and in upholding the values of the [NMC Code](#) by securing sufficient capacity within the workforce. It should also encourage the best and brightest to join and remain within the nursing and midwifery professions by supporting high quality education environments and by taking measures to encourage retention.
- 14 All of these elements will require a commitment to provide sufficient resources, capacity and investment, and the workforce strategy should provide detail on funding as well as clarity and accountability on how it will achieve its objectives.
- 15 The strategy sets out a joined-up approach to health and social care, and as the UK-wide regulator for the nursing and midwifery professions, we believe it is also vital that workforce strategies are consistent and aligned across the UK. In addition, we ask that HEIW and SCW are mindful of the potential impact of the withdrawal of the UK from the EU, in particular on the social care sector.

What changes do you think are needed in the way we attract people to work in the sector?

What changes do you think are needed in the way we recruit people to work in the sector?

- 16 In this response we have considered the above two questions together.
- 17 We know that nursing and midwifery are trusted professions and believe that this trust can be a powerful way to raise awareness and act as a 'pull' factor in attracting new people into the professions. Public perception could be further improved if more people appreciated the wide and varied roles available in the delivery of quality health and social care services, which would attract more individuals to these valuable roles. We believe that the strategy should set out how this information could be used in recruitment to the nursing and midwifery professions.
- 18 High quality nursing and midwifery education is also important in attracting and recruiting individuals to these professions. As the regulator we set standards of education and training and we quality assure programmes against these standards. Through our standards of proficiency, we also set out the skills and knowledge expected of nurses and midwives when they qualify.
- 19 Our new [pre-registration nurse standards](#), which will be implemented over the next two years, set out ambitious expectations of enhanced clinical skills and knowledge. The successful implementation of the future nurse standards (and when agreed, the future midwife standards) will ensure that we have a nursing and midwifery workforce fit for the future.
- 20 It is equally important that nursing and midwifery education receives the funding that it needs to deliver the professionals of the future. Our programme standards set out that half of pre-registration nurse and midwife training must be practice learning, which depends on other health and care professionals to support and supervise and to assess students. As part of our quality assurance process we ask Approved Education Institutions and their practice learning partners to demonstrate how they will meet our standards when we approve new programmes and we monitor these programmes to ensure they continue to meet our requirements.
- 21 HEIW and SCW may find the recent work in England by the Nuffield Trust, Health Foundation and the King's Fund¹ helpful when considering their approach to training placements in the workforce strategy for Wales. This work highlighted that the availability of clinical placements can act as a bottleneck in the training pipeline, and that the ability to support clinical placements is particularly challenging when services are under pressure and budget cuts mean insufficient trainers are available to supervise placements. It also pointed to a disparity between the funding of medical and non-medical placements in England.

¹ Closing the gap: Key areas for action on the health and care workforce, 2019
<https://www.kingsfund.org.uk/sites/default/files/2019-03/closing-the-gap-health-care-workforce-full-report.pdf#page=11>

- 22 Any increase in placement capacity is entirely dependent on having sufficiently qualified nurses and midwives with the capacity and capability to support, supervise and assess new students, international recruits and those who may be returning to practice. Placements should be sufficiently resourced, in terms of both capacity and capability, to mitigate against the possibility that poor placements contribute to pre-registration attrition and against exacerbating workforce difficulties and burnout.
- 23 The opportunity to learn in practice is a vital element of nursing and midwifery education. However, high-quality practice learning can come under threat in times of staff shortages and financial challenge. In order to address this risk, our nurse and midwife education programme standards specify that students must have some form of supported or protected learning time. For nurses and midwives we require students to be 'supernumerary' meaning that they are not counted as part of the staffing required for safe and effective care in that setting.
- 24 While we continue to take steps to improve the sustainability of the home-grown workforce, the workforce strategy for Wales will also need to recognise the continuing importance of international recruitment for our health and care services.
- 25 We have implemented a number of changes at the NMC to improve access to our register for nurses and midwives who trained outside the EU. For example, we have reduced the price of the test of competence, provided more resources to assist those preparing for the test of competence, and updated our English language requirements. We will continue to work towards removing any unnecessary or disproportionate barriers to overseas registration in 2019. We believe that strong coordination of overseas recruitment is beneficial and would value being involved early in recruitment campaign planning.
- 26 We encourage forward planning in international recruitment and acknowledgement of the key role that these individuals have and will continue to have in our workforce. We believe that coordinated recruitment is important and wish to work in partnership with those involved in recruiting to continue to improve the experience for people applying to work in the UK from overseas.
- 27 We hope that these measures demonstrate our commitment to playing our part in enabling the growth and development of the workforce. We would be happy to provide further detail on any of our work if this would be helpful.

What changes do you think are needed in the way we retain people working in the sector?

- 28 As stated above, we believe that the strategy should seek to acknowledge the vital role nurses and midwives play in the health and care workforce in Wales. When people are valued they feel encouraged to stay in their jobs.
- 29 It is also important that people are given the time to care. Nursing and midwifery should never be solely focused on the bare minimum needed to maintain safety. Nurses and midwives should have the time they need to pay attention to the

details that make a difference for the people they are caring for. These are meaningful careers, and it is essential that we nurture and support nurses and midwives so that they can flourish.

- 30 We know that overall there is an ageing nursing and midwifery workforce in the UK, with higher concentrations of the workforce above the age of 30.² High levels of early career attrition are a disappointment for people who have invested so much time, hope and money in joining a profession. We believe that the strategy should therefore consider measures to support newly qualified professionals as they take the first steps in their career.
- 31 We strongly recommend that nurses and midwives have a period of preceptorship when commencing employment. This allows them access to a named individual in the same field of practice who can be called upon to provide guidance, help, advice and support. Preceptorships vary in length, and while we recommend a period of four months, we believe that a three year commitment that supports new entrants through to a successful first revalidation could make a significant difference to early career retention.
- 32 We also suggest that the strategy considers the 'affirmed practitioner' who has built on early career learning, and potentially developed some specialism. This group is at risk of experiencing burnout, and without investment into training for new roles as we transform care, we risk losing this group from frontline practice.
- 33 Once they have embarked on their career, it is important that nurses and midwives can continue to learn and develop. This is doubly important with a growing and ageing workforce. As outlined above, nurses and midwives also need to be adequately prepared to be able to support, supervise and assess the next generation of students.
- 34 In 2016 we introduced revalidation which requires all nurses, midwives and nursing associates to complete continuing post-registration essential learning activities in order to remain on our register. This requirement was made partly in recognition of the fundamental importance of this for workforce retention and service transformation. Good quality opportunities for post-registration learning lead to a more satisfied workforce able to provide good quality care.
- 35 We require all the professionals on our register to revalidate every three years by meeting requirements including those for post-registration learning hours, reflection and feedback. Revalidation demonstrates a continued ability to practise safely and effectively and encourages professionals to stay up-to-date with professional practice and develop new skills. It also fosters a culture of reflection, continual improvement and sharing best practice.
- 36 We know from independent research into the first two years of revalidation that it can play a role in the retention and development of the workforce. Our registrants have reported that revalidation can unlock access to training from employers. For

² Royal College of Nursing. (2017). <https://www.rcn.org.uk/professional-development/publications/pub-006625>

example, independent research into Year 2 of revalidation at the NMC³ reported an increase of almost 10 percent in the number of registrants who said that their employer gave them time to undertake external Continuing Professional Development (CPD), and over half of registrants agreed that their employer helps them to seek out opportunities for CPD.

- 37 Post-registration learning ensures that professionals are able to continue to perform their roles effectively, advance their skills and knowledge and to progress into new roles. Increased investment in post-registration essential learning is vital and it is critical that programmes are appropriately funded and training capacity is accounted for.
- 38 The strategy needs to consider every route into practice for registered professionals. In addition to the above, we have also been developing proposals to make it more straightforward for those who want to re-join our register following a career break. Our Council recently agreed to allow these individuals to choose to take a test of competence to demonstrate that their skills and knowledge are up-to-date, rather than undertake a return to practice course. Furthermore, when applicants do choose a return to practice course, educators will now be able to design the course according to their skills and experience, increasing flexibility.

What changes do you think are needed in how we promote good staff deployment, leadership and management in the sector?

- 39 Our new nurse education standards require an advanced level of knowledge and practical skills from students, which will enable them to become competent practitioners and knowledge-leaders in their chosen fields. However, as set out above this impact is entirely dependent on the existing nursing and midwifery workforce having the relevant skills to help new learners.
- 40 We support the Welsh Government's statement that service delivery must, to an extent, move away from hospital care and into communities, primary prevention and health promotion to address the well-documented changing needs of people using services and patients. This shift will require individuals to maintain a balance of generalist skills, flexible skills, and specialist clinical competencies. To this end, our new nurse education standards will give nurses a greater understanding across all four fields of nursing practice, in particular mental health.⁴
- 41 The workforce must be matched to, and anticipate, these changing needs. There needs to be a focus on skill-mix as well as numbers, on other staff as well as nurses and midwives, and on a range of care settings as well as hospitals. However, there are concerns about the number of nurses and midwives in

³ Ipsos MORI Independent evaluation of revalidation for Nurses and Midwives, Interim report (Year Two), July 2018

https://www.nmc.org.uk/globalassets/sitedocuments/annual_reports_and_accounts/revalidationreports/ipsos-mori-revalidation-evaluation-report-year-2.pdf

⁴ The Parliamentary Review of Health and Social Care in Wales: Final Report,

<https://gov.wales/sites/default/files/publications/2018-01/Review-health-social-care-report-final.pdf>

specialisms such as community and mental health, and in certain locations such as rural areas in Wales.^{5, 6}

- 42 Leadership development programmes have been shown to be effective in the NHS⁷ and similar initiatives in workforce planning have the potential to empower the nursing and midwifery workforce to be in leadership and management roles to improve retention and drive high quality, compassionate care.
- 43 The strategy will help to ensure sufficient management opportunities for progression and development for leaders within the sector if it acknowledges that people at all career levels and stages require CPD.

What changes do you think are needed in the way we help people to develop their careers in the sector?

- 44 As with other professions, nursing and midwifery are no longer seen as static professions in which the same skills are demanded at the start and end of an individual's career. To retain a dynamic and committed workforce, development opportunities within the professions need to be clearly articulated so that the healthcare leaders of the future can be cultivated today.
- 45 There have been a number of interesting developments in advanced nurse practice over recent years. We believe that the time is right to apply a framework to advanced practice that can help ensure quality, consistency and portability to allow for continuous opportunities for career development. We look forward to participating in this work.
- 46 As discussed above, the changing needs of people using services and patients mean that we need health and care professionals who can work across non-traditional or professional boundaries in multi-disciplinary teams and to the full extent of their scope of practice. Our new nurse education standards support this by emphasising person-centred care and by encouraging greater exposure across care settings. Employers, higher education institutions and placements also need financing and resources to build capacity and capability and to provide ongoing learning opportunities for staff across these boundaries.

What changes do you think are needed in the way we support our people's health and wellbeing in the sector?

- 47 Demands on services and the people who deliver those services are exponentially increasing within the health and social care sector. We must recognise the impact of these pressures on the mental health and wellbeing of those working within the sector.

⁵ The Parliamentary Review of Health and Social Care in Wales: Final Report, <https://gov.wales/sites/default/files/publications/2018-01/Review-health-social-care-report-final.pdf>

⁶ Welsh Government, A Healthier Wales (2018) <https://www.basw.co.uk/system/files/resources/180608healthier-wales-mainen.pdf>

⁷ https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/leadership-leadership-development-health-care-feb-2015.pdf

- 48 The mental health and wellbeing of health and social care staff and those learning in health and social care should not be compromised by the work they do. The strategy can assist by considering how resources to support the workforce to mitigate these risks can be made available.
- 49 We are aware that nurses and midwives often have to work in stressful environments that can impact on their mental and physical health. In our recently published registration data, we included the findings from a survey we ran in February asking people why they left our register. The second most selected reason was 'too much pressure' 30 percent of all respondents gave this as one of their top three reasons for leaving the register.⁸
- 50 As the regulator, we can support nurses and midwives who are engaging with us and ensure that we do not add to this impact by causing them undue stress and anxiety. Last year we embarked on a new approach to fitness to practise that focuses on moving away from a blame culture towards a just culture that puts people at the centre of fitness to practise. We would be happy to share further information on the measures we are implementing as part of this strategy.

Are there any other sources of workforce information or intelligence we should consider?

- 51 The NMC holds substantial data on the nursing and midwifery professions, including aggregated information on training locations, work settings, scopes of practice and equality and diversity. We regularly publish this data on our website, with the most recent publication released on 8 May 2019. We welcome the opportunity to help inform the Welsh health and social care workforce strategy.⁹
- 52 We believe that all workforce planning should use and share data to model and predict workforce rather than producing reactionary workforce strategies.

How might we monitor a plan for our future workforce more effectively?

- 53 As mentioned above, we hold a substantial amount of data on the nursing and midwifery professions. This includes data provided through revalidation. The data that we are collecting is adding greatly to the richness of our understanding of where people work and how they work. This year, for example, in our annual Revalidation Report we will publish an analysis of work and practice settings by protected characteristics.
- 54 We would be happy to work with HEIW and SCW to monitor the future workforce and to share our data. We think that it is important to develop a learning culture and we feel that sharing our data can make a positive contribution to this.

Conclusion

⁸ Nursing and Midwifery Council (2019) <https://www.nmc.org.uk/globalassets/sitedocuments/other-publications/nmc-register-data-march-19.pdf>

⁹ Nursing and Midwifery Council (2019) <https://www.nmc.org.uk/globalassets/sitedocuments/other-publications/nmc-register-data-march-19.pdf>

- 55 We are grateful for the opportunity to respond to this consultation and to share how our regulatory functions and processes can assist in the Welsh health and social care workforce strategy development.
- 56 We hope our response makes it clear that we fully support the development of the Welsh health and social care workforce strategy. We look forward to further contributing to the draft strategy when it is published later this year.