

NMC response to the Management of the Coronavirus Outbreak 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, midwives and nursing associates have demonstrated exceptional skill, perseverance and bravery since the outbreak of Covid-19, as many responses to this inquiry have already recognised. We would like to take this opportunity to reaffirm the extraordinary role played by our registrants during this crisis, and also to set out the contributions that we have made as a professional regulator.
- 7 Our response to the pandemic has 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 rapidly expand the nursing and midwifery workforce;
 - 8.2 temporary changes to our programme standards to enable students to support the service and continue their studies;

- 8.3 flexible extensions to registration and revalidation deadlines for nurses and midwives who need extra support during the pandemic; and
 - 8.4 changes to Fitness to Practise processes to make sure the public are protected in high risk cases.
- 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 across the four UK nations to achieve 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 quickly 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. Our normal health, character, or language requirements do not apply. People wishing to join the register are asked to assess their own suitability for temporary registration based on their own health conditions and personal situations. Once registered, they must practice in line with our [Code](#). Employers for whom temporary registrants work are responsible for undertaking DBS checks and providing necessary training and equipment.
- 14 To date, we have granted temporary registration to eligible people in three groups:
- 14.1 nurses and midwives who have voluntarily left the register within the last three years;
 - 14.2 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
 - 14.3 nurses and midwives who voluntarily left the register four and five years ago.

- 15 Temporary registration for these last two groups is subject to conditions of practice to make sure they have the right level of support and oversight in their work.
- 16 As a result of these measures, 13,807 nurses and midwives have joined the temporary emergency register as of 27 May 2020. We share information with the health and social care systems in England, Scotland, Wales, and Northern Ireland which are responsible for the deployment of temporary registrants.
- 17 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.
- 18 Thirdly, 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 with NHS England and the devolved administrations in Wales, Scotland and Northern Ireland. 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.
- 19 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 asked them 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 included questions on whether people have yet been deployed, whether they would consider joining our permanent register, and questions on 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

- 20 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 the Chief Nursing Officers for England, Scotland, Wales, and Northern Ireland, who advised us that using the powers would not be beneficial. We have no current plans to do so.

Emergency education programme standards

- 21 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:
 - 21.1 students in the final six months of their pre-registration programme are able to finish their programme whilst on clinical placement;

- 21.2 students in their second year can spend up to 80 percent of their time in clinical placement;
- 21.3 first year students can move into 100 percent theory during the emergency period.
- 22 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: 22,000 of these are in England; 4,300 are in Scotland; 2,200 are in Wales; and 1,000 are in Northern Ireland.
- 23 We have also continued to engage with those responsible for the education and training of nursing associates to ensure they remain supported in their programmes.

Registration and revalidation

- 24 For UK applicants, we are continuing as normal with online applications to join and re-join the register. We are continuing to process applications from overseas applicants wishing to join our register. However, in line with the Government's lockdown advice, our 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.
- 25 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.
- 26 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.
- 27 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.
- 28 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

- 29 We have introduced specific emergency amendments to our Rules which allow us to hold virtual/remote hearings, to send notices electronically, and to be more flexible with the quorum of our Fitness to Practise panels. That has meant that we have been able to continue to take essential actions to protect the public where necessary in high risk cases.
- 30 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

- 31 Since the outbreak of the pandemic, nurses, midwives and nursing associates 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.
- 32 To ensure we provide clear advice and information about temporary registration and our approach to regulation during the pandemic we have:
 - 32.1 issued a joint statement with 10 other regulators of professions on [how we will continue to regulate during the pandemic](#);
 - 32.2 issued [four joint statements](#) with nursing and midwifery leaders across the UK on our plans for expanding the workforce;
 - 32.3 organised calls and remote meetings and published a [blog and set of resources](#) for employers;
 - 32.4 created a [Covid-19 hub](#) with targeted information for stakeholders which has been viewed over 1 million times;
 - 32.5 sent 70,807 targeted emails to people eligible for temporary registration;
 - 32.6 answered 39,478 calls and 11,381 emails to our home-based contact centre between 20 March and 29 May 2020; and
 - 32.7 used a range of media articles, blogs, social media, and webinars to reach as wide an audience as possible.
- 33 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:
 - 33.1 [Availability of personal protective equipment](#);

- 33.2 [Advance care planning and do not attempt cardiopulmonary resuscitation](#) (joint statement with the General Medical Council);
- 33.3 The [disproportionate impact of Covid-19 on people from Black, Asian and minority ethnic \(BAME\) backgrounds](#);
- 33.4 The [Government's social care action plan](#) for England and the [ONS statistics on deaths in care homes](#) in England and Wales.

Influence

- 34 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.
- 35 Partners we have worked closely with include the four UK Chief Nursing Officers and four UK health departments, 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. 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

- 36 There are a number of key issues that we and our partners across the UK's health and social care systems need to address to support the continued management of the pandemic response and the resumption of health and care services. These include:
 - 36.1 The impact of the pandemic on the education of nursing and midwifery students, and what this means for their application to the NMC register;
 - 36.2 How to end temporary registration at the end of the emergency while encouraging those on it to join the permanent NMC register;
 - 36.3 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 the UK;
 - 36.4 How to restore our fitness to practise activities in a safe and measured way;
 - 36.5 How to address the lack of support and recognition for nurses in the social care sector that has been exposed throughout the coronavirus pandemic;

- 37 We have already begun exploring some of these issues with the Department for Health and Social Care. These discussions have focused in particular on options for avoiding a workforce 'cliff edge', and ensuring the increased workforce capacity is maintained for delivering services after the emergency period.
- 38 For 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 and Social Care Select Committee as well as our key partners across the health and social care landscape.

Date submitted: 2 June 2020

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