Meeting of the Council

To be held from 09:30am on Wednesday 28 November 2018
at 23 Portland Place, London W1B 1PZ

Agenda

Philip Graf
Chair

Fionnuala Gill
Secretary

1	**Welcome and Chair's opening remarks**	NMC/18/95	**09:30**
2	**Apologies for absence**	NMC/18/96	
3	**Declarations of interest**	NMC/18/97	
4	**Minutes of the previous meeting** Chair	NMC/18/98	
5	**Summary of actions** Secretary	NMC/18/99	
6	**Chief Executive's report** Interim Chief Executive and Registrar	NMC/18/100	09:40

Matters for decision

7	**Future midwife: standards of proficiency for midwives and standards for pre-registration midwifery programmes for consultation** Director of Education and Standards	NMC/18/101	09:50
8	**English Language Requirements** Director of Registration and Revalidation	NMC/18/102	10:40
	Coffee		**11:00**
9	**Education Quality Assurance Annual Report 2017–2018** Director of Education and Standards	NMC/18/103	11:15

10	**NMC Policy on Safeguarding and Protecting People** Secretary/General Counsel	NMC/18/104	11:30
11	**Appointment of Panel members** Director of Fitness to Practise	NMC/18/105	11:40

Matters for discussion

12	**Readiness to regulate nursing associates** Director of Education and Standards	NMC/18/106	11:50
13	**Midwifery update** Director of Education and Standards	NMC/18/107	12:00
14	**Audit Committee report** Chair of the Audit Committee	NMC/18/108	12:10
15	**Investment Committee Report** Chair of the Investment Committee	NMC/18/109	12:20
16	**Performance and Risk report** Interim Director of Resources	NMC/18/110	12:30
17	**Questions from observers** Chair	NMC/18/111 **(Oral)**	12:50

Matters for information

Matters for information will normally be taken without discussion. Members should notify the Chair or the Secretary to the Council in advance of the meeting should they wish for any item to be opened for discussion.

18	**Chair's action taken since the last meeting** Chair	NMC/18/112	
	CLOSE		**13:00**

Item 4
NMC/18/98
28 November 2018

Meeting of the Council
Held on 26 September 2018 at 23 Portland Place, London, W1B 1PZ

Minutes

Present

Members:

Philip Graf	Chair
Sir Hugh Bayley	Member
Karen Cox	Member
Maura Devlin	Member
Robert Parry	Member
Marta Phillips	Member
Derek Pretty	Member
Stephen Thornton	Member
Claire Johnston	Member
Ruth Walker	Member
Anne Wright	Member

NMC Officers:

Sue Killen	Interim Chief Executive and Registrar
Sarah Daniels	Director of People and Organisational Development
Matthew McClelland	Director of Fitness to Practise
Richard Sheldon	Interim Director of Technology and Business Innovation
Geraldine Walters	Director of Education and Standards
Edward Welsh	Director of External Affairs
Clare Padley	General Counsel
Fionnuala Gill	Secretary to the Council
Pernilla White	Governance and Committee Manager

Minutes

NMC/18/73 Welcome and Chair's opening remarks

1. The Chair welcomed all attendees, including Claire Johnston, newly appointed Council member; Sue Killen, Interim Chief Executive and Registrar; and Richard Sheldon, Interim Director of Technology and Business Innovation attending their first meeting.

NMC/18/74 Apologies for absence

1. Apologies had been received from Lorna Tinsley; and from Emma Broadbent, Director of Registration and Revalidation; and Andy Gillies, interim Director of Resources.

NMC/18/75 Declarations of interest

1. The following declarations were recorded:
   1) **NMC/18/80 – Nursing Associates**: all registrant members and Geraldine Walters declared an interest. This was not considered material as the individuals were not affected any more than other registrants.
   2) **NMC/18/84 – Midwifery Update**: Ruth Walker declared an interest as an employer of midwives. This was not considered material as the member was not affected any more than other employers.
   3) **NMC/18/87 – ELS Annual report**: Ruth Walker declared an interest as an employer. This was not considered material as the member was not affected any more than other employers.

NMC/18/76 Minutes of the previous meeting

1. The minutes of the meeting on 25 July 2018 were agreed as an accurate record.

NMC/18/77 Summary of actions

1. The Council noted progress on actions from the previous meetings.

2. Arising from **NMC/18/54 Summary of actions**, the Council would welcome the sector's feedback on the new Education Quality Assurance (QA) framework when available.

NMC/18/78 Chief Executive's report

1. The Council considered a report on key stakeholder activities. The interim Chief Executive and Registrar expressed her appreciation for the welcoming and supportive reception she had received from stakeholders.

2. The following points were noted in discussion:
   a) The emphasis on maintaining an ongoing and sustainable approach to how we engage with stakeholders and registrants throughout the country was important.
   b) The extensive engagement being undertaken as part of the overseas review and other major programmes was welcome. Events across the four countries were often over-subscribed: more/larger events would be welcome.
   c) The Education Select Committee had acknowledged the NMC's input to its recent enquiry on apprenticeships.
   d) It would be worth sharing any written submissions or evidence to Select Committees with the House of Commons Library Service.
   e) The Professional Standards Authority (PSA) was reviewing a sample of Fitness to Practise (FTP) cases as part of the performance review 2017–2018. The final report was due in November 2018.

NMC/18/79 Delivery Plan

1. The interim Chief Executive and Registrar introduced the report which set out a delivery plan for the next 12 to 18 months

2. In discussion, the following points were noted:
   a) There was real commitment across the organisation to the changes and improvements required by the Lessons Learned review and the momentum was unstoppable.
   b) Other major projects also underway were on track and the Executive was confident of delivery. Each programme had its own governance arrangements and inter-dependencies across the programmes were tracked.
   c) Investing in the Modernising Technology programme was critical if the organisation was to have the capability to move forward. The interim Director of Technology was confident that all the ingredients were in place to enable delivery of the programme. Work over the past 12 months had helped stabilise the position and provide a foundation on which to build. It was important to recognise that this was not just about IT but about business chance.
   d) Preparation and planning was underway for the various possible scenarios arising from the UK's exit from the EU. The current overseas review would assist in this respect.
   e) There was a need to invest in the People and Organisational Development team and develop an internal communications strategy. An ongoing dialogue with staff would be critical. The staff conference would be an opportunity to deliver key messages.
   f) The Executive would monitor progress monthly and report regularly through an improved performance report. The Council would be updated should any programmes go off track or if new demands emerged which affected delivery.

3. The Council noted that this was a daunting schedule of work and

welcomed the positive approach demonstrated in the report. It would be helpful in future reporting to understand what successful outcomes would look like.

Action:	**Future reporting to focus on outcomes**
For:	**Interim Chief Executive/Interim Director of Resources**
By:	**28 November 2018**

NMC/18/80 **8a Regulation of nursing associates**

1. The Director of Education and Standards introduced the paper which sought approval of the regulatory standards for nursing associates (NAs).

The amended code* and *draft standards of proficiency for nursing associates

2. In discussion the following points were noted:
   a) There had been extensive engagement around the revised Code and the proposed standards, along with the formal public consultation.
   b) Although the number of responses to the consultation from those in mental health and social care were low, there had been extensive engagement with such groups throughout, given the recognition that NAs would be widely employed in these areas. The full consultation analysis would be shared with the Council and published.
   c) Introduction of the NA role had increased the focus on accountability and delegation for all registrants, not just NAs. Communications on the refreshed Code would encompass all registrants.
   d) The Director of Fitness to Practise would consider the responses from the consultation to see if there were any issues which needed to be addressed.
   e) There was concern that workforce pressures may result in NAs being expected to act outside their roles, particularly in non-traditional settings. As with other registrants, NAs would be expected to abide by the Code and not work outside their capacity. The NMC was working with the Department of Health and Social Care (DHSC), Health Education England (HEE), Care Quality Commission, NHS Improvement and others to ensure employers understood the role.
   f) Various amendments had been made to the draft proficiencies in the light of the consultation and engagement feedback. The proficiencies were intended to equip NAs to be safe to practise on qualification. Post registration they could continue to develop skills and expertise.
   g) The clear distinction between registered nurses and NAs in the revised Code and standards of proficiency was welcome.
   h) The draft proficiencies had been shared at an early stage and there was confidence that these had been taken on board by those running the current HEE pilot programmes for NA trainees.

The draft standards for pre-registration nursing associate programmes

3. The draft programme standards allowed two options for ensuring that trainee NAs were given sufficient learning time: the traditional 'supernumerary' arrangements and 'protected learning time'. This recognised that many NA trainees may come through work-based routes.

4. In discussion the following points were noted:
   a) Protected learning time would include when NAs were trained in 'external' settings that is outside their normal workplace role (even if within the same employer).
   b) Robust evaluation of the protected learning time option would be needed. Consideration should be given to whether this may need to include economic modelling to ensure that employers were putting in enough money for protected learning time. The parameters for the evaluation had yet to be worked out.
   c) The 'protected learning time' approach would require additional emphasis on ongoing quality assurance monitoring of programmes. If concerns were identified about programmes and rectification was not made by the approved education provider, ultimately students could be removed.
   d) This was new and it was important to recognise that an alternative approach may be necessary: the key would be to ensure that trainee NAs had quality time to achieve the right learning outcomes, perhaps by developing a set of outcome focused principles.

5. The Council extended its thanks to the Director of Education and Standards and her team, including partners, colleagues in HEE, the pilot sites and nursing associate trainees for the extraordinary amount of work done.

6. **Decision – Subject to the comments made, the Council approved:**
   i. the amended Code.
   ii. the standards of proficiency for nursing associates.
   iii. the standards for pre-registration nursing associate programmes
   iv. the updating of the NMC's policies to reflect that the standards and guidance relating to registration, revalidation and fitness to practise would now apply to nursing associates.

Actions:	**Share the communications plan on the refreshed Code with Council**
For:	**Director of Education and Standards/Director of External Affairs**
By:	**28 November 2018**
Action:	**Bring back proposals for evaluation of 'protected learning time'**
For:	**Director of Education and Standards**
By:	**TBC**

NMC/18/80 8b Nursing associate fees

1. The Director of Education and Standards introduced the paper which sought the Council's agreement to amend the Nursing and Midwifery Council (Fees) Rules 2004 so as to include the fees for nursing associates.

2. **Decision – The Council:**
   - **i. approved the proposed fees for nursing associates.**
   - **ii. made the Nursing and Midwifery Council (Fees) (Amendment) Rules 2018.**

NMC/18/81 Gosport Independent Panel report – next steps

1. The Director of Fitness to Practise introduced the report. In discussion, the following points were noted:
   a) Contact had been with the small number of families who had referred cases to the NMC. The NMC was reliant on the Independent Panel Secretariat and DHSC for information about the much larger number of families affected. A request for the relevant information had been made but had not yet been received.
   b) Bishop James Jones, Chair of the Independent Panel had fixed a meeting with the families in October. The NMC would welcome the opportunity to be involved in the meeting to explain the work being done.
   c) Good communication had been established with the police team and would continue as the work progresses.
   d) As a result of the Williams' review, a working group had been set up to take forward development of a memorandum of understanding in relation to sharing of information.
   e) In applying the learning, the NMC was proposing to bring together a group of front line nurses to review the findings with us and to identify the key learning for the profession. The Chief Nursing Officers (CNOs), professional bodies and other nursing leaders had been engaged with this work.
   f) The "What the Code means for patients" publication was being reviewed to consider if amendments were needed.
   g) There was a need to ensure that the NMC had appropriate ways of escalating concerns to ensure it was able to carry out its role with all due speed.

Action:	**Ensure effective escalation options are in place to enable to the NMC to fulfil its role.**
For:	**Director of Fitness to Practise**
By:	**28 November 2018**

NMC/18/82 Lessons Learned review: Putting patients and the public at the heart of what we do

1. The Director of Fitness to Practise introduced the paper outlining progress made in taking forward work focusing on the two key lessons identified in the review, that of improving how we communicate and engage with patients, families and the public and being open and transparent in our work.

2. In discussion, the following points were noted:
   a) Given the review findings, it may be appropriate to review the amber rating for the corporate risk that that we may fail to take appropriate action to address a regulatory concern. This had been based on the progress made since 2014, but would be looked at again.
   b) The considerable work underway was reassuring. The key would be to ensure we were constantly assessing whether it was making a difference, for example, to families or registrants involved in FTP processes. Wider work was underway on how to improve feedback and would be brought to a future meeting.
   c) The changes to handling complaints and feedback was welcome but it would be important to ensure that there was clear ownership and accountability for learning within all the directorates and this was not just seen as the responsibility of a corporate team.
   d) It was also important to better understand the needs and expectations of the people the NMC was here to serve. The research being led by the Director of External Affairs would try to draw out people's values and perceptions on standards of care and expectations of the NMC.
   e) It was also important to keep the focus on transparency and to keep asking if we were becoming more transparent in the ways people want. This was not easy to measure but we should keep asking the question.
   f) The work on values and behaviours was a critical opportunity for everyone within the organisation to move forward.

3. The Council welcomed the continued progress and noted that future reporting would be incorporated into the Performance and Risk report.

Action:	**Review the rating for corporate risk 2.**
For:	**Interim Director of Resources**
By:	**28 November 2018**
Action:	**Ensure that the focus is on transparency and keep asking if we are becoming more transparent in the ways people want**
For:	**Executive**
By:	**28 November 2018**

Action:	**Take account of the Council's comments in taking forward work on the Lessons Learned Review findings.**
For:	**Director of Registrations and Revalidation**
By:	**28 November 2018**

NMC/18/83 Public Support Service

1. The Council considered a report and presentation by the Head of the Public Support Service on the development and implementation of the Public Support Service (PSS) and Strategy.

2. Key points highlighted included:

a) The patient story was powerful and thought-provoking. It raised questions about why the Council had not previously insisted on hearing about the experiences of those involved in FTP processes.

b) All frontline staff would need to deliver this and it was important to ensure they were equipped with the confidence and knowledge to do so or to know when to ask for help, as well as ensuring emotional resilience and support to staff themselves.

c) Including explicit commitments to keeping in regular touch with members of the public or others involved in FTP processes and always informing them of key procedural developments should be considered. The Head of PSS advised that currently her approach was to take the take the lead from the individual as to the desired amount and frequency of contact they would wish to have.

d) In due course, it would be helpful to have further reports on the themes emerging from the PSS work.

e) Whilst the longer term aim was to reduce the number of hearings, in the meantime, there was a need to ensure that hearings were fair and that, for example, cross-examination took place in a respectful and compassionate way. Work was ongoing with FTP Panel Chairs to ensure that hearings were well managed, as well as joint work with other regulators. It may also be worth sharing this work with the Bar Standards Board.

f) Those who made referrals will remain disappointed or find it difficult to understand when cases are closed with no further action. The new FTP strategic direction involved piloting meetings with individuals at key points such as when cases are closed or completed to help them understand the outcomes. Just because no action was taken did not mean that the referral should not have been made or that there were not matters that required careful consideration.

g) The key point for the public and others to understand was that the NMC was required to look at the current and future risk to patient safety in reaching decisions. This was extremely challenging and there was considerable further work for the NMC to do to help people understand its role as a regulator.

h) This was the beginning of a journey and the NMC had much to do to catch up to where it would want to be. In the long term, the aim would

be for a person-centred approach to be embedded in all aspects of the NMC's work, so that a separate PSS unit was not required.

3. The Council thanked the family member who had been willing to allow her experience to be shared and welcomed the progress being made by the PSS. This was a critically important area of work which had the Council's full support.

Action:	**Provide an update on themes emerging from the work of the Public Support Service**
For:	**Director of Fitness to Practise**
By:	**22 May 2019**

NMC/18/84 Midwifery update

1. The Director of Education and Standards introduced the midwifery update. In discussion, the following points were noted:
   a) The Midwifery Panel had a continuing role as an important source of advice on midwifery issues.
   b) Progress had been made in identifying an independent Chair and it was hoped to make an announcement shortly.
   c) The Panel's membership had been extended, however it was not intended to be the only means of engagement with midwives. The opportunities provided by new technology and other means were being taken to reach out to frontline staff.
   d) An enhanced midwifery focus was being developed within the NMC: two senior midwives had been recruited. This was in addition to the two external experts leading on development of the future midwife proficiencies and education programme requirements
   e) The Senior Midwifery Adviser to the Chief Executive continued to play a valuable role as roving ambassador able to engage with frontline midwives.
   f) There had been a lot of engagement on the new proficiency standards with midwives. This was being expanded to other professionals, women and families.

NMC/18/85 Questions from observers

1. The Chair invited questions and comments. The following comments were made:
   a) Recent research showed that employers were advertising many jobs with 'nurse' in the title inappropriately. It was important to promote use of the protected title of 'registered nurse': there was work ongoing by the CNOs with NMC input.
   b) The work around the Public Support Service was impressive. It was also important to look after nurses and midwives going through FTP whose experiences mirrored those of the public. The Director of Fitness to Practise advised that the new FTP strategic direction sought to improve the experience for registrants and there was a

specific piece of work on this underway.

c) The Chair and interim Chief Executive accepted an invitation to meet with Unite.
d) An RCN observer asked about the scope and timing of the proposed evaluation of the protected learning time option. The Director of Education and Standards advised that this would be considered in the light of approvals for NA education programmes.
e) A representative from Kings College Hospital NHS Foundation Trust asked for clarification around external placements. The Director of Education and Standards confirmed that this would cover any placement outside of the NA trainees own workplace or field of practice, even with the same employer.
f) A representative from HEE thanked the Council for all the work that had been undertaken to reach this point with the regulation of NAs.

NMC/18/86 Investment proposals

1. The Council considered a paper on the revision of the investment strategy and the setting up of an Investment Sub-Committee. The Chair would update the Council on the membership of the Sub-Committee.

In discussion, the following points were noted:

2. a) As charity trustees, the Council needed to ensure that the investment strategy made best use of the large cash holdings. A revised, less cautious, investment approach could deliver a better return. It was important to recognise that this would require a long term approach and that investments could go down as well as up.
b) The reference to property should be refined so as not to exclude holding shares in companies with property investments as part of an investment portfolio.
c) There would be a need to consider further the Council's ethical policy, taking into account the ethical policy of the NMC pension fund as appropriate.
d) The Committee may need to meet quarterly, rather than twice yearly as proposed.

3. **Decision – The Council:**

i. endorsed the outline of the proposed revised Investment Strategy, subject to the comments made.
ii. agreed to set up an Investment Sub-Committee and approve the amendments to the Council's Standing Orders and Scheme of Delegation including the draft terms of reference for the Investment Sub-Committee.

Action:	**Update Council on Investment sub-Committee membership**
For:	**Chair/Secretary**
By:	**28 November 2018**

NMC/18/87 Our work with employers and other regulators

1. The Director of Fitness to Practise introduced the paper on the work of the Employer Link Service (ELS) and Regulatory Intelligence Unit (RIU) in 2017–2018. This was the second annual report from ELS and included an initial assessment of benefits as requested last year by the Council.

2. As a 'prescribed person' for the purpose of whistleblowing disclosures by nurses and midwives, the NMC was required to produce an annual report. In an exciting innovation, a Joint Report had been produced with the other eight healthcare regulators and had been published on the NMC website.

3. In discussion, the following points were noted:
   a) Council members confirmed the positive impact of the work of the ELS and the consistently excellent feedback received from employers. The map indicated a degree of variation in levels of contact, however, the Council could be assured that the Regulation Advisers had a good grip on the issues in the areas for which they were responsible.
   b) Sessions provided by the Regulation Advisers offered an opportunity to review all cases submitted and the quality of referrals. This was a valuable opportunity for reflection and learning for senior management teams.
   c) The case study on work with the systems regulator in Northern Ireland to devise and deliver learning events for new care home managers was welcome. The ongoing challenge of engaging with the independent care sector was recognised, but this needed to be a must going forward, given the increasing level of care being provided outside the acute sector, often to the most vulnerable members of society.
   d) Engagement by ELS was through the chief nurse or equivalent rather than HR leads, to ensure that responsibility for professional conduct matters was not diluted.
   e) Suggestions for ways in which the ELS could link into key contacts to assist in this respect were welcome and would be taken forward outside the meeting.

NMC/18/88 Annual equality, diversity and inclusion report 2017–2018

1. The Director of Fitness to Practise introduced the report. In discussion, the following points were noted:
   a) The number of referrals of those of black African ethnicity was disproportionate compared to the numbers on the Register. This reflected findings from the research undertaken by the NMC in 2016 and was a common pattern across all the regulators. Efforts to address this included guidance for employers which was being piloted, together with feedback to specific employers by the ELS. The fact that such cases were more likely to result in 'no case to answer' suggested that the NMC's processes were fair but it was important to give robust

feedback to employers were such disproportionality in referrals was identified.

b) This was the sixth annual report: it would be helpful in future to include analysis of trends over time; what the data was telling us about the workforce and what we could share with the NHS and other employers.
c) The recent exercise to recruit FTP panel members had focused on increasing diversity and had resulted in twice as many successful applicants from diverse backgrounds.
d) Gender identity was an increasing area of focus: a transgender working group was looking at how to ensure good practice, for example in relation to registering changes in gender identify, and collecting appropriate data.
e) The gender breakdown of the register raised questions about what could be done to increase the number of men seeking to join the professions.
f) There was scope for increased analysis to ensure that we understood what information and intelligence could be derived from the data.

2. The Council welcomed the report and the hard work which had gone into it by the team responsible. There was an opportunity for more analytics to improve understanding of the data, ensure we were making best use of it and sharing this with others with an interest.

Action:	**Consider i. how future reports can provide more information about trends over time and ii. the scope to improve analysis of the data to derive better understanding and intelligence.**
For:	**Director of Registration and Revalidation**
By:	**28 November 2018**

NMC/18/89 Welsh language scheme monitoring report 1 April 2017–31 March 2018

1. The Director of Fitness to Practise introduced the report which met the requirements specified by the Welsh Language Commissioner. The Council welcomed the report and the efforts made to comply with the Welsh Language scheme.

2. More generally, it was important to ensure that anyone who needed to do so could access the NMC's services and that we communicated with them in a way which best met their needs for example, for those whose first language was not English or who used other forms of communication, such as BSL.

3. **Decision: The Council approved the Welsh language scheme monitoring report 1 April 2017 – 31 March 2018 for submission to the Welsh Language Commissioner.**

Action:	**Consider how to ensure services are accessible to all members of the population in a way that meets their needs.**
For:	**Director of External Affairs/Director of Registration and Revalidation**
By:	**28 November 2018**

NMC18/90 Annual Health and Safety and Security Report 2017–2018

1. The Council considered the Annual Health and Safety and Security Report 2017–2018. The following highlights were noted:
   a) Portland Place had experienced water pressure issues on three occasions where staff had to relocate from the building as a result. Although business continuity plans had worked well, this had caused serious interruptions to business as usual with cost implications. Mitigating arrangements had been put in place.
   b) There had been an increase focus on mental well-being and healthy eating during the year.
   c) There was a need to invest in both staff and in the building at Portland Place.
   d) There may be value in the Employee Forum considering health and safety matters.
   e) Health and safety would also be a standing item on the monthly Executive team meetings.

NMC/18/91 Performance and Risk report

1. The Council considered the performance and risk report. in discussion the following points were noted:
   a) Current financial results showed an underspend, however, a clearer picture should be available following the end of quarter two.
   b) Further, more systematic work was planned on development of risk appetite by the Executive.
   c) The interim Director of Resources would be undertaking work to improve the performance and risk report to ensure a good balance of data and narrative.
   d) The response to the PSA's consultation on the Standards of Good Regulation was likely to be overtaken to some extent by the forthcoming proposals for regulatory reform. An early meeting with the new Chief Executive of the PSA would be arranged and the opportunity taken to press the points made in the NMC's response.

NMC/18/92 Questions from observers

1. There were no further questions from observers.

NMC/18/93 Chair's action taken since the last meeting

1. The Council noted the Chair's action taken since the last meeting.

NMC/18/94 Council meeting dates 2019-2020

1. The Council noted the meeting dates for 2019-2020.

The next meeting of the Council in public will be held on Wednesday 28 November 2018 at the NMC, 23 Portland Place.

Confirmed by the Council as a correct record and signed by the Chair:

SIGNATURE: .....

DATE: .....

Item 5
NMC/18/99
28 November 2018

Council

Summary of actions

Action:	For information.
Issue:	Summarises progress on completing actions from previous Council meetings.
Core regulatory function:	Supporting functions.
Strategic priority:	Strategic priority 4: An effective organisation.
Decision required:	None.
Annexes:	None.
Further information:	If you require clarification about any point in the paper or would like further information please contact the author below.

Secretary: Fionnuala Gill
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Fionnuala.gill@nmc-uk.org

Summary of outstanding actions arising from the Council meeting on 26 September 2018

Minute	Action	Action owner	Report back to: Date:	Progress to date
NMC/18/79	**Delivery Plan** Future reporting to focus on outcomes	Interim Chief Executive/Interim Director of Resources	28 November 2018	Performance and Risk Report structure now reflects the Delivery Plan and the narrative will focus on outcomes as far as possible.
NMC/18/80	**Regulation of nursing associates** Share the communications plan on the refreshed Code with Council	Director of Education and Standards and Director of External Affairs	28 November 2018	Communications to key stakeholders and the NMC registrant community took place on 10 October 2018 about updates to the Code to reflect the regulation of nursing associates. These were alongside targeted communications to multiple audiences about the newly published standards for nursing associates, plus supporting guidance documents. Communications have been generally well received.
NMC/18/80	**Regulation of nursing associates** Bring back proposals for evaluation of 'protected learning time'	Director of Education and Standards	TBC	It is likely that the first cohorts starting NMC approved programmes will be in the latter part of 2019 and it will be mid-2021 before they have completed these programmes. It is suggested that plans for evaluation therefore need to feature in the

Minute	Action	Action owner	Report back to: Date:	Progress to date
				research team's business plan for 2019-2020. We are making provision now to be able to track Option A and B students in order that we can readily identify each cohort when there is a meaningful basis for evaluation. On approval of education programmes, we will expect to see escalation routes for any student concerns so that any issues about the protection of learning time can be dealt with as they arise.
NMC/18/81	**Gosport** Ensure effective escalation options are in place to enable to the NMC to fulfil its role	Director of Fitness to Practise	28 November 2018	We wrote to Bishop James Jones and to the responsible director at the Department for Health and Social Care (DHSC). We have since had follow up discussions with DHSC.
NMC/18/82	**Lessons Learned review** Review the rating for corporate risk 2: the risk that we may fail to take appropriate action to address a regulatory concern	Interim Director of Resources	28 November 2018	Rating for risk 2 reviewed with Director of FtP. Likelihood of 2 maintained, as explained in Performance and Risk Report.
NMC/18/82	**Lessons Learned review** Take account of the Council's	Director of Registrations and Revalidation	28 November 2018	The Council's comments have been noted and updates have been included in the Performance and

Minute	Action	Action owner	Report back to: Date:	Progress to date
	comments in taking forward work on the Lessons Learned Review findings			Risk report on the agenda.
NMC/18/83	**Public Support Service** Provide an update on themes emerging from the work of the Public Support Service	Director of Fitness to Practise	22 May 2019	We will provide an update on themes as part of our routine reports in May 2019.
NMC/18/86	**Investment proposals** Update Council on Investment Committee membership	Chair/Secretary	28 November 2018	The Investment Committee membership was approved by a Chair's action on 11 October 2018 and comprises the Chair, Derek Pretty and Rob Parry.
NMC/18/88	**Annual equality, diversity and inclusion report 2017–2018** Consider: i. how future reports can provide more information about trends over time and ii. the scope to improve analysis of the data to derive better understanding and intelligence	Director of Registration and Revalidation	28 November 2018	We are considering these actions and the next annual report to Council will take these into account.
NMC/18/89	**Welsh language scheme monitoring report 1 April 2017-**	Director of External Affairs/Director of	28 November 2018	We are considering these actions and will provide an update to

Minute	Action	Action owner	Report back to: Date:	Progress to date
	31 March 2018 **Access to services** Consider how to ensure services are accessible to all members of the population in a way that meets their needs	Registration and Revalidation		Council in the near future.

Summary of outstanding actions arising from the Council meeting on 28 March 2018

Minute	Action	Action owner	Report back to: Date:	Progress to date
NMC/18/25	**Education** **7a. Standards of proficiency for registered nurses and standards for education and training** Consider how and when to undertake a stocktake review of the effects and benefits of the new Standards.	Director of Education and Standards	6 June 2018 27 March 2019	The task of evaluating our new standards will be considered in the 2019–2020 budget setting process, and options will be presented to the Council by March 2019.
NMC/18/31 **NMC/18/15**	**Performance and Risk report** Focus further information on customer service on those highly dissatisfied.	Director of Registration and Revalidation	25 July 2018 26 September 2018	This information will be included in the new reports we are developing for Council on complaints and customer feedback.

Summary of outstanding actions arising from the Council meeting on 31 January 2018

Minute	Action	Action owner	Report back to: Date:	Progress to date
NMC/18/10	**Review of Council allowances 2017** Develop proposals for a 'remuneration philosophy' for consideration by the Council	Secretary/Chair of the Remuneration Committee	28 November 2018 27 March 2019	Proposals will be presented to the Remuneration Committee in February 2019, with Council to consider in March 2019.

Summary of outstanding actions arising from the Council meeting on 29 November 2017

Minute	Action	Action owner	Report back to: Date:	Progress to date
NMC/17/100	**Education Quality Assurance Annual Report 2016–2017** Include trend data and information around public protection in future annual reports	Director of Education, Standards and Policy	28 November 2018	On the agenda.

Item 6
NMC/18/100
28 November 2018

Council

Chief Executive's report

Action: For information.

Issue: The Council is invited to consider the Chief Executive's report on (a) key developments in the external environment and (b) key strategic engagement activity.

Core regulatory function: This paper covers all of our core regulatory functions.

Strategic priorities: Strategic priority 3: Collaboration and communication.

Decision required: None.

Annexes: None.

Further information: If you require clarification about any point in the paper or would like further information please contact the author or the director named below.

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Context:

1 This is a standing item on the Council agenda and reports on (a) key developments in the external environment; and (b) key strategic engagement activity.

2 The focus of recent strategic engagement has been primarily around the publication of the nursing associate standards, Brexit, education standards, changes to our English language requirements and the release of data about the register.

Discussion:

A. External developments

Department of Health and Social Care (DHSC)

3 We continue to engage with senior officials at the DHSC on a range of issues. On 10 October 2018, the interim Chief Executive met the Deputy Director, Professional Regulation Acute Care and Workforce to discuss nursing associates and regulatory reform. Ahead of the publication of our registration data on 7 November 2018, the interim Chief Executive spoke to the Director General, Acute Care and Workforce and Director of Workforce.

Chief Nursing Officers (CNOs)

4 The interim Chief Executive continues to regularly engage with the CNOs in the four countries. In November 2018, ahead of our registration data publication, she spoke with the CNOs and shared the latest statistics. She also discussed with them issues around English language testing and the scope for improved communications between the NMC and the CNO's offices.

5 As part of the events to launch the new nursing standards in the four countries, the NMC's Chair met with the CNOs for Northern Ireland, Scotland and Wales in October 2018. A range of UK and national issues were covered.

Engagement with parliamentarians

6 On 11 October 2018, following our education standards publication event in Wales, the Chair of the Council, Director of External Affairs and Director of Education and Standards, met with Dai Lloyd AM, Chair of the Health, Social Care and Sport Committee to discuss our work in Wales.

7 On 15 October 2018, the interim Chief Executive and Director of Fitness to Practise, met with Rosie Cooper MP, member of the Health and Social Care Committee, to discuss the fitness to practise cases that are ongoing in relation to Liverpool Community Health NHS Trust.

8 On 6 and 7 November 2018, we wrote to a number of key

Parliamentarians about our latest registration data.

9 On 19 November 2018, the Director of External Affairs and Senior Public Affairs Officer met with Alex Chalk MP, Private Parliamentary Secretary to the Secretary of State for Health and Social Care, to discuss our work across all areas, with a focus on regulatory issues.

B. Accountability and oversight

10 On 16 October 2018, our Director of Fitness to Practise gave oral evidence to the Health and Social Care Committee as part of its inquiry on Patient safety and gross negligence manslaughter in healthcare. We gave evidence alongside colleagues from the General Medical Council, the Professional Standards Authority (PSA) and the Healthcare Safety Investigation Branch.

11 Following the Health and Social Care Committee's oral evidence sessions on the Impact of a 'no deal' Brexit on health and social care, the Director of Registration and Revalidation sent the Deputy Director of Professional Regulation at DHSC a letter clarifying some of the points raised in the session and set out our latest registration data.

12 On 6 November 2018, we sent an updated written submission to the Health and Social Care Committee's inquiry on the Impact of a 'no deal' Brexit on health and social care. This followed the Committee's oral evidence sessions on 23 October 2018.

C. Stakeholder engagement and communication

Education

13 Following the future nurse and education standards publication launch event at Westminster in May 2018, we held further events in Wales, Scotland and Northern Ireland on, respectively, 11, 17 and 25 October 2018. The events were attended by the Chair, NMC Council members and the respective CNO.

Council of Deans

14 On 29 October 2018, the Chair, interim Chief Executive and the Director of Standards and Education were among the NMC colleagues who met the Chair, Executive Director and colleagues from the Council of Deans. The event was convened to discuss the perspective of higher education institutions on our approach to the registration of nursing associates. It was agreed that it would be helpful to arrange similar roundtable discussions on a regular basis.

Nursing

15 On 27 September 2018, the interim Chief Executive met the Chief

Nurse at Barking, Havering and Romford (BHR) Trust for a discussion about a range of professional issues, including the introduction of nursing associates. The interim Chief Executive will visit BHR in December 2018 to meet trainee nursing associates.

16 On 2 October 2018, the interim Chief Executive spoke to the Chief Executive and the Director of Nursing, Health Education England about a number of issues including the impact of new nursing standards and progress with our overseas review.

17 The interim Chief Executive spoke to the Executive Director of Nursing, NHS Improvement on 12 October 2018. Topics covered included an update on English language testing and progress with the regulation of nursing associates and general workforce issues.

Midwifery

18 A number of visits organised by the Senior Midwifery Advisor to the Interim Chief Executive to hear from midwives in practice and mothers and families took place between September and November 2018. Visits were attended by the Chair, the Interim Chief Executive and NMC Council members. Details of the visits are contained in the midwifery update paper (item 13) on the agenda.

19 On 9 October 2018, we hosted a visit by the lead midwife at the Imperial College Healthcare Trust which included a meeting with the interim Chief Executive, time in our registration call centre, and update on our education work and a discussion about the new Fitness to Practise strategy.

Equality, diversity and inclusion

20 We held an event on 23 October 2018, to celebrate the launch of our annual equality, diversity and inclusion (EDI) report. There was a marketplace where stakeholders and NMC staff networks could promote their EDI activities. A speech by renowned researcher and race equality and patient advocate, Roger Kline, highlighted the NMC’s progress in recent years. A total of 64 people attended, from organisations including Diverse Matters, the Equality and Human Rights Commission, Inclusive Employers, Rethink and Stonewall.

Brexit

21 We are continuing to closely monitor and respond to matters relating to the UK's exit from the EU (Brexit). We are engaging and working closely with the DHSC and other healthcare regulators on Brexit and progressing our own internal preparations through our internal working group.

International

22 As part of our international engagement, we attended the meeting of

the International Nurse Regulator Collaborative (INRC). The INRC is a collaboration between eight nursing regulators throughout the world dedicated to promoting research, sharing intelligence and working together to influence policy to protect the public. We will continue to engage with the INRC going forward and will be involved in their project to identify and explore the risks, benefits, opportunities and challenges in developing mechanisms for recognising regulatory credentials across INRC jurisdictions. The group will meet next in June 2019.

NMC Employee Conference

23 At the conference held on 1 November 2018, NMC employees heard from a panel of nurses and midwives about how the work we do as the regulator for the two professions impacts on them and the people we serve. We also heard from a Morecambe Bay parent, Lesley Bennett, who spoke movingly about the loss of her daughter, Elleanor.

D. Collaboration

24 On 1 October 2018, the interim Chief Executive attended a GMC dinner for healthcare leaders held during the Conservative Party conference in Birmingham.

25 On 16 October 2018, as part of our continued discussions with our regulatory body partners about regulatory reform, the interim Chief Executive participated in a workshop convened by colleagues at the General Pharmaceutical Council on professional standards for regulated professions. The event was also attended by colleagues from the DHSC and the Professional Standards Authority.

26 We are working with the CNOs to produce guidance for employers about the use of protected titles. This information will eventually be hosted on our website accompanied by a shared communications plan.

27 Council members Robert Parry and Maura Devlin attended the Annual Scottish Regulation Conference on 5 November 2018 in Edinburgh. The NMC hosted a parallel session at the conference, led by the Director of Fitness to Practise and the Head of the Public Support Service on ‘Valuing the patient experience’.

E. Media activity

28 The national and regional media covered the beginning of the high-profile FtP hearing for three midwives relating to incidents at Shrewsbury and Telford Hospital NHS Trust in October 2018. The Daily Mirror, BBC Radio Shropshire and BBC1 West Midlands all reported on the hearing and continue to monitor its progress.

29 The Council's approval of final standards for nursing associates attracted a lot of attention in the trade media. Health Service Journal focused on the decision to give employers the option of not awarding nursing associate trainees 'supernumerary' status. The Council of Deans of Health and NHS Employers issued supporting statements which were also included in the coverage.

Public protection implications: 30 No direct public protection implications.

Resource implications: 31 No direct resource implications.

Equality and diversity implications: 32 No direct equality and diversity implications.

Stakeholder engagement: 33 Stakeholder engagement is detailed in the body of this report.

Risk implications: 34 No direct risk implications.

Legal implications: 35 No direct legal implications.

Item 7
NMC/18/101
28 November 2018

Council

Future midwife: standards of proficiency for midwives and standards for pre-registration midwifery programmes for consultation

Action: For decision.

Issue: Seeks the Council's approval to consult on draft standards for the future midwife.

Core regulatory function: Education and standards.

Strategic priority: Strategic priority 1: Effective regulation.

Decision required: The Council is asked to approve for consultation:

- the draft standards of proficiency for midwives (annexe 1).
- the draft standards for pre-registration midwifery programmes (annexe 2).

Annexes: The following annexes are attached to this paper:

- Annexe 1: Draft standards of proficiency for midwives.
- Annexe 2: Draft standards for pre-registration midwifery programmes.

Further information: If you require clarification about any point in the paper or would like further information please contact the authors or the director named below.

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Context:

1 The Council's Strategy 2015–2020 sets out our ambition to be a dynamic forward looking regulator, regulating for the needs of the future by anticipating, shaping and responding to new expectations. This is at the core of our approach to the development of ambitious new outcomes focused standards for the education and training of nurses, midwives and nursing associates.

2 We embarked on a major programme of change for education in 2016 to review and update all of our education standards.

3 Our standards set out general requirements for safe and effective practice and are required to be met by all nurses, midwives and nursing associates on NMC approved programmes prior to entry to the register.

4 We want to ensure that our midwifery standards are fit for purpose and that newly qualified midwives are equipped with the knowledge, skills and attributes they need to deliver safe, effective, respectful and compassionate care to all women, newborn infants, partners and families at the point of entry onto the register. This is critical to our role in public protection.

5 We are indebted to Professor Mary Renfrew who has led the work on these new draft standards for the future midwife since April 2017. At that time, the Council agreed that the Framework for quality maternal and newborn care (QMNC) published in the Lancet series on midwifery should be the foundation for the development of these draft standards. The framework is highly regarded and widely used internationally, is evidence based and outlines the essential needs of all childbearing women, babies and families globally. Use of the framework underlines our ambition to develop midwifery standards in a format which is bespoke and familiar to midwives.

6 The standards for pre-registration midwifery education were last updated in 2009. Since then, there have been significant changes to the context in which midwives provide care: women's needs are more likely to be complex due to changing demographic and population health profiles, including rising numbers of women experiencing obesity and diabetes, and women becoming pregnant at an older age.

7 Similarly, since 2009, high profile failings in maternity care have increased public scrutiny of midwifery and maternity services. Although there are many examples of safe, quality midwifery care, the findings from public enquiries into these failings has reinforced the need to develop new standards that are fit for purpose in terms of the knowledge, skills and attributes required to provide safe, effective and compassionate midwifery care at the point of registration.

8 We were able to build on the earlier independent evaluation of existing pre registration standards for both midwives and nurses that we commissioned IFF Research to carry out in 2014. This highlighted the need to rectify the known shortfalls in the 2009 standards in relation to key areas such as public health, mental health, and socio-demographic factors that impact on quality, safety, and women and family-centred care.

9 We have sought to build on the successful approach taken with the future nurse and our new standards framework for nursing and midwifery education, therefore the new standards will be outcomes based and enable innovation, agile and future focused, measurable and assessable, preparing midwives to work in all types of settings, and have a core focus on the safety, needs, views, preferences, and experiences of women, newborn infants, partners, and families.

10 Recommendations for the NMC from different national reports have been addressed.

11 The Council is asked to agree to initiate a fully open public consultation on these drafts, so that the views on all aspects of the proposals can be sought and taken into account before reaching any final decisions on the content of the standards.

Four country factors:

12 The draft standards for the future midwife are applicable across all four countries, reflecting our position as a UK wide regulator. We reviewed the maternity strategies and policies in all four countries as part of our evidence review and there has been extensive engagement in all countries in development of the draft standards.

Discussion:

Vision for the future midwife standards

13 The vision of the content of the future midwife standards is that they should be based on research and evidence, they should meet the current and future needs of women, newborn infants, partners and families, there should be alignment with the requirements of the maternity strategies of the four countries of the UK, and that the recommendations from key reports and enquiries should be incorporated.

Evidence, key reports and engagement

14 We have undertaken a review of current research evidence, reviews and reports across the four countries of the UK to identify the recommendation and requirements to inform the new standards.

15 We commissioned the University of Dundee to carry out literature reviews of current evidence and the literature based around three

key areas: effective education; standards development; and the needs of women, babies and families. The review has presented an evidence-base to inform the specific knowledge and skills that midwives need at the point of registration.

16 We reviewed our own fitness to practise (FtP) data to establish recurring themes that can be addressed, by ensuring clarity and emphasis in our new draft standards. Although the data is small in number and we are limited by the amount of detail that can be extracted currently, the themes correlate with the views obtained through our engagement.

17 We have undertaken extensive engagement with over 500 individuals and organisations. We have engaged with a broad range of stakeholders including women, partners and families, midwives, student midwives, educators, employers, the Chief Nursing Officers and Chief Midwifery Advisors, Lead Midwives for Education (LMEs), membership organisations, advocacy groups and organisations representing women, babies, partners and families, and other health and social care professionals across the four countries of the UK.

18 Our engagement has included: workshops, focus groups, meetings, webinars, a roundtable discussion, Future Midwife Thought Leadership Group meetings, an online virtual thought leadership group and social media including a Twitter chat with #WeMidwives, an online community for midwives.

19 Ahead of the expected launch of the future midwife consultation, we have developed a detailed and comprehensive plan of external affairs activity. This activity includes, but is not limited to, an events programme, media work, social media content, blogs and emails to all midwives and other promotional activity.

20 As appropriate, we continue to use digital channels to promote the future midwife programme. We have posted information on Twitter using the hashtag #futuremidwife and have also promoted this at our events and events that we have attended.

Consistent themes emerging from the evidence and engagement to be addressed in the new standards

21 There has been a convincing level of consensus and alignment of views about the content that should be included in the standards. In summary, the following were consistently identified as being of key importance in relation to the role of the midwife:

21.1 Advocacy

21.2 Autonomy and accountability

21.3 Communication

21.4 Mental health

21.5 Woman, newborn infant and family-centred care

21.6 Evidence-informed care

21.7 Optimising normal processes, and recognising and managing complexity

21.8 Capability of delivering care across the continuum

21.9 Interdisciplinary working

21.10 Continuity of carer

21.11 Postnatal care

21.12 Public health

21.13 Understanding social circumstances, poverty, inequalities, related human rights issues

21.14 Ability to work in an over-stretched system

Additional emerging themes

22 A number of additional themes were also mentioned frequently, but with a lesser degree of consistency and consensus than the above.

22.1 Pre-conception care

22.2 Safeguarding

22.3 Unicef UK Baby Friendly standards

23 Specific skills such as providing emergency care, performing episiotomies and the newborn and infant physical examination (NIPE) were mentioned. It is important to note however that these skills are stated in European legislation and our current and future standards will continue to comply with this legislation. Stakeholders were not consistent in their views with some questioning whether this range of skills could be achieved in midwifery practice in a three year education programme and others questioning if these are essential skills to have at the point of registration.

24 Some stakeholders appreciated the inclusion of additional specific clinical knowledge and skills whereas others felt that we did not need to provide the level of detail specified. Examples of this include pre conception care, infant feeding and extensive lists of potential clinical complications.

Assurance on the draft standards

25 In March 2018, the Council asked the Midwifery Panel to oversee progress and provide assurance on the draft standards. In particular, the Council asked that the Panel give views to the Executive that the draft standards:

25.1 Are appropriate for all four countries of the UK.

25.2 Prepare students to practise safely in all types of setting.

25.3 Are outcome focused: focused on what a midwife needs to know, and be able to do, at the point of initial registration.

25.4 Encompass multi-agency, multi-professional learning and team working.

25.5 Allow flexibility to AEIs to develop programmes that achieve those outcomes, minimising input and process requirements.

25.6 Are evidence based, as far as is possible within the available evidence.

25.7 Take account of evidence from fitness to practise of areas where strengthened focus in educational standards could improve public safety and prevent harm.

25.8 Anticipate likely future conditions for midwifery practice and develop standards accordingly.

25.9 Facilitate access to midwifery education for students from diverse backgrounds.

25.10 Have been shared widely with interested parties, including, for example, other regulators, and the outcomes of this reported impartially when presenting proposals.

25.11 Take full account of all recommendations arising from key relevant reports.

26 At its meeting on 22 October 2018, the Midwifery Panel considered the draft midwifery proficiencies and midwifery skills, and provided feedback on these to the Executive.

27 Panel members were generally satisfied that the draft standards were based on robust evidence and engagement and noted that the consultation would help draw out views to further refine the standards. Panel members were of the view that the draft standards were fit for the Council to approve for consultation.

28 The Panel also reviewed the standards for pre-registration midwifery programmes and members were generally satisfied that the draft

was fit for the Council to approve for consultation.

29 We reviewed all comments received from members of Midwifery Panel in October 2018 together with a mapping against the recent publication of the updated International Confederation of Midwives (ICM) [1]competencies. This informed the subsequent refinements we made that can now be seen in this version of the draft standards that are being presented to the Council.

Draft standards of proficiency for midwives

30 The draft standards are now clearly stated as outcomes and set out the proficiencies required for the future midwife at the point of entry to the register. These new proficiencies are ambitious in setting out the enhanced knowledge and skills that people can expect from midwives in the future.

31 The draft standards consider what women, newborn infants, partners and families need from midwives now and towards 2030 and take account of the four country maternity strategies, with an emphasis on continuity of care and carer across the continuum and good practice approaches to midwifery care in line with these changes.

32 The draft standards include proficiencies that will ensure that midwives are able to fulfil their responsibilities to all women and newborn infants, both those with and without complications and further care needs. The future midwife will have to meet all these proficiencies to ensure that they can comprehensively care for women, newborn infants and families.

33 The draft standards are underpinned by professional behaviours stated in the Code and emphasise the need to recognise and meet the needs of all women, newborn infants, partners and families across all health, care and other settings.

34 The draft standards are arranged in five domains together with the relevant skills. Together these reflect what we expect a new midwife to know, understand and be capable of doing safely, proficiently, and with respect and kindness.

35 Several key themes are threaded throughout the domains in recognition of their importance:

35.1 Evidence-based care and the importance of staying up-to-date with current knowledge

35.2 Safety

[1] https://www.internationalmidwives.org/assets/files/general-files/2018/10/icm-competencies---english-document_final_oct-2018.pdf

35.3 Communication and relationship building

35.4 Public health, health promotion, and health protection

35.5 Enabling and advocating for the views and preferences of women, partners and families

35.6 The importance of mental, physical, social, cultural, and spiritual factors

35.7 Understanding and mitigating health and social inequalities

35.8 Optimising normal processes and anticipating, preventing, and responding to complexity

35.9 Multidisciplinary and multi-agency working

35.10 Working across the whole continuum of care and in all settings

35.11 Continuity of care and carer

35.12 The impact of pregnancy, labour and birth, postpartum, infant feeding, and the early weeks of life on longer-term health and well-being

36 They include proficiencies that will ensure that future midwives are able to fulfil their responsibilities to all women and newborn infants across the continuum of care and in all environments, including public health.

37 In these draft standards the proficiencies state the knowledge and skills pertaining to optimising normal processes across the continuum of care and includes physiology, psychological, social and cultural needs and preferences. This approach enables us to be clear that future midwives will have this proficiency and that this includes the knowledge and skills to ensure that they can also anticipate, prevent, recognise and respond to any deviation or change to ensure that they can deliver evidence based midwifery care at all times.

38 Although midwives will continue to lead midwifery care, there is a new emphasis on the midwife's role in working and learning as part of a collaborative and multi-disciplinary team, including involving others and escalating and referring when necessary.

39 Where it has been appropriate to do so, proficiency standards that have been agreed by the Council for the future nurse have been adopted in full or with minor word variations to ensure that the unique role of the midwife is clearly stated. This includes the inclusion of a glossary of terms that exist within midwifery and

maternity services that appear in the draft standards document.

Draft standards for pre-registration midwifery programmes

40 A UK-wide reference group, chaired by Professor Gwendolen Bradshaw, led the development of the draft standards for pre-registration midwifery programmes that underpin the draft standards of proficiency for midwives.

41 These draft standards follow the standards for education and training framework approved earlier in March 2018 by the Council. The standards for pre-registration midwifery programmes follow the same outcome based format as for other programme standards that the Council have approved. Additionally and in line with the approach taken with the standards for pre registration nursing programmes there is reference to the need to comply with the relevant EU legislation for pre registration midwifery education.

42 A recurring theme from some of our early stakeholder engagement work has been whether the current length of midwifery education programmes and the approach to preceptorship are sufficient for midwives in the future to gain the required levels of proficiency and confidence to practice autonomously at the point of registration. This will be explored as part of our public consultation.

43 In addition, leading up to the launch of the consultation, we are gathering specific evidence in relation to the programme length and potential approaches to preceptorship and this will inform specific questions we will ask as part of the public consultation. The independent analysis of all views and evidence will be presented and will support the Council's final decisions on these standards.

44 The detail within these draft standards reflects the journey that student midwives will take in order to meet the standards of proficiency for midwives.

45 These draft standards enable midwifery educators to develop innovative approaches to midwifery education, including simulation and technology that allows for more robust student learning and assessment whilst enabling more opportunities for student midwives to gain experience and apply their knowledge when practicing midwifery skills across a range of settings.

46 In light of all the feedback and engagement, the following drafts have been developed as a basis for a full and open consultation:

46.1 Draft standards of proficiency for midwives (annexe 1).

46.2 Draft standards for pre-registration midwifery programmes (annexe 2).

47 **Recommendation: The Council is recommended to approve for consultation the draft standards of proficiency for midwives (annexe 1).**

48 **Recommendation: The Council is recommended to approve for consultation the draft standards for pre-registration midwifery programmes (annexe 2).**

49 If the Council approve our request we will launch the consultation for 12 weeks in the week commencing 11 February 2019 and we are finalising our plans for public consultation. These include:

49.1 Creating different versions of the public consultation that includes a version for women, partners and families, an easy read version for people with learning difficulties and a version for health and care professionals and organisations.

49.2 Ensuring that the questions posed within the public consultation also cover those areas where differences of views were expressed or where a full consensus had not been reached during the pre-consultation activity.

49.3 Independent focus groups with women and members of the public are also being planned to ensure that the public views can be fully captured.

49.4 Independent user testing to ensure that the draft standards are accessible, measurable and assessable.

49.5 Communication and engagement plans that will take place during the consultation period.

Public protection implications:

50 Our programme of change in education is driven by the need to protect the public and promote public confidence in midwives, nurses and nursing associates.

Resource implications:

51 The resource implications for the programme have been accounted for within the corporate plan and budget.

Equality and diversity implications:

52 We have progressed equality impact assessments for all work streams within the education programme. Initial screening has been followed up by internal assessment of the draft products and plans. Actions to address issues have been identified and engagement with protected stakeholder groups has taken place. The next phase will involve gaining additional insight through the consultation.

Stakeholder engagement:

53 This is covered in the body of the report.

54 We have updated the Council about the content of the engagement activities regularly. We will continue to collaborate with stakeholders and activities are planned to support participation with the consultation.

Risk implications:

55 Key risks to the programme are particularly related to the timeframes for subsequent publication and implementation at a time of enduring pressure on maternity service delivery, workforce challenges and changes to health and care and higher education.

Legal implications:

56 The legal basis for the education function is set out in the NMC Nursing and Midwifery Order 2001, the education and registration rules and requirements on the education of midwives as part of EU legislation.

57 Article 3 (14) of the NMC Order 2001 requires the NMC to consult before establishing new standards or policies.

58 Legal advice has been sought on proposed changes as required.

Item 7: **Annexe 1**
NMC/18/101
28 November 2018

Nursing & Midwifery Council

Future midwife:

Draft standards of proficiency for midwives

Contents page

Introduction		Pages 3-8
Domain 1:	Being an accountable and autonomous midwife	Pages 9-13
Domain 2:	The midwife's ability to provide and promote continuity of care and carer	Pages 14-16
Domain 3:	Universal care for all women, newborn infants and families	Pages 17-37
Domain 4:	Additional care for women, newborn infants and families with complications and/or further care needs	Pages 38-49
Domain 5:	Promoting safe and effective care: the midwife as colleague, scholar and leader	Pages 50-53
Glossary:		Pages 54-56

Introduction

The Nursing and Midwifery Council has a duty to review the standards of proficiency it sets for the professions it registers on a regular basis to ensure that standards remain contemporary and fit for purpose in order to protect the public. In reviewing these standards, we have taken into account new evidence and the changes that are taking place in society, midwifery, and maternity and neonatal care more widely, and the implications these have for midwives of the future in terms of their role, knowledge, understanding and skill requirements.

The proficiencies in this document specify the knowledge, understanding and skills that midwives must demonstrate when caring for women, newborn infants, partners and families across all care settings. They reflect what the public can expect midwives to know and be able to do in order to deliver safe, effective, respectful, kind, and compassionate midwifery care.

They also provide a benchmark for midwives from the European Economic Area (EEA), European Union (EU) and overseas wishing to join the UK register, as well as for those who plan to return to practice after a period of absence.

Midwifery is a global profession. Women, newborn infants, and families share similar needs wherever they live and midwives make a vital contribution to their survival, health and well-being across the world. In the UK, midwives are autonomous professionals and the title ‘midwife’ is a protected title; only midwives who have reached, and maintain, the required standards set by the NMC as the professional regulator and who are on the NMC register can use the title midwife.

The role of the midwife in the 21st Century

The role of the midwife is to provide skilled, knowledgeable, respectful, and compassionate care for all women, newborn infants and their families. They work across the continuum from pre-pregnancy, pregnancy, labour and birth, postpartum, and the early weeks of life, including women’s future reproductive health, well-being, and choices, as well as very early child development and the parents’ transition to parenthood. Midwives enable the human rights of women and children, and their priority is to ensure that care always focuses on the needs, views, and preferences of the woman and newborn infant.

Midwives can make a critically important contribution to the quality and safety of midwifery care. They combine clinical knowledge, understanding, and skills with interpersonal and cultural competence, ensuring that care is tailored to the circumstances of individual women and newborn infants, and partners and families. They make an important contribution to population health and understand social and health inequalities and how to mitigate them through good midwifery care. They provide health education, health promotion and protection to promote mental and physical health and well-being and prevent complications. Evidence shows the contribution midwives can make not only to health but also to the short and long-term well-being of the woman, infant, and family. Midwives assess, plan, provide, and evaluate care on an

ongoing basis and in partnership with women – and their partners if appropriate - referring to and collaborating with other health and social care professionals as needed.

Midwives are fully accountable as the lead professional for the care and support of women and newborn infants, and partners and families. They provide care based on the best available evidence, and keep up to date with current knowledge and skills, thereby helping to ensure that their care is responsive to emerging evidence and future developments. Respecting human rights, they work in partnership with women, enabling their views and preferences and helping to strengthen their capabilities. Midwives optimise physiological processes, and support safe psychological, social and cultural situations, working to promote positive outcomes and to anticipate and prevent complications.

Midwives are ideally placed to anticipate and to recognise changes that may lead to complications. These complications and care needs may be clinical, psychological, social, cultural, and spiritual, and may include socio-economic deprivation, disability, abuse and intimate partner violence. They may require midwives to care for and support women, partners and families who experience loss or require end of life care. When such situations arise, the midwife is responsible for recognising these and for immediate response and management, involving others, collaborating with and referring to multidisciplinary and multi-agency colleagues, in line with best practice evidence. Midwives respond to deteriorating and emergency situations, and prioritise appropriate responses that minimise risk and harm to the woman, fetus and newborn infant, including urgent escalation. In such circumstances, the midwife has specific responsibility for continuity and coordination of care, providing ongoing midwifery care as part of the multidisciplinary team, and acting as an advocate to ensure that care always focuses on the needs, views, and preferences of the woman and newborn infant.

The role of the midwife is to provide safe, respectful, empowering, and equitable care irrespective of social context and setting; they work in the home, hospital, community, midwifery led unit, and other environments such as social care settings, the criminal justice system, and wider reproductive health services. In all contexts, the midwife is responsible for creating an environment that is safe, respectful, kind, nurturing, and empowering.

Midwives play a leading role in enabling effective management and team working, promoting continuous improvement, and encouraging a learning culture. Midwives recognise their own strengths, as well as the strengths of others. They engage in continuing professional development and know how they can contribute to others' development and education, including students and colleagues. They work to build a lifelong career, whether working in practice, education, research, management, leadership, or policy settings. They continue to develop and refine their knowledge, skills, resourcefulness, flexibility and strength, self-care, critical and strategic thinking, emotional intelligence, and leadership skills throughout their career. Critical thinking, positive role modelling, and leadership development are fundamental components of safe and effective midwifery practice in all contexts.

About these draft standards

These draft standards have been developed through an extensive and rigorous process of evidence review and of engagement with people across the UK, including women and families, midwives, students, educators, multidisciplinary colleagues, professional organisations, researchers, policy makers, and charity and advocacy groups. They reflect current best national and international evidence on the health, well-being, needs, views, and preferences of women, newborn infants, partners and families. They are in alignment with the recommendations of government reviews of maternity services and midwifery in the four UK countries (England, Northern Ireland, Scotland and Wales). They have taken into account the changing context in which midwives work and practice in the UK. Positive changes in the wider context include increased involvement of women, their partners and families in decisions about their care, moves to increase continuity of carer and choice for women in regard to the place of birth, and a clear focus on improving the quality of care across the NHS and specifically in the maternity services. Current and evolving challenges for the midwifery and maternity context in the UK include changing population health profiles which result in more complex health challenges, growing poverty and inequalities, the clear need to improve services after birth and for women's and children's mental health and well-being, and a reduced workforce in the NHS.

These standards recognise the evolving evidence base, developments in policy, and changes in the wider health and care context. As a result, there is an increased emphasis in these standards on midwives' role in public health and health promotion, understanding social and health inequalities, and improving postnatal care, mental health, infant feeding, and the early stages of building family relationships. The standards will support midwives to provide continuity of carer, and to provide safe and effective care in a range of settings including the home, community, midwifery-led units, and hospitals. There is a strong focus on effective working with multidisciplinary and multi-agency colleagues to pro-actively anticipate, prevent, and manage clinical and social complications, and to develop strength and flexibility in responding to stressful situations.

The standards have drawn on the evidence-informed definition of midwifery and the quality framework from The Lancet Series on Midwifery (2014). These resources have helped to shape the scope and content and ensure a consistent focus on the needs, views, and preferences of women, newborn infants, partners, and families across the whole care continuum.

How to read these draft standards

The standards are grouped under five domains, together with the relevant skills. Together these reflect what we expect a new midwife to know, understand and be capable of doing safely, proficiently, and with respect and kindness, at the start of their career. This approach aims to provide clarity to the public and the professions about the knowledge, understanding and skills they can expect every midwife to demonstrate. They include proficiencies that will ensure that midwives are able to fulfil their responsibilities to all women and newborn infants, both those with and without complications and further care needs; and that midwives will have the knowledge, understanding and skills to keep updated and to develop their practice as

circumstances change in the future. The outcome statements for each domain apply across the continuum of care, and in all environments.

Several key themes are threaded throughout the domains, in recognition of their importance. These include:

- Evidence-based care and the importance of staying up-to-date with current knowledge
- Communication and relationship building
- Safety
- Public health, health promotion, and health protection
- Enabling and advocating for the human rights and views and preferences of women, partners and families
- Ensuring that women, partners and families have all the information needed to fully inform their decisions
- The importance of mental, physical, social, cultural, and spiritual factors
- Understanding and mitigating health and social inequalities
- Optimising normal processes and anticipating, preventing, and responding to complexity
- Multidisciplinary and multi-agency working
- Working across the whole continuum of care and in all settings
- Continuity of care and carer
- The impact of pregnancy, labour and birth, postpartum, infant feeding, and the early weeks of life on longer-term health and well-being

The domains inter-relate and build on each other, and should not be seen separately. Domain 1 is intended to inform the application of all other domains; for example, the ability to build a relationship and work in partnership with women is fundamental to good midwifery care in all contexts. Domain 2 describes the midwife's ability to work across all contexts where women and newborn infants need care, and to ensure continuity. Domain 3 describes the care that all women, newborn infants, partners and families need; this care applies equally to women and newborn infants with and without complications. The care described in Domain 4 adds to that in Domain 3, and is the additional care and services needed by women and infants with complications and further care needs. Domain 5 describes the key role of the midwife in working as an individual and with others to promote quality and safety in all contexts, to continue to stay up to date with evidence and data, to act as a leader and manager, and to develop a challenging and satisfying career.

The domains are:

1. Being an accountable and autonomous midwife

2. The midwife's ability to provide and promote continuity of care and carer

3. Universal care for all women, newborn infants and families

    a. The midwife's role in public health and health promotion: informing and educating women, and their partners and families
    b. The midwife's role in assessment, screening and care planning

   c. The midwife's role in optimising physiological processes, supporting safe psychological, social and cultural situations, and working to promote positive outcomes and to prevent complications

4. Additional care for women, newborn infants and families with complications and/or further care needs

   a. The midwife's role in first line assessment and management of complications and further care needs
   b. The midwife's role in caring for and supporting women, newborn infants, and families requiring medical, obstetric, neonatal, mental health, social care, and other services.

5. Promoting safe and effective care: the midwife as colleague, scholar and leader
   a. The midwife working with others to promote safe and effective care: the midwife as a colleague
   b. Promoting safe and effective care through developing knowledge, positive role modelling and leadership: the midwife as a scholar and leader

These proficiencies will provide new graduate midwives entering the profession with the knowledge, understanding and skills they need at the point of registration. Midwives will build on this knowledge and understanding and these skills as they gain experience and fulfil their professional responsibility. They will demonstrate their commitment to develop as a midwife and to build a career pathway, engaging in ongoing education and professional development opportunities necessary for revalidation.

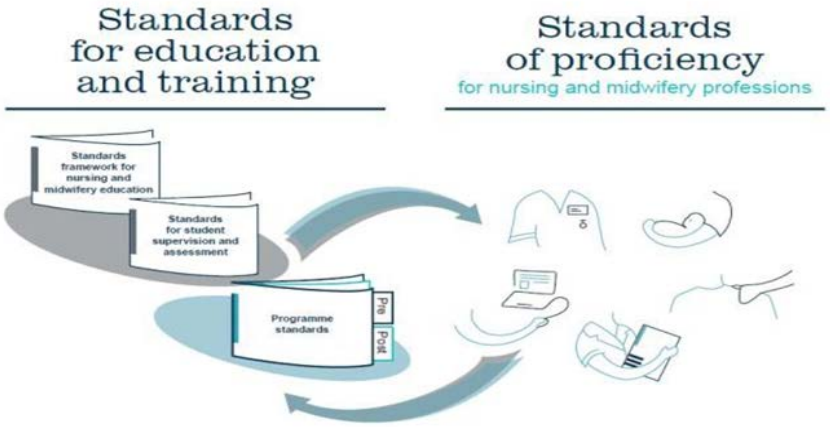
We have published supporting information for implementing these standards of proficiency for midwives (NB this will be available via the NMC website in time for publication, insert link). This supporting information covers all five domains and their corresponding knowledge, understanding and skills. It is there to help those responsible for the implementation of these standards and should also be read in conjunction with our standards for pre-registration midwifery programmes (insert link in time for publication).

These standards of proficiency apply to all NMC midwives. They should be read with Realising professionalism: Standards for education and training, which set out our expectations regarding provision of all pre-registration and post-registration NMC approved midwifery education programmes. These standards apply to all approved education providers and are set out in three parts: Part 1: Standards framework for nursing and midwifery education; Part 2: Standards for student supervision and assessment; and Part 3: Programme standards, which are the standards specific for each pre-registration or post-registration programme. (NB: insert standards for pre registration midwifery programmes once link exists)

These standards meet and exceed the recently updated international standards set by the International Confederation of Midwives They have been mapped to the Unicef UK Baby Friendly Initiative Standards.

Education institutions must comply with our standards to be approved to run any NMC approved programmes. Together these standards aim to provide approved education institutions (AEIs) and their practice learning partners with the flexibility to develop

innovative approaches to education for midwives, while being accountable for the local provision and management of approved pre- registration midwifery programmes in line with our standards. This is shown in the diagram below.



Legislative framework

Article 15(1) of the Nursing and Midwifery Order 2001 (‘the Order’) requires the Council to establish standards for education and training which are necessary to achieve the standards of proficiency for admission to the register, as required by Article 5(2) of the Order. The standards for nursing and midwifery education providers are established under the provision of Article 15(1) of the Order. Article 5(2) of the Nursing and Midwifery Order 2001 requires the NMC to establish standards of proficiency necessary to be admitted to each part of the register and for safe and effective practice under that part of the register. The standards of proficiency have been established under this provision.

Domain 1: Being an accountable and autonomous midwife

Outcomes

1 At the point of registration, the midwife will be able to:

1.1 Understand and act in accordance with the 'NMC Code: professional standards of practice and behaviour for nurses, midwives and nursing associates' (2018), and fulfil all registration requirements.

1.2 Understand and act in accordance with relevant legal, regulatory, and governance requirements, policies, and ethical frameworks including any mandatory reporting duties, differentiating where appropriate between the devolved legislatures of the United Kingdom; in all relevant areas of policy and practice.

1.3 Understand and act to promote and enable the human rights of women and children at all times, including women's sexual and reproductive rights.

1.4 Identify, critically analyse, and interpret evidence and data including the use of digital sources, in order to safely use, share and apply research findings and lessons from local and national data to promote and inform best midwifery practice, and to enable evidence-informed decisions in partnership with women.

1.5 Be accountable as the lead professional for the midwifery care and support of women and newborn infants throughout the whole continuum of care.

1.6 Demonstrate an understanding of and the ability to challenge discriminatory behaviour to promote equity and inclusion for all.

1.7 Consistently provide and promote non-discriminatory, respectful, compassionate, and sensitive care, taking account of any need for adjustments.

1.8 Use effective, authentic, meaningful communication skills and strategies at all times and in all situations with women, newborn infants, partners, and families, and with colleagues.

1.9 Develop, enable, manage and maintain trusting, respectful, kind, and compassionate person-centred relationships with women, their partners and families, and with colleagues.

1.10 Demonstrate the ability to always work in partnership with women, basing care on individual women's needs, views, and preferences and working to strengthen women's own capabilities to care for themselves and their newborn infant.

1.11 Act in the best interests of women and newborn infants at all times by demonstrating the skills of advocacy and leadership, collaborating with and challenging colleagues as necessary, and knowing when and how to escalate concerns.

1.12 Demonstrate the ability to advocate for women and newborn infants who are made vulnerable as a result of factors including social exclusion, poverty, mental health, disability, or clinical circumstances.

1.13 Explain the rationale that influences their own judgements and decisions, recognising and addressing any personal and external factors that may unduly influence their own decision-making in routine, complex, and challenging situations.

1.14 Understand and apply the principles of courage, integrity, transparency, and the professional duty of candour, recognising and reporting any situations, behaviours, or errors that could result in poor care, poor attitudes and behaviour, ineffective team working, or adverse outcomes.

1.15 Demonstrate the ability to seek informed consent to all interventions and procedures from women before they are implemented, both for herself and her newborn infant.

1.16 Demonstrate the skills of numeracy, literacy, digital, media, and technological literacy needed to ensure safe and effective midwifery practice.

1.17 Understand the importance of effective record keeping, and maintain consistent, complete, clear, accurate and timely records to ensure an account of all care given is available for review by the woman, her partner and family and by all professionals involved in care.

1.18 Act as an ambassador and uphold the reputation of the profession, to promote public confidence in midwifery and health and care services.

1.19 Understand the professional responsibility to adopt a healthy lifestyle to maintain the level of personal fitness and wellbeing required to meet the needs of women, newborn infants and families for mental and physical care.

1.20 Take responsibility for continuous self-reflection, seeking and responding to support and feedback from women, families, and colleagues to review, consolidate, and develop their professional knowledge, understanding, and skills.

1.21 At the point of registration, the midwife will be able to safely demonstrate evidence-based best practice in all skills and procedures listed below:

Skills: Domain 1: Being an accountable and autonomous midwife

1.21.1 Share and apply research findings to inform practice, to include:

- find and access current best evidence relevant to health, care and policy
- critically analyse the strengths and limitations of quantitative and qualitative studies critically analyse quantitative and qualitative data

- apply knowledge of research ethics, considering inclusion and equity.

1.21.2 Implement evidence based policy and guidance in practice, including local and national policies and guidance.

1.21.3 Use strategies to work within the International Code of Marketing of Breastmilk Substitutes and subsequent resolutions, and in their own sphere of practice.

1.21.4 Keep effective records:

- write accurate, clear, legible records and documentation
- confidently and clearly present and share verbal and written reports with individuals and groups
- analyse, clearly record and share digital information and data
- provide clear verbal, digital or written information and instructions when delegating, collaborating, or handing over responsibility for care.

1.21.5 Reflect on own thoughts and feelings around positive and negative feedback, and incorporate relevant changes into practice and behaviour.

1.21.6 Reflect on and debate topics that are seen to be challenging or contentious such as women's role in decision-making, the midwife's duty of care, public health, and infant feeding.

Skills: Domain 1: Communication, sharing information, relationship building, and advocacy skills

1.21.7 Consistently use skills of communication and relationship building with women, partners, families, and colleagues. These include:

- use clear language and appropriate written materials when communicating with women, partners and families, and with colleagues
- actively listen, recognise and respond to verbal and non-verbal cues, in order to optimise the understanding of women's needs, views, preferences and circumstances, and how these may change over time
- use prompts and positive verbal and non-verbal reinforcement and appropriate non-verbal communication techniques including touch, eye contact, and respecting personal space
- make appropriate use of open and closed questioning using respectful, caring, kind, language

- check understanding and use clarification techniques
- avoid discriminatory behavior and identify signs of unconscious bias in self and others
- use clear language and appropriate written materials, making reasonable adjustments where appropriate, optimising women's, and their partners' and families', understanding of their own and their newborn infant's health and well-being
    - recognise the need for, and facilitate access to, translator services and material.
    - recognise and accommodate sensory impairments during all communications
    - support and manage the use of personal communication aids
    - identify the need for alternative communication techniques, and access services to support these
- continue to use effective communication techniques with women, partners and families and with colleagues in challenging and emergency situations, maintaining respect and sensitivity.

1.21.8 Build and maintain trusting, kind, and respectful relationships when working with women, partners and families

1.21.9 Follow up on any requests for information, meet any commitments made, and respect confidentiality.

1.21.10 Support women, and their partners and families, who are feeling emotionally or physically vulnerable or in distress, conveying respect, compassion and sensitivity.

1.21.11 Demonstrate the ability to conduct conversations around birth, infant feeding and mother-infant relationships that are informed by current evidence on public health promotion strategies

1.21.12 Engage in difficult conversations, including conversations about sensitive issues and decisions related to sexuality, pregnancy, childbirth, and the newborn infant, ethical dilemmas including limits of viability, loss and bereavement, and breaking bad news

1.21.13 Engage respectfully, sensitively, and effectively with women and their partners and families who experience loss and bereavement.

1.21.14 Seek help, consult with and refer to other health and social care professionals both in routine and emergency situations.

1.21.15 Explore attitudes to childbirth, breastfeeding, and parenting, and take into account differing cultural traditions, beliefs and professional ethics when communicating with women.

1.21.16 Challenge colleagues in situations where colleagues may hold differing views about options for care, demonstrating skills of effective confrontation, de-escalation, remaining calm, considering and taking account of the view and decisions made by others.

1.21.17 Escalate concerns, in situations related to the health and well-being of the woman or newborn infant, or of the behaviour or vulnerability of colleagues.

Domain 2: The midwife's ability to provide and promote continuity of care and carer

Outcomes

2 At the point of registration, the midwife will be able to:

2.1 Demonstrate knowledge and understanding of the health and social care system and of different settings for midwifery and maternity care, and the impact of these on women, newborn infants, their partners and families.

2.2 Demonstrate knowledge and understanding of different ways of organising midwifery and maternity care, and the potential positive and negative impact of these on women, newborn infants, their partners and families, including:

- continuity of care and carer
- relational care
- family-centred care
- fragmented care
- intervention-focused care

2.3 Demonstrate knowledge and understanding of the range of social and cultural factors affecting women, newborn infants, and families and the provision of midwifery and maternal and newborn care and the health services, and the impact these may have on individuals and the health system, including:

- health and social inequalities and their determinants
- historical and social developments and trends
- cultural and media influences on public and professional understanding
- the knowledge, attitudes, and beliefs of different health and social care professions

2.4 Demonstrate the skills to work in and across a range of health and social care settings and with other health and social care staff, and to promote continuity of care and carer.

2.5 Demonstrate the ability to provide continuity of midwifery carer across the whole continuum for women and newborn infants with and without complications and further care needs.

2.6 Demonstrate the ability to ensure that the needs of women and newborn infants are considered together as a priority in all settings, even when women and infants have to be cared for separately.

2.7 Demonstrate knowledge and understanding of ways of identifying and reaching out to women who may find it difficult to access services, and of adapting care provision to meet their needs.

2.8 Demonstrate and apply knowledge and understanding of the community to inform, support, and assist in meeting the needs and preferences of women and newborn infants, their partners and families.

2.9 Work with other professionals, agencies, and communities to share understanding of the needs of women, newborn infants, partners and families when considering factors that promote and protect health and well-being, including transport, housing, welfare, access to food, and services for very young children and families.

2.10 Work with other professionals, agencies, and communities to promote, support and protect breastfeeding and to support women in their decision to breastfeed, including protection for women who breastfeed in public.

2.11 Demonstrate the ability to be the coordinator of care within the wider multi-disciplinary and multi-agency teams, arranging a seamless transfer of care when midwifery care is complete.

2.12 Demonstrate an understanding of the need for an ongoing focus on the promotion of public health and wellbeing of women and newborn infants, their partners and families across all settings.

2.13 At the point of registration, the midwife will be able to safely demonstrate evidence-based best practice in all skills and procedures listed below:

Skills: Domain 2: The midwife's ability to provide and promote continuity of care and carer

2.13.1 Provide continuity of carer throughout the continuum and across diverse settings including home, community, hospital, and social care settings, for women and newborn infants with and without complications and additional care needs.

2.13.2 Identify, contact, and communicate effectively with colleagues from their own and other health and care settings, and voluntary and third sector agencies as needed.

2.13.3 Discuss with women, and their partners and families as appropriate, information on options for the place of birth; support the woman in her decision, and regularly review this with the woman and with colleagues.

2.13.4 Consistently plan, implement, and evaluate care that considers the needs of women and newborn infants together.

2.13.5 Identify local resources relevant to the needs of women and newborn infants, including parenting support, breastfeeding services, and help

for women experiencing problems including mental illness, substance use, welfare, housing, and intimate partner violence.

- support and enable women to access these as needed
- and where such services do not exist, work with communities and agencies to promote their establishment.

2.13.6 Work effectively with multi-disciplinary and multi-agency colleagues, including demonstrating negotiation strategies and appropriate approaches to advocacy for all aspects of the care of the woman and newborn infant.

2.13.7 Arrange for the effective transfer of care when midwifery care is complete, considering the needs of women, newborn infants, partners, and families.

2.13.8 Arrange for safe, timely transfer of care to a different care setting for the woman and newborn infant as needed, including in emergencies.

2.13.9 Take responsibility for ensuring all multi-disciplinary and multi-agency colleagues are informed and updated about changes in care needs and care planning, verbally and in writing.

Domain 3: Universal care for all women, newborn infants and families

A. The midwife's role in public health and health promotion: informing, educating, and supporting women, and their partners and families

Outcomes

3 At the point of registration, the midwife will be able to:

3.1 Demonstrate knowledge and understanding of the social and cultural context of the woman's lived experiences in her everyday life, and how she can access public health, social care and community resources.

3.2 Understand epidemiological principles and critically appraise and interpret current evidence and data on public health strategies, health promotion, and safeguarding, and use this evidence to inform conversations with women, their partners and families, and colleagues; as appropriate to their needs and preferences and the local context.

3.3 Demonstrate the ability to provide information and access to resources and services on public health and health promotion related to women's health and well-being, pregnancy, birth, postpartum, infant feeding and very early child development, to enable women to make evidence-informed decisions.

3.4 Demonstrate the ability to provide information and access to resources and services for women and families in regard to intimate partner violence, current and historical abuse, and safeguarding.

3.5 Understand and demonstrate how to support and provide parent education and preparation for parenthood, both for individuals and groups.

3.6 Promote and support parent and newborn mental health and well-being, positive attachment; and the transition to parenthood.

3.7 Demonstrate effective health protection through understanding and applying the principles of infection prevention and control, communicable disease surveillance, and antimicrobial resistance and stewardship.

B. The midwife's role in assessment, screening, and care planning

Outcomes

At the point of registration, the midwife will be able to:

3.8 Demonstrate knowledge and understanding of anatomy, physiology, genetics, and genomics of adolescent girls and women and of the reproductive system for adolescent boys and men.

3.9 Demonstrate knowledge and understanding of normal changes to anatomy, physiology, and epigenetics of the adolescent girl/woman during:

- pregnancy,
- labour,
- birth, and
- postpartum

3.10 Demonstrate knowledge and understanding of anatomy, physiology, and epigenetics of:

- fetal development
- adaptation to life
- the newborn infant
- very early child development

3.11 Demonstrate knowledge and understanding of anatomy, physiology, and epigenetics of:

- human milk and breastfeeding
- human milk substitutes and bottle feeding
- the implications of infant feeding for maternal and child health and for very early child development

3.12 Demonstrate knowledge and understanding of mental, emotional, behavioural, and cognitive factors for:

- adolescents and adults
- newborn infants

3.13 Demonstrate knowledge and understanding of changes to mental, emotional, behavioural, and cognitive factors during:

- pregnancy, labour, birth, postpartum
- breastfeeding and relationship building
- the transition to parenthood and positive family attachment

3.14 Demonstrate knowledge of pharmacology and the ability to recognise the positive and adverse effects of medicines; to include allergies, drug sensitivities, side effects, contraindications, incompatibilities, adverse reactions, prescribing errors and the impact of polypharmacy and over the counter medication usage.

3.15 Understand and apply the principles of safe and effective administration and optimisation of prescription and non-prescription medicines, and midwives exemptions with particular reference to their use for women in pregnancy, labour and birth, postpartum, and while breastfeeding, and for newborn

infants; demonstrating the ability to progress to a prescribing qualification following registration.

3.16 Demonstrate knowledge and understanding of current screening and diagnostic tests for women and newborn infants, and associated ethical dilemmas.

3.17 Demonstrate knowledge and understanding of the importance of optimising physiological processes, supporting safe psychological, social and cultural situations, and working to promote positive outcomes and to anticipate and prevent complications.

3.18 Demonstrate knowledge and understanding that women's circumstances vary widely, related to mental, cognitive, social, gender identity, physical and other factors; and that women themselves will be the best judge of their strengths and abilities and of any additional care and support they may need.

3.19 Use evidence-based, best practice approaches to plan and carry out ongoing integrated assessment and individualised care planning in partnership with the woman, including reassessment, evaluation, adaptation, and re-planning; based on sound knowledge and understanding of normal processes and recognition of deviations from these:

- for the woman and fetus in pregnancy
- for the woman and fetus in labour
- for the woman and newborn infant at birth and immediately following birth
- for the woman postnatally including family planning
- for the newborn infant in the early days and weeks until transfer of care
- for the woman and the newborn infant in regard to infant feeding, including
    - breastfeeding
    - breastmilk feeding using expressed breastmilk or donor human milk
    - bottle feeding of human milk substitutes and lactation suppression for the woman

C. The midwife's role in optimising physiological processes, supporting safe psychological, social and cultural situations, and working to promote positive outcomes and to prevent complications

Outcomes

At the point of registration, the midwife will be able to:

3.20 Identify how factors in the care environment can impact on the development of prevalent complications for the woman and the newborn infant; including a lack of information, lack of respect and compassion, the use of interventions shown by evidence to be unnecessary or potentially harmful, and the separation of mother and newborn infant.

3.21 Use evidence-based, best practice approaches to provide care that optimises normal processes, manages common symptoms/problems, and anticipates and prevents complications; drawing on the findings of assessment, screening and care planning, and working in partnership with the woman:

- for the woman and fetus in pregnancy
- for the woman and fetus during labour
- for the woman and newborn infant at birth and immediately following birth
- for the woman postnatally including family planning and reproductive health
- for the newborn infant in the early days and weeks until transfer of care
- for the woman and the newborn infant in regard to infant feeding, including
    - breastfeeding
    - breastmilk feeding using expressed breastmilk or donor human milk
    - bottle feeding of human milk substitutes and lactation suppression for the woman

3.22 Understand and demonstrate the combination of interpersonal and cultural competence to provide culturally sensitive and individualised care for all women, and their partners and families as appropriate.

3.23 At the point of registration, the midwife will be able to safely demonstrate evidence-based best practice in all skills and procedures listed below:

Skills: Domain 3: Universal care for all women, newborn infants and families

A. The midwife's role in public health and health promotion: informing, educating, and supporting women, and their partners and families

3.23.1 Access oral, written and digital information from sources including national and local data and published evidence to inform conversations with women, partners, and families.

3.23.2 Conduct person-centred conversations with women, their partners and families, and colleagues on public health promotion strategies, health promotion, and safeguarding; offer appropriate information and interventions, and support access to public health services, that may include:

- pre-conception care
- smoking cessation
- alcohol and substance use
- weight management
- exercise
- infectious diseases
- sexual and reproductive health including sexually transmitted diseases
- women's health across the life course
- contraception, unintended pregnancy, and abortion
- immunisation
- food and nutrition
- food safety
- breastfeeding and the use of human milk substitutes
- perinatal mental health
- parent-infant relationships and the transition to parenthood
- violence and abuse
- safeguarding
- factors relating to poverty and social and health inequalities including housing, heating, access to services

3.23.3 Share information in relation to the importance of birth on public health and well-being, and its effect on the life course and on long-term outcomes.

3.23.4 Share information in relation to options for labour and birth that is evidence-informed, clear, and meaningful in partnership with the women, her partner and family.

3.23.5 Share information on the importance of human milk and breastfeeding on public health and well-being, and on long-term outcomes, which are clear, accurate and meaningful with the women, her partner and family.

3.23.6 Explore with women information which may have an impact on breastfeeding such as bed-sharing

3.23.7 Share information on the importance of family attachment and the first 1000 days of the child's life on public health and well-being, and on long-term outcomes.

3.23.8 Apply the principles of adult learning to providing parent education and preparation for parenthood that is tailored to the needs, views, and preferences of individuals and groups.

3.23.9 Use skills of infection prevention and control, following local and national protocols.

3.23.10 Engage women, partners, and families in understanding and applying principles of infection control in regard to care of the newborn infant including cleaning and sterilising infant feeding equipment

3.23.11 Engage women, partners, and families in understanding and applying the principles of antimicrobial stewardship.

3.23.12 Recognise and respond to adverse or abnormal reactions to medications for women at each stage of the continuum, including effects on the fetus and the newborn infant.

B. The midwife's role in assessment, screening, and care planning

3.23.13 Share information in relation to evidence-based screening and diagnostic tests that is clear, accurate and meaningful, in partnership with the women, her partner and family.

3.23.14 Conduct initial and continued assessments of women and newborn infants receiving care, and the woman's ability to self-administer her own medications as appropriate

3.23.15 Skills include:

- Undertake accurate drug calculations for a range of medications

- Administer injections using intramuscular and subcutaneous routes, and manage injection equipment; for women and newborn infants
- Demonstrate the safe preparation of drugs for intravenous administration, under supervision
- Administer medicines via a range of routes.

3.23.16 Observe, recognise, accurately assess and interpret findings, including understanding of normal processes and recognition of deviations from these, on all relevant aspects of health and well-being for the woman in pregnancy and the fetus.

- Confirmation of pregnancy, including common signs and symptoms and tests
- Initial history taking and ongoing updating, to include:
    - age
    - family circumstances
    - social circumstances including housing and financial concerns
    - employment
    - mental health and well-being
    - physical health and well-being
    - sexual and reproductive health including contraceptive use and unintended pregnancy
    - previous pregnancies, births, and outcomes of these including previous perinatal loss
    - medical and surgical history including female genital mutilation
    - menstrual cycle and calculation of expected date of birth
    - family history, including disease and occurrence of multiple births
- Holistic antenatal examination of the woman's physical and psychological health and well-being and wellbeing of the fetus, to include:
    - the woman's own report of her health and well-being, and her questions and concerns

- maternal vital signs, assessed manually and using technological devices as appropriate
- mental health and well-being, including signs of anxiety and depression, low mood and mood swings, exhaustion, psychological mental health disorders
- physical and emotional safety, including need for safeguarding
- recognition of signs of all forms of abuse
- identification of issues of social, and lifestyle factors, including poverty, diet, exercise, alcohol consumption, smoking, and substance use
- woman's report of common symptoms/problems of pregnancy, including nausea and vomiting, varicose veins, sleep disturbance, urinary frequency, constipation, discomfort, and breast tenderness
- assessment of bladder and urinary function and patterns
- assessment of bowel function and patterns
- abdominal examination to include inspection, palpation to assess fetal growth, lie, and presentation
- assessment of fetal growth
- monitoring of fetal heart, using auscultation and technological devices as appropriate
- examination of lower limbs for pitting oedema, varicosities and evidence of deep venous thrombosis
- identification of oedema in other areas such as fingers and face
- conduct urinalysis at each antenatal examination, including midstream specimen of urine for bacteriological examination
- venepuncture and blood sampling, interpreting normal and common abnormal blood profiles
- accurately measure weight and height, calculate Body Mass Index and recognise healthy ranges and clinically significant low/high readings

- discuss and provide information on needs, views, and preferences on aspects of pregnancy, labour, birth, postpartum,

and care of the newborn infant, including wish to attend parenting classes, and on topics including breastfeeding, alternative feeding methods, preparation for birth, preparation for parenting, physical and emotional health and well-being

3.23.17 Observe, recognise, accurately assess and interpret findings, including understanding of normal processes and recognition of deviations from these, on all aspects of health and well-being for the woman and fetus in labour, at and immediately after birth. This includes:

- The woman's own report of her health and well-being, and any questions and concerns
- Assessment of the environment to maximise the emotional and physical safety of the woman; including potential for interruptions, the social, cultural, and spiritual appropriateness of the surroundings, and the ability to request additional help if needed.
- Recognition of spontaneous rupture of membranes and assessment of loss from the vagina
- Assessment of onset of labour by signs and symptoms including:
    - the presence of a show
    - the woman's report of backache
    - rhythmic and regular uterine contractions increasing in length, strength and frequency
- Assessment of progress of labour by:
    - abdominal examination to include inspection, palpation to assess fetal growth, lie, and presentation
    - assessment of uterine contractions, noting the pattern, strength, frequency and duration
    - changes in the woman's behaviour, including her report of pain, restlessness, mobility, position
    - assessment of descent of presenting part by abdominal palpation
    - visualisation of physical signs including Rhomboid of Michaelis and identification of purple line
    - vaginal examination to assess cervical dilatation, effacement, presentation and descent

- Assessment of maternal and fetal health and well-being in 1st, 2nd and 3rd stages of labour by assessing, recording, and interpreting:
    - maternal vital signs to include temperature, pulse, blood pressure and respirations, both with and without technological devices; recognizing when the use of each is appropriate
    - the woman's psychological responses to labour including excitement, joy, anxiety, apprehension, fear
    - fetal heart by auscultation and by technological devices where appropriate, and interpretation of fetal heart rate and pattern
    - thirst and hunger by the woman's report and by recording food and fluid intake
    - fluid balance by woman's report and by measurement and recording of urinary output, accurate recording of intravenous fluids if administered, signs of dehydration
    - urinalysis testing for glucose, ketones and protein
    - loss from the vagina: amniotic fluid colour and amount, identification of meconium, blood loss
    - need for assistance with mobility
    - need for assistance with toileting , and bladder and bowel function
    - nausea and vomiting
    - the woman's experience of pain, her response to pain, and her need for pain management, using evidence-based techniques including:
        - non-pharmacological methods including touch, relaxation, mobility, hydrotherapy
        - pharmacological methods including opiate drugs, inhalation analgesia (entonox), and regional (epidural) anaesthesia
    - need for episiotomy during the second stage of labour
    - need to minimise the risk of severe trauma to the vagina and perineum
    - need to expedite birth when fetal distress occurs in 2nd stage of labour

- position of the umbilical cord during birth; for cord prolapse, cord round neck, short cord
- the woman's physical and emotional response to birth, and any need for assistance
- perineal/vaginal/labial/cervical/anal trauma and need for suturing
- progress of the third stage of labour, including expulsion of all placental products and associated blood loss
- cord pulse prior to separation from the mother
- completeness and healthiness of the placenta and membranes, and any abnormalities, including calcification and recent and long term infarcts
- the woman's immediate response to the newborn infant including touch, skin-to-skin contact, emotional expression and engagement

3.23.18 Observe, recognise, accurately assess and interpret findings, including understanding of normal processes and recognition of deviations from these, on all relevant aspects of health and well-being for the newborn infant.

- Immediate assessment of the infant at birth and within the first hour after birth, including:
  - initial adaptation to life including respiratory and cardiovascular function, heart rate, colour, neurological tone, and response to stimuli
  - thermal adaptation; assessing potential for heat loss by evaporation, conduction and radiation
  - need for neonatal resuscitation where respiration is not established
  - initiation and sustainability of uninterrupted skin-to-skin contact
  - ability to attach, suck, swallow at first breastfeed, or suck and swallow at first bottle feed, and respond to mother's cues for food, love and comfort
- Ongoing assessment of the health and well-being of the newborn infant, including:
  - the woman's own views of the health and well-being of her newborn infant, and any questions and concerns

- development of the mother/newborn infant relationship
- parental attachment and confidence in handling and caring for the newborn infant, including skin-to-skin contact
- responsive feeding
- physical and emotional safety including need for safeguarding
- systematic physical examination to include:
    - vital signs: temperature, respirations, and heart rate, both with and without technological devices, as appropriate
    - head: head circumference, palpation of anterior fontanelle for size and tension, palpation of suture lines and identification of cranial moulding, detection of caput succedaneum and cephalhaematoma
    - eyes: signs of infection, to include redness, swelling, or discharge
    - mouth: for cleft lip and/or palate, signs of tongue tie, thrush
    - heart: for congenital anomalies
    - ears: for signs of ability to respond to sound
    - skin: colour, signs of jaundice, excoriation of skin folds, rashes or sceptic spots
    - abdomen: shape and consistency
    - limb movement: all four limbs moving without obvious discomfort
    - hips: for congenital dislocation
    - spine: inspection and palpitation of vertebrae, identification of skin breakages
    - central nervous system: tone, reflexes, behaviour, movements, and posture
    - umbilical cord: extent of healing and separation, signs of infection

- genitalia: completeness and patency, descent of testes in males
- fingers and toes: number, blood perfusion, signs of infection in nail beds
- weight at birth, ongoing growth and development
- stools: frequency, colour and consistency, considering type of feeding and age of newborn infant
- urine: frequency, amount, odour, and colour
- crying: frequency, pitch, response to comfort measures; and response of parents and family

o screening and diagnostic tests include:

- blood spot tests
- reflexes

3.23.19 Observe, recognise, accurately assess and interpret findings, including understanding of normal processes and recognition of deviations from these, on all relevant aspects of health and well-being for the woman postnatally, including:

- the woman's own report of her health and well-being, including questions and concerns
- mental health and well-being: including anxiety and depression, mood, energy levels, appetite, sleeping pattern, ability to cope with daily living and care of the newborn infant, family relationships
- physical and emotional safety, including need for safeguarding
- reciprocity; irrespective of their feeding method, understands the principles of reciprocity to support women to keep their newborn infant close and be responsive to their newborn infant's cues for feeding and comfort
- parental-infant attachment including confidence in handling, touch, interaction, responsiveness to the newborn infant
- vital signs: pulse, temperature, blood pressure, respirations, with and without technological devices; recognising when the use of each is appropriate

- pain and need for pain management, including backache, perineal/vaginal/labial/cervical/anal damage and suturing, painful uterine involution, breast engorgement, painful legs, infection
- loss from vagina, including amount, colour, consistency including clots, odour
- healing of perineal/vaginal/labial/cervical/anal damage and suturing, including presence of bruising, oedema, signs of infection, need for pain management
- uterine involution, including the height and location of the fundus, consistency, degree of tenderness on palpation
- bladder and bowel function, including constipation and any occurrence of involuntary leakage/incontinence/retention
- signs of thrombosis including examination of the lower legs for oedema, swelling, pain
- food, nutrition and fluid intake, signs of dehydration, dietary adequacy
- mobility, including physical ability to carry and care for the newborn infant
- need for and access to community facilities and resources, including shops and health centres, and community support for parenting, breastfeeding, mental health, and safeguarding

3.23.20 Observe, recognise, accurately assess and interpret findings, including understanding of normal process and recognition of deviations from these, on all relevant aspects of infant feeding, for both the woman and the newborn infant. This will include:

- breastfeeding
- mothers own expressed breast milk or donor human milk
- human milk substitutes (formula)

- for all women:
  - women's own report of feeding, including questions and concerns
- for women and newborn infants who are breastfeeding:
  - woman's assessment of and confidence with breastfeeding

- attachment, positioning, coordination and effectiveness of sucking/swallowing
- breasts: tenderness, pain, engorgement, need for pain management
- nipples: colour, shape, tenderness, pain, damage, bleeding
- responsive feeding
- ongoing skin-to-skin contact
- effective milk transfer and milk production
- hand expression: storage, transport and infection control
- newborn infant's weight, growth, development and assessment using appropriate growth charts
- need and preference for support, information, community resources: national and local, telephone helplines, groups, peers, online
- ongoing infant feeding assessments in partnership with the woman
- referral processes when problems occur

- for parents and newborn infants who are bottle feeding, partially or exclusively:
  - parent's assessment of and confidence with using human milk substitutes (formula)
  - responsive bottle feeding: holding newborn infant close, looking into their eyes, pacing the feeds, limiting the number of care givers
  - parent's use of appropriate formula and equipment, cleaning and sterilising of equipment, reconstitution of formula
  - effectiveness of sucking/swallowing
  - woman's breasts: tenderness, pain, engorgement, need for pain management
  - frequency and effectiveness of feeds
  - newborn infant's weight, growth, development

- need and preference for support, information, community resources

3.23.21 Effectively develop, assess, implement, review, and adapt an individualised evidence-informed care plan in partnership with the woman, taking into account the mental, physical, emotional, psychological, social, cultural, and spiritual factors affecting the woman, her newborn infant, and her partner and family as appropriate, and changes to these factors over time.

C. The midwife's role in optimising physiological processes, supporting safe psychological, social and cultural situations, and working to promote positive outcomes and to prevent complications

3.23.22 Provide care in pregnancy that optimises normal processes, manages common symptoms/problems, and anticipates and prevents complications. Skills include:

- Arrange regular contacts for assessment, care, planning, and review as needed by the individual woman
- Promote the woman's confidence in her own body, her health and well-being; and in her own ability to be pregnant, give birth, build a relationship, and nurture and feed her newborn infant, recognising the diversity of physical, psychological, social, cultural, and spiritual circumstances
- Provide information and support on all aspects assessed including potential risks (as listed in assessment section) to enable evidence-informed decision-making by the woman, and her partner and family as appropriate; including enabling access to community facilities and resources
- Collaboration with health and care colleagues when deviations from normal processes occur that require consultation or multi-disciplinary and /or multi-agency working

3.23.23 Provide care in labour and at birth that optimises normal processes, manages common symptoms/problems, and anticipates and prevents complications. Skills include:

- Optimise the environment to maximise the emotional and physical safety of the woman; including keeping the room warm, minimising the potential for interruptions, ensuring the social, cultural, and spiritual appropriateness of the surroundings, providing a welcoming environment for the partner/companion/family as per the woman's wishes, ensuring the ability to request additional help if needed
- Provide psychological and emotional support and positive feedback in labour, at birth, and immediately following birth; and encourage support for the woman from her partner/companion

- Provide information and support on all aspects assessed (as listed in assessment section) to enable informed decision-making by the woman, and her partner/companion and family as appropriate
- Provide continuous one-to-one care for the woman in labour, and the newborn infant at birth
- Encourage mobility and working with the woman to identify optimal positions in labour and for birth
- Provide comfort measures and pain management appropriate to the stage of labour and the woman's needs and preferences, including touch, massage, rest, relaxation, mobility, hydrotherapy, inhalation analgesia, and opiate drugs
- Encourage food and fluid intake including isotonic drinks as appropriate
- Provide assistance with toileting and bladder and bowel care
- Prepare all necessary equipment
- Advise the woman on second stage of labour, promoting the effectiveness of contractions by appropriate positions, and discouraging active pushing before the presenting part is visible when possible
- Guide and support the woman as she gives birth, either encouraging her to follow her own inclination or offering guidance on breathing, pushing/refraining from pushing as appropriate
- Support the woman and the infant through the expulsion of the infant from the birth canal using evidence-informed approaches and responding to women's own preferences
- Undertake an episiotomy if indicated, including timely administration of local anaesthesia
- Manage the occurrence of short umbilical cord or umbilical cord round the infant's neck at birth
- Encourage and enable immediate and uninterrupted skin-to-skin contact and positive time for the mother, partner and family to be with the newborn infant and with each other
- Accurately record the time of birth
- Prevent heat loss by ensuring the infant is kept in skin-to-skin contact, and covered with warm towels as needed; if not in skin-to-skin contact, that the infant is dry and wrapped in warm towels and wearing a hat

- Conduct physiological third stage management as appropriate
- Conduct active third stage management as appropriate, including safe administration of oxytocic drugs
- Clamp and cut the umbilical cord after the cord has stopped pulsating (delayed cord clamping)
- Enable women to breastfeed as soon after birth as possible, ideally within the first hour after birth
- Examine woman's perineum/labia/vagina/anus for lacerations
- Suture an episiotomy, and 1st and 2nd degree tears of perineum, labia and vagina as necessary
- Provide help for the woman as needed with washing, showering, going to the toilet
- Provide opportunity for food and fluid intake, according to the mother's preferences
- Keep mother and newborn infant together as much as possible while conducting initial examination of the newborn infant, providing full explanation to the parents
- Encourage all opportunities for family interaction and parent-infant attachment

3.23.24 Provide care for the newborn infant that optimises normal processes, manages common symptoms/problems, and anticipates and prevents complications. Skills include:

- Provide evidence-informed information and support on all aspects of the health and well-being of the newborn infants as assessed (as listed in assessment section) to enable informed decision-making by the woman, and her partner and family as appropriate
- Support and enable all infants to have skin-to-skin contact at birth and beyond.
- Involving the parents as much as possible, conduct initial examination (as listed in the assessment section).

3.23.25 Provide care for the woman postnatally that optimises normal processes, manages common symptoms/problems, and anticipates and prevents complications. Skills include:

- Arrange regular contact and additional opportunities as needed, to provide postnatal care that meets the needs, views and preferences of women, and partners and families

- Listening and responding to the woman's own report of her health and well-being, and any questions and concerns

- Provide information, support, and care on all aspects of her own health and well-being as assessed, including mental health (as listed in assessment section); to enable informed decision-making by the woman, and her partner and family as appropriate

- Provide opportunities for the woman, and partner as appropriate, to discuss the birth and any questions they may have

- Support women to keep their newborn infant close and be responsive to their newborn infant's cues for feeding and comfort irrespective of their feeding method

- Promote, support and encourage close and loving relationships between women, their partners, families and the newborn infant, understanding the impact this has on their health and emotional well-being.

3.23.26 Provide care in regard to infant feeding that optimises normal processes, manages common symptoms/problems, and anticipates and prevents complications. Skills include:

- For all women:

    - Listens to women about their views, questions, and concerns

    - Works in partnership with women and others to ensure the infant feeding needs of the infant are met and to enhance maternal confidence.

    - Uses skills of observation, active listening and on-going critical appraisal in order to analyse the effectiveness of feeding practices

    - Understands how to complete an infant feeding assessment with the woman, maintaining accurate records including plans of care and any problems encountered or referrals made.

    - Converses with all women and their partners on caring for their newborn infant at night and how to minimise the risks of sudden infant death syndrome.

    - Ensures seamless handover to health visiting, GP, and other services when midwifery care is complete

- For women who are breastfeeding:

- explores with women the potential impact of delivery room practices, such as the effect of different methods of pain management and the importance of skin-to-skin contact, on the wellbeing of their newborn infant and themselves, and on the establishment of breastfeeding
- applies in-depth knowledge of the anatomy of the breast and physiology of lactation to enable them to support mothers to get breastfeeding off to a good start, including;
  - positioning
  - attachment
  - early, frequent, effective feeding
  - milk production
  - milk transfer
  - responsive feeding
  - mothering behaviour, wellbeing and protection
- participates in teaching women how to hand express their breast milk and how to store, freeze and warm it with consideration to aspects of infection control
- shares information with women and families about national and local information and networks that are available to support women in the continuation of breastfeeding in the community for example; health visitors, peer support, support groups, telephone helplines, online information etc.

- For parents who bottle feed, partially or exclusively:
  - support women and babies to continue to breastfeed in combination with human milk substitutes for as long as they wish, maximising human milk use/breastfeeding where possible and bottle feeding expressed breastmilk/donor human milk
  - encourage responsive bottle feeding: holding newborn infant close, looking into their eyes, pacing the feeds, limiting the number of care givers
  - encourage parent's use of appropriate formula and equipment, cleaning and sterilising of equipment, reconstitution of formula

- offer appropriate pain management for maternal breast tenderness and pain

Domain 4: Additional care for women, newborn infants and families with complications and/or further care needs

This care is in addition to the care already included in Domain 3

A. The midwife's role in first line assessment and management of complications and further care needs

Outcomes

4 At the point of registration, the midwife will be able to:

4.1 Demonstrate knowledge, understanding, and the ability to recognise prevalent pre-existing complications and/or further care needs of the woman, and specifically their impact on:

- sexual and reproductive health
- pregnancy
- labour
- birth
- postpartum

This includes knowledge and understanding of the following essential:

- clinical complications: hypertension, diabetes, asthma, epilepsy, thromboembolic disease, cardiac disease, cancers, disability, female genital mutilation, infectious disease including HIV, renal disease
- further care needs: raised BMI, complex social/family circumstances

4.2 Demonstrate knowledge, understanding, and the ability to recognise prevalent complications and/or further care needs of the woman, related to:

- sexual and reproductive health
- pregnancy
- labour
- birth
- postpartum

This includes knowledge and understanding of the following essential:

- clinical complications: primary and secondary infertility, sexually transmitted infections, hyperemesis, anaemia, blood disorders including sickle cell disease and haemophilia, haemorrhage, infection, rhesus iso-immunisation, pre-eclampsia and eclampsia, HELLP syndrome, thrombosis, cholestasis, pregnancy past 41 weeks' gestation, pre-term labour and birth, malpresentation of the fetus in labour and at birth including breech birth, placenta praevia, prolonged labour, amniotic fluid embolus, shoulder dystocia, problems with the cord including cord round the neck, short cord, and cord prolapse, ruptured uterus, uterine inversion, retained placenta and placental products, injury of the cervix/vagina/vulva/perineum/anus, urinary and faecal incontinence, pain, infection or dehiscence of caesarean section or perineal wound, shock/collapse/anaphylaxis, sepsis, cardiac arrest, maternal death

- further care needs: multiple pregnancy and birth, previous or current perinatal loss, complex social/family circumstances, women and families who are undergoing surrogacy or adoption processes

4.3 Demonstrate knowledge, understanding, and the ability to recognise prevalent complications and/or further needs including pre-existing conditions, in regard to mental, emotional, behavioural and cognitive factors affecting the woman in regard to:

- pregnancy
- labour and birth
- postpartum
- the transition to parenthood and positive family attachment

This includes knowledge and understanding of the following essential:

- complications: stress, depression, postpartum psychosis, substance misuse/withdrawal, sequelae of birth trauma including post-traumatic stress disorder, intimate partner and gender-based violence, bereavement

- further care needs: learning disability, complex social/family circumstances

4.4 Demonstrate knowledge, understanding, and the ability to recognise prevalent complications and/or further needs in regard to:

- fetal development
- adaptation to life
- the newborn infant
- very early child development

This includes knowledge and understanding of the following essential:

- clinical complications: compromised fetus, including growth restriction and prevalent congenital anomalies; pre-term rupture of membranes, pre-term labour and birth and pre-term newborn infant, fetal distress, respiratory and cardiac problems at birth, hypothermia, small for gestational age infant, large for gestational age infant, infections including Group B streptococcus, neonatal abstinence syndrome, prevalent congenital anomalies in the newborn infant, jaundice, fetal and newborn death including stillbirth, sudden infant death (SIDS)

- further care needs: multiple birth, maternal illness or death, complex social/family circumstances that may affect family attachment

4.5 Demonstrate knowledge, understanding, and the ability to recognise prevalent complications and/or further needs, both pre-existing and resulting from pregnancy, labour and birth and postpartum, in regard to:

- breastfeeding

- alternative infant feeding methods

- the implications of feeding for very early child development

This includes knowledge and understanding of the following essential:

- clinical complications: For the mother: painful attachment at breast, painful and damaged nipples, concern about milk supply and milk transfer, engorgement, mastitis, breast abscess, lactation suppression. For the infant: uncoordinated suck/swallow, poor weight gain, vomiting, hypoglycaemia, abnormal urine and stool output, tongue-tie, cleft lip/palate

- further care needs: separation of mother and baby, concern with mother and infant relationship and family attachment, lack of family and community support, previous breastfeeding problems, psychological problems related to breastfeeding; historical or current abuse, maternal illness or death, complex social/family circumstances

4.6 Use evidence-based, best practice approaches to respond promptly to signs of compromise and deterioration in the woman and newborn infant; and make clinical decisions based on need and best practice evidence, and act on those decisions.

4.7 Use evidence-based, best practice approaches to the management of emergency situations.

This includes knowledge and understanding of the following essential:

- clinical complications: For the woman: haemorrhage, eclampsia, cardiac and respiratory arrest, sepsis, shock/collapse/anaphylaxis, severe blood transfusion reaction, mental health crisis, severe fetal distress, cord

prolapse, ruptured uterus, uterine inversion, sepsis, shoulder dystocia. For the newborn infant: cardiac and respiratory arrest, hypothermia, sepsis, severe jaundice, severe hypothermia

- further care needs: emergency safeguarding situations for woman and/or newborn infant

4.8 Use evidence-based, best practice approaches for the first-line management of prevalent complications and/or further care needs of the woman, fetus and/or newborn infant; including support, referral, multidisciplinary and multi-agency team working, and follow-up, and immediate escalation if needed:

- due to pre-existing conditions
- resulting from pregnancy, labour, birth, postpartum
- of breastfeeding, alternative infant feeding methods and very early child development
- in regard to mental, physical, emotional, behavioural, cognitive, and social factors

B. The midwife's role in caring for and supporting women, newborn infants, and families requiring medical, obstetric, neonatal, mental health, social care, and other services

Outcomes

At the point of registration, the midwife will be able to:

4.9 Demonstrate the ability to work in collaboration with the multidisciplinary team and provide the midwifery care needed by women and newborn infants, including follow up, to ensure continuity of care; related to:

- prevalent obstetric, neonatal, anaesthetic, medical, and surgical complications and interventions
- prevalent pre-existing medical and surgical conditions
- mental health needs
- women's traumatic experiences
- compromised newborn infants and their mothers
- multiple births
- perinatal loss

This includes knowledge and understanding of the following essential:

- traumatic experiences: perinatal loss, pre-term birth, traumatic birth, intimate partner violence, historical and current abuse

4.10 Use evidence-based, best practice approaches to keep mothers and newborn infants together whenever possible when providing midwifery care, even when complications and further care needs occur.

4.11 Demonstrate the ability to work in collaboration with the multidisciplinary team to provide respectful, kind, compassionate end of life care for the woman and/or newborn infant, and their partner and family, including end of life care and last offices; including follow up with the family to ensure continuity of care.

4.12 At the point of registration, the midwife will be able to safely demonstrate evidence-based best practice in all skills and procedures listed below:

Skills: Domain 4: Additional care for women, newborn infants and families with complications and/or further care needs

This care is in addition to the care already included in Domain 3

A. The midwife's role in first line assessment and management of complications and further care needs

4.12.1 Communicate complex information regarding a woman's care needs in a clear, concise manner to other health and social care professionals as required, and work collaboratively with the multi-disciplinary and multi-agency team to plan and implement care.

4.12.2 Provide effective and timely communication with women, and their partners and families, who experience complications and further care needs; including support, accurate information and updates on changes; continuing to listen and respond to their concerns, views and preferences.

4.12.3 Support women over the telephone and digital communication formats when contacted for information on complications and further care needs; and know how to refer and where to seek relevant information and support.

4.12.4 Accurately assess and interpret findings (as per skills for Domain 3); skills include:

- identify potential complications resulting from pre-existing prevalent complications and further care needs for:
    - pregnancy, labour and birth, and postpartum
    - mental, emotional, behavioural, cognitive, and social factors

- fetal development, adaption to life, the newborn infant, and very early child development
- breastfeeding challenges

- explore and communicate clearly with women the evidence base underpinning information on complications and further care needs which may have an impact on their own or their infants' health and well-being, the transition to parenthood, and positive family attachment.
- support the woman in planning strategies to prevent or mitigate these, in collaboration with the multi-disciplinary and multi-agency team as needed.

4.12.5 Act upon the need to involve others and to consult promptly and pro-actively with appropriate health and social care professionals when signs of compromise and deterioration or emergencies occur.

4.12.6 Implement first-line emergency management of complications and/or further care needs for women and newborn infants when signs of compromise and deterioration or emergencies occur until other help is available, across all care settings. Skills include:

- optimise mobility and safety, and determine need for support and intervention
- use of evidence-based early warning tools for monitoring deterioration
- prompt call for assistance and escalation if necessary
- accurate communication of concern using recognised tools such as SBAR
- implement emergency measures until help is available, including immediate life support for the woman and the newborn infant
- respond to pain and implement pain management
- respond to and manage nausea and vomiting
- manage severe haemorrhage using measures that include maternal positioning, uterine massage, appropriate use of uterotonic drugs, oxygen therapy
- respond to signs of sepsis with immediate referral and initiation of pathway of care
- intravenous cannulation and administration of IV fluids in line with national and local policies

- calculation, preparation and/or administration of prescribed drugs and/or drugs stated as midwives exemptions medicines
- urinary catheterisation of bladder for women
- consider options for expediting birth of infant including use of different birth positions
- conduct emergency episiotomy
- support birth if fetus is in breech position
- keep accurate and clear records, including emergency scribe sheets
- initiate appropriate tests, including blood, ECG, and pulse oximetry
- arrange transfer to appropriate care setting
- organise safe environment, immediate consultation / referral and appropriate support if mental health need or condition, intimate partner or gender-based violence or substance misuse is identified

B. The midwife's role in caring for and supporting women, newborn infants, and families requiring medical, obstetric, neonatal, mental health, social care, and other services

4.12.7 On consultation with/referral to the multi-disciplinary and multi-agency team, continue to provide midwifery care for the woman, newborn infant, and partner and family as part of this team, to ensure continuity of care

4.12.8 Work in partnership with the woman and in collaboration with the multi-disciplinary and multi-agency team to plan and implement midwifery care for women with complications and/or further care needs, to include:

- organise safe environment, immediate referral and appropriate support if mental health need and /or illness, intimate partner or gender-based violence / substance misuse is identified
- support the woman in her management of diabetes during pregnancy to ensure optimal control
- provide assistance as needed with self-care including washing, bathing, dressing, toileting; maintaining dignity and privacy and managing the use of appropriate aids
- insert, manage and remove oral/nasal/gastric tubes

- record fluid intake and output and identify, respond to and manage dehydration, fluid retention or overload
- manage the administration of IV fluids including blood transfusions
- manage fluid and infusion pumps and devices
- manage oxygen therapy
- carry out fetal monitoring using auscultation and technological mechanisms, including assisting with fetal blood sampling; and accurate interpretation of results
- undertake amniotomy and application of fetal scalp electrode
- undertake cord blood analysis
- provide appropriate care including care at birth for women who have experienced female genital mutilation
- assist with siting and management of epidural analgesia, including after care
- assist with instrumental births (Ventouse and forceps)
- assist with Caesarean section; elective, planned, and emergency
- assist with essential theatre procedures such as manual removal of placenta, evacuation of retained products, perineal suturing of 3rd and 4th degree tears

Additional postnatal care for the woman, to include:

- additional observations during postnatal/post-surgery period
- aseptic principles for wound care, wound dressings and removal of sutures
- postnatal care for women who have had a Ventouse, forceps, or caesarean birth
- postnatal vulval/perineal care and support for women who have had female genital mutilation, including referral to services as appropriate
- support for women with urinary or faecal incontinence, ensuring access to resources and to medical/surgical services if needed
- support for women with diabetes to promote stabilisation, including while breastfeeding

- support for women and families undergoing surrogacy or adoption
- in collaboration with the neonatal staff, support women and their partners who have an infant in the neonatal unit to:
    - stay close to their newborn infant
    - be partners in care
    - have a conversation about the benefits of touch and comfort for their newborn infant
    - optimise skin-to-skin/kangaroo care where possible
    - hand express breastmilk
    - know where to access donor human milk if required
    - maximise the amount of human milk the newborn infant receives
- support women who are separated from their newborn infants as a result of maternal illness and enable open visiting and contact with the infant to maximise the time they can spend together.

Additional care for the newborn infant; support, management, and referral to include:

- asphyxia and post-resuscitation care
- infection
- jaundice
- hypothermia and hypoglycaemia
- safeguarding issues

4.12.9 Work in partnership with the woman, her partner and family as appropriate, and in collaboration with the multi-disciplinary and/or multi-agency team, to plan and implement midwifery care for women and/or partners and families experiencing perinatal loss or maternal death. Skills include:

- demonstrate compassionate, respectful, empathic care to women and/or families experiencing miscarriage, stillbirth, or infant death, including follow up after discharge from hospital; and understand the care needed by partners and families who experience maternal death
- provide respectful, dignified, compassionate end of life care for a woman and for a newborn infant

- arrange provision of pastoral and spiritual care according to the woman's, partner's, and family's wishes and religious/spiritual beliefs and faith

- support and assist with palliative care and last offices as requested by the woman and/or the partner and family

- pro-actively offer opportunities for parents and/or family to spend as much private time as they wish with the dying or dead infant or woman

- support the bereaved woman with lactation suppression and/or donating her breastmilk if wished

- provide clear information and support, including practical aspects of a post mortem and registration of death, and options for funeral arrangements and/or a memorial service

4.12.10 Work in partnership with the woman, her partner and family as appropriate, and in collaboration with the multi-disciplinary and multi-agency team, to plan and implement midwifery care for women and/or partners and families experiencing mental health needs and /or illness and traumatic experiences. Skills include:

- discuss mental health needs and /or illness with women and families, including anxiety, depression, and postpartum psychosis

- support the woman to stay close to her newborn infant to build positive attachment behaviours

- support the woman to responsively feed her newborn infant, recognising the impact of drugs and breastmilk and how best to maximise the use of human milk/breastfeeding

- support women who are receiving treatment for substance misuse

- promote and involve multi-agency and third sector support for women with complex needs

- identify signs of traumatic experiences, whether pre-existing or resulting from pregnancy and birth; and provide support for women and families, referring to appropriate services

4.12.11 Work in partnership with the woman, her partner and family as appropriate, and in collaboration with the multi-disciplinary and/or multi-agency team, to plan and implement midwifery care for women, newborn infants, and partners and families as appropriate, who are having more than one newborn infant. Skills include:

- plan, implement, assess, and reassess care for the woman having more than one newborn infant; in pregnancy, labour, birth, postpartum; and for the newborn infants, recognising that each infant may have different needs and different outcomes

- optimise contact including skin-to-skin care/kangaroo care for the woman and the newborn infants, even if they are separated and cared for in different places

- optimise breastfeeding and breastmilk expression and feeding for the mother of more than one infant, even if the infants are separated and cared for in different places

- support the parents in learning to manage and care for more than one newborn infant

- support the parents when an infant survives while another dies, recognising the psychological challenges of dealing with loss and bereavement and adapting to parenthood at the same time

- enable the parents to identify and access appropriate community resources for parents of multiple newborn infants, including parenting and breastfeeding support

4.12.12 Work in partnership with the woman, her partner and family as appropriate, and in collaboration with the multi-disciplinary and/or multi-agency team, to plan and implement midwifery care for women, newborn infants, and partners and families as appropriate, when problems occur with infant feeding. Skills include:

- identify and carry out ongoing assessments when a newborn infant is not feeding effectively and respond if newborn infant weight gain is insufficient

- refer to appropriate health professionals where deviation from evidence-based infant feeding and growth patterns does not respond to first line management (as described in Domain 3 skills)

Additional care for women who are breastfeeding:

- support women to overcome prevalent breastfeeding challenges including painful, damaged nipples, engorged breasts, mastitis, or breast abscess, including managing problems of positioning and attachment; and refer for appropriate support if necessary

- support the woman to address negative factors such as ineffective technique, restricting the number of breastfeeds, excessive use of comforters, and supplementation with human milk substitutes

- support women to breastfeed in challenging circumstances, and if a newborn infant needs to be supplemented with human milk substitutes (formula), support the woman to continue to provide as much breastmilk/human milk as possible

- demonstrate understanding of the special circumstances which can adversely affect maternal-infant attachment, lactation and breastfeeding and be able to support women to overcome the challenges, in collaboration with staff of the neonatal unit as appropriate.

- support women who are separated from their newborn infants to initiate breast milk expression as early as possible, maximise breast milk use and access donor human milk if required, working in collaboration with neonatal unit staff as needed

- identify tongue-tie and provide support and referral as necessary

- identify dehydration and refer to the neonatal team

- work collaboratively with other practitioners and external agencies, including infant feeding specialists/peer supporters as needed.

Domain 5: Promoting safe and effective care: the midwife as colleague, scholar and leader

A. The midwife working with others to promote safe and effective care: the midwife as a colleague

Outcomes

5 At the point of registration, the midwife will be able to:

5.1 Demonstrate knowledge and understanding of how to work with women, partners, families, advocacy groups, and colleagues to develop effective improvement strategies for quality and safety, sharing feedback and learning from positive outcomes and experiences, mistakes, and adverse outcomes and experiences.

5.2 Demonstrate an understanding of how to identify, report and critically reflect on near misses, critical incidents, major incidents, and serious adverse events.

5.3 Demonstrate knowledge of quality improvement methodologies, and the skills required to actively engage in evidence-informed quality improvement processes to promote quality care for all.

5.4 Understand and apply the principles of human factors, environmental factors, and strength- based approaches when working with colleagues.

5.5 Understand the relationship between safe staffing levels, appropriate skill mix, safety and quality of care, recognising risks to public protection and quality of care, escalating concerns appropriately.

5.6 Demonstrate understanding of why multidisciplinary team working and learning is important, and the importance of participating in a range of multidisciplinary learning opportunities.

5.7 Identify and use sources of data on local, national, and international prevalence and risk to develop awareness of likely complications and further care needs that may arise.

5.8 Demonstrate knowledge and understanding of change management and the ability to collaborate in, implement, and evaluate evidence-informed change at individual, group, and service levels.

5.9 Effectively and responsibly use a range of digital and other technologies to access, input, share and apply data within teams and between agencies.

5.10 Contribute to team reflection activities to promote improvement in practice and service.

5.11 Demonstrate the ability to develop the strength, resourcefulness, and flexibility needed to work in stressful and difficult situations, and to develop strategies to contribute to safe and sustainable practice, including:

- individual and team reflection, problem solving, and strategic planning
- timely communication with senior staff and colleagues
- collaborating to ensure safe and sustainable systems and processes
- the ability to advocate for change when necessary
- the use of strength based approaches

5.12 Demonstrate how to recognise signs of vulnerability in themselves or their colleagues and the actions required to minimise risks to health or well-being of self and others, and to incorporate compassionate self-care into their personal and professional life.

B. Promoting safe and effective care through developing knowledge, positive role modelling and leadership: the midwife as scholar and leader

Outcomes

At the point of registration, the midwife will be able to:

5.13 Demonstrate knowledge and understanding of the importance of current and ongoing local, national and international research and scholarship in midwifery and related fields, and of how to use this knowledge to keep updated, to inform decision-making, and to develop practice.

5.14 Demonstrate knowledge, understanding and dissemination of why midwives should contribute to the knowledge base for practice and policy, and how they can do this through research, engagement, and consultation.

5.15 Demonstrate the ability and commitment to develop as a midwife and to be involved in lifelong learning opportunities, to understand different career pathways including practice, management, education, research, and policy, and to recognise the need to engage in ongoing education and professional development opportunities that will enable them to build a career and to revalidate.

5.16 Safely and effectively lead and manage midwifery care, demonstrating appropriate prioritising, delegation, and assignment of care responsibilities to others involved in providing care.

5.17 Demonstrate a positive model of leadership, including an ability to guide, support, motivate, and interact with other members of the multidisciplinary team to encourage them to reach their full potential.

5.18 Support and supervise students in the provision of midwifery care, promoting reflection, providing constructive feedback, and evaluating and documenting their performance.

5.19 At the point of registration, the midwife will be able to safely demonstrate evidence-based best practice in all skills and procedures listed below:

Skills: Domain 5: Promoting safe and effective care: the midwife as colleague, scholar and leader

A. The midwife working with others to promote safe and effective care: the midwife as a colleague

5.19.1 Work with multi-disciplinary and multi-agency colleagues to promote quality improvement, to include:

- audit and risk management
- contribute to investigations on critical incident, near misses and serious event reviews
- understand how to take actions from learning from national and local reports

5.19.2 Work with multi-disciplinary and multi-agency colleagues to implement change management to include:

- advocating for change
- negotiation and challenging skills
- evidence-informed techniques such as motivational interviewing

5.19.3 When managing, supervising, supporting, teaching and delegating care responsibilities to new, junior and other members of the midwifery and multidisciplinary team including maternity healthcare support workers:

- Give clear instructions and ensure checks on understanding
- Provide encouragement to colleagues that helps them to reflect on their practice
- Keep unambiguous records of performance

5.19.4 Demonstrate effective team management skills when:

- developing and managing teams
- supporting and managing concerns by individuals and/or teams
- escalating concerns and reporting on those concerns
- de-escalating conflict
- reflecting on learning that comes from working with multi-disciplinary and multi-agency teams

5.19.5 Demonstrate skills to recognise and respond to vulnerability in self and others including:

- self-reflection
- seek support and assistance when feeling vulnerable
- take action when own vulnerability may impact on ability to undertake their role as a midwife
- identify vulnerability of individual and wider team members and action support and / or intervention as needed
- demonstrate strength-based approaches in responding to vulnerability in self or others

B. Promoting safe and effective care through developing knowledge, positive role modelling and leadership: the midwife as scholar and leader

5.19.6 Demonstrate engagement in:

- ongoing professional development opportunities, including conference and study day attendance, keeping mandatory training updated
- face-to-face and online education opportunities
- regular reading of current professional journals
- reflection on how these engagements inform ongoing development and practice

5.19.7 Knows how to:

- access evidence-based resources and material to support information that underpins practice
- keep up-to-date to inform ongoing critical thinking and continuous development including e-alerts and research summaries.
- find information about possible paths for career development including opportunities for postgraduate courses and research scholarships

5.19.8 Knows how to:

- effectively support and supervise students, including communication with their university lecturers to ensure appropriate learning opportunities and to address any problems identified

Glossary

N.B. The following terms and their accompanying explanations relate to the context of the standards of proficiency for midwives.

Term	Explanation
Abuse	An act that may harm the woman or the baby, endangering their lives, or violate their rights. The person responsible for the abuse may be doing this on purpose or may not realise the harm they are causing. The type of abuse may be emotional, physical, sexual, psychological, material, financial, or neglect.
Cultural competence	Knowledge of how to promote respectful and responsive midwifery care in cross cultural settings that reflects the cultural and linguistic needs of the diverse population.
Companion	The person/people chosen by the woman to support her in labour and at birth.
Complexity in maternity care	The presence of one or more clinical, psychological, social, or medical complications or further needs that require input and care by the midwife working collaboratively with the multidisciplinary and multi-agency team.
Continuity of carer or relational continuity of care	A continuous relationship with a care provider or small group of care providers. Specifically in midwifery: care provided by a midwife or small group of midwives who provide care for a woman and her newborn infant, partner and family throughout the continuum of her maternity journey.
Continuity of care or management continuity	Continuity and consistency of management, including providing and sharing information and care planning, and any necessary co-ordination of care required.
Continuum of care	Care across the whole childbearing process from pre-pregnancy, pregnancy, labour, birth, the immediate postpartum, and the early days and weeks of life.
Epigenetics	Changes in organisms caused by the modification of gene expression that does not involve an alteration in the DNA sequence itself.
Evidence-based midwifery practice	Decision making that integrates midwifery expertise with knowledge derived from the best available evidence.
Family	The people identified by the woman who are significant and important to her.
Female genital mutilation	The practice of partially or totally removing the external female genitalia for non-medical reasons.

	This practice is illegal in the UK.
Fetus	The unborn offspring, specifically from implantation of the embryo (around nine weeks) to birth.
Fragmented care	Maternity care that is provided by a range of care providers at different stages and places. It lacks continuity of carer and can result in inconsistent care and advice.
Gender identity	A person's perception of having a particular gender, which may or may not correspond with their sex at birth.
Informed consent	The legal and ethical requirement to obtain voluntary permission for any action or procedure from the woman and/or her partner, after they have been informed about the evidence on likely/possible benefits, risks and consequences. It is seen as an important link between evidence-based care and human rights.
Human factors	Human errors that influence an individual's behaviour and abilities at work in a way that can affect the health and safety of woman and newborn infants in their care.
Kangaroo care	An evidence-based method of caring for a newborn infant where the infant is held in skin-to-skin contact against the chest, usually by the parent, for as long as possible each day to promote attachment and infant growth and development.
Morbidity: maternal and newborn	Physical or psychological harm to a woman or newborn infant as a direct or indirect consequence of pregnancy, birth, or postpartum.
Newborn infant	An infant from birth to around two months of age.
The first 1000 days	The first 1000 days of the infant's life, which will have a fundamental impact on their future physical, psychological, and health, well-being, and development
Partner	The person considered by the woman to be her life partner. This may include the biological father and other- or same-sex partners.
Prevalent complications and conditions	A complication of pregnancy, labour, birth, postpartum, or the early weeks of life, including pre-existing complications and conditions, that occurs commonly in the population being cared for. Such conditions may be clinical or psycho-social.
Sexuality	Sexual orientation or preference.
Skin-to–skin contact – see also kangaroo care (above)	Skin-to-skin contact is usually referred to as the practice where a baby is dried and laid directly on

	their mother's bare chest after birth, both of them covered in a warm blanket and left for at least an hour or until after the first feed. (Unicef UK Baby Friendly Initiative website). Early and uninterrupted skin-to-skin contact supports the mother and baby to form a strong attachment.
Strength-based approach	A strengths-based approach is a collaborative process between the woman and the midwife, allowing them to work together to determine an outcome that draws on the woman's own strengths and assets.
Vulnerable	Childbearing women, newborn infants, partners and families who are at increased risk of harm. Vulnerability may be due to a range of clinical and psycho-social factors. Examples include disability, age, previous mental or physical illness or bereavement, poverty, legal status, ethnicity, not speaking the indigenous language, or being in a situation of intimate partner violence. Potential harm may be emotional, physical, sexual, psychological, material or financial, or may be due to neglect.
Woman	The person who is undergoing the childbearing process in relation to conceiving, being pregnant and giving birth. This may include a person whose sense of personal identify and gender does not correspond with their birth sex.

Item 7: **Annexe 2**
NMC/18/101
28 November 2018

Future midwife:

Draft standards for pre registration midwifery programmes

Contents page

About these standards Page 3

Introduction Pages 4-6

Legislative framework Page 6

Standards for pre registration midwifery programmes Page 6

- The lead midwife for education Page 7
- The student journey Page 8
  - Selection, admission and progression Pages 9-10
  - Curriculum Page 11
  - Practice learning Page 12
  - Supervision and assessment Page 13
  - Qualification to be awarded Page 14

Annexe 1: DIRECTIVE 2005/36/EC OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL on the recognition of professional qualifications (as amended by Directive 2013/55/EU) Pages 15-19

Glossary Pages 20-21

The role of the Nursing and Midwifery Council Page 22

Draft Standards for pre-registration midwifery programmes

About these standards

Realising professionalism: Standards for education and training include, the Standards framework for nursing and midwifery education, Standards for student supervision and assessment, and programme standards specific to each approved programme.

Our Standards for education and training are set out in three parts:

Part 1: Standards framework for nursing and midwifery education

Part 2: Standards for student supervision and assessment

Part 3: Programme standards already published are:

- Standards for pre-registration nursing programmes
- Standards for prescribing programmes

The following draft standards have been developed in line with other Part 3 programme standards:

- Standards for pre-registration midwifery programmes

These draft standards help nursing and midwifery student achieve the NMC proficiencies and programme outcomes. All midwifery professionals must practice in line with the requirements of the Code the professional standards of practice, values and behaviour that nurses and midwives are expected to uphold.

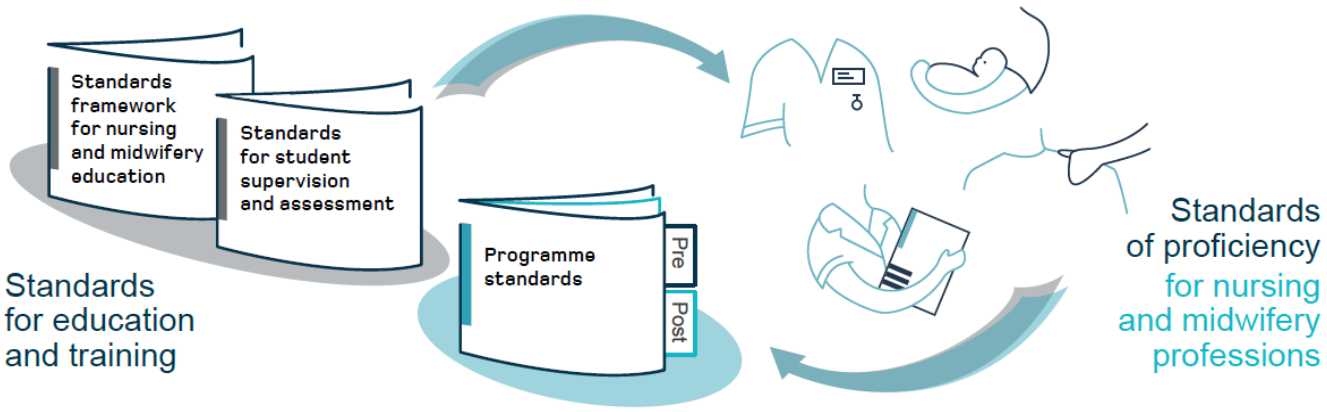
Introduction

Our *Standards for pre-registration midwifery programmes* set out the legal requirements including entry requirements and entry routes, length of programme, curriculum, practice learning, supervision and assessment and information on the qualification to be awarded for the pre-registration midwifery education programme.

Student midwives must successfully complete an NMC approved pre-registration midwifery programme in order to meet the *Standards of proficiency for midwives* and to be eligible to apply, and be entered onto, the NMC register.

Public safety is central to our standards. Students will be in contact with people throughout their education and it's important that they learn in a safe and effective way.

These specific programme standards should be read in conjunction with the NMC *Standards framework for nursing and midwifery education* and *Standards for student supervision and assessment* which apply to all NMC approved education programmes. There must be compliance with all these standards for an education institution to be approved and to deliver any NMC approved programme.


Standards framework for nursing and midwifery education
Standards for student supervision and assessment
Standards for education and training
Programme standards
Pre
Post
Standards of proficiency for nursing and midwifery professions

Education providers structure their education programmes to comply with our programme standards. They also design their curricula around the published proficiencies for a particular programme. Students are assessed against published proficiencies to ensure they are capable of providing safe and effective care. Proficiencies are the knowledge and understanding, skills and behaviours needed to practise.

Through our quality assurance processes we check that education programmes meet all of our standards regarding the structure and delivery of education programmes, that the programme outcomes relate to the expected proficiencies for particular qualifications and that the Approved Education Institutions (AEIs) and practice learning partners are managing risks effectively. Using internal and external intelligence we monitor potential and actual risks to quality in education and training; this intelligence gathering includes analysis of system regulator reports.

In accordance with our *QA Framework* before a midwifery programme can be delivered, an approval process takes place through which we check that the proposed programme meets our standards.

Legislative framework

Article 15(1) of the Nursing and Midwifery Order 2001 ('the Order')[1][1] requires the Council to establish standards for education and training which are necessary to achieve the standards of proficiency for admission to the register, as required by Article 5(2) of the Order. The standards for pre-registration midwifery programmes are established under the provision of Article 15(1) of the Order.

Standards for pre-registration midwifery programmes

AEIs and their practice learning partners have ownership and accountability for the development, delivery and management of pre-registration midwifery programme curricula. Pre-registration midwifery programmes may offer various routes to registration.

The *Standards framework for nursing and midwifery education, the Standards for supervision and assessment* and the *Standards for pre-registration midwifery programmes* provide an overall regulatory framework which enables AEIs and practice learning partners to design programmes that meet NMC requirements whilst at the same time allowing for local flexibility, innovation and variability within individual curricula.

Midwifery programme curricula must cover the outcomes set out in [domains 1- 5 and their associated skills] of the *Standards of proficiency for midwives*. All midwifery students must comply with the necessary learning and assessment standards in preparation for professional practice as a midwife. Programme learning outcomes must include the content and competencies specified in relevant EU legislation. Midwifery students will learn and be assessed in a range of environments including the AEI, practice learning partner settings and simulated practice environments.

[1] SI 2002/253

We believe involving women and families in the design, development and delivery of midwifery curricula will promote public confidence in the education of future midwives. We therefore encourage the use of supportive evidence and engagement from people who have experienced care by midwives to inform programme design and delivery.

On successful completion of an NMC approved programme students will be eligible to apply to be registered by the NMC as a midwife.

The lead midwife for education

The NMC requires an AEI to do the following:

- Appoint a lead midwife for education (LME)
- Ensure the LME or designated midwife substitute responsible for directing the education programme is able to provide supporting declarations of health and character for students who have successfully completed a pre-registration midwifery programme or following a return to practice programme
- Notify the appointment of the LME with the NMC

The AEI should inform the NMC of the appointment of the LME on the appropriate form accessed via the website www.nmc-uk.org[2] The AEI will work strategically with the LME on matters that affect the NMC standards that govern pre-registration midwifery education.

The LME has the knowledge and skills to advise on all matters concerning academic standards and quality relating to pre-registration midwifery education. The LME will:

- Be accountable for their signature on the declaration of good health and good character or that of their designated midwife substitute.
- Have the right to refuse to sign any supporting declaration of good health and good character where the available evidence identifies that the student may not be of sufficient good health and/or good character to carry out safe and effective practice as a midwife[3].

[2] The NMC holds a list of all named LMEs on their website

[3] If a LME cannot be assured of a student's good health and good character they must not sign the NMC declaration. The student cannot, therefore, be recommended for admission to the midwives' part of the register. In order to reach this decision the LME may need to seek the support of the university's fitness to practice committee and have regard to the NMC's health and character guidance. Where a student is already on Part 1 of the register as an adult nurse it may be appropriate to inform the NMC why the student is not being recommended for admission to the register.

The student journey

Standards for pre-registration midwifery education programmes follow the student journey and are grouped under the following five headings:

1 **Selection, admission and progression**

Standards about an applicant's suitability and continued participation in a pre-registration midwifery programme

2 **Curriculum**

Standards for the content, delivery and evaluation of the pre-registration midwifery programme

3 **Practice learning**

Standards specific to pre-registration learning for midwives that takes place in practice settings

4 **Supervision and assessment**

Standards for safe and effective supervision and assessment for pre-registration midwifery education programmes

5 **Qualification to be awarded**

Standards which state the award and information concerning the NMC register

1 Selection, admission and progression

AEIs together with practice learning partners must:

1.1 Confirm on entry to the programme that students:

1.1.1 Have completed a minimum of twelve years of general education ensuring that all those enrolled on pre-registration midwifery programmes are compliant with Article 40(2) of Directive 2005/36/EC regarding general education length as outlined in Annexe 1 of this document.

1.1.2 Are suitable for midwifery practice through the use of values based recruitment and selection processes[4].

1.1.3 Demonstrate commitment to the values outlined in the Code.

1.1.4 Have capability to learn behaviours in accordance with the Code.

1.1.5 Have capability to develop numeracy skills required to meet programme outcomes.

1.1.6 Can demonstrate proficiency in English language.

1.1.7 Have capability in literacy to meet programme outcomes.

1.1.8 Have capability for digital and technological literacy to meet programme outcomes.

1.1.9 Ensure students' health and character are sufficient to enable safe and effective practice on entering and throughout the programme and when submitting the supporting declaration of health and character in line with the NMC's health and character decision-making guidance . This includes satisfactory occupational health assessment and criminal record checks.

1.1.10 Ensure students are fully informed of the requirement to declare immediately any cautions or convictions, pending charges or adverse determinations made by other regulators, professional bodies and education establishments and that any declarations are dealt with promptly, fairly and lawfully.

1.1.11 Ensure that the LME or designated substitute is able to provide supporting declarations of health and character for students who have successfully completed a pre-registration midwifery programme.

1.1.12 Permit NMC registered nurses entry to a shortened pre-registration midwifery programme which complies with Article 40(1)(b) of Directive 2005/36/EC included in Annexe 1 of this document.

[4] Where appropriate, the use of technology or multi-media to assist with recruitment and selection is permissible

1.1.13 Support students throughout the programme to continuously develop their abilities in numeracy, literacy, digital and technological literacy to meet programme outcomes.

1.1.14 Where there is an interruption to the midwifery programme of education the programme providers must ensure that the student's acquired knowledge and skills remain valid, enabling them to achieve the necessary standards required to complete the programme[5].

1.1.15 It is the responsibility of AEIs to decide whether or not to accept an application for transfer. Students may transfer their programme with credit for prior learning only where:

- they transfer from one NMC approved re-registration midwifery programme to another
- they meet all the NMC requirements for good health and good character and these are confirmed by the LME; and
- the student's prior learning can be mapped against the programme they wish to transfer to enabling them to meet all the necessary outcomes and standards on completion of the programme.

[5] For the purpose of this standard, interruption means any absence from a programme of education other than annual leave, statutory or public holidays. When a student returns to a programme it is recommended that they have a period of orientation appropriate to the length of interruption.

2 Curriculum

AEIs together with their practice learning partners must:

2.1 Ensure practice learning partners, service users and advocacy groups are involved in the design, development, delivery and evaluation of pre-registration midwifery education programme(s)

2.2 ensure that midwifery programme(s) comply with the *NMC Standards framework for nursing and midwifery education,* which includes the appointment of an appropriately qualified and experienced external examiner(s)who is a midwife

2.3 ensure that midwifery programmes comply with the NMC *Standards for student supervision and assessment*

2.4 ensure that the midwifery programme learning outcomes reflect the *Standards of proficiency for midwives* and the Code

2.5 design and deliver a midwifery programme that supports students and provides relevant and ongoing exposure to midwifery practice

2.6 detail the general and professional content necessary to meet the *Standards of proficiency for midwives* and programme outcomes

2.7 ensure technology-enhanced and simulated learning opportunities are used effectively and proportionately to support learning and assessment; especially where clinical circumstances occur infrequently but where a proficiency is nevertheless required

2.8 ensure the midwifery curriculum provides an equal balance of 50% (2300 hours) theory and 50% (2300 hours) practice learning using a range of learning and teaching strategies

2.9 ensure that programmes delivered in Wales comply with legislation which supports use of the Welsh language

2.10 ensure that pre-registration midwifery programmes leading to registration as a midwife reflect Annex 5, Point 5.5.1 of Directive 2005/36/E (see Annex 1 and Article 40 and 42)

2.11 Ensure that all pre-registration midwifery programmes meet the equivalent of the minimum programme length of three years set out in Article 40(1) of Directive 2005/36/E (see Annexe 1). Only where a student is already registered with the NMC as a nurse level 1 (adult) can the programme be shortened to no less than 3000 hours (18 month programmes) or 3600 (two year programmes);and

2.12 All programme outcomes including proficiencies must be completed and achieved prior to successful completion of the programme.

3 Practice learning

AEIs together with their practice learning partners must:

3.1 provide practice learning opportunities that allow midwifery students to develop and meet the *Standards of proficiency for midwives* to deliver safe and effective care, to a diverse population of women and families

3.2 ensure that students experience the variety of practice expected of midwives to meet the holistic needs of women and their families

3.3 ensure students experience the range of hours expected of practising midwives, taking account of students' individual needs and personal circumstances when allocating their practice learning opportunities including making reasonable adjustments for students with disabilities

3.4 ensure that students are supernumerary

3.5 ensure all students experience continuity of carer and follow a number of women throughout the continuum of care in meeting the *Standards of proficiency for midwives*

3.6 ensure students experience midwifery care for a diverse population across a range of settings including when complications and additional care needs are required, and

3.7 ensure students have learning opportunities enabling them to gain the broad principles of pharmacology and associated knowledge and numeracy skills necessary to

(a) Sell, supply and administer medicines specified under the Midwives' exemptions detailed in Schedule 17 of the Human Medicines Regulations

(b) progress to gain a qualification in independent prescribing

4 Supervision and assessment

AEIs together with their practice learning partners must:

4.1 ensure that support, supervision, learning and assessment for student midwives complies with the NMC *Standards for student supervision and assessment*

4.2 provide students with constructive feedback throughout the programme to support their development

4.3 ensure throughout the programme that midwifery students meet the *Standards of proficiency for midwives* and programme outcomes

4.4 ensure all midwifery programmes include a numeracy assessment related to midwifery proficiencies and calculation of medicines which must be passed with a score of 100%

4.5 assess midwifery students to confirm proficiency in preparation for professional practice as a midwife

4.6 ensure assessment of both theory and practice is evidence-based, robust and fair

4.7 ensure that all proficiencies are recorded in an ongoing record of achievement which must demonstrate the achievement of proficiencies and skills set out in *Standards of proficiency for midwives*; and

4.8 ensure the knowledge and skills for midwives set out in article 40(3) and the activities of a midwife set out in Article 42 of Directive 2005/36/EC have been met. (see Annexe 1)

5 Qualification to be awarded

AEIs together with practice learning partners must:

5.1 ensure that the minimum award for a pre-registration midwifery programme is a bachelor's degree; and

5.2 notify student midwives during and before completion of the programme that they have five years to register their award with the NMC. In the event of a student failing to register their qualification within five years they will have to undertake additional education and training or gain such experience as specified in our standards[6].

[6] https://www.nmc.org.uk/globalassets/sitedocuments/registration/registering-more-than-five-years-after-qualifying.pdf

Annexe 1

DIRECTIVE 2005/36/EC OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL on the recognition of professional qualifications (as amended by Directive 2013/55/EU)

Article 40

The training of midwives

1. The training of midwives shall comprise a total of at least:

   (a) specific full-time training as a midwife comprising at least three years of theoretical and practical study (route I) comprising at least the programme described in Annex V, point 5.5.1, or

   (b) specific full-time training as a midwife of 18 months' duration (route II), comprising at least the study programme described in Annex V, point 5.5.1, which was not the subject of equivalent training of nurses responsible for general care.

The Member States shall ensure that institutions providing midwife training are responsible for coordinating theory and practice throughout the programme of study.

The Commission shall be empowered to adopt delegated acts in accordance with Article 57c concerning the amendment of the list set out in point 5.5.1 of Annex V with a view to adapting it to scientific and technical progress.

The amendments referred to in the third subparagraph shall not entail an amendment of existing essential legislative principles in Member States regarding the structure of professions as regards training and conditions of access by natural persons. Such amendments shall respect the responsibility of the Member States for the organisation of education systems, as set out in Article 165(1) TFEU.

2. Admission to training as a midwife shall be contingent upon one of the following conditions:

   (a) completion of at least 12 years of general school education or possession of a certificate attesting success in an examination, of an equivalent level, for admission to a midwifery school for route I;

   (b) possession of evidence of formal qualifications as a nurse responsible for general care referred to in point 5.2.2 of Annex V for route II.

3. Training as a midwife shall provide an assurance that the professional in question has acquired the following knowledge and skills:

   (a) detailed knowledge of the sciences on which the activities of midwives are based, particularly midwifery, obstetrics and gynaecology;

(b) adequate knowledge of the ethics of the profession and the legislation relevant for the practice of the profession;

(c) adequate knowledge of general medical knowledge (biological functions, anatomy and physiology) and of pharmacology in the field of obstetrics and of the newly born, and also knowledge of the relationship between the state of health and the physical and social environment of the human being, and of his behaviour;

(d) adequate clinical experience gained in approved institutions allowing the midwife to be able, independently and under his own responsibility, to the extent necessary and excluding pathological situations, to manage the antenatal care, to conduct the delivery and its consequences in approved institutions, and to supervise labour and birth, postnatal care and neonatal resuscitation while awaiting a medical practitioner;

(e) adequate understanding of the training of health personnel and experience of working with such personnel.

Article 41

Procedures for the recognition of evidence of formal qualifications as a midwife

1. The evidence of formal qualifications as a midwife referred to in point 5.5.2 of Annex V shall be subject to automatic recognition pursuant to Article 21 in so far as they satisfy one of the following criteria:

   (a) full-time training of at least three years as a midwife, which may in addition be expressed with the equivalent ECTS credits, consisting of at least 4 600 hours of theoretical and practical training, with at least one third of the minimum duration representing clinical training;

   (b) full-time training as a midwife of at least two years, which may in addition be expressed with the equivalent ECTS credits, consisting of at least 3 600 hours, contingent upon possession of evidence of formal qualifications as a nurse responsible for general care referred to in point 5.2.2 of Annex V;

   (c) full-time training as a midwife of at least 18 months, which may in addition be expressed with the equivalent ECTS credits, consisting of at least 3 000 hours, contingent upon possession of evidence of formal qualifications as a nurse responsible for general care referred to in point 5.2.2 of Annex V, and followed by one year's professional practice for which a certificate has been issued in accordance with paragraph 2.

2. The certificate referred to in paragraph 1 shall be issued by the competent authorities in the home Member State. It shall certify that the holder, after obtaining evidence of formal qualifications as a midwife, has satisfactorily pursued all the activities of a midwife for a corresponding period in a hospital or a health care establishment approved for that purpose.

Article 42

Pursuit of the professional activities of a midwife

1. The provisions of this section shall apply to the activities of midwives as defined by each Member State, without prejudice to paragraph 2, and pursued under the professional titles set out in Annex V, point 5.5.2.

2. The Member States shall ensure that midwives are able to gain access to and pursue at least the following activities:

   (a) provision of sound family planning information and advice;

   (b) diagnosis of pregnancies and monitoring normal pregnancies; carrying out the examinations necessary for the monitoring of the development of normal pregnancies;

   (c) prescribing or advising on the examinations necessary for the earliest possible diagnosis of pregnancies at risk;

   (d) provision of programmes of parenthood preparation and complete preparation for childbirth including advice on hygiene and nutrition;

   (e) caring for and assisting the mother during labour and monitoring the condition of the fetus in utero by the appropriate clinical and technical means;

   (f) conducting spontaneous deliveries including where required episiotomies and in urgent cases breech deliveries;

   (g) recognising the warning signs of abnormality in the mother or infant which necessitate referral to a doctor and assisting the latter where appropriate; taking the necessary emergency measures in the doctor's absence, in particular the manual removal of the placenta, possibly followed by manual examination of the uterus;

   (h) examining and caring for the newborn infant; taking all initiatives which are necessary in case of need and carrying out where necessary immediate resuscitation;

   (i) caring for and monitoring the progress of the mother in the post- natal period and giving all necessary advice to the mother on infant care to enable her to ensure the optimum progress of the newborn infant;

   (j) carrying out treatment prescribed by doctors;

   (k) drawing up the necessary written reports.

V.5. MIDWIFE

5.5.1. Training programme for midwives (Training types I and II)

The training programme for obtaining evidence of formal qualifications in midwifery consists of the following two parts:

A. Theoretical and technical instruction

a. General subjects

- Basic anatomy and physiology
- Basic pathology
- Basic bacteriology, virology and parasitology
- Basic biophysics, biochemistry and radiology
- Paediatrics, with particular reference to newborn infants
- Hygiene, health education, preventive medicine, early diagnosis of diseases
- Nutrition and dietetics, with particular reference to women, newborn and young babies
- Basic sociology and socio-medical questions
- Basic pharmacology
- Psychology
- Principles and methods of teaching
- Health and social legislation and health organisation
- Professional ethics and professional legislation
- Sex education and family planning
- Legal protection of mother and infant

b. Subjects specific to the activities of midwives

- Anatomy and physiology
- Embryology and development of the fetus
- Pregnancy, childbirth and puerperium
- Gynaecological and obstetrical pathology
- Preparation for childbirth and parenthood, including psychological aspects
- Preparation for delivery (including knowledge and use of technical equipment in obstetrics)
- Analgesia, anaesthesia and resuscitation
- Physiology and pathology of the newborn infant
- Care and supervision of the newborn infant
- Psychological and social factors

B. Practical and clinical training

This training is to be dispensed under appropriate supervision:

- Advising of pregnant women, involving at least 100 pre-natal examinations.
- Supervision and care of at least 40 pregnant women.
- Conduct by the student of at least 40 deliveries; where this number cannot be reached owing to the lack of available women in labour, it may be reduced to a minimum of 30, provided that the student assists with 20 further deliveries.
- Active participation with breech deliveries. Where this is not possible because of lack of breech deliveries, practice may be in a simulated situation.
- Performance of episiotomy and initiation into suturing. Initiation shall include theoretical instruction and clinical practice. The practice of suturing includes suturing of the wound following an episiotomy and a simple perineal laceration. This may be in a simulated situation if absolutely necessary.
- Supervision and care of 40 women at risk in pregnancy, or labour or post- natal

period.

- Supervision and care (including examination) of at least 100 post-natal women and healthy newborn infants.
- Observation and care of the newborn requiring special care, including those born pre-term, post-term, underweight or ill.
- Care of women with pathological conditions in the fields of gynaecology and obstetrics.
- Initiation into care in the field of medicine and surgery. Initiation shall include theoretical instruction and clinical practice.

The theoretical and technical training (Part A of the training programme) shall be balanced and coordinated with the clinical training (Part B of the same programme) in such a way that the knowledge and experience listed in this Annex may be acquired in an adequate manner.

Clinical instruction shall take the form of supervised in-service training in hospital departments or other health services approved by the competent authorities or bodies. As part of this training, student midwives shall participate in the activities of the departments concerned in so far as those activities contribute to their training. They shall be taught the responsibilities involved in the activities of midwives.

Glossary

Reasonable adjustments: where a student requires reasonable adjustment related to a disability. We also use it to mean adjustment relating to any protected characteristics as set out in the equalities and human rights legislation.

Approved education institutions (AEIs): the status awarded by the NMC to an institution, or part of an institution, or combination of institutions that works in partnership with practice placement and work placed learning providers. AEIs will have provided us with assurance that they are accountable and capable of delivering NMC approved education programmes.

Educators: in the context of the NMC *Standards for education and training* educators are those who deliver, support, supervise and assess theory, practice and /or work placed learning.

Equalities and human rights legislation: prohibits unlawful discrimination on the basis of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation and other characteristics. Anti-discrimination laws can be country specific and there are some legally binding international protections

Health and character requirements: as stipulated in NMC legislation (Articles 9(2)(b) and 5(2)(b) of the Nursing and Midwifery Order 2001) 'good health' means that the applicant is capable of safe and effective practice either with or without reasonable adjustments. It does not mean the absence of a health condition or disability. Each applicant seeking admission to the register or to renew registration, whether or not they have been registered before, is required to declare any pending charges, convictions, police cautions and determinations made by other regulatory bodies.

Practice learning partners: organisations that provide practice learning necessary for supporting pre-registration and post- registration students in meeting proficiencies and programme outcomes.

Quality assurance: NMC processes for making sure all AEIs and their approved education programmes comply with our standards.

Simulation: an artificial representation of a real world practice scenario that supports midwifery student development through experiential learning with the opportunity for repetition, feedback, evaluation and reflection. Effective simulation facilitates safety by enhancing knowledge, behaviours and skills.

Stakeholders: any person, group or organisation that has an interest or concern in the situation in question, and may affect or is affected by its actions, objectives or policies. In the context of the NMC *Standards for education and training* this includes students, educators, partner organisations, service users, carers, employers, other professionals, other regulators and education commissioners.

Midwifery student: any individual enrolled onto an NMC approved education programme whether full time or less than full time.

Supernumerary: Students in practice or work placed learning must be supported to learn without being counted as part of the staffing required for safe and effective care in that setting. Placements should enable students to learn to provide safe and effective care, not merely to observe; students can and should add real value to care. The contribution students make will increase over time as they gain proficiency and they will continue to benefit from ongoing guidance and feedback. Once a student has demonstrated that they are proficient, they should be able to fulfil tasks without direct oversight. The level of supervision a student needs is based on the professional judgement of their supervisors, taking into account any associated risks and the students' knowledge, proficiency and confidence.

Midwifery apprentices have protected learning time other than when they are working in their substantive role.

The role of the Nursing and Midwifery Council

What we do

We regulate nurses and midwives in the UK. We exist to protect the public. We set standards of education, training, conduct and performance so that nurses and midwives can deliver high quality care throughout their careers.
We make sure nurses and midwives keep their skills and knowledge up to date and uphold our professional standards.
We have clear and transparent processes to investigate nurses and midwives who fall short of our standards.
We maintain a register of nurses and midwives allowed to practise in the UK.

These standards were approved by the Council at its meeting on XXXX.

Item 8
NMC/18/102
28 November 2018

Council

English Language Requirements

Action: For decision.

Issue: Proposes changes to our English language requirements for applicants from the EU/EEA and overseas.

Core regulatory function: Registrations and Revalidation.

Strategic priority: Strategic priority 1: Effective regulation.

Decision required: The Council is recommended to approve the proposal to accept an overall score of 7 in the International English Language Test (IELTS), allowing a minimum of 6.5 in the writing element of the test for applicants from overseas and the EEA (paragraph 26).

Annexes: The following annexe is attached to this paper:

- Annexe 1: Summary of stakeholder engagement and consultation.

Further information: If you require clarification about any point in the paper or would like further information please contact the author or the director named below.

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Context:

1 In January 2018, we began a programme to review our overseas registration process to ensure it supports nurses and midwives (and in future Nursing Associate applicants) wishing to come and work in the UK whilst ensuring our high standards for UK registration are maintained. The Overseas Programme has included a review and consultation on our English language requirements for all nurses, midwives and Nursing Associates joining the register from outside of the UK: that is those from both the EU/EEA and overseas.

2 As part of the Overseas Programme we are introducing interim changes as we identify improvements and have already introduced improvements to the test of competence, including providing applicants and employers with more helpful support materials and amending the resit policy. We have also streamlined our registration evidence requirements. The Overseas Programme will continue into 2020 taking forward further work, including the introduction of a new streamlined end to end process and the introduction of an improved registration IT system, which will provide significantly greater support to the applicant and automate much of the current paper based process.

3 Whilst the Overseas Programme continues, we are now at a point to make recommendations to the Council in relation to our English language requirements.

4 The changes already introduced and the proposals in this paper, if agreed, will result in changes to our international policy and statutory guidance which we will summarise and agree with Council in correspondence following Council's discussion of this paper and publish in December.

5 As part of the Overseas Programme we have consulted extensively with applicants, nurses, midwives and a wide range of stakeholders on all elements of the process including our English language requirements. Set out in at Annexe 1 is a summary of our engagement and consultation. We are very grateful to all of those who have given their time and input to help us improve the overseas process and inform our English language proposals.

6 This paper recommends changes to our English language guidance for all registrants trained outside the UK following the consultation and qualitative work we have undertaken.

Four country factors:

7 This paper applies equally to all four countries.

Background:

8 The NMC is required to have appropriate and proportionate checks in place to allow us to obtain assurance from all applicants to the register that they are capable of safe and effective practice. This includes having the appropriate qualifications and good health and

character. All applicants must satisfy us that they have the necessary knowledge of English. This means ‘a knowledge of English which is necessary for the safe and effective practice of nursing or midwifery in the United Kingdom’.

9 The Council is required under Article 5A (1) of the Order to publish guidance setting out how we evaluate the necessary knowledge of English for all nurses, nursing associates and midwives trained outside the UK and seeking to practise here. It is necessary to keep the guidance under review to ensure it remains proportionate, consistent and fair and to make sure there is not a risk we are discriminating unfairly against applicants from outside the UK.

10 We last published changes to this guidance in November 2017 when we introduced alternative options for demonstrating language competence. These included the option of providing evidence of a successful score in the Occupational English Test (OET) or evidence of training or practice in English. At that time we said the next stages of our overseas programme would include continuing to explore our English language requirements.

Discussion:

11 Our consultation and engagement on the overseas review has included significant feedback that senior professionals and other key healthcare stakeholders encounter many nurses and midwives trained outside of the UK who can communicate to a high standard in English, but who are not able to join the UK register because they cannot demonstrate they meet our required standard in the IELTS test. The majority of those we have engaged with have given us a consistent view that from their day to day professional experience of working closely with overseas applicants, level 7 in writing in particular is an unnecessary barrier.

12 We currently require an overall score of 7 in the academic IELTS and a minimum score of 7 for each individual element of the academic test (reading, writing, speaking, and listening). Feedback from the majority of stakeholders has been that requiring a score of 7 for writing reflects a knowledge of English higher than the level necessary for the safe and effective practice of nursing or midwifery in the United Kingdom and may not be a proportionate or fair regulatory requirement.

13 There is evidence that the writing aspect of the IELTS academic test in particular does not reflect the needs of the modern working environment for nurses and midwives. The test requires essay writing and the expression of personal opinion whereas accurate writing for nurses and midwives in the modern working environment is often more about precise reporting of times and events.

14 This evidence may explain test data which shows many applicants are achieving a 7 or above in the three other elements (reading, speaking and listening) but just missing the standard in the writing

element – with large numbers achieving 6.5.

15 The input we have received during our extensive engagement and consultation provides evidence that we should vary our requirements. One option that has attracted widespread support during our engagement and consultation, is to vary our requirements slightly and accept a score of no lower than 6.5 on the writing element of the academic IELTS test, while still maintaining our requirement for an overall score of 7.

16 The requirements for the other elements of the test (reading, speaking and listening) would remain at 7 or above. This approach is consistent with other professional regulators in the UK. The GMC, GDC, HCPC and GOC all have an overall/minimum score requirement but more flexibility in relation to the minimum scores which make up the overall score.

17 While many stakeholders do urge us to reduce the overall standard, we do not believe at this stage that the evidence is strong enough to support a change in the overall score.

18 A score of 7 in IELTS means the person is a ‘good user’ of English. A score of 6 means the person is a ‘competent user’ with an effective command of English, able to use complex language in familiar situations. A score of 6.5 means the individual has elements of both 6 and 7 scores, so would have demonstrated a mix of skills between ‘competent’ and ‘good.’ On this basis it would seem reasonable to conclude that if we accepted an overall score of 7 we can be assured that the applicant would be overall a ‘good user’ of English, who had demonstrated an effective command of the language.

19 At this time we are not proposing the same approach for the Occupational English Test (OET) as this is a different test and tests language skills in a healthcare specific context. We are working closely with OET to look at whether the same approach needs to be taken to the written part of the OET test.

20 Data from our Fitness to Practise directorate indicates that the number of concerns relating to registrants not having the level of English language to practise safely and effectively are very low. Between 1 October 2017 and 30 September 2018, we received 25 cases that included an allegation of poor English language competence. Further analysis of this data shows that in the majority of these cases, the registrant was registered prior to the introduction of our English language requirements.

21 It is important to note that language controls are only one part of our wider registration requirements and the overseas review will result in a refreshed and more robust process with assurance at many different points. This includes assessing the comparability of

qualifications and tests of competence where appropriate.

22 We are required to set our standards at the minimum level for safe practice on entry to the UK register. We recognise that all registrants will progress their career in different directions and it will be an employer's responsibility to ensure that if they are placed in a role where enhanced language skills are necessary, that the nurse or midwife meets that required level. We must ensure our standards are at the minimum level for safe and effective practice of nursing or midwifery in the United Kingdom.

23 Employers also invest in developing their own staff into more senior roles, for example through apprenticeships. This involves supporting future registrants to develop numeracy and literacy skills as they acquire professional proficiency. We have begun discussing with employers how we might work together going forward to develop enhanced acclimatisation support to recruits from overseas.

24 Taking into consideration all these factors we think varying our requirements on the writing element of the academic IELTS only, while maintaining a requirement for overall language skills at their current level, will enable us to achieve the right balance between maintaining public safety and having a fair and proportionate process for all applicants.

25 In advance of the November 2017 changes, we contacted a wide range of English language test providers and outlined the criteria we would be looking for in an English language test (such as the ability to test reading, writing, speaking and listening). We invited test providers to submit proposals for tests that could meet our criteria. We will continue to engage with a range of test providers as the overseas review continues to explore other possible English language tests that we may also introduce. Specifically we will:

25.1 review our criteria for how test providers should test English ability to take into account of the latest developments in testing methodology.

25.2 discuss with test providers additional tests they wish to propose that would ensure the right level of English.

25.3 explore whether we can carry out more collaborative research into standard setting with test providers, professional bodies and other professional regulators, seeking a joint regulatory approach where possible.

26 **Recommendation**: **The Council is recommended to approve the proposal to continue to accept an overall score of 7 in the International English Language Test (IELTS), allowing a minimum of 6.5 in the writing element.**

Public protection implications:	27	At present, we are not aware of any evidence that would suggest this change would introduce a risk to public protection. We will monitor the impacts on public protection alongside the impact of the other changes we introduced in November 2017.
Resource implications:	28	There will be resource implications associated with the language changes all of which can be accommodated within existing resource in the Registration and Revalidation directorate. There will be some costs associated with communicating and implementing the change and these will be funded from the overseas programme budget.
Equality and diversity implications:	29	These changes, alongside the streamlining of the registration, evidence requirements would increase fairness by allowing more competent overseas nurses to meet our requirements.
Stakeholder engagement:	30	Annexe 1 provides more details on the stakeholders we have consulted and engaged with. Consultation is ongoing at the time of writing and a verbal update will be provided at the meeting.
Risk implications:	31	There is a risk this change could be interpreted as a lowering of our overall standard. We have developed a communications plan that will enable us to explain that we are maintaining our high overall standards for those joining the register and we are ensuring that our requirements are fair, consistent and proportionate, and at the level necessary to ensure safe and effective practice.
Legal implications:	32	As this involves a change to the current statutory language guidance, we are legally required to consult on these proposals and are required to publish our revised guidance. Council will be given a verbal update on the results of this consultation at the meeting.

Item 8: **Annexe 1**
NMC/18/102
28 November 2018

Overseas Programme: Consultation and engagement summary

1 In November 2017, we published a revised version of our English language guidance following a consultation with key stakeholders in September 2017. The consultation participants included representatives from patient groups, NHS organisations, professional bodies including the Royal College of Nurses (RCN) and Royal College of Midwives (RCM), trade unions, language testing organisations, recruitment agencies for nurses and midwives, government departments, directors of nursing from NHS trusts, and the Chief Nursing Officers from the four UK countries.

2 As a result of that consultation we accepted the OET as a suitable alternative to IELTS and made the following additional options available for applications to demonstrate their language competence:

2.1 A recent pre-registration nursing or midwifery programme that has been taught and examined in English; or

2.2 Registration and two years of registered practice with a nursing or midwifery regulator in a country where English is the first and native language.

3 We also said that we would go on to review the evidence base for the writing level of IELTS.

4 During 2018, we carried out a comprehensive programme of engagement and consultation to inform the overseas programme and our review of our English language requirements. This involved a significant programme of meetings, calls, emails, webinars and face-to-face events.

5 Our webinars attracted 275 people and a total of 166 people attended our face-to-face events in Belfast, Cardiff, Glasgow, London and Manchester.

6 In addition, we spoke to a range of stakeholders, NHS and independent employers, applicants, nurses and midwives, patient organisations, charities, unions and representative bodies. Other attendees included representatives from equalities groups, recruitment agencies, government and non-departmental public bodies, specialist nursing associations representing nurses and midwives who have trained outside the UK, and universities.

7 We have looked at the standards set by other regulators both here in the UK and in other English-speaking countries and the evidence they have used to support those standards. We looked at all the professional regulators here in the UK, reviewing their consultation documents and any research that they used to support their standard setting. We also looked at the approach Nursing and Midwifery regulators adopted in Ireland, Australia, New Zealand, Canada, South Africa and the US. Finally we reviewed 20 of the most recent available research papers on language proficiency and professional regulation.

8 All stakeholder groups represented at the engagement events and webinars had strong views on our current English language requirements, and whilst there was strong support for proficiency in English as a key part in keeping people safe, there was not unanimous support for our current requirements, particularly our requirement for an IELTS score of 7 in each element of reading, writing, listening and speaking.

9 The majority view was that, in particular, the writing element of IELTS is too high. The most common suggestion was to keep the existing level of 7 but change to an overall score; meaning that an individual could score lower than 7 in an individual element as long as their average score remained at 7. Where this view was expressed many participants suggested that this lower score should be allowed in the writing element and some suggested we should allow a lower score in any of the elements.

10 We have carried out a further targeted consultation with the same stakeholders on a specific proposal to move to an overall score of 7 on the IELTS, with a minimum score of 6.5 in the writing element only and we have been asking the following questions:

10.1 Do you think our proposals will ensure that nurses and midwives will continue to have the right skills and knowledge to care safely for patients?

10.2 Will they continue to ensure public trust in the profession?

10.3 Will any of our proposals have a negative impact on any group with protected characteristics?

11 Initial responses have been very positive and a full update will be provided at the Council meeting.

Item 9
NMC/18/103
28 November 2018

Council

Education Quality Assurance Annual Report 2017–2018

Action: For decision.

Issue: To approve the draft Education Quality Assurance (QA) Annual Report 2017–2018.

Core regulatory function: Education and Standards.

Strategic priority: Strategic priority 1: Effective regulation.

Decision required: The Council is recommended to approve the draft Education QA Annual Report 2017–2018 (paragraph 22).

Annexes: The following annexe is attached to this paper:

- Annexe 1: Draft Education QA Annual Report 2017–2018.

Further information: If you require clarification about any point in the paper or would like further information please contact the author or the director named below.

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Context:

1 Our legislation defines our role in the education and training of nurses, midwives and nursing associates.

2 We set out our strategic approach to the QA of nursing and midwifery education when we introduced our QA framework in 2013. An external contractor, Mott MacDonald, delivers the operational function of our QA activity.

3 We produce an annual report on the key themes that have emerged from our QA activity of education which includes analysis of self-reporting and monitoring results.

4 Approved Education Institutions (AEIs) are required to self-report to us on an annual basis on their continued ability to comply with our standards.

5 We conduct annual monitoring visits on a proportionate selection of AEIs. We select the AEIs using a risk-based methodology.

Four country factors:

6 The annual report includes the findings of our QA activity across all four countries of the UK over the last year.

Discussion:

7 The draft annual report for 2017–2018 is at annexe 1 (the final report will be designed prior to public release). The reporting year covers the period 1 September 2017 to 31 August 2018 (the academic year).

8 The draft annual report on the QA of education identifies key themes and risks to nursing and midwifery education. It also provides updates on the future of our QA activity including our new QA framework (2018) and our education programme of change.

9 This is a retrospective report and it is key to note that our QA model is changing. We published our new education standards earlier this year and the new emphasis on outcome focused standards will mean that our QA model will be more proportionate in future with less focus on administrative or process driven requirements.

10 We launched our new QA framework on 1 September 2018 which has been aligned to reflect our new education standards. The framework introduces a new four stage ‘gateway’ process for assuring new education programmes. Approvals against the new framework will begin from November 2018.

11 There are currently 83 AEIs. Three higher education institution successfully achieved AEI status during the reporting period.

12 During 2017–2018, we approved a further 21 AEIs to deliver pre-registration nursing via a nursing degree apprenticeships (NDA)

route. Currently we have 23 AEIs in total approved to deliver NDAs.

13 This year, we selected 14 AEIs for monitoring (17 percent of the total) focused on pre-registration midwifery programmes, return to practice (midwifery) programmes and specialist community public health nursing programmes.

14 Due to nursing programmes undergoing approval against the new programme standards from October 2018 it was agreed to focus on midwifery and SCPHN/SPQ programmes for monitoring alongside a risk based selection process.

15 The risk based selection process enabled us to more accurately suggest institutions which might not align to our standards to undergo monitoring. Therefore interventions could be appropriately made to assure public protection and ensure that our standards were met.

16 We focused on five key risk areas to determine whether adequate controls are in place: resources, admissions and progressions, practice learning, fitness for practice, and QA.

17 This year fewer AEIs achieved the “standard met” outcome in all risk themes in 2017–2018, suggesting our targeted risk based approach identified appropriate programmes for monitoring.

18 The majority of concerns fell within two risk themes: practice learning; and fitness for practice. Practice learning was the most significant area of concern both for ‘standard not met’ and ‘requires improvement’ outcomes.

19 The main areas identified in practice learning were out of date and inaccurate mentor registers and inconsistencies in approach taken by sign-off mentors.

20 Where concerns were identified we required assurance that these were managed by institutions and their partners promptly and effectively. All issues identified during AEI monitoring were followed through to resolution with the use of action plans and the final reports are available on our website.

21 During 2017–2018 a significant amount of work has been undertaken to develop the new QA model which was approved by the Council in 2018. A programme of work to specify and procure a new QA service provider has also been undertaken in 2018.

22 **Recommendation: The Council is recommended to approve the draft Education (QA) Annual Report 2017–2018.**

Public protection

23 There are no public protection implications arising directly from the production of this report. The report sets out the contribution our QA

implications:		activity makes towards protecting the public in ensuring that newly qualified nurses and midwives meet our education standards and are safe and competent to join our register.
Resource implications:	24	Staff resources to compile the annual report formed part of the usual business and operational budget of the Education and Standards directorate.
Equality and diversity implications:	25	We are committed to ensuring that our approved nursing and midwifery programmes comply with all equality and diversity legislation. In accordance with our QA framework, AEIs must provide evidence of an equality and diversity policy, recruitment, selection and admissions policy, and evidence of providing support to students that promotes equality and diversity.
Stakeholder engagement:	26	A wide range of stakeholders, including service users and carers, contributed to the collection of our reported findings.
	27	Once approved by the Council, this report will be disseminated (electronically) to key stakeholders and will be placed on the NMC website.
Risk implications:	28	Failure by AEIs to comply with our education standards could impact upon public protection.
	29	In our new QA framework we have developed a robust programme approval process, as well as developing our data driven approach to QA. We have also implemented a period of enhanced scrutiny for new providers or providers running pre-registration programmes for the first time to reduce the risks, in particular, during transition to new standards.
Legal implications:	30	None.

Item 9: **Annexe 1**
NMC/18/103
28 November 2018

Education Quality Assurance Annual Report 2017–2018
(The final report will be designed prior to public release)

What we do

We regulate nurses, midwives and nursing associates in the UK. We exist to protect the public. We set standards of education, training, conduct and performance so that professionals can deliver high quality care throughout their careers.

We make sure nurses, midwives and nursing associates keep their skills and knowledge up to date and uphold our standards.

We have clear and transparent processes to investigate those who fall short of our standards. We maintain a register of the nurses, midwives and nursing associates allowed to practise in the UK.

Foreword

I'm pleased to present our Annual Report 2017-2018 covering the quality assurance of nursing and midwifery education. Each year we reflect on our quality assurance (QA) activity to enable us to continue to develop our processes, ensuring that we fulfil our duty to protect the public.

This report covers a period of considerable change in professional education and health care, in particular the steady increase in the flexible routes of education that are available for nurses and midwives who wish to join our register, including the ongoing development of apprenticeships in England.

This report covers our quality assurance activity in 2017-2018 and it is key to note that our QA activity in future will be different. We published our new education standards earlier this year and our new QA model will reflect our new outcome focussed approach to standards.

Our new education standards set out what we expect from the professionals of the future, so they can deliver safe, evidence-based person-centred care. The standards are ambitious. To achieve this ambition, we also had to transform the approach to professional education and training including practice based learning. Our new standards for providers of nursing and midwifery education reflect this. We hope you'll agree that the changes to our education standards are positive ones.

These new standards have implications for the way that we quality assure education institutions and programmes so we have recently published our new quality assurance framework. This new framework focuses our approach on programme approval, as well as building on our data-driven approach to quality assurance to ensure that we are proportionate in our activity, whilst still being robust.

We have also recently become the regulators of the nursing associate profession in England, and we look forward to the first nursing associates joining our register in January 2019, alongside quality assuring nursing associate education programmes.

Professor Geraldine Walters, CBE
Director of Education and Standards

Executive summary

Our quality assurance (QA) framework is one of the ways that we protect the public. Each year we reflect and report on the outcomes of our quality assurance activity to ensure we are assured that students are being equipped with the relevant knowledge, skills and learning experience to practise safely at the time they join the register and that they can build on throughout their career. We also continuously look for ways to improve our approach to QA by improving our QA processes.

At the time of writing this report in September 2018, the number of approved education institutions (AEIs) had increased from 80 to 83 and there are 917 approved programmes. This is a small reduction in number from last year.

14 AEIs were selected for monitoring this year and focused on pre-registration midwifery programmes, return to practice (midwifery) programmes and specialist community public health nursing programmes. These programmes were selected with a focus on midwifery due to nursing programmes undergoing re-approval under the new standards from 2018.

In the 2017/18 reporting year we solely used a risk based approach to identify institutions for monitoring. This enabled us to more accurately suggest institutions which might not align to our standards to undergo monitoring. Therefore interventions could be appropriately made to assure public protection and ensure that our standards were met.

We are committed to using the analysis of the performance in this year's monitoring cycle in mitigating key risks in order that AEIs and partners comply with our standards and ensuring public protection. Where issues are identified we require assurance that these are managed by institutions and their partners promptly and effectively. We agree action plans with the monitored institutions and ensure these are implemented. We are also reviewing our approach to self assessment and exceptional reporting as part of our new approach to ongoing monitoring.

We continue to be proactive in making the best possible use of our intelligence by promoting information sharing and collaborating both internally with our Regulatory Intelligence Unit and Employer Link Service, and externally with other regulators and key organisations.

Introduction

The Nursing and Midwifery Order 2001 (the Order) sets the legislative context for the QA of nursing, midwifery and nursing associate education. Our Standards comply with our legislation and provide necessary requirements for the education and training of nursing, midwives and nursing and associates, and the proficiencies they have to meet to join our register.

This annual report examines the quality assurance activity we have undertaken and the key themes and risks that have emerged from our QA of approved education institutions and their practice placement partners in the 2017-18 academic reporting year (from 1 September 2017 to 31 August 2018) for nursing and midwifery education.

Oversight of our work

The Professional Standards Authority (PSA) for Health and Social Care has oversight of our organisation and each year it examines a number of areas of our work. The QA of education was included in the PSA Annual Review of Performance 2016/17 (June 2018), and we met all four standards of the relevant area of education and training. The PSA 2015/16 report also confirmed that all standards of good regulation for education and training had been met.

Part one: Quality assurance of education of nursing and midwifery

Our role in education plays a very important part in how we meet our overall objective of public protection. In the 2017-18 academic reporting year our QA of education comprised of five key activities.

- Approval of education institutions.
- Approval of programmes, including initial approval and approval of programme modifications.
- Annual self-assessment reporting.
- Monitoring of selected AEIs.
- Responding to concerns by exceptional reporting and extraordinary review.

Approval of education institutions

A higher education institute seeking to run an NMC approved programme has to obtain AEI status before seeking approval for their programme.

There are currently 83 AEIs across the UK. In the period of 1 September 2017 to 31 August 2018, three new higher education institutions successfully achieved AEI status: the University of Leicester, the University of Exeter and Southampton Solent University.

Three more higher education institutions have applied to be AEIs and decisions regarding their request will conclude in the 2018/19 academic year.

A data summary of AEIs and approved programmes has been included at Annexe 2.

A list of all AEIs, noting new providers and those AEIs which were monitored this year, is shown in Annexe 3.

Approval of education programmes

Approval of programmes included initial approval, re-approval and approval of programme modifications. The prospective programme approval was for six years.

In the 2017/18 year we approved or re-approved 55 programmes, bringing our total of approved programmes to 917.

Programme approval outcomes for 2017/2018 have been summarised at Annexe 4.

New approvals

We approved 12 new programmes, including eight pre-registration nursing programmes, two pre-registration midwifery programmes and two prescribing programmes.

Re-approvals

We also re-approved 43 programmes. 39 programmes were required to meet conditions prior to programme re-approval. These included: 21 Specialist Community Public Health Nursing (SCPHN) programmes, nine specialist practitioner qualifications (SPQ), five prescribing programmes, three pre-registration programmes and one return to practice (nursing) programme.

Two SCPHN programmes were subject to recommendations only. Two prescribing programmes were approved without conditions or recommendations.

Conditions

Where visitors identify that our standards are not being met, they can set conditions. We must be assured that the conditions have been met by the institution before we approve the programme. Conditions relate to five key risk themes: resources, admission and progression, practice learning, fitness for practise and quality assurance. The most frequently occurring conditions related to the key risk theme of admission and progression. Conditions against the key risk themes practice learning and fitness for practice were the next most frequently occurring, followed by quality assurance and resources respectively.

The conditions set during this period included the following themes:

- Review and/or correction of documentation
- Clarification of learning outcomes
- Sufficient academic and practice partner resource
- Appropriate information relating to admissions
- Explicit information on how the programme is run, including assessment.
- Appropriate quality assurance processes including the use of external examiners
- Ensuring consistent programme documentation

At Annexe 5, we have summarised all conditions assigned to AEIs following approval events within the 2017/2018 academic year. The majority of conditions that we set relate to post-registration programmes.

Extensions

In July 2018, we extended programme approval for most existing pre and post registration nursing and prescribing programmes. This was to provide time for AEIs to prepare to seek approval under the new standards. We sought confirmation from all AEIs regarding any emerging, new or existing concern before considering an extension. Where any concerns were identified with an institution, the relevant programme extension was not granted until these had been resolved.

Existing approved programmes that were included in our decision to extend the original approval timeframe were:

- Pre-registration nursing (for all fields of nursing)
- Pre-registration midwifery
- Community practitioner nurse prescribing (V100)[1]
- Community practitioner nurse prescribing (V150)[2]
- Independent and supplementary nurse prescribing (V300)[3]
- Specialist Practitioner Qualifications (SPQ) (Adult Nursing, Child, Community Children's Nursing, Community Learning Disabilities Nursing, Community Mental Health Nursing, District Nursing with integrated V100 Nurse Prescribing, General Practice Nursing, Learning Disabilities, Mental Health, Occupational Health Nursing and School Nursing)
- Specialist Community Practitioner Health Nursing (SCPHN) (Family Health Nursing, Generic, Health Visiting, Health Visiting with integrated V100 Nurse Prescribing, Occupational Health Nursing, School Nursing and Health Visiting)
- Return to practice – nursing and midwifery

Flexible routes to registration

Following on from 2016-2017, we've seen a steady increase in AEIs seeking approval of different routes to pre-registration nursing education as providers respond to changes to funding and commissioning arrangements, local approaches to meet workforce needs, and towards widening access for those who wish to become nurses and midwives . For pre-registration nursing this includes:

[1] The V100 will prepare those already registered with a Specialist Community Practitioner qualification, to prescribe safely and appropriately from the community practitioner formulary.
[2] The V150 is for those practitioners who do not hold a Specialist Community Public Health Nurse or Community Specialist Practitioner qualification, but whose responsibilities include assessment, care and management of clients in the community setting. These practitioners will be caseload holders and a clinical need for prescribing from the community practitioner formulary will have been identified.
[3] This is a voluntary partnership between an independent prescriber who must be a doctor or a dentist and a supplementary prescriber, to implement an agreed patient specific clinical management plan with the patient's agreement.

Work based learning models. AEIs work with one or more employer organisation and identify individuals to undertake a programme of study. The students also spend a proportion of their time working for the employing organisation. These hours worked are outside of their required practice learning and theory hours.

Nursing degree apprenticeship (England only). This route remains only available for pre-registration nursing programmes. This route enables people to train to become a registered nurse through an apprentice route. Apprenticeship standards for Nursing Associates, Midwifery and Specialist Community Public Health Nurses (SCPHN) programmes are currently under development.

Maximising accreditation of prior learning. This is generally used by healthcare assistants with NVQ level 3 or associate practitioners with a foundation degree. Their previous learning is mapped against our standards up to maximum of 50 percent of the overall programme. They do not continue working as healthcare assistants, usually studying full time throughout the duration of the 18 months.

Non-commissioned model. AEIs developing pre-registration nursing programmes for non-commissioned, privately funded students.

Nursing degree apprenticeships

During 2017-2018, we approved a further 21 AEIs to deliver pre-registration nursing via a nursing degree apprenticeships (NDA) route. Currently we have 23 AEIs in total approved to deliver NDAs.

In addition, we have other AEIs scheduled to undertake approval events to offer the NDA route during 2018/19.

The Education and Skills Funding Agency released data this year that confirmed that, between 1 August 2017 and 31 January 2018, 20 students had been enrolled for pre-registration nursing NDAs.

In addition, one of our AEIs reported their NDA routes (child and mental health) were not running due to insufficient student numbers.

Monitoring of approved programmes

We monitor programmes in a number of ways and where issues are identified we require assurance that these are managed by institutions and their partners promptly and effectively. If serious concerns are raised we can withdraw approval.

AEI self-assessment

AEIs are required to undertake and submit an annual self-assessment and self-declaration of their current NMC approved programme(s). The self-assessment provides an opportunity for AEIs and their partners to give examples or case studies of notable or innovative practice, and enables them to indicate any areas of provision that

they are aiming to enhance. The self-declaration requires the AEI to confirm that all approved programmes continue to meet the NMC standards; that all programme modifications have been notified to the NMC; and, that all key risks are controlled.

The AEI annual self-assessment reports are reviewed and we may require AEIs to resubmit their report and provide further detailed evaluative information if the evidence provided cannot assure us that all criteria have been met.

In 2017/18, 13 AEIs (16 percent) did not provide assurance in their self-assessment report that key risks were controlled or managed. This is consistent with the previous year's outcome. Where assurance is not provided institutions are required to develop action plans which we then monitor.

Key risks – analysis of self-assessment

All AEIs completed the required self-assessment in this reporting year.

As in the previous reporting year the key risk area that had the highest number of concerns was practice learning.

The most identified reason for not providing assurance that key risks were controlled was the failure to report details on actions taken to address the recommendations from programme approval/modification events held between 1 September 2016 and 31 August 2017. This was the case for nine out of 13 AEIs. The next most frequently identified actual or potential issues that are a risk to academic and practice learning identified by AEIs across the UK were:

- quality of the learning environment
- restructuring of maternity services
- sufficient numbers of practice placements to accommodate student numbers
- lack of practice teachers for SCPHN (school nurse) programmes
- the number of students who are being investigated for fitness to practise issues, and
- the temporary global shortage of Hepatitis B vaccines offered to pre-registration student nurses and midwives.

Where AEIs did not provide assurance they were required to implement and report progress on action plans which were agreed by the NMC. We tracked these action plans to ensure they were implemented.

AEI monitoring review visits

Each year we select a sample of AEIs to undergo monitoring visits. This enabled QA review teams to meet students, educators and service users and carers in person. We did this by focusing on five key risk areas to determine whether adequate controls were

in place: resources, admissions and progression, practice learning, fitness for practice, and quality assurance.

14 AEIs were selected for monitoring review visits this year (17 percent of the total). Due to nursing programmes undergoing approval against the new programme standards from October 2018 it was agreed to focus on midwifery and SCPHN/SPQ programmes for monitoring alongside a risk based selection process.

A total of 23 programmes were reviewed across the 14 selected AEIs. This included: 12 pre-registration midwifery programmes; three return to practice (midwifery) programmes; five specialist community public health nursing (SCPHN) health visiting (HV) programmes; and one SCPHN school nursing (SN) programme.[4] We also included one pre-registration nursing (adult) and one return to practice (nursing) programme.

Key risks – analysis of monitoring results

This year fewer AEIs achieved the "standard met" outcome in all risk themes in 2017-2018, suggesting our targeted approach identified appropriate programmes for monitoring. Only one out of 14 AEIs compared to six out of 17 AEIs in 2016-2017 achieved 'standard met' outcome in all risk themes.

Outcome met in:	**Number of AEIs:**
1 out of 5 risk themes	3 (21.4%)
2 out of 5 risk themes	4 (28.6%)
3 out of 5 risk themes	5 (35.7%)
4 out of 5 risk themes	1 (7.1%)
5 out of 5 risk themes	1 (7.1%)

10 of the 14 AEIs received at least one 'standard not met' outcome in the risk themes, which is a decline compared to five out of the 17 AEIs in 2016-2017.

10 AEIs were required to make improvements to risk controls and enhance assurance for public protection across at least one of the risk themes, which is consistent with the findings in 2016-17 and 2015-16.

In this reporting year, the majority of risks not being managed identified through monitoring were within two key risk areas: practice learning, and fitness for practice. As in previous years, practice learning remains the most significant area of concern in our quality assurance of education in 2017-2018.

[4] www.nmc.org.uk/education/quality-assurance-of-education/monitoring-results/

Key issues identified include:

- inadequate recording and allocation of mentors and sign-off mentors.
- AEIs requiring improvement to their processes in identifying and exceptionally reporting risks and concerns to us;
- not routinely reporting on outputs with regard to service user/carer involvement in programme development, programme delivery, assessment and evaluation.
- concerns related to fitness for practice were less frequent, however these had the potential for significant impact on public safety, including students not completing the required hours of theory and practice

Non-compliant AEIs were required to formulate and complete an action plan which was approved by the reviewer and sent to us for review. We follow up on the improvements identified through the next cycle of annual self-assessment. Annexe 6 details the themes that emerged.

Practice learning

Three (21 percent) of the 14 AEIs monitored this reporting year provided evidence that this risk theme was met which is a decline from the seven (41 percent) AEIs monitored in 2016-17.

Seven (50 percent) AEIs failed to meet this key risk theme compared to four (23.5 percent) AEIs in 2016-17.

Four AEIs received a 'requires improvement' rating for this risk area. The areas which required improvement included: the involvement of service users and carers in the return to practice midwifery programme; practitioner and service user involvement in ongoing monitoring and development of pre-registration midwifery and SCPHN Health Visitor programmes.

All non-compliant AEIs were required to take timely action to provide assurance of support for learning and assessment in practice in the form of an action plan within an agreed timeframe. These action plans were then monitored to ensure compliance with our standards.

Fitness for practice

Admissions and progression continues to be an area where issues have been detected through monitoring.

Eight AEIs (57 percent) of the 14 AEIs monitored this year provided assurance that this risk theme was met. This is a decline from 15 (73 percent) AEIs in the 2016-17 monitoring period.

Four AEIs failed to meet this risk theme. The areas which AEIs failed to meet included: students enrolled on the shortened pre-registration midwifery programme were not completing the required hours of theory and practice; the length of the consolidation period in the SCPHN SN (School Nursing) programme did not comply with NMC

Standards; and a failure to grade the assessment of midwifery practice in maternity and other settings.

Two AEIs (14 percent) had ‘requires improvement’ outcomes. The areas which required improvement included: AEI processes for checking return to practice nursing students complete all elements of mandatory training prior to proceeding onto placement and those necessary for successfully completing the programme; and, the process for monitoring practice hours to ensure that students were not working excessive hours that may compromise patient and student safety.

Where our standards were not being met institutions were required to take timely and appropriate action, and to develop and report on an action plan. These action plans were then monitored to ensure compliance with our standards.

Other key risk areas

Three AEIs (21 percent) failed to meet the risk theme of resources. The key risks related to SCPHN academic staff delivering the programme; SCPHN SN and SCPHN HV (Health Visitor) pathway leads in the respective AEIs did not hold a NMC recorded teacher qualification, which is a NMC requirement. In addition, one practice placement provider did not have sufficient numbers of sign-off mentors to meet the needs of pre-registration midwifery students.

Notable practice

We also report on notable practice, defined as education practice which is innovative and worthy of dissemination. QA reviewers reported on examples of such practice identified through QA activity and AEIs stated areas they considered worthy of consideration through the annual self-reporting process.

QA reviewers identified a number of noteworthy developments when undertaking monitoring of pre-registration midwifery and return to practice midwifery programmes. These included a Trust wide educational audit process which is undertaken over one week by an audit team consisting of academic staff, clinical practice facilitators and practitioners who are trained to conduct audits; and the introduction of a new practice assessment record of experience (PARE), which is supported by exemplary collaboration and effective management of change.

Part two: Responding to concerns

Exceptional reporting

When risks emerge AEIs and their practice learning partners must respond swiftly to manage and control risks appropriately. AEIs should email exceptional reports to us and we’ll take action when these risks are not being effectively managed and controlled locally. We also follow up on implemented action plans.

During recent years we have been working closely with AEIs to impress the importance of timely exceptional reporting to us. For the third year in a row, we have recorded an annual increase in the number of exceptional reports received (133 in total during this period compared with 89 during 2016/2017). Most of the exceptional reports continue to relate to issues in practice environments, including adverse system regulator reports

and their impact on student learning, supervision and assessment and escalation of student concerns, and what actions have been undertaken locally to manage those concerns. When AEIs report an issue or concern to us, we require evidence of actions taken, where appropriate, to control or mitigate any identified risks to our standards. We liaise with the AEI to ensure that they are managing any risk satisfactorily.

As part of our role as a dynamic regulator, we continue to proactively share intelligence internally with our Regulatory Intelligence Unit and Fitness to Practise colleagues as well as externally where appropriate with other professional and system regulators.

On 26 July 2018, we signed the "emerging concerns protocol" with seven health and social care organisations and regulators, which will help us share information and intelligence about emerging concerns with each other and system partners in a timely fashion to support the delivery of high quality care.

Extraordinary review visits

Where we identify serious adverse incidents and concerns regarding an AEI or practice placement and local risk measures are limited, we may decide to conduct an unscheduled extraordinary review. This measure may be necessary if there are concerns that present a risk to public protection, and if it is deemed that the AEI is either unaware or unable to put adequate measure in place to control the risk.

No new extraordinary reviews took place during the 2017-2018 academic year.

Annexe two: AEI data summary up to 31 August 2018

Total number of NMC approved AEIs	83
Total number of NMC approved programmes	917
Number of AEIs approved to run pre-registration nursing programmes	79
Number of AEIs approved to run pre-registration midwifery programmes	53
Number of new education institutions approved to be an AEI during the reporting year	3
Number of programme approvals or re-approvals during the reporting year	55
Number of AEIs approved to deliver pre-registration nursing programmes for the first time	2
Number of AEIs approved to deliver pre-registration midwifery programmes for the first time	1
Number of AEIs approved to deliver nursing degree apprenticeships	23

Annexe three: Approved AEIs and monitoring outcomes

England	University of East London	University of Northampton	University of York
Anglia Ruskin University	Edge Hill University	Northumbria University	**Northern Ireland**
University of Bedfordshire	University of Essex	University of Nottingham	Queens University Belfast
Birmingham City University	University of Exeter	The Open University	University of Ulster at Jordanstown
University of Birmingham	University of Gloucestershire	Oxford Brookes University	**Scotland**
University of Bolton	University of Greenwich	University of Plymouth	University of Abertay Dundee
Bournemouth University	University of Hertfordshire	University of Portsmouth	University of Dundee
BPP	University of Huddersfield	University of Reading	Edinburgh Napier University
University of Bradford	University of Hull	University of Salford	Glasgow Caledonian University
University of Brighton	Keele University	Sheffield Hallam University	University of Edinburgh
Brunel University London	King's College London	University of Sheffield	University of Glasgow
Buckinghamshire New University	Kingston University & St George's University of London	Southampton Solent University	University of Highlands and Islands
Canterbury Christ Church University	Leeds Beckett University	University of Southampton	Queen Margaret University
University of Central Lancashire	University of Leeds	Staffordshire University	Robert Gordon University
University of Chester	University of Leicester	Suffolk, University of (formerly University Campus Suffolk)	University of Stirling
City University London School of Health Sciences	University of Lincoln	University of Sunderland	University of West of Scotland
Coventry University	Liverpool John Moores University	University of Surrey	**Wales**
University of Cumbria	University of Liverpool	Teesside University	Bangor University, School of Healthcare Sciences
De Montfort University	London South Bank University	University of West London	University of Cardiff
University of Derby	Manchester Metropolitan University	University of West of England in Bristol	University of Glyndwr
University of East Anglia	University of Manchester	University of Wolverhampton	University of South Wales
	Middlesex University	University of Worcester	Swansea University

Key

AEIs highlighted in green are newly approved in 2017-2018.
AEIs highlighted in light blue were monitored during 2017-2018 and the monitoring reports are available on our website.

Annexe four: programme approval outcomes

Outcome	Number
New programme approvals	12
Requiring conditions to be met before approval with additional recommendations	12
Programmes re-approved	43
Requiring conditions to be met before approval with additional recommendations	37
Requiring conditions to be met before approval	2
Approved with recommendations	2
Approved without recommendations or conditions	2
Programme approvals refused	4
Total	59

Annexe five: Approval conditions

	Number of conditions			
Course information	Registered Nurse (RN)	Registered Midwife (RM)	Nurse and Midwife Prescribing	Post Registration standards
Amend and/or update programme specification			**4**	**8**
Clarify entry criteria and admission process			**2**	**8**
Clarify learning outcomes			**7**	**14**
Clarify modules				**5**
Clarify course content	**2**	**3**	**4**	**11**
Clarify practice and theory hours		**4**	**1**	**6**
Produce a communication schedule				**1**
Differentiate between two awards				**2**
Detail transition arrangements		**1**		
Clarify course delivery			**1**	**1**
Review exit award				**3**
Revise Accreditation of Prior Learning (APL) criteria	**1**			**1**
Quality assurance				
Review and/or correct documentation	**1**	**2**	**3**	**17**
Evidence of E&D training		**1**		**3**
Practice				
Student prescribing requirements			**1**	**3**
Evidence of recordable teacher qualification	**2**			
Clarify process for monitoring		**1**		
Evidence of support for mentors		**2**		
Assessment strategy				
Assessment clarification	**1**		**1**	**2**
Revise OSCE examination			**1**	
Provide rigorous mechanisms to ensure standards are met and completed prior to student's exiting the programme				**1**
Procedures for derogation from University requirements	**1**		**1**	**1**
Make explicit how grade descriptors are awarded		**1**		
Clarify the supernumerary status of students			**1**	
Review learning and teaching strategy				**2**
Suitable resources				
Evidence of suitable resource		**1**		
Evidence of sufficient staff				**2**
Sufficient staff with appropriate field specific expertise	**2**			

Agree terms of reference and membership for a joint oversight board		**1**		
Evidence of commitment to delivery of modules in leadership within the curriculum		**1**		
Evidence of appropriate mentors	**1**	**1**		

Total:	**11**	**19**	**27**	**91**

Annexe six: monitoring results

Grade awarded	Number of programme providers achieving each level of control 2017-2018				
	Resources	**Admissions and progression**	**Practice learning**	**Fitness for practice**	**Quality assurance**
Met	10 (71.4%)	8 (57.1%)	3 (21.4%)	8 (57.1%)	7 (50%)
Requires improvement	1 (7.1%)	5 (35.7%)	4 (28.6%)	2 (14.3%)	5 (35.7%)
Not Met	3 (21.4%)	1 (7.1%)	7 (50%)	4 (29.6%)	2 (14.3%)

Item 10
NMC/18/104
28 November 2018

Council

Draft NMC Policy on Safeguarding and Protecting People

Action: For decision.

Issue: This paper seeks approval of the draft NMC Policy on Safeguarding and Protecting People which applies to all who work for or with the NMC, including Council, Committee and Panel members, staff and contractors.

Core regulatory function: All regulatory functions.

Strategic priority: Strategic priority 1: Effective regulation
Strategic priority 4: An effective organisation.

Decision required: The Council is recommended to agree to adopt the draft NMC Policy on Safeguarding and Protecting People (paragraph 12).

Annexes: The following annexe is attached to this paper:

- Annexe 1: Draft NMC Policy on Safeguarding and Protecting People.

Further information: If you require clarification about any point in the paper or would like further information please contact the author or the director named below.

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Context:

1 Protecting people and safeguarding responsibilities is a key governance priority for all charities.

2 It is important to have an effective policy in place that safeguards and protects from harm all who come into contact with the NMC.

3 It is equally important to make sure staff, contractors, partners, registrants, patients and members of the public know about safeguarding and people protection and how to promptly respond, refer or report concerns.

4 The draft policy at **annexe 1**, has been developed in line with guidance provided by the Charity Commission (CC) and the Office of the Scottish Charity Regulator (OSCR).

5 Ongoing work streams within the NMC including the People and Organisational Development, Fitness to Practise, and Registration and Revalidation directorates have also provided input into the draft policy.

Four country factors:

6 The policy reflects our UK-wide remit by taking into account charities guidance from both England and Scotland and the different legislative and policy frameworks relating to safeguarding across the UK.

Discussion:

7 The draft policy sets out:

7.1 the responsibilities of Council members, as trustees of the charity, for taking reasonable steps in protecting people from harm; and

7.2 the key principles that all who work for or with the NMC must comply with.

8 Given its broad remit, the draft policy will be underpinned by operational guidance, procedures and appropriate training on safeguarding for all staff (including contractors, such as panel members or others who might work with the NMC in a paid or unpaid capacity) who may have contact with children or adults at risk and may become aware of a safeguarding issue that needs to be reported. The operational guidance and procedures are particularly relevant to staff who carry out or provide support in relation to investigations into Fitness to Practise or registration issues and all staff who have direct contact with registrants or members of the public, by phone, email or in person. The development of this guidance and relevant training materials is already underway and will reflect the new roles and responsibilities being rolled our as part of our public support service.

9 The draft policy is also underpinned by our HR, digital, and health and safety policies and processes and reflected in our policies governing how we engage with those who come into contact with us.

10 The key responsibilities for the Council as outlined in the policy are:

10.1 Ensuring that there is a clear and up-to-date policy in place governing the NMC's approach to protecting people from harm and for assuring itself that effective operational processes are in place.

10.2 Ensuring a safe environment and culture for all.

10.3 Regularly reviewing the policy and monitoring its impact.

11 It is proposed that once approved, the policy will be published on the NMC's website, reviewed by the Council annually and the impact monitored regularly.

12 **Recommendation: The Council is recommended to agree to adopt the draft NMC Policy on Safeguarding and Protecting People.**

Public protection implications:

13 The Council's overarching statutory duty to protect the public is reflected in the draft policy.

Resource implications:

14 The main costs involved in the work relates to embedding safeguarding in the NMC's culture, including the cost of safeguarding induction and training and any designed and printed materials.

Equality and diversity implications:

15 None.

Stakeholder engagement:

16 None.

Risk implications:

17 Failure to comply with safeguarding responsibilities may run the risk of the NMC losing the confidence of stakeholders including the public and the professions.

Legal implications:

18 Failure to protect people and manage safeguarding responsibilities effectively runs the serious risk that the NMC could be perceived to be acting improperly, rendering its actions and decisions vulnerable to legal challenge.

Item 10: **Annexe 1**
NMC/18/104
28 November 2018

Nursing and Midwifery Council

Policy on Safeguarding and Protecting People

Title	Safeguarding and Protecting People Policy
Summary	This policy applies to all who work for or with the NMC, including Council, Committee and Panel members, staff and contractors
Approval	Approved by the Council XXXX XXXX
Policy Owner	Secretary to the Council
Review date	One year from the date of approval

Contents

Insert table of contents

Introduction

1 The NMC is the independent regulator for nurses and midwives in the UK and nursing associates in England. It is established and governed by the Nursing and Midwifery Order 2001 (as amended) (the Order). The NMC is also a registered charity.

2 The NMC's overarching statutory duty is to protect the public and, as part of that, to promote and maintain:

2.1 the health, safety and wellbeing of the public;

2.2 public confidence in the professions we regulate; and

2.3 professional standards and conduct for nurses, nursing associates and midwives.

3 The NMC's three core values are:

3.1 People – we believe they matter.

3.2 Fairness – we are consistent and act with integrity.

3.3 Transparency – we are open and honest.

Purpose of this policy

4 As a regulator and a registered charity we recognise the fundamental importance of having an effective policy in place that safeguards and takes reasonable steps to protect from harm all who come into contact with us. This policy has been developed in line with guidance provided by the Charity Commission (CC) and the Office of the Scottish Charity Regulator (OSCR).

5 This policy covers both safeguarding children and vulnerable adults and protecting from harm all those who may come into contact with us in a way which is proportionate to our statutory responsibilities and charitable objectives. This includes staff, contractors, partners, registrants, patients and members of the public.

6 This policy sets out:

6.1 the responsibilities of Council members, as trustees of the charity, for taking reasonable steps in protecting people from harm.

6.2 the key principles that all who work for, or with us, must comply with.

7 This policy is underpinned by operational guidance and procedures on safeguarding for all staff (including contractors, such as panel members or others who might work with us in a paid or unpaid capacity) who may have contact with children or adults at risk and may become aware of a safeguarding issue that needs to be reported. This includes staff who carry out investigations into fitness to

practise or registration issues and all staff who have direct contact with registrants or members of the public, by phone or in person.

8 It is also underpinned by our Human Resources (HR), digital, and health and safety policies and processes and reflected in our policies governing how we engage with those who come into contact with us.

Our approach to safeguarding and protecting people

9 Although we do not provide direct health or care services, we exist to protect the public.

10 The Council is committed to taking reasonable and proportionate steps to protect people who come into contact with the NMC from harm. This includes all who benefit from the work of the NMC, our staff and those who work for and with us.

11 The Council is also committed to fulfilling its specific responsibilities to have in place appropriate measures to safeguard children and vulnerable adults.

The Council is responsible for:

11.1 Ensuring that there is a clear and up-to-date policy in place governing our approach to protecting people from harm and for assuring itself that effective operational processes are in place.

11.2 Ensuring a safe environment and culture for all.

11.3 Regularly reviewing the policy and monitoring its impact.

The Executive is responsible for:

11.4 Ensuring this policy is underpinned by effective operational guidance and processes which encompass:

11.4.1 Clear lines of accountability within the NMC for safeguarding, including designation of a safeguarding lead.

11.4.2 Training for all staff, appropriate to their role and continuing professional development, so that staff are competent to undertake their roles and responsibilities.

11.4.3 Safe working practices, including appropriate recruitment, vetting and barring procedures.

11.4.4 Robust referral, reporting and escalation processes that complement statutory local safeguarding bodies across the UK.

11.4.5 Effective inter-agency working, including effective information sharing.

Everyone who works for, or with us, is expected to:

11.5 Understand and be familiar with this policy and know how to recognise, respond to, report and record a safeguarding concern or any concern regarding harm to others.

What is safeguarding?

12 Safeguarding means protecting people from harm including physical, emotional, sexual and financial harm and neglect.

13 **Safeguarding children means to:**

13.1 protect children from abuse and maltreatment.

13.2 prevent harm to children's health or development.

13.3 ensure children grow up with the provision of safe and effective care.

13.4 take action to enable all children and young people to have the best outcomes.

14 **Safeguarding adults at risk** means protecting their right to live in safety and free from abuse and neglect.

15 Adults at risk means anyone aged 18 or over who:

15.1 has needs for care and support (whether or not the local authority is meeting any of those needs);

15.2 is experiencing, or is at risk of, abuse or neglect; and

15.3 as a result of those care and support needs, is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

16 An adult at risk of abuse may:

16.1 have an illness affecting their mental or physical health.

16.2 have a learning disability.

16.3 suffer from drug or alcohol problems.

16.4 be frail.

Statutory framework

17 The NMC operates across all four countries of the UK. There are some differences in adult safeguarding legislation, policy and practice in England, Northern Ireland, Scotland and Wales.

18 We will ensure that we maintain an up-to-date understanding of the legislative and public policy requirements in each country and that our operational guidance and processes meet the specific requirements in each of the four countries.

Safeguarding and the NMC

19 Safeguarding concerns may arise as a result of:

19.1 a direct disclosure.

19.2 an allegation, concern or complaint reported by another person.

19.3 an observation.

19.4 an incident.

20 The NMC may also be targeted by those who want to gain access to children and vulnerable adults and we are committed to ensuring that we mitigate this through robust HR policies and recruitment processes.

21 We have a duty to make sure that:

21.1 alleged safeguarding concerns are dealt with appropriately and reported in a secure and responsible way.

21.2 steps are taken to escalate or alert those able to protect children and vulnerable adults from harm and minimise risk of abuse.

21.3 appropriate and proportionate measures are in place to protect from harm all those who work for, or with us, or come into contact with us.

Support and training

22 It is important that we all understand safeguarding, and know what to do should safeguarding concerns arise.

23 Support includes:

23.1 Safeguarding induction and training for all staff appropriate to their role, including information on types of abuse and neglect; how to spot abuse; how to respond to concerns; and who to report concerns to.

23.2 Embedding safeguarding in the NMC's culture so that it is safe for anyone affected to come forward and report incidents and concerns with the assurance that they will be handled sensitively and properly.

23.3 Guidance for dealing with safeguarding concerns, including:

23.3.1 identification and management of risk;

23.3.2 management of reports of incidents, allegations and risk and recording and retention requirements;

23.3.3 reporting requirements to the relevant authorities such as the police, social services and the CC and OSCR; and

23.3.4 making changes to reduce the risk of any further incidents.

23.4 Advice if a member of staff is accused of abuse.

23.5 Guidance when dealing with wider welfare concerns and when to liaise with the Public Support Service (PSS) within the Fitness to Practise directorate.

24 We also have systems in place for:

24.1 ensuring Council and partner members and key staff are not subject to any CC disqualifications.

24.2 the safe recruitment and selection of staff, including reviewing whether any posts should have a Disclosure and Barring Services (DBS) check or a criminal record check from Disclosure Scotland.

24.3 dealing with allegations or concerns relating to staff, including clear lines of accountability, systems of reporting and actions to be taken. The following policies are already in place:

24.3.1 Codes of Conduct for Council and Committee members and independent Panel members.

24.3.2 Dignity at work policy.

24.3.3 Grievance policy.

24.3.4 Health and safety policy.

24.3.5 Digital policy.

24.3.6 Data protection policy (including confidentiality policy).

24.3.7 Complaints policy.

24.3.8 Equality, diversity and inclusion framework.

24.3.9 Disciplinary policy.

24.3.10 Anti-fraud, bribery and corruption policy.

24.4 investigating and learning from any safeguarding incidents or 'near miss' events through our serious event review policy and process, and if necessary making changes to the operational guidance for staff.

24.5 Whistleblowing:

24.5.1 Our whistleblowing policy for those who wish to raise any concerns about the NMC is available on the **iNet** and the **NMC website**.

24.5.2 Our policy for those who wish to raise concerns to the NMC in its capacity as a prescribed person is available on the **NMC website**.

Raising concerns and reporting requirements

25 We are committed to ensuring we manage safeguarding risks adequately and report any failures to do so promptly.

26 Any serious safeguarding incidents, complaints, allegations or events involving a child or a vulnerable adult or that are likely to have a significant impact on the NMC will be reported to:

26.1 the police, or local safeguarding body if appropriate;

26.2 the CC and the OSCR;

26.3 the Privy Council.

27 Such events will also be reported publicly in our statutory annual report and accounts and our Trustees' annual report.

Sharing information, confidentiality and mental capacity

28 Safeguarding children, young people and adults at risk is a shared responsibility, with the need for effective joint working between agencies and professionals that have different roles and expertise.

29 Liaison and working with other agencies is also important to prevent individuals who actively target charities in order to abuse children and vulnerable adults from doing so. This may include sharing information or making referrals to social services or other relevant agencies.

30 In sharing information, we will ensure that we do so in compliance with our Data Protection Policy and any relevant legislation.

Publication and review

31 This policy will be published on our website; reviewed by the Council annually; and the impact monitored regularly.

Item 11
NMC/18/105
28 November 2018

Council

Appointment of panel members

Action: For decision.

Issue: Appointment of new registrant and lay members to serve as panel members of the Fitness to Practise and Investigating Committees for the period 28 November 2018 to 27 November 2022.

Core regulatory function: Fitness to Practise.

Strategic priority: Strategic priority 1: Effective regulation
Strategic priority 4: An effective organisation.

Decision required: The Council is recommended to approve the appointment of the 70 individuals listed at Annexe 1 (paragraph 9).

Annexe: The following annexe is attached to this paper:

- Annexe 1: List of individuals recommended for appointment as lay and registrant members of the practice committees.

Further information: If you require clarification about any point in the paper or would like further information please contact the author or the director named below.

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Context:

1 Following a recruitment and selection exercise, we are recommending the appointment of 70 panel members to the practice committees.

Four country factors:

2 Not applicable for this paper.

Discussion :

3 The objective of the 2018 panel member recruitment campaign was to attract and appoint high quality candidates to ensure our practice committees better reflect the diversity of the nurses and midwives that we regulate. The steps we took to improve diversity included:

3.1 The campaign was designed to appeal to a more diverse group of applicants, resulting in a higher proportion of applications from people identifying as BAME and LGBT as well as younger applicants.

3.2 The interview panels included at least one BAME member.

3.3 At each of the selection points in the process an analysis of the diversity statistics was undertaken to ensure there was no adverse impact on any specific group.

4 The recruitment attracted applications from 811 individuals, 159 of which were invited to interview following the initial assessments. 70 candidates are recommended for appointment.

5 The campaign has successfully delivered on the objective to attract a more diverse group of applicants. The appointment of the recommended candidates will improve the diversity of the panel member pool. However, there is still some way to go before we achieve greater parity with the registrant population.

6 The impact of the recruitment campaign on the numbers of panel members who identify as BAME is set out below:

- 8.2% of current panel members identify as BAME
- 22.8% of the proposed appointees identify as BAME
- If appointed 10.9% of the future panel member pool will identify as BAME
- This is in comparison with approximately 17.3% of nurses and midwives on our register who identify as BAME.

7 The Appointments Board was updated on the recruitment process at its meetings in March and June 2018. The final list of proposed candidates for appointment was presented to the Board on 7 November 2018. The Board asked for and was provided with

additional assurance on:

- The application process
- The interview process
- The scoring criteria and cut off thresholds
- Individual and overall scores for all candidates.

8 The Appointments Board has approved the 70 individuals listed at Annexe 1 as suitable for appointment to the practice committees.

9 **Recommendation: The Council is recommended to approve the appointment of the 70 individuals listed at Annexe 1.**

Public protection implications:

10 Panel members are required to make decisions at fitness to practise events that protect the public.

Resource implications:

11 No direct resource implications. The recruitment campaign costs and panel member costs are included in existing budgets.

Equality and diversity implications:

12 The publicity campaign for this recruitment process was designed to engage with a more diverse range of applicants.

13 Diversity impacts were considered at each selection point in the process and there is no indication that the process resulted in any adverse equality and diversity implications.

Stakeholder engagement:

14 Awareness of the campaign was raised through use of our on-line media presence and existing stakeholder groups.

Risk implications:

15 Panel members are required to make decisions at fitness to practise events that protect the public so appointed members must have the necessary skills and behaviours to ensure fair and transparent decision making.

16 Reputational and financial risks if no candidates appointed, given EDI objectives and external stakeholder awareness and associated costs if campaign to be repeated.

Legal implications:

17 Appointed individuals will be required to sign the NMC's Panel Member Service Agreement.

Item 11: **Annexe 1**
NMC/18/105
28 November 2018

List of individuals to be appointed as panel members to the Fitness to Practise and Investigating Committees

ID number	Name	Lay or Registrant	Practice Committee	Start of term date	End of term date	Length of term
1	Patricia Breslin	Lay	Fitness to Practise Committee	28 November 2018	27 November 2022	4 years
2	Mary Golden	Lay	Fitness to Practise Committee	28 November 2018	27 November 2022	4 years
3	Andrew Macnamara	Lay	Fitness to Practise Committee	28 November 2018	27 November 2022	4 years
4	Jennifer Portway	Lay	Fitness to Practise Committee	28 November 2018	27 November 2022	4 years
5	Kevin Connolly	Lay	Fitness to Practise Committee	28 November 2018	27 November 2022	4 years
6	Jayanti Durai	Lay	Fitness to Practise Committee	28 November 2018	27 November 2022	4 years
7	Rachel Ellis	Lay	Fitness to Practise Committee	28 November 2018	27 November 2022	4 years
8	Bernard Herdan	Lay	Fitness to Practise Committee	28 November 2018	27 November 2022	4 years
9	Bryan Hume	Lay	Fitness to Practise Committee	28 November 2018	27 November 2022	4 years
10	Jane Ledgett McLeod	Lay	Fitness to Practise Committee	28 November 2018	27 November 2022	4 years
11	Mahjabeen Agha	Lay	Fitness to Practise Committee	28 November 2018	27 November 2022	4 years

12	Tom Ayers	Lay	Fitness to Practise Committee	28 November 2018	27 November 2022	4 years
13	Jan Bilton	Lay	Fitness to Practise Committee	28 November 2018	27 November 2022	4 years
14	Nicola Dale	Lay	Fitness to Practise Committee	28 November 2018	27 November 2022	4 years
15	Derek McFaull	Lay	Fitness to Practise Committee	28 November 2018	27 November 2022	4 years
16	Rachel Childs	Lay	Fitness to Practise Committee	28 November 2018	27 November 2022	4 years
17	Razia Karim	Lay	Fitness to Practise Committee	28 November 2018	27 November 2022	4 years
18	Suzy Ashworth	Lay	Fitness to Practise Committee	28 November 2018	27 November 2022	4 years
19	Suzanna Jacoby	Lay	Fitness to Practise Committee	28 November 2018	27 November 2022	4 years
20	Dale Simon	Lay	Fitness to Practise Committee	28 November 2018	27 November 2022	4 years
21	Jenny Childs	Registrant	Fitness to Practise Committee	28 November 2018	27 November 2022	4 years
22	Hartness Munyaradzi Samushonga	Registrant	Fitness to Practise Committee	28 November 2018	27 November 2022	4 years
23	Helen Chrystal	Registrant	Fitness to Practise Committee	28 November 2018	27 November 2022	4 years
24	Sally Glen	Registrant	Fitness to Practise Committee	28 November 2018	27 November 2022	4 years
25	Sharon Peat	Registrant	Fitness to Practise Committee	28 November 2018	27 November 2022	4 years
26	James Ross Cheape	Registrant	Fitness to Practise Committee	28 November 2018	27 November 2022	4 years
27	Sarah Furniss	Registrant	Fitness to Practise Committee	28 November 2018	27 November 2022	4 years

28	Tanya Tordoff	Registrant	Fitness to Practise Committee	28 November 2018	27 November 2022	4 years
29	Diane Gow	Registrant	Fitness to Practise Committee	28 November 2018	27 November 2022	4 years
30	Christine Wint	Registrant	Fitness to Practise Committee	28 November 2018	27 November 2022	4 years
31	Emily Davies	Registrant	Fitness to Practise Committee	28 November 2018	27 November 2022	4 years
32	Janine Ellul	Registrant	Fitness to Practise Committee	28 November 2018	27 November 2022	4 years
33	Melanie Lumbers	Registrant	Fitness to Practise Committee	28 November 2018	27 November 2022	4 years
34	Donna Green	Registrant	Fitness to Practise Committee	28 November 2018	27 November 2022	4 years
35	Patience Adobea McNay	Registrant	Fitness to Practise Committee	28 November 2018	27 November 2022	4 years
36	Jacqueline Metcalfe	Registrant	Fitness to Practise Committee	28 November 2018	27 November 2022	4 years
37	Sue Rourke	Registrant	Fitness to Practise Committee	28 November 2018	27 November 2022	4 years
38	Karen Shubert	Registrant	Fitness to Practise Committee	28 November 2018	27 November 2022	4 years
39	Richard James Carnell	Lay	Investigating Committee	28 November 2018	27 November 2022	4 years
40	Carol Douglas	Lay	Investigating Committee	28 November 2018	27 November 2022	4 years
41	Louise Elaine Jones	Lay	Investigating Committee	28 November 2018	27 November 2022	4 years
42	Michael Robert McCulley	Lay	Investigating Committee	28 November 2018	27 November 2022	4 years
43	Alison Fisher	Lay	Investigating Committee	28 November 2018	27 November 2022	4 years

44	Wendy Teresa West	Lay	Investigating Committee	28 November 2018	27 November 2022	4 years
45	Sally Allbeury	Lay	Investigating Committee	28 November 2018	27 November 2022	4 years
46	Nicola Bowes	Lay	Investigating Committee	28 November 2018	27 November 2022	4 years
47	Kiran Gill	Lay	Investigating Committee	28 November 2018	27 November 2022	4 years
48	Petra Leseberg	Lay	Investigating Committee	28 November 2018	27 November 2022	4 years
49	Eleanor Harding	Lay	Investigating Committee	28 November 2018	27 November 2022	4 years
50	Ingrid Lee	Lay	Investigating Committee	28 November 2018	27 November 2022	4 years
51	Navneet Sher	Lay	Investigating Committee	28 November 2018	27 November 2022	4 years
52	Lynn Bayes	Registrant	Investigating Committee	28 November 2018	27 November 2022	4 years
53	Elizabeth Foster	Registrant	Investigating Committee	28 November 2018	27 November 2022	4 years
54	Winfilda Ngoshi	Registrant	Investigating Committee	28 November 2018	27 November 2022	4 years
55	Sarah Boynton	Registrant	Investigating Committee	28 November 2018	27 November 2022	4 years
56	Judith Francois	Registrant	Investigating Committee	28 November 2018	27 November 2022	4 years
57	Sarah Hewetson-Grubb	Registrant	Investigating Committee	28 November 2018	27 November 2022	4 years
58	Jill Robinson	Registrant	Investigating Committee	28 November 2018	27 November 2022	4 years
59	Sue Stone	Registrant	Investigating Committee	28 November 2018	27 November 2022	4 years

60	Judith Ebbrell	Registrant	Investigating Committee	28 November 2018	27 November 2022	4 years
61	Jane Hughes	Registrant	Investigating Committee	28 November 2018	27 November 2022	4 years
62	Godfried Attafua	Registrant	Investigating Committee	28 November 2018	27 November 2022	4 years
63	Hayley Ball	Registrant	Investigating Committee	28 November 2018	27 November 2022	4 years
64	Nariane Chantler	Registrant	Investigating Committee	28 November 2018	27 November 2022	4 years
65	Aileen Cherry	Registrant	Investigating Committee	28 November 2018	27 November 2022	4 years
66	Yvonne Wilkinson	Registrant	Investigating Committee	28 November 2018	27 November 2022	4 years
67	Elizabeth Maxey	Registrant	Investigating Committee	28 November 2018	27 November 2022	4 years
68	Christopher Taylor	Registrant	Investigating Committee	28 November 2018	27 November 2022	4 years
69	Rajesh Karimbath	Registrant	Investigating Committee	28 November 2018	27 November 2022	4 years
70	Elizabeth Williamson	Registrant	Investigating Committee	28 November 2018	27 November 2022	4 years

Item 12
NMC/18/106
28 November 2018

Council

Readiness to regulate nursing associates

Action: For discussion.

Issue: To update the Council on our readiness to regulate nursing associates.

Core regulatory function: All regulatory functions.

Strategic priority: Strategic priority 1: Effective regulation.
Strategic priority 3: Collaboration and communication.

Decision required: None.

Annexes: None.

Further information: If you require clarification about any point in the paper or would like further information please contact the author or the director named below.

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Context:

1 We have been preparing to regulate nursing associates since the Council agreed in January 2017 to assume responsibility for this new profession.

2 This paper provides an update on the:

2.1 quality assurance of pre-regulation nursing associate pilot sites; and

2.2 progress we are making in each of our core functions to be ready to regulate nursing associates (including key risks to our readiness to regulate which we can foresee and the mitigations we are employing where appropriate).

Four country factors:

3 Health policy and workforce are devolved matters. The NMC is a four country regulator, regulating nurses and midwives in England, Wales, Northern Ireland and Scotland. This is the first instance in which the NMC will regulate a profession only in England.

4 This means that we will need to assess the comparability of applicants to the nursing associate part of the register from Northern Ireland, Scotland and Wales who have not trained via an approved programme in England to determine whether they meet our standards.

Discussion:

Assurance of pre-regulation nursing associate training programmes

5 In January 2019, approximately 900 students will graduate from one of the first 11 pilot sites overseen by Health Education England (HEE) and can apply to join the nursing associate part of the register. Prior to registration, we will need to determine the comparability of applicants' qualifications to a qualification from a programme we approve.

6 The Council accepted at its meeting in September 2017 that programmes complying with the HEE curriculum framework, with a small number of additional requirements, could be deemed comparable to NMC approved programmes.

7 The Council agreed that comparability could be established, if programmes were compliant and if Approved Education Institutions (AEIs) confirmed that each applicant to our register:

7.1 met the NMC's standards of proficiency for nursing associates;

7.2 benefited from the required learning hours set out in HEE's

curriculum framework; and

7.3 experienced the required breadth of practice placements for admission on to a generic part of our register.

8 In the June 2018 update to Council we provided the details of HEE's assurance activity. At that time, 31 of the 35 pilot sites were rated as 'green' by HEE. HEE has continued to monitor progress of the pilot sites during July and November 2018. At the time of writing, all 35 test sites are rated as 'green'.

Operational readiness to regulate nursing associates

9 In each of our core regulatory functions we need to have the following in place to be ready to regulate nursing associates:

9.1 IT systems tested and ready to use;

9.2 guidance, procedures and documents updated and signed off;

9.3 staff, visitors, panelists and legal professionals prepared for nursing associates; and

9.4 website and externally facing documents updated to include nursing associates.

10 Work is progressing well in each of our functions in our readiness to regulate nursing associates. In paragraphs 11 to 28 below, we provide an overview of key activities, risks and mitigations.

Education and standards

11 Following the Council's approval of the nursing associate standards in September 2018, we are ready to approve nursing associate programmes. We are working with education providers to schedule approval visits.

12 After 26 July 2019, new students need to start NMC approved programmes in order to be eligible to apply for registration on completion of their programmes.

13 A risk to the management of this work is that the nursing associate apprenticeship standard requires updating to reflect our standards. The Institute for Apprenticeships (IFA) has to update the nursing associate apprenticeship and this is unlikely to be approved and available before March 2019. This may be driving some of the lower than expected demand from education providers for early programme approvals. We are continuing to engage with education providers to confirm their intentions so we can mitigate risks associated with a concentration of demand for approvals between April and July 2019. The last date a student can start training, under the transitional arrangements, on a non-NMC approved programme

is 26 July 2019. We have also escalated this risk to the Department of Health and Social Care (DHSC) and HEE.

Registration and revalidation

14 Updates to our registration systems and processes for the first applicants are well underway and on track to be completed and tested by 8 December 2018. The nursing associate part of the register will open on 28 January 2019. The first group of nursing associate students is approximately 900 people, so we are confident that in the event of any delay or problem with system development, we can operate an adequate work around.

15 We have commissioned a nursing associate test of competence for any applicants we cannot deem comparable to those with an NMC approved qualification. This will be ready for applicants to sit from early February 2019.

16 The Secretary of State for Health and Social Care has approved the NMC (Fees) (Amendment) Rules Order 2018 which was made by the Council at its September 2018 meeting. The Order will now go to the Privy Council for approval and we have been assured by DHSC that the Order is on track to be laid in Parliament by 29 November 2019. We need powers to charge a fee and the payment of a fee is a requirement of registration. Provided the Order is laid by that date, we will be able to progress nursing associate registration applications from 28 January 2019.

EEA/EU, international and devolved administration applications

17 From 28 January 2019 we will also be ready to receive applications from the EEA/EU (General Systems route only) and from outside the EEA/EU and from Northern Ireland, Scotland and Wales.

18 The Council agreed in September 2018 that we will apply the same registration and revalidation policies and guidance relating to the registration of nurses and midwives to nursing associates. There will therefore be consequential changes made to our overseas registration policy and English language guidance (which we plan to publish in December 2018) to reflect how they will apply to applicants wishing to join the nursing associate part of the register.

19 The test of competence discussed above at paragraph 15 will be deployed as the test of competence for non-EEA/EU applicants and as the aptitude test compensation measure to address any identified shortfalls on the part of EEA/EU applicants. This will be ready for March 2019 which is the earliest date at which we could need such a test as applications need to be assessed first to identify comparability and any shortfalls.

20 The other compensation measure for EEA/EU applicants, the

adaptation programme, will be available later in 2019.

Revalidation

21 There are some extremely low-likelihood scenarios in which a nursing associate registrant may need to revalidate sooner than three years, but for the most part we will need to be ready to manage nursing associates' revalidation from January 2022.

Fitness to Practise

22 We will be ready to receive a referral about a registered nursing associate from 28 January 2019.

23 Our processes will apply in the same way as they do for nurses and midwives and we have provided training for panel members, case examiners and legal assessors to familiarise them with the role. We will also deliver an additional briefing for fitness to practise staff in December 2018.

Communications

24 We published our nursing associate standards in October 2018, promoting them to key stakeholders.

25 We have a programme of communications activity to support education providers coming forward for approval of pre-registration nursing associate programmes.

26 We will be producing bespoke materials on the regulation of nursing associates for employers, governors/commissioners and other members of multi-disciplinary teams.

27 Following helpful engagement with stakeholders in some of the devolved administrations, we will share a resource setting out some of the implications of nursing associate regulation in England that may merit consideration.

28 During November and December 2018, we will liaise directly with the students who will be applying to register early in 2019 so they know what to expect and can be ready to submit their applications.

29 The Council is asked to note these key areas of activity, risks and mitigations and consider whether this gives sufficient assurance of our readiness to regulate nursing associates.

Public protection implications:

30 Although we have not been responsible for the education and training of the first nursing associates, this paper sets out the steps we are taking to protect the public by ensuring they meet our Standards of proficiency for nursing associates and are ready to

uphold the NMC Code.

Resource implications:	31	The DHSC is meeting costs incurred by the NMC in setting up the regulation of nursing associates. We have flagged that there may be costs associated with needing, for reasons beyond our control, to complete initial approvals in a truncated period of time.
Equality and diversity implications:	32	The nursing associate programme is the subject of a full equality impact assessment and we will seek to ensure that equality considerations will feature in all evaluations of the role and our regulatory framework.
Stakeholder engagement:	33	Our readiness activity will be shared with key partners including our External Stakeholder Group and the DHSC Nursing Associate Board.
Risk implications:	34	Risks to readiness and related mitigations are set out in this paper. We will undertake a further risk review in December 2018.
Legal implications:	35	The Secretary of State for Health and Social Care has approved the NMC (Fees)(Amendment) Rules Order of Council 2018 and it will now go to the Privy Council for approval. It is necessary for the Order to be laid in Parliament no later than 29 November 2019 for the NMC to have the legal powers to charge applicants the appropriate fees to join and remain on the nursing associates' part of the register.

Item 13
NMC/18/107
28 November 2018

Council

Midwifery update

Action: For discussion.

Issue: To update the Council on midwifery matters.

Core regulatory function: Education and Standards.

Strategic priority: Effective regulation.

Decision required: None.

Annexes: None.

Further information: If you require clarification about any point in the paper or would like further information please contact the author or the director named below.

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Context:

1 This report updates the Council on recent midwifery-related activity including the work of the Midwifery Panel plus midwifery communications and external engagement activity.

Four country factors:

2 Each of the four countries in the UK has its own approach to midwifery and maternity services. We are engaging across the UK to ensure we understand the current issues across the four countries. This reflects our position as a UK-wide regulator.

Discussion

Midwifery Panel

3 As reported in the Chief Executive's report, Dr Anna Van der Gaag has been appointed as the Independent chair of the Midwifery Panel. Anna chaired the most recent meeting of the panel on 22 October 2018.

4 The panel's most substantive item of business was to discuss and consider the future midwife draft standards of proficiency and draft standards for pre-registration midwifery programmes. The panel's advice to the Executive on the draft standards is incorporated in the earlier item on the agenda.

5 Panel members also received an update on recent and future midwifery engagement activity and events.

External midwifery updates

6 The Scottish Government has announced that the bursary for new student midwives (and student nurses) will rise to £8,100 per year in 2019 and to £10,000 per year from 2020.

7 The Scottish Government announced it will launch a pilot programme next year which will explore ways that retired midwives and nurses can share their knowledge, skills and experience to support recently qualified midwives and nurses.

NMC Midwifery Advisors

8 We have appointed two permanent senior midwifery advisors. The first, Jacqui Williams, has been on secondment to the NMC since April 2018 from the University Nottingham, where she was an Associate Professor of Midwifery and Lead Midwife for Education (LME). Jacqui took up the post of Senior Midwifery Education Advisor on 16 October 2018.

9 The second advisor is Verena Wallace MBE. Verena is currently Midwifery Advisor / Nursing Officer (Midwifery and Children’s) Department of Health, Northern Ireland. She will be our new Senior

Midwifery Policy Advisor from 2 January 2019.

Midwifery strategic engagement

10 A strategic programme of engagement on midwifery matters has begun and a range of communications and engagement activity is planned over the coming months.

11 This includes work to increase our engagement with women and families, while being mindful of the ethical considerations when talking with individual service users about their maternity experiences.

12 In October 2018, we hosted a listening event focused on midwifery attended by the interim Chief Executive, the Chair of the Council and a number of Council members. The event was also attended by over 50 midwifery colleagues who we had engaged with over the previous 12 months. While this event included an update on our Fitness to Practise strategy and the future midwifery project, its main purpose was for us to hear about issues of particular importance to midwives on the ground and for midwives to share their perspective with NMC Council members and staff.

13 We continue to engage with a wide range of stakeholder organisations as part of our strategic engagement. Through sharing information about our work with charities and representatives bodies, over the coming months we aim to facilitate focus groups with seldom-heard groups, particularly those representing the voices of women and families.

14 In October and November 2018, the Senior Midwifery Advisor to the interim Chief Executive undertook the following visits to meet with midwifery colleagues and mothers and families:

- Queen's Hospital, Romford, accompanied by Council member, Stephen Thornton.
- Queen Alexandra Hospital, accompanied by the interim Chief Executive.
- Princess Royal Hospital, Bromley and King's College Hospital accompanied by the Chair of the Council and Council member, Anne Wright.

15 The Chair and Director of Education and Standards attended the UK-wide LME Forum in Cardiff.

16 A two-day visit to Northern Ireland will take place at the end of November 2018 and a programme of visits by the Senior Midwifery Advisor to the interim Chief Executive to sites in England is planned for the first quarter of 2019.

17 We are planning to hold a Twitter chat with women and families

within the next couple of months, working in partnership with another organisation. This will be used to help complete a survey for women and families we're currently developing.

Public protection implications:	18	None directly arising from this report.
Resource implications:	19	None directly arising from this report. The resource implications for the future midwife programme have been accounted for within the corporate plan and budget.
Equality and diversity implications:	20	We are progressing equality impact assessments for the future midwife project. We are tracking the diversity of engagement to date and will be targeting specific groups that are currently underrepresented. The next phase will involve gaining additional insight through the consultation.
Stakeholder engagement:	21	This is covered in the body of the report.
	22	We have updated the Council about the content of the engagement activities regularly. We will continue to collaborate with stakeholders and activities are planned to support participation with the future midwife consultation.
Risk implications:	23	No specific risk implications arising from this report. Risks relating to development of the future midwife standards are captured through the programme.
Legal implications:	24	None arising from this report.

Item 14
NMC/18/108
28 November 2018

Council

Audit Committee report

Action:	For information.
Issue:	Reports on the work of the Audit Committee.
Core regulatory function:	Supporting functions.
Strategic priority:	Strategic priority 4: An effective organisation.
Decision required:	No decision required.
Annexes:	None.
Further information:	If you require clarification about any point in the paper or would like further information please contact the author named below.

Secretary: Fionnuala Gill
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Chair: Marta Phillips

Context:

1 The Audit Committee last met on 31 October 2018.

2 The Committee welcomed new attendees including the Interim Chief Executive and Registrar; Interim Director of Resources and Interim Director of TBI to the meeting. The Committee was also pleased to to welcome three members of the Appointments Board attending the meeting as observers.

Four country factors:

3 None directly arising from this report.

Discussion:

Internal Audit work programme 2018-2019

4 The Committee welcomed a progress update on the Internal Audit work programme 2018-2019 and was pleased to note that the programme was on schedule with reports being completed on time.

5 The Committee approved additions to the programme to provide support to Fitness to Practise on assurance work (four days) and to support ongoing GDPR compliance work (12 days). In addition the Committee approved use of 11 days contingency in the programme for a cyber security review and was assured that the work would be undertaken by technology specialists with appropriate skills and expertise.

6 The Committee considered two completed Internal Audit reports on procurement and risk management.

7 The Committee was disappointed that the internal audit review of procurement resulted in partial assurance, as it had understood that progress in improving this area was further advanced. The Committee was assured that there was now sufficient capacity and capability in the procurement team and a commitment to implement the review recommendations.

8 The Committee noted that the review of risk management resulted in a more positive finding of reasonable assurance. The Committee had concerns that there had been a period earlier in the year when the risk register was not being regularly reviewed by the Executive but was assured that this had been addressed and was a standing item on the Executive's agenda at each monthly meeting since August.

9 The review also suggested clarifying the respective roles of the Council, the Committee and the Executive in relation to risk management. The Committee's view is that the current balance is right provided respective roles are being correctly fulfilled This will be considered further as part of the development of a wider risk management improvement plan to implement the review's recommendations. The Committee looks forward to seeing the plan at its next meeting.

10 The Committee was pleased to note that the previous good progress being made on implementing internal audit recommendations was being sustained.

IT infrastructure business resilience

11 The Committee continues to monitor progress on managing IT infrastructure risks. The Committee was updated on the disaster recovery exercise undertaken in July and the remediation work being undertaken ahead of a further test in early 2019. The Committee was given assurance about the back up arrangements in place to secure functioning of the register and to ensure swift escalation of issues when they occur.

12 The Committee was also updated on the recent telephone outages which had a significant operational impact and the steps being taken to ensure alternative back up provision is in place in the short term, whist a longer term solution is identified and implemented.

FTP assurance

13 The Committee welcomed the work undertaken by FTP involving a new approach to assurance mapping against both the Professional Standards Authority's Standards of Good Regulation and the recommendations of the Lessons Learned review. The approach has given FTP improved insight into areas where further work is needed to strengthen sources of assurance, particularly at the first line. The Committee commended the approach taken by FTP as a model for other directorates to develop improved assurance mapping.

Whistleblowing

14 The Committee noted that there had been no invocations of the policy since its last meeting.

15 The Committee approved amendments to the whistleblowing policy and guidance reflecting feedback from staff training to help ensure the policy was clearer and more accessible.

Serious Event and Data Breaches report

16 The Committee considered a report on serious events and data breaches since the last meeting. The Committee noted the themes and issues arising remain constant and asked that, for the future, trend data be provided to help understand whether the number and nature of events is reducing.

17 The Committee also noted that following implementation of GDPR, there is now a lower threshold for reporting data breaches to the Information Commissioner's Office (ICO). Four data breaches had been reported to the ICO in the last six months but in each case the ICO has decided that no further action is needed. The Committee

encouraged the Executive to ensure that the learning from such incidents is captured.

Single tender actions cumulative register

18 The Committee considered a report on single tender actions (STAs) since the last meeting. The Committee had some concerns around the increasing level of STAs. The Committee recognised that many of these were appropriate and necessary to ensure business continuity of IT legacy systems during implementation of the MOTs programme. However, the Committee felt that the categorisations for justifying use of the STA approach should be reviewed to ensure these were suitably specific and robust. The Committee asked for separation between the IT Legacy systems contracts and others to be made clearer to enable it to better understand the context of single tender contracts.

19 The Committee considers that scrutiny of the STAs is a useful indicator of the health of the operation of the procurement function and expects to see a reduction in the use of STAs in the future.

Review of accounting policies

20 The Committee undertook its annual review of accounting policies and approved some minor presentational adjustments to the policies.

Public protection implications: 21 No public protection issues arising directly from this report.

Resource implications: 22 No resource implications arising directly from this report.

Equality and diversity implications: 23 No direct equality and diversity implications resulting from this report.

Stakeholder engagement: 24 None.

Risk implications: 25 No risk implications arising directly from this report.

Legal implications: 26 None identified.

Item 15
NMC/18/109
28 November 2018

Council

Investment Committee report

Action: For information.

Issue: To update the Council on the work of the Investment Committee.

Core regulatory function: Supporting functions.

Strategic priority: Strategic priority 4: An effective organisation.

Decision required: None.

Annexes: None.

Further information: If you require clarification about any point in the paper or would like further information please contact the author or the director named below.

Author: Fionnuala Gill
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Committee Chair: Derek Pretty

Context:

1 The Council agreed to establish an Investment Committee on 26 September 2018 (NMC/18/86).

2 The Chair of the Council appointed Derek Pretty (Chair of the Committee); Stephen Thornton and Claire Johnston as members of the Committee by Chair's action in accordance with standing orders (Chair's Action: 11/2018).

3 The Committee held its first meeting on 31 October 2018.

Four country factors:

4 None arising directly from this paper.

Discussion:

Terms of reference and membership

5 The Committee discussed the terms of reference and considered that it would be helpful if these could be adjusted to clarify that the Committee had authority to delegate day to day asset management to fund managers once appointed, in accordance with normal practice. The Chair of the Council approved this amendment by Chair's action (14/2018).

6 The Committee agreed to use the existing external investment advisers appointed by the Executive to support the procurement of fund managers. The Committee undertook to review the continued need for independent investment advisers once fund managers were in place.

7 The Committee agreed that it would be valuable to enhance the membership by co-opting up to two independent members with current investment expertise, as provided for in the terms of reference. A process to identify potential independent members will be initiated shortly.

Proposed Investment Strategy and ethical policy

8 The Committee discussed investment strategy proposals developed by the independent advisers including the number and nature of funds to be held, liquidity requirements and the risk appetite and potential investment return expectations for each fund. The Committee requested further work to revise and redevelop the strategy, in line with these discussions. It is expected that this will be further refined as part of the appointment of investment fund managers.

9 The Committee agreed that an ethical policy to govern the approach to investments should be developed and that a useful reference point would be the existing ethical policy set by the Council for the Defined Benefit Pension Fund.

10 Proposals for a revised investment strategy and ethical policy will be brought back to the Council for final approval in due course.

Procurement of Investment managers

11 The Committee authorised the Executive to begin an open procurement process in accordance with OJEU rules for the appointment of suitable investment fund managers.

Public protection implications: 12 None arising from this paper.

Resource implications: 13 The costs of independent investment advice are met from within the Resources Directorate budget and amount to £15k to date.

Equality and diversity implications: 14 EDI issues will be considered as part of the development of the ethical policy and, as with all our procurement processes, EDI issues will be tested as part of the selection of fund managers.

Stakeholder engagement: 15 Not applicable to this paper.

Risk implications: 16 The Committee will continue to discuss and monitor the associated risks.

Legal implications: 17 None arising from this paper.

Item 16
NMC/18/110
28 November 2018

Council

Performance and Risk report

Action: For discussion.

Issue: Reports on performance and risk management for 2018–2019.

Core regulatory function: All regulatory functions.

Strategic priority: All.

Decision required: None.

Annexe: The following annexe is attached to this paper:

- Annexe 1: Performance and risk report.

Further information: If you require clarification about any point in the paper or would like further information please contact the author or the director named below.

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Discussion:

1 This report provides a progress update against the NMC delivery plan up to 31 October 2018, structured in line with the three areas set out in the delivery plan. Good progress is being made against objectives across the organisation; our financial position is strong; and our risk position is stable.

Changing our approach

Lessons Learned, including values and behaviours

2 The lessons learned programme continues and a table setting out each milestone is at annexe 1. Overall, strong progress is being made in particular with the establishment of the public support service. The timescale for setting up a new complaints and enquiries function has been extended slightly to do more work to establish how we best route general enquiries into the NMC, but this development work will be completed by March 2019.

A new strategic direction for fitness to practise

3 The implementation of the new approach to fitness to practise continues apace. In September 2018 we updated our decision making guidance to reflect the strategic policy principles agreed by the Council. We have starting piloting operational changes in five key areas. The pilots are on track and initial feedback from NMC colleagues involved is positive. We will evaluate impact and plan implementation from April 2019.

4 We are continuing to engage with stakeholders about our new approach, and feedback has been generally very supportive. Key engagement is currently focused on patient organisations and trade bodies. We continue to work closely with the representative bodies – RCM, RCN, Unison, and Unite. The Director of Fitness to Practise spoke about the strategy at the recent midwifery listening event, and has been invited by the RCM to speak at their next directors and heads of midwifery meeting.

Core Business and new initiatives

Education

5 A full programme is in place to support the implementation of the future nurse and education standards. Over 500 people have attended our events around the UK, we have also held webinars, meet regularly with key stakeholders and we are supporting activity delivered by national boards and local groups.

6 We are publishing further information and resources to support the implementation of the new standards and have a communications and signposting plan in place ahead of the withdrawal of the

standards of medicines management.

7 We have had an excellent response to our return to practice consultation with positive feedback for undertaking this review. Early feedback suggests support for the test of competence as an alternative option alongside standards for return to practice programmes.

Overseas Registration

8 We continue to prepare our overseas route for Nursing Associates (NAs). We have appointed a partner to design and deliver the NA test of competence and work is well underway to make the test available from early 2019.

9 Our plans to launch our new automated process for nurses and midwives are on track for July 2019 with key dependencies on the technology programme being carefully managed. Our engagement events to date have been very helpful and changes we have already introduced to the overseas process have received very positive feedback from stakeholders. We are already seeing an impact on the numbers of overseas applicants joining the register.

Enhancing our capability and infrastructure

Modernisation of Technology Services (MOTS) Programme

10 The MOTS programme will mitigate our highest corporate risk around the stability of our IT, by replacing our ageing corporate systems, as well as delivering new solutions e.g. for NA.

11 Our IT delivery partners for the first phase of MOTS have now been secured, as well as a dedicated programme manager and an internal communications person to support engagement across the organisation.

12 Development to support NA registration and overseas route remains on track for delivery in January 2019. This will also deliver the foundations for work in 2019-2020 to replace our systems for registration (WISER) and FtP case management (CMS).

Developing our People

13 We have secured a delivery partner to undertake our pay and reward review over the next 3 months. Options will be presented to the Remuneration Committee in February and the Council in March.

14 We have also secured a delivery partner to help us benchmark our values and behaviours between January-March 2019. The outcomes will be used to design our future learning and development programme.

15 We continue to assess training needs for customer service training for key delivery teams, specifically training on how to identify vulnerable people and work with distressing material.

Improving our communications

16 Research has begun to help us understand better the perceptions and expectations of patients, families, parents, nurses, midwives and the public.

17 The research will help us build a sustained programme of communication and engagement with these audiences and a richer dialogue with them so that their voices shape what we do.

Accommodation

18 The Accommodation Project is on track overall. Location is a matter of keen interest to our employees. In October, we sought employee input into the workplace design through a survey and workshop. Further internal communications and engagement activities are planned once the agreement for lease is signed.

Corporate KPIs

19 Performance against our five corporate KPIs, the performance of the call centre and performance against our employee turnover indicators is detailed in annexe 1. Performance on the five corporate KPIs remains strong and above target. The performance of the call centre dipped in September and October due to service failures by our telephony supplier, but is still expected to be above target for the full year. For 10 of the last 12 months, employee turnover has been lower than in the corresponding period 12 months previously. In the last two months, turnover has increased slightly, with FtP's relocation being given as a new reason in exit interviews.

Financial performance against 2018–2019 corporate budget

20 Detailed financial performance commentary is provided at annexe 1.

21 Year to date (31 October 2018) there is a surplus of £8.6m, which is also £8.6m ahead of budget.

22 In October, we reviewed progress against budgets and considered options to reallocate funds so as to make effective use of the emerging budget surplus for the year. We identified a range of projects which we have the capacity to deliver in 2018–2019 and which will help to take pressure off resources in 2019–2020. The total expected extra cost of those projects is £2.1m, and that is now included in the forecast for 2018–2019.

23 Including those costs, total expenditure including capital is still within the original budget for 2018–2019, and the overall forecast result for

the year is a surplus of at least £2.2m in cash terms. The forecast result in the 2018-2019 annual report and accounts - in accruals terms, excluding capital costs – is a surplus of at least £6.1m.

Corporate Risk Position

24 A summary of our corporate risk register is presented at annexe 1, section 9. This reflects position at September 2018 which is largely unchanged.

24.1 We have made significant progress towards ensuring that we **meet external expectations**, and expect this risk to reduce over the next 9-12 months. Specific risk treatment includes:

24.1.1 Continued implementation of our Lessons Learned programme and launch of the Public Support Service.

24.1.2 Launch of our FtP pilots to test new approaches to delivering FtP services.

24.1.3 Research into the perceptions and expectations of patients, families, registrants and employees.

24.2 **Our workforce**: At the September 2018 Council meeting we provided confidence that we can deliver our critical commitments over the next 18 months. This position remains unchanged with no priority programmes paused or deferred, and sufficient capacity to deliver.

24.3 The 2019-2022 business planning cycle continues and will take a longer term view of both corporate and operational objectives. This will aid us to plan for and manage capacity pressure in the future.

24.4 **Stability of IT infrastructure:** Various initiatives are underway to remediate specific issues related to the resilience of our technology and cyber security, reporting regularly to the Audit Committee to provide assurance on this. In the medium term we will reduce ICT risks through the MOTS programme.

Public protection implications

25 Public protection implications are considered when reviewing performance and the factors behind poor or good performance.

Resource implications:

26 Performance and Risk Reporting are a corporate requirement and are resourced from within BAU budgets with no additional cost attached. No external resources have been used to produce this report.

Equality and diversity implications:	27	Equality and diversity implications are considered in reviewing our performance and risks.
Stakeholder engagement:	28	Not applicable.
Risk implications:	29	The impact of risks is assessed and rated within our corporate risk register.
Legal implications:	30	None.

Item 16: **Annexe 1**
NMC/18/110
28 November 2018

NMC Performance and Risk Report for 2018–2019

Contents

Section 1: Delivery Plan Progress Update 2
Section 2: Progress against the Lessons Learned Programme 7
Section 3: Financial Performance 8
Section 4: Performance against the corporate business plan 15
Section 5: Call centre 18
Section 6: Customer Feedback Dashboard 21
Section 7: People 23
Section 8: Corporate Risks 26
Glossary 30

Section 1: Delivery Plan Progress Update

a. Milestones to November 2018

Key Deadline	Activity	Status at Nov 18	Status Commentary
1. Changing our approach			
FtP Strategy (Matthew McClelland)			
Sep-18	FtP pilots launched	Green	The programme is on track and on budget. We are piloting operational changes, as follows: • Better information and support for the public – we are piloting personal calls to people who raise concerns with us about a nurse or a midwife • Closer working with employers – we are piloting co-produced information to support employers in deciding when and how to refer something to us • Taking account of context – we are piloting a tool for assessing the context in which incidents occur, which has been developed for us by external advisers, working with stakeholders. • Enabling nurses and midwives to remediate – we are piloting tailored advice for nurses, midwives, and their employers about steps they can take to make sure that things that went wrong do not happen again. • Making best use of hearings – we are piloting 'statements of case' on cases that are referred for adjudication, which will set out in detail our position on the case and the expected outcome and will provide a basis for narrowing down areas of material dispute. The pilots are scheduled to run until March. We will then evaluate their impact and agree an implementation plan. Two projects are underway as part of our continuous improvement programme: • Improving hearing completions: diagnostic and planning phase will be complete in December 2018 • Publishing voluntary removal decisions and reasons: expected to complete in February 2019
Lesson learned review (Emma Broadbent)			

Key Deadline	Activity	Status at Nov 18	Status Commentary
Oct-18	New approach to Complaints and FOIs agreed and launched	Amber	We extended the timeline for the creation of the new processes and associated team structure for complaints and enquiries. This has been reflected in the status as amber. The implementation of the new team and processes is on track for delivery in April 2019.
People and OD (Sarah Daniels)			
Nov-18	Annual Staff Conference	Green	Our staff conference took place on 1 November 2018 and covered themes such as how to take a person centred approach in our work, strengthening our values, and creating an environment of positive behaviours both internally and externally.
2. Core business and new initiatives			
Education (Geraldine Walters)			
Sep-18	Return to Practise consultation launched	Green	Our return to practice consultation was launched and is due to close on 16 November 2018. Early feedback suggests support for the test of competence as an option alongside standards for return to practice programmes.
Sep-18	New QA framework launched	Green	Launched on 1 September.
Oct-18	Approvals of nursing programmes against new QA framework begins	Green	Approvals against the new standards are scheduled to begin in November 2018.

Key Deadline	Activity	Status at Nov 18	Status Commentary
Nursing Associates (Geraldine Walters)			
Oct-18	Fees, Code and Standards published	Green	Standards for nursing associates, the amended Code and the fees were published in October 2018.
3. Enhancing our capability and infrastructure			
Modernising IT (Ric Sheldon)			
Sep-18	Signing of contract with delivery partner	Green	Delivery partners are now well established.
Accommodation (Andy Gillies)			
Oct-18	New lease signed	Green	Due diligence of the preferred location has commenced with the agreement for lease due to be signed shortly.

b. Future milestones up to 2020

(Please note that as our plans evolve additional activities will be added to this list).

Key Deadline	Programme	Activity	Director responsible	Status at Nov 18
Jan-19	Overseas	Open overseas route for NAs	Emma Broadbent	On track
Jan-19	Nursing Associates	Open NA register and register first NAs	Geraldine Walters	On track
Jan-19	Modernising IT	NA and overseas infrastructure go live	Richard Sheldon	On track
Feb-19	Education	Midwifery standards consultation launched	Geraldine Walters	On track
Apr-19	Education	Return to Practise standards published	Geraldine Walters	On track
Apr-19	FtP Strategy	Assess the pilots and develop an implementation plan	Matthew McClelland	On track
Apr-19	People and OD	Implement new employee pay and reward strategy	Sarah Daniels	On track
Jun-19	Accommodation	Decant from Aldwych	Andy Gillies	On track
Jul-19	Overseas	New overseas route for nurses and midwives opens	Emma Broadbent	On track
Jul-19	Accommodation	Decant from Kemble St	Andy Gillies	On track

Key Deadline	Programme	Activity	Director responsible	Status at Nov 18
Jul-19	Modernising IT	New register infrastructure go live	Richard Sheldon	On track
Jan-20	Education	Publish new midwifery standards and proficiencies	Geraldine Walters	On track
Jan-20	Modernising IT	FtP case management service infrastructure go live	Richard Sheldon	On track
Sep-20	Education	All nursing and midwifery programmes to be approved against new standards.	Geraldine Walters	On track

Milestones previously included in this table for the end of the leases for Kemble Street and Aldwych have been removed, as the key milestones for the accommodation project are the decant dates.

Section 2: Progress against the Lessons Learned Programme

Lessons Learned Programme	
1	Our Lesson Learned programme will deliver a number of outcomes under 13 key workstreams. Progress is:
1.1	Establishment of the Public Support Service. On track
1.2	The Fitness to Practise strategy. On track
1.3	Exploring new sources of assurance for Fitness to Practise. On track, an update was provided to the Audit Committee on 31 October.
1.4	Continuing to develop Employee Link Service and Regulatory Intelligence Unit. Recruitment of additional Regulatory Advisors completed. On track.
1.5	Improving access to clinical advice. Interviews have taken place and appointments are underway. On track.
1.6	Review of Complex and High Profile team. Working group set up in August and will report by the end of the financial year. On track.
1.7	A programme of engagement with patients, families and public groups to inform our work going forward. Delayed: We postponed the engagement event that was scheduled for mid-November and are instead engaging with representative groups on a one-to-one basis.
1.8	Developing a programme of research to better understand how regulation can better meet the expectations of patients and the public. Research report has been commissioned, this is due by the end of January 2019. On track.
1.9	Reviewing our correspondence and communication to make sure it is helpful and easy to understand. Fitness to Practise on track to be completed by the end of November. Registration and Revalidation templates will start to be reviewed in November 2018. Overall on track.
1.10	Introducing a new approach to complaints and enquiries. Delayed - this work will now complete by the end of March 2019.
1.11	Embedding our values and behaviours. Breakout sessions included in the November staff conference to discuss values and behaviours, 360 degree profiles launched to people managers with a completion of 31st October. Further analysis and embedding work will be supported by a

Lessons Learned Programme
specialist agency starting in January 2019. We are currently reviewing delivery timescales for this element of the plan. 1.12 A refreshed approach to recruitment and induction. New Corporate welcome event, on boarding guide, on-boarding page created and due to roll out by mid-November. 1.13 Enabling record keeping through our modernisation of technology strategy. Review of the way we keep records aligned with the modernisation of our technology services programme.

Section 3: Financial Performance

a. Current status at October 2018

Year to Date Income and Expenditure at October 2018	Current status
Income (October actual: £54.1 million / 6% over budget)	Green
Expenditure (October actual: £45.5 million / 10% under budget)	Amber

b. Forecast status at 31 March 2019

Full Year Forecast Income and Expenditure	31 March 2019 Status
Income (Forecast: £90.6 million / 5% over budget)	Green
Expenditure (Forecast: £88.4 million / 2% below budget). Underspend against budget risks being higher if delivery of activity does not keep pace with plans for the remainder of the year.	Green
Surplus: (Forecast: £2.2 million surplus)	Green

c. Actuals to 31 October 2018. Forecast to 31 March 2019

Nursing and Midwifery Council Financial Monitoring Report

	Year-to-date October 2018				Full Year Outturn			
Income	Actual £'m	Budget £'m	Var. £'m	Var. %	Forecast £'m	Budget £'m	Var. £'m	Var. %
Total Income	**54.1**	**50.8**	**3.3**	6%	**90.6**	**86.4**	**4.2**	**5%**
Expenditure								
Directorates								
Fitness to Practise	21.1	22.4	1.3	6%	38.7	38.2	(0.6)	(1%)
Resources	5.2	5.6	0.4	7%	9.0	9.7	0.7	7%
Technology and Business Innovation	3.3	4.1	0.8	19%	6.7	7.0	0.3	5%
Registration and Revalidation	3.5	3.7	0.2	6%	6.5	6.6	0.1	1%
OCCE	1.5	1.7	0.1	9%	3.1	3.1	0.0	0%
Education and Standards	1.5	1.8	0.3	18%	3.0	3.0	0.0	2%
People & Organisational Development	1.5	1.5	0.0	0%	2.8	2.6	(0.2)	0%
External Affairs	0.8	0.9	0.1	14%	1.6	1.5	(0.1)	0%
Total Directorates - BAU	**38.3**	**41.6**	**3.3**	**8%**	**71.4**	**71.7**	**0.2**	**0%**
Programmes & Projects								
Modernisation of Technology Services	0.9	1.5	0.6	40%	3.1	3.5	0.4	11%
Nursing Associates	1.4	2.0	0.6	32%	2.7	2.7	0.0	0%
Education Programme	0.7	0.8	0.1	17%	1.6	1.7	0.2	10%
Overseas Programme	0.3	0.6	0.4	58%	0.8	1.4	0.6	41%
Lessons Learned Programme	0.0	0.2	0.2	100%	0.4	1.2	0.8	63%
Accommodation Project	0.1	0.1	0.0	0%	1.0	1.0	0.0	0%
FtP Change Strategy	0.4	0.6	0.2	36%	0.9	0.9	0.0	0%
People Strategy	0.1	0.3	0.2	66%	0.4	0.5	0.1	26%
Other Projects	0.3	0.3	0.0	0%	0.4	0.4	0.0	0%
Strategic Projects Reserve	0.0	0.1	0.1	100%	0.1	0.1	0.0	0%
Total Programmes/Projects	**4.2**	**6.5**	**2.3**	**36%**	**11.5**	**13.4**	**2.0**	**15%**
Corporate								
Depreciation	1.8	1.6	(0.2)	(14%)	2.9	2.7	(0.2)	(7%)
PSA Fee	1.0	1.0	0.0	0%	1.8	1.8	0.0	2%
Other	0.1	0.1	0.0	0%	0.2	0.2	0.0	0%
Contingency	0.0	0.1	0.1	100%	0.8	0.8	0.0	0%
Total Corporate/Central	**2.9**	**2.8**	**(0.1)**	**(5%)**	**5.6**	**5.4**	**(0.2)**	**(4%)**
Total Expenditure	**45.5**	**50.8**	**5.3**	**10%**	**88.4**	**90.5**	**2.1**	**2%**
Surplus/(Deficit)	**8.6**	**0.0**	**8.6**		**2.2**	**(4.1)**	**6.3**	
Capital	**0.0**	**0.0**	**0.0**	**0%**	**3.9**	**0.0**	**(3.9)**	
Surplus/(Deficit) excluding CAPEX	**8.6**	**0.0**	**8.6**		**6.1**	**(4.1)**	**10.2**	
Available Free Reserves	**32.7**	**22.9**	**9.8**	**43%**	**27.4**	**18.3**	**9.1**	**50%**

* Budget includes Nursing Associates Income & Expenditure figure of £2.7m

Notes:

1. Where totals and variances do not calculate exactly this is due to rounding.
2. Results do not include any adjustments that will come from the year-end actuarial review of the defined benefit pension scheme for the full financial statements. This may result in an increase or decrease in costs. A light touch actuarial review as at the end of September 2018 indicated that

the deficit could be lower than that currently shown, due to changes in market conditions and changes in actuarial assumptions.

d. Balance Sheet at 31 October 2018

BALANCE SHEET	Mar-18	Oct-18	Change	Change
	£'m	£'m	£'m	(%)
Fixed Assets				
Tangible Assets	18.9	17.1	(1.8)	(10%)
Current Assets				
Cash	16.7	29.5	12.8	77%
Debtors	4.1	3.3	(0.8)	(20%)
Investments	65.5	65.7	0.2	0%
Total Current Assets	**86.3**	**98.5**	**12.2**	**14%**
Total Assets	**105.2**	**115.6**	**10.4**	**10%**
Liabilities				
Creditors	(50.9)	(53.7)	(2.9)	(6%)
Provisions	(1.4)	(1.1)	0.3	(23%)
Total Liabilities	**(52.3)**	**(54.9)**	**(2.6)**	**(5%)**
Net Assets (excl pension liability)	**52.9**	**60.7**	**7.8**	**15%**
Pension Liability	(11.7)	(10.9)	0.8	7%
Total Net Assets	**41.2**	**49.8**	**8.6**	**21%**
Total Reserves	**41.2**	**49.8**	**8.6**	**21%**

Notes:

1. The movement of £15.1 million on Creditors (Current Liabilities) is mainly due to the release of deferred income to the appropriate periods in the Income & Expenditure Statement.

2. For non-current liabilities, Creditors (over 1 year) will increase each month as the NMC receives registration fees for periods that span beyond current financial year.

e. Detailed financial commentary

Budget and financial statements reconciliation

Overview of budget changes from the 2018-2019 budget approved in March:

	March 2018 budget £'m	Change £'m	Current budget £'m
Income per budget approved in March	83.7		
NA programme income		+2.7	
Budgeted income in October financial report			86.4
Expenditure per budget approved in March	83.3		
NA programme expenditure		+2.7	
MOTS programme		+3.5	
Accommodation programme		+1.0	
Budgeted expenditure in October financial report			90.5
Surplus/(deficit)	0.4	(4.5)	(4.1)

Changes from the budget approved by Council in March 2018 are:

- £2.7m added to income and expenditure to reflect the costs of the NA programme and the reimbursement of those costs by DHSC. In the budget discussed at 30 March 2018, NA income and expenditure had been netted off to nil. The treatment adopted here mirrors the annual audited financial statements.
- Additional budget of £3.5m for the Modernisation of Technology Services programme and £1.0 m for the Accommodation Programme have been added to budgeted expenditure following approval by Council in July. Both amounts were anticipated at the time of the budget discussion in March 2018, but not formally included at that point.

Impact of capitalisation of costs on results reported in financial statements

As set out in previous reports, our total budgeted costs (initially £83.3m, now £90.5m) includes both revenue and capital costs. The capital costs are typically development of new IT software and building refurbishment. When we prepare the statutory Annual Report and Accounts, these costs are excluded from expenditure in the Statement of Financial Activities and instead are added to fixed assets in the Balance Sheet).

Our current estimate is that £3.8m of spend included in the 2018-2019 forecast will be capitalised. If this is achieved, this means that the surplus of income over spend, currently forecast as £2.2m, will be reported as a surplus of £6m in the audited financial statements.

Year to date financial performance

Overview: After seven months, we have recorded a surplus of £8.6m. Our budgeted result at this point of 2018-2019 was break even, and at the same point last year we had recorded a deficit of £3.9m. This is due to a combination of higher income than expected and lower than planned spend on Business As Usual activities and Programmes.

Income:

- **YTD**: Income is £3.3m (6%) above budget partly due to a £1.6m refund from Her Majesty's Revenue & Customs (HMRC) for income tax and National Insurance payments on FtP Panellists in previous years. Also, the number of nurses and midwives on the register is higher than forecast.
- **Full year expectations**: are total income of £90.6m, which would be £4.2m (5%) above budget.

Expenditure:

- **YTD:** Total spend is £5.3m (10%) below budget. Key factors are lower than anticipated hearings in FtP and lower staff costs due to vacant posts across all directorates. Programmes and Projects are underspent by £2.2m (34%) due to slippage and re-phasing of work.

Expenditure on business as usual activities

YTD spend on BAU is £3.3m (8%) below budget after seven months but is forecast to be only £0.2m under budget by year-end.

Underspends:

- **Fitness to Practise (FtP):** (Spend on FtP accounts for over 50% of our BAU budget)
  - **YTD spend:** there are £1.3m of underspends (6% of budget). This is primarily due to fewer cases at adjudication resulting in less hearings taking place than planned.
  - **Full year expectations:** we anticipate 140 fewer hearings this year compared to the 966 originally planned (a reduction of 14%). This will reduce budgeted spend. This is in part due to a backlog in the number of investigations in progress. We forecast that FtP will be £0.6m (1%) above budget by year end due to the increased investment in investigations to reduce the backlog (see below).
  - **Risks**: A possible implication of fewer hearings this year may be that there are more during 2019–2020. The associated impact on expenditure could be offset through improvements we are piloting as part of the FtP Strategy.
- **Other Directorate underspends:**
  - **YTD spend:** there were a total £2.0m of combined underspends across our other seven directorates. Items of note: re-phasing of planned estates maintenance

spend within Resources, lower staff costs resulting from vacancies within Technology and Business Innovation (TBI), and reduced Quality Assurance activity within Education and Standards.

- **Full year expectations:** other directorates are forecasting an aggregate £0.8m underspend by March 2019.
- **Risks**: Delayed activities will be taken forward into next year's budget and the risks arising from the delays remain tolerable for 2018-2019.

Expenditure on Strategic Programmes and Projects

YTD expenditure on Strategic Programmes and Projects, including Nursing Associates, is £2.3m (36%) below budget.

The Programmes with significant underspends include:

- **Modernisation of Technology:** is £0.6m below budget YTD mainly due to re-phasing of activities that are now expected to happen in the latter part of the year. We forecast an underspend for the year of £0.4m mainly due to lower staff costs resulting from less use of contractors.

- **Nursing Associates:** YTD underspend of £0.6m is due to the phasing of activities. We expect the budget of £2.7m to be fully spent by year-end. The full costs of the NA programme are being met by funding from the DHSC.

- **Overseas Programme:** YTD spend is £0.4m below budget mainly due to activities happening later than initially planned. Also, the implementation of the 'Future Nurse' route is now scheduled for July 2019 and is why we now forecast an underspend of £0.6m this year. The underspend is mainly deferred to 2019-2020 when we expect to deliver the overall programme outcomes, in line with our plans

- **Lessons Learned Programme:** based on current plans we are forecasting an underspend of £0.8m this financial year. Some of this represents less spend required than indicated by initial estimates. Some represents slippage, estimated as £0.3m, into 2019—2020.

Use of Strategic Programmes and Projects Reserve and Contingency

The Council established a reserve of £0.5m in March 2018, in addition to our funding for programmes and projects, to account for any unforeseen events. To date, £0.4m has been allocated to essential projects that slipped from 2017–2018 into the current year and a new project this year. These relate to GDPR and to improvements to Registration processes. This leaves £0.1m available to offset other project pressures.

The Executive has so far accessed £1.5m of the £2.3m contingency fund. The £1.5m has been used for the Lessons Learned programme, additional costs for data storage following the implementation of the Digital Audio Recording project, net costs of the Apprenticeship Levy and additional costs following the reorganisation of the People and

Organisational Development directorate. Whilst we currently hold £0.8m in the Contingency budget, we are likely to release this in the next period given the generally favourable financial position.

Total expenditure

- In October, the Executive reviewed progress against budgets and considered options to reallocate funds so as to make effective use of the emerging budget surplus for the year. We identified a range of small projects which we have the capacity to deliver in 2018–2019 and which will help to take pressure off resources in 2019–2020. The total expected extra cost of those projects in 2018-2019 is £1.8 m, and that is now included in the forecast for the year. The new projects include:
  - £1m for additional outsourced investigations work to reduce the caseload of older FtP cases. The total expected cost of this work is £2m, of which the rest will fall in 2019–2020. The alternative to outsourcing the work would have been to engage an extra 30 fixed term contract employees in the investigations team in 2019–2020, and outsourcing means that the caseload will get cleared faster, with a positive impact on team morale.
  - £0.33m for new WiFi in 23 Portland Place and other IT infrastructure, bringing forward work that had been planned for 2019–2020.
  - £0.18m for additional Education QA work, including on NA courses.
  - There are also proposals for new posts (some of which are fixed term) in the POD team to support the delivery of the People Strategy, in the EA team to support stakeholder engagement and public affairs work, and in the Corporate Risk and Performance team, to support risk management. The Executive will review the sustainability of the proposed new posts in December.
- **Full year expectations:** Including the cost of the new projects, total forecast spend is £88.4m, £2.1m (2%) below budget. £2.0m of the expected underspend is from Programmes & Projects. However, forecast spend on programmes and projects is likely to be optimistic as spend and delivery is weighted towards the latter part of the year. A larger underspend and some slippage into next year is possible.
- The overall underspend will be further increased to the extent that the remaining £0.8m in the contingency is not used
- **Risks:** Risks within BAU spend are tolerable. Underspends are spread across a number of Directorates, and we do not believe delivery will be adversely impacted as a result.

Section 4: Performance against the corporate business plan

5.1. Corporate KPIs

a. Current Status at October 2018

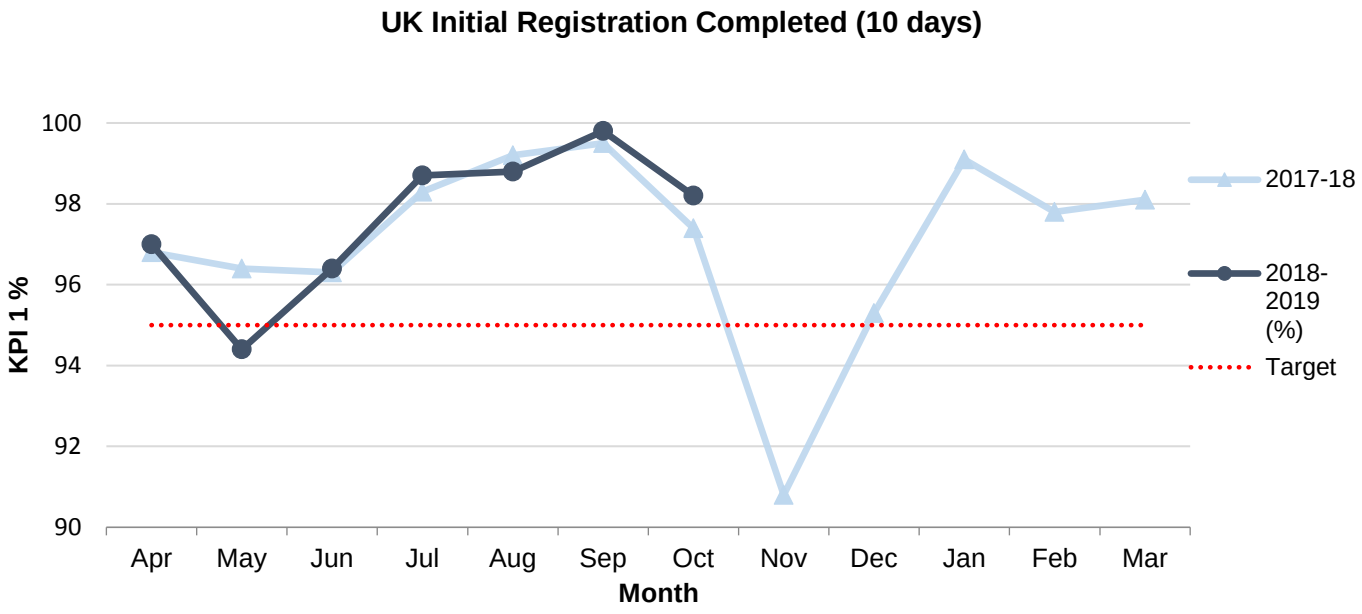
5 Currently above target	0 Marginally below target	0 Significantly below target

b. Detailed Commentary

Progress against corporate KPIs	Current Status
Registrations and Revalidation	
KPI 1: Percentage of UK initial registration applications completed within 10 days. **Target**: 95%	**Green**

Result:

- Performance this quarter remains strong against our KPI target of 95%.
- The dip in November 2017, which is related to the annual cycle and our peaks of work, was expected. We anticipate a similar trend for 2018.



KPI 2: Percentage of UK initial registration applications completed within 30 days. **Target:** 99%	**Green**

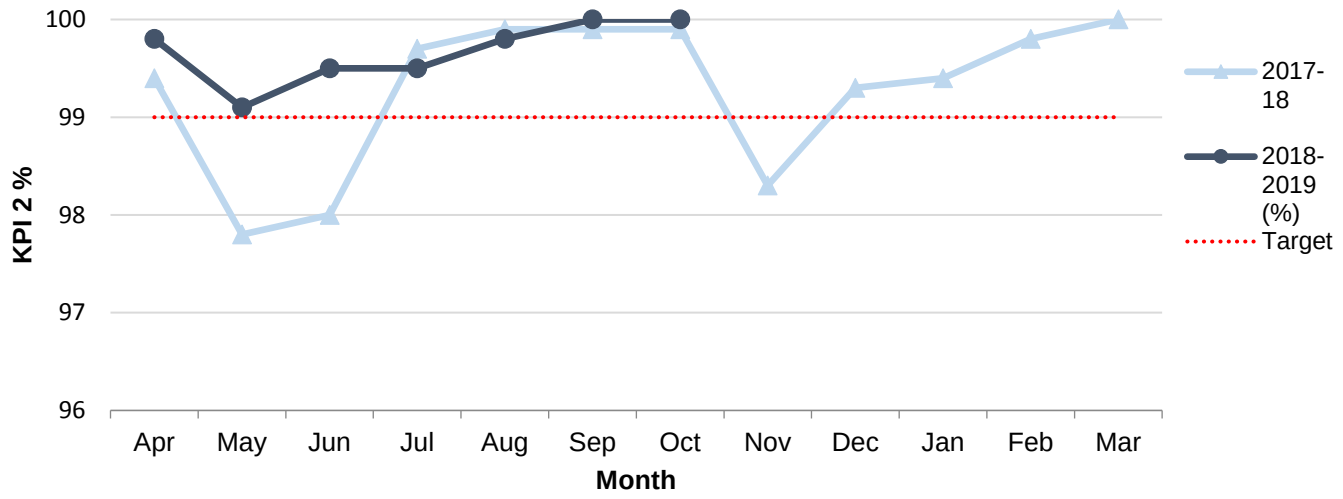
Result:

- Performance this quarter remains strong against our KPI target of 99%.

Progress against corporate KPIs	Current Status

- As with KPI1, the dip in November 2017, which is related to the annual cycle and our peaks of work, was expected. We anticipate a similar trend for 2018.

UK Initial Registration Completed (30 days)



KPI 3: Percentage of EU/Overseas registration applications assessed within 60 days. **Target:** 90%

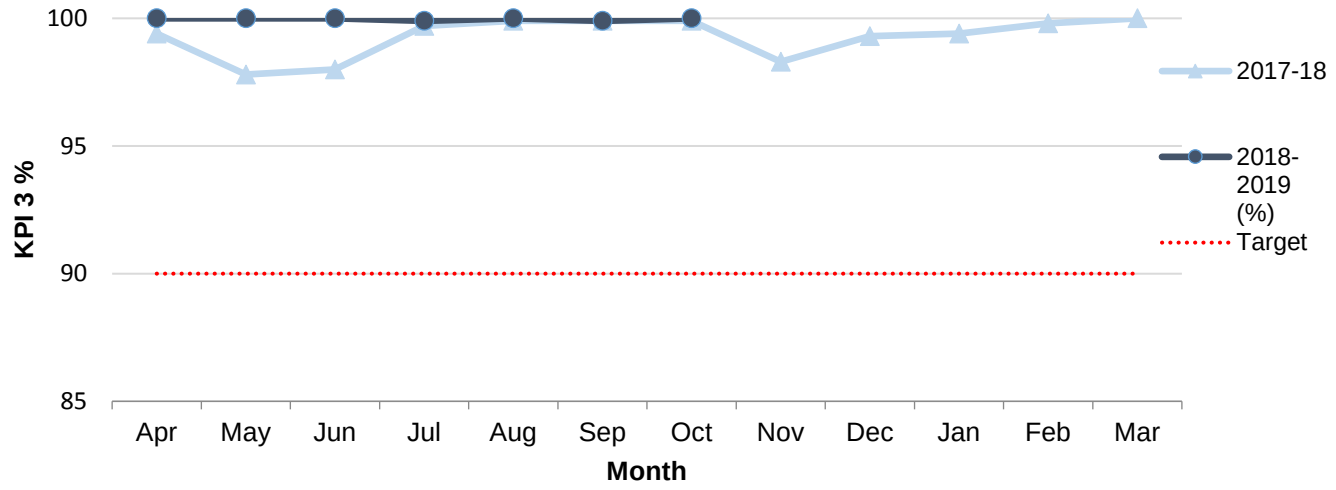
Green

Result:

- Performance this quarter finished strongly against our KPI target of 90%.
- We continue to see an increase in overseas applications when compared to the same period last year.
- However, volumes of EU applications remain low.

Overseas Registration Assessed (60 days)

Progress against corporate KPIs	Current Status



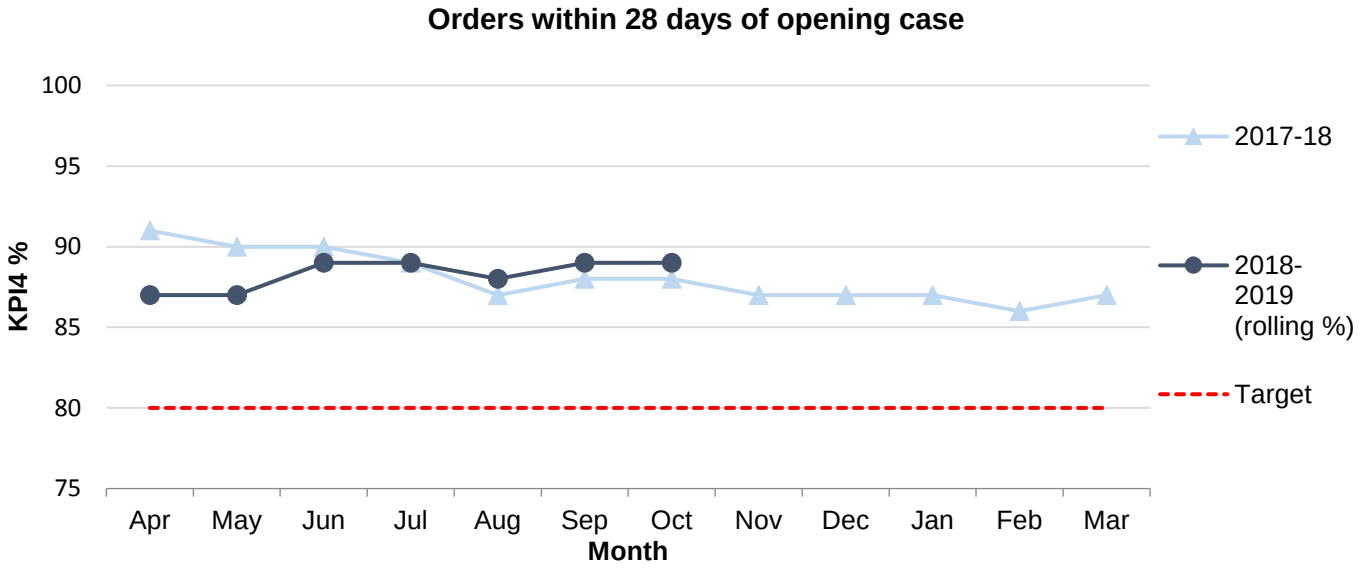
Fitness to Practise

KPI 4: Percentage of interim orders (IOs) imposed within 28 days of opening the case (12-month rolling average). **Target:** 80%

Green

Result:

- Strong performance continues. Each month of 2018–2019 has exceeded target.



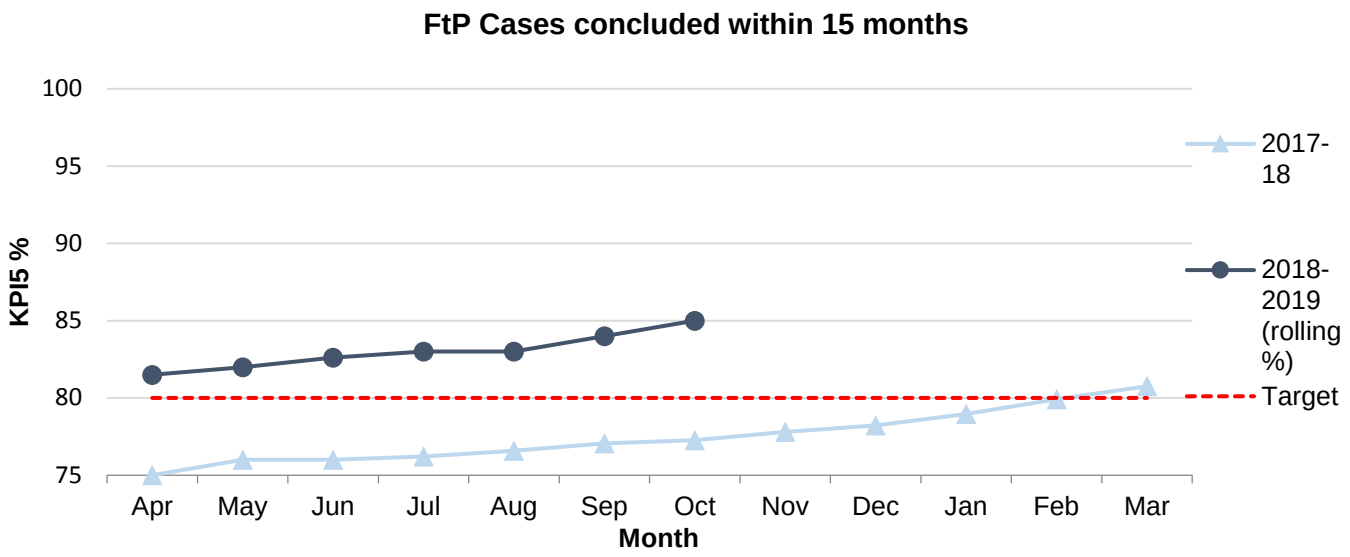
KPI 5: Percentage of FtP cases concluded within 15 months of being opened (12-month rolling average). **Target:** 80%

Green

Progress against corporate KPIs	Current Status

Result:

- Strong performance continues. Each month of 2018–2019 has exceeded target.



Fitness to Practise Dashboard

Performance Summary

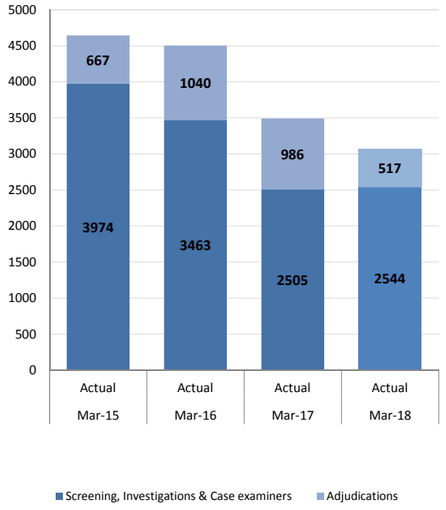
- Operating performance has remained stable, although throughput at the investigations stage remains slower than expected. Plans are in place to manage this, and although we expect performance to improve over Q3 and 4, the end of year caseload will remain higher than originally planned.

Notes on the dashboard

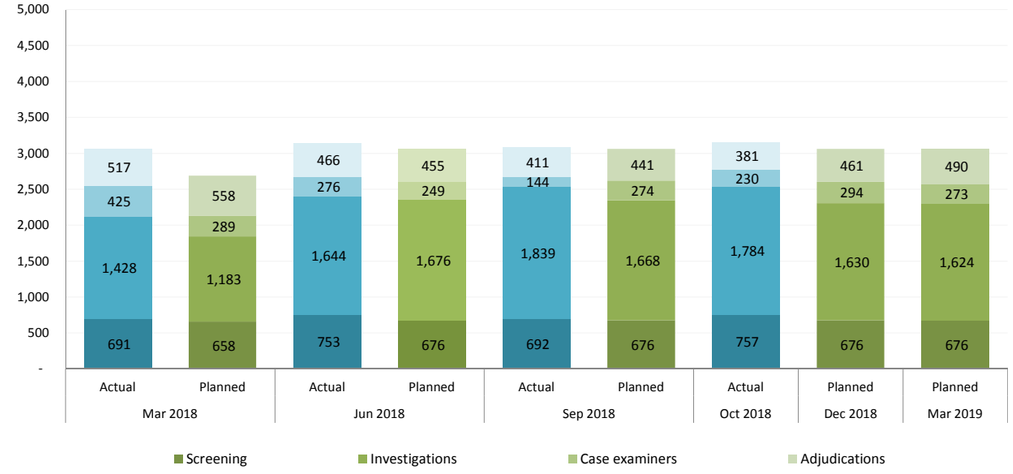
1. Graph A1 shows the historical caseload data for comparison. Caseload has reduced significantly over the last three years.
2. Graph A2 shows the caseload forecast for 2018–2019. We expect the caseload to be broadly stable during the year.
3. Graph A3 shows the referral rate, which remains slightly under our maximum capacity of 500 referrals / month.
4. Graphs B1 to B3 show the median ages of cases in the caseload and at the key decision points.
5. Graphs C1, C2, C3, and C4 reflect the ages of the cases at each stage of the process, split between active cases and cases on hold because of third party proceedings. The dotted lines reflect the timeliness pathway: we are aiming not to have any active cases older than the dotted line at each stage. Achieving the timeliness pathway is largely dependent on improving output at the investigation stage.

FtP performance dashboard October 2018

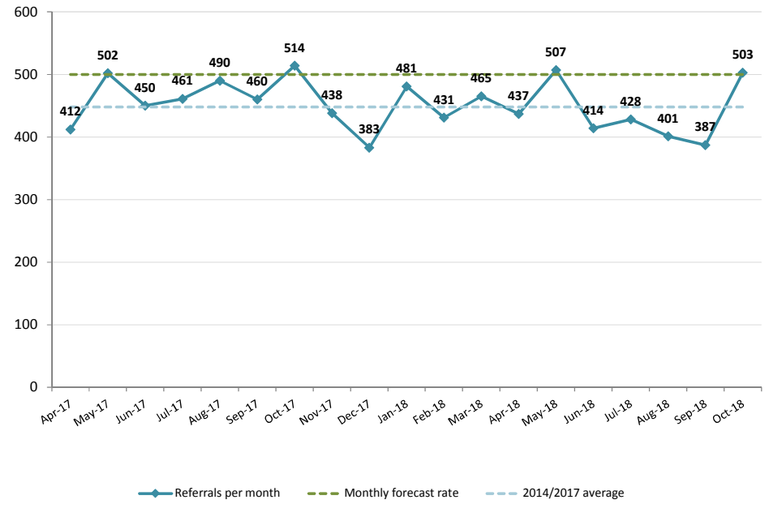
A1 Historic Caseload



A2 FtP Caseload

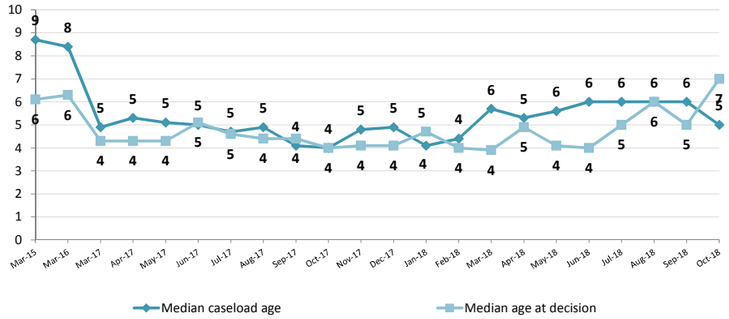


A3 New Referrals

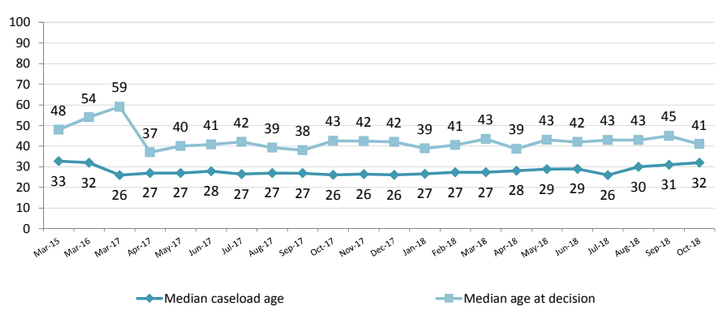


Note: The Case Examiner and Investigation caseloads were realigned in April 2018 to reflect the operational handover point between the two case stages. As a result, Case Examiners has decreased and Investigations has increased when compared to prior reporting periods.

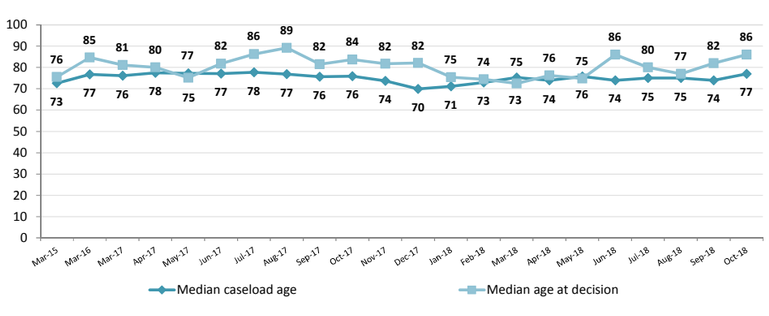
B1 Median age at Screening



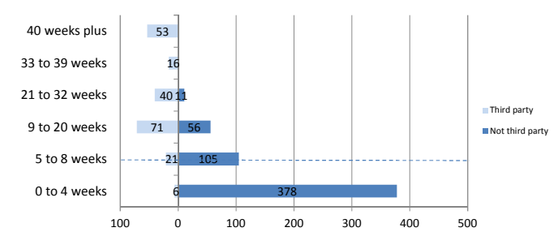
B2 Median age at Investigations and Case Examiners



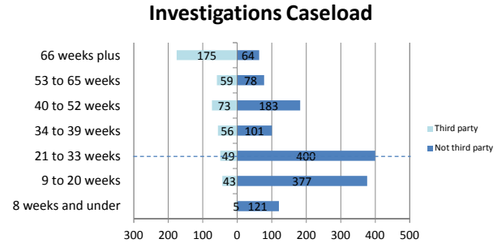
B3 Median age at Adjudications



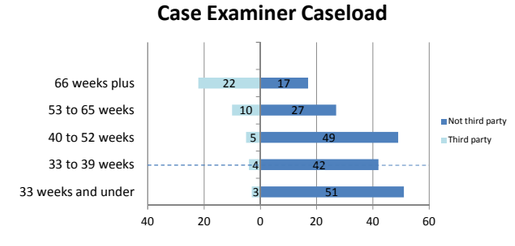
C1 Screening Caseload



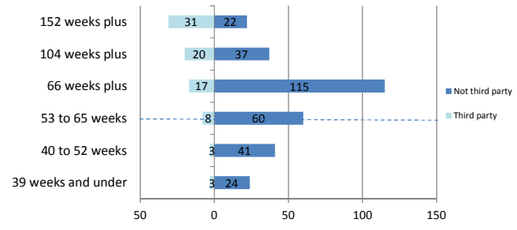
C2 Investigations Caseload



C3 Case Examiner Caseload



C4 Adjudication Caseload



Caseload Movement Summary October 2018

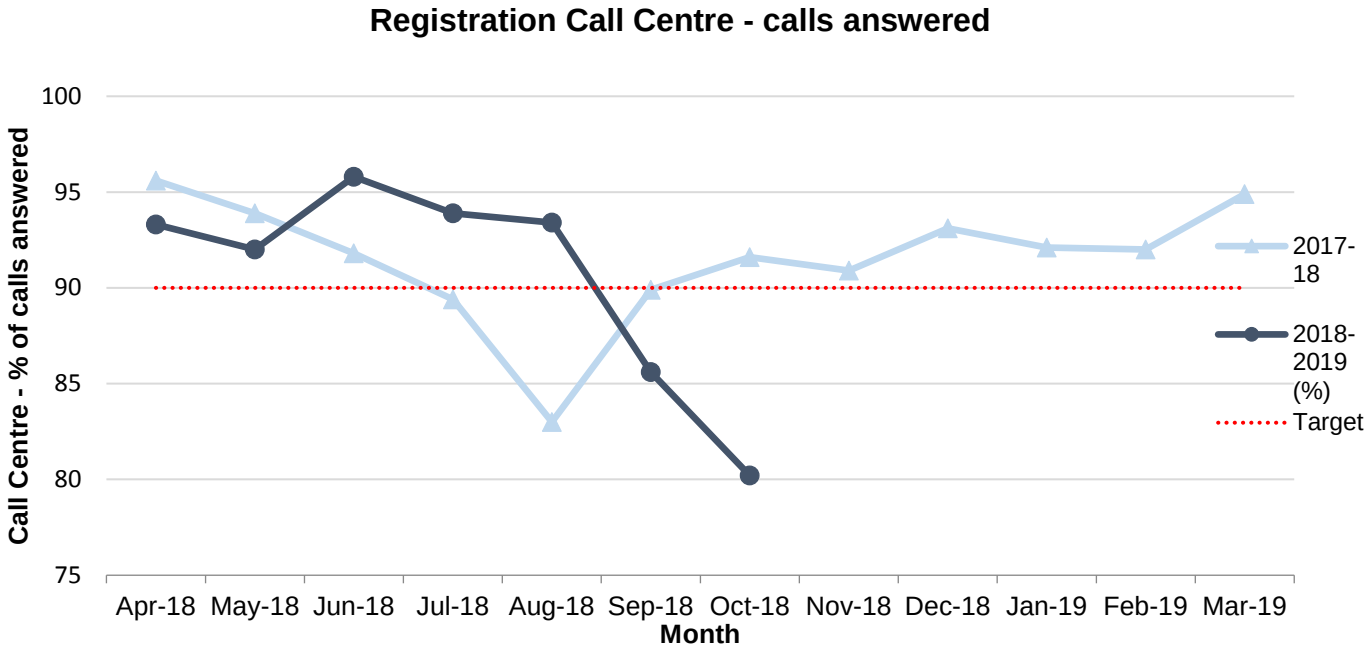
Opening caseload 3,092	890 cases received	796 cases closed	3,152 Closing caseload

Section 5: Call centre

Registrations and Revalidation Service Measures	Current status
Measure: Call centre - % of calls answered. **Target:** 90%	**Green**

Result: 90.1% (YTD Average)

- The % of calls answered for the quarter is 86.1%, which is below our target of 90%.
- This was due to failures in our telephony system caused by our third party suppliers, combined with increased volume of calls in October driven by issues with the direct debit collection for September.
- We remain on track to meet our year end target and therefore the status of this measure is still rated green. However, further telephony outages or system failures could result in us missing our KPI target at year end.
- Overall call volumes were down over the quarter (2.9%) from the same period last year, however volumes for October where higher than forecasted (7%)



Section 6: Customer Feedback Dashboard

Customer Feedback

We have introduced the customer feedback dashboard, which represents a summary of feedback from Quarter 2 – from July to September 2018.This provides further information on feedback received regarding:

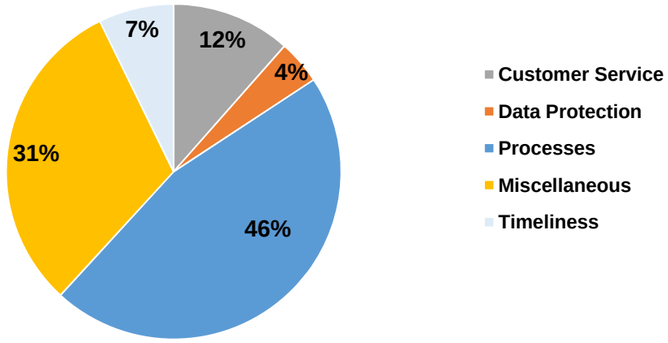
- Corporate complaints themes
- Freedom of Information themes
- Customer service feedback

Key points to note are:

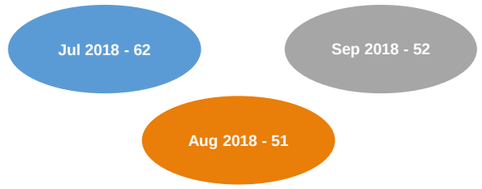
- A 35% decrease in complaints compared to the same period in 2017–2018, with Processes highlighted as the main cause of complaint in Q2 2019;
- A 32% increase in Information requests to same period in 2017–2018, with Registration Stats as the most significant theme in Q2 2018;
- 78% of respondents stated that they were either satisfied or very satisfied with the customer service received, with 13% being either dissatisfied or highly dissatisfied;
- 76% of respondents stated that the NMC made it easy for them to manage their issue;
- 57% of respondents stated that their issue was fully resolved at the time of query.

Section 6 Customer Feedback Dashboard at Quarter 2 (July - Sept 2018)

Corporate Complaints Themes (% of 190 complaints)



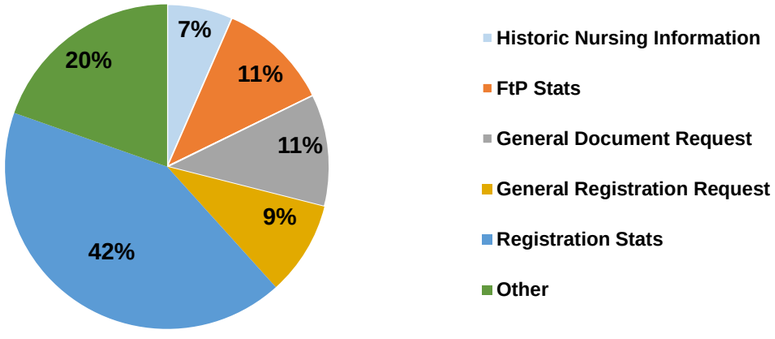
Number of Corporate Complaints received in Quarter 2 of 2018/19



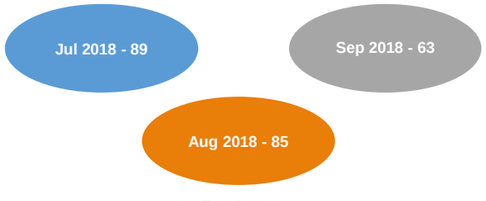
The main themes arising from complaints received from Q2 are:

- **Processes** – concerns about the requirements of some of our processes, including revalidation, readmission and refunds of fees. Customers also express concerns about how we operate some of our processes. For example, the quality of our investigations within FtP.
- **Customer service** – this is about our communication, including failure to provide updates and respond to emails

Freedom of Information Themes (% of 107 FOI requests)



Number of Information Requests received in Quarter 2 of 2018/19



- **Historic nursing information** – people researching nurses registered primarily during the time of the General Nursing Council.
- **Fitness to Practise related statistics** – number of cases, incident and referral types, hearing attendance, outcomes and restoration numbers.
- **Registrant related statistics** – qualifications, gender, location related data (country/ county), nationality and numbers joining / leaving the Register.
- **General document request** - copies of our policies/ procedures
- **General registration request** - requests to confirm if someone is on the Register

Nursing & Midwifery Council

35% Decrease (complaints)

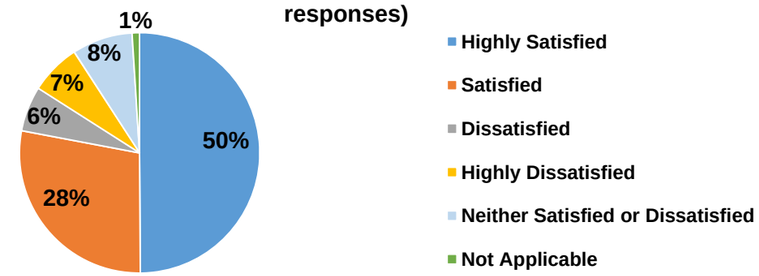
We received 165 corporate complaints in Quarter 2 of this year compared to 255 in the Q2 of 2017/18.

32% Increase (information requests)

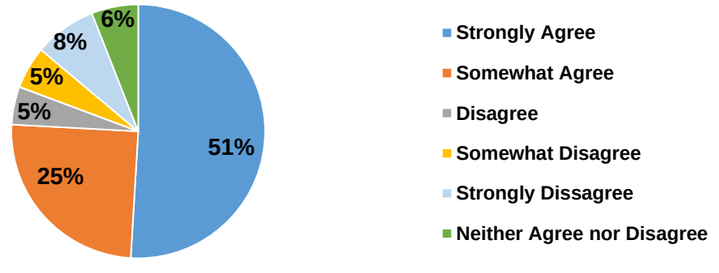
We received 237 information requests in Quarter 2 of this year compared to 179 in Q2 of 2017/18.

Customer Service Feedback (R&R and FtP)

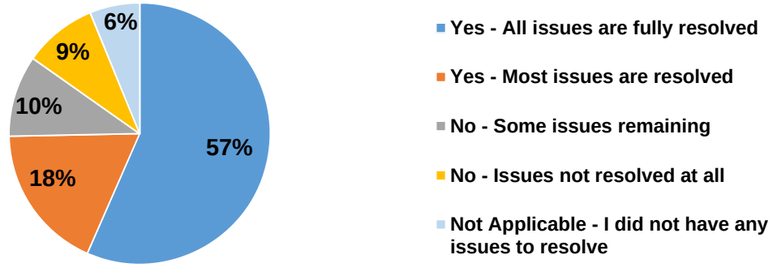
1) Satisfaction with the Customer Service received (% of 908 responses)



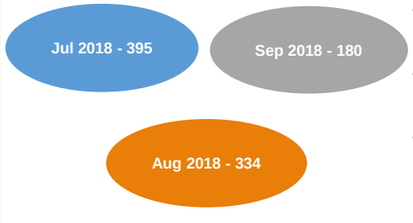
2) NMC made it easy for me to manage my issue (% of 907 responses)



3) NMC resolved my issue (% of 905 responses)



Number of Customer Feedback Surveys received in



The main headlines from our customer feedback information are as follows:

- Satisfaction in our services and our handling of FtP cases and registrations has increased slightly since Q1.
- More of our customers have found our communications with them helpful (6% increase compared to Q1).
- More of our customers are dissatisfied with the length of time it has taken to progress cases/ applications (6% decrease compared to Q1).

Section 7: People

People Measures	

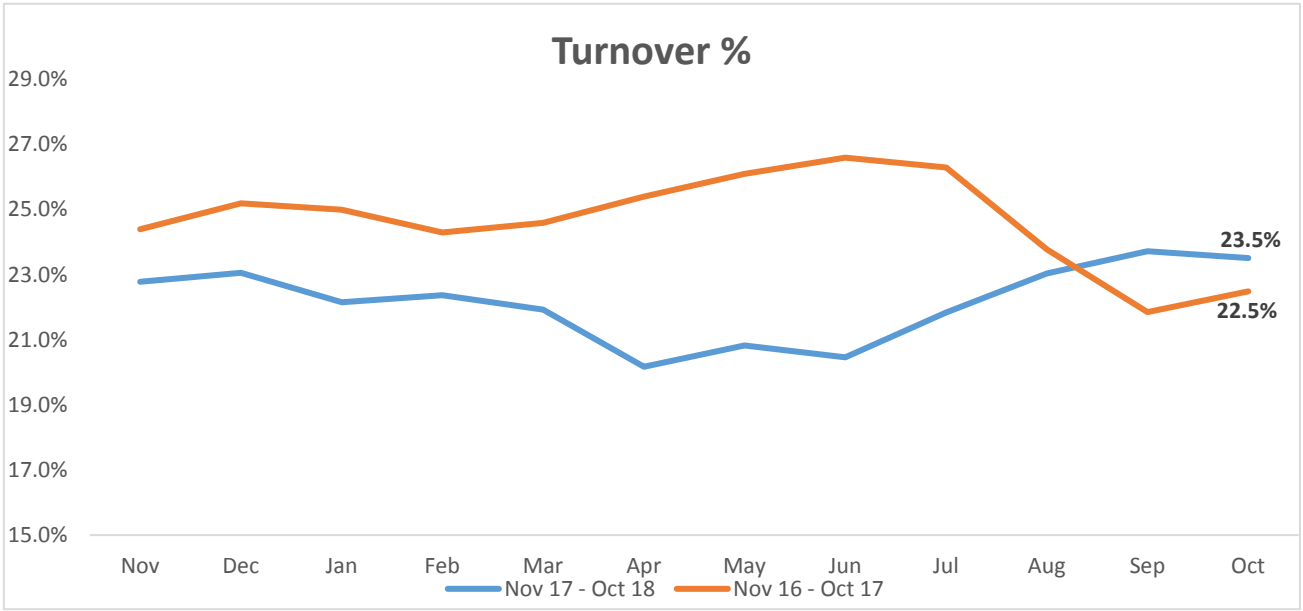
Measure 1: Overall staff turnover (12 month rolling) **Target:** Reduce

Our current turnover is 23.5% which is an increase of 0.7% since our last reporting period. For 10 of the previous 12 months turnover has been lower than in the corresponding period of the last year. This increase is in line with the rising number of employees giving FtP relocation as their reason for leaving the NMC. In the last 2 months, 3 of the 9 (33.3%) FtP leavers mentioned this as a reason in their exit interview.

Career Progression at 49% continues to be the main reason employees leave the NMC. Other reasons for leaving are as follows:

- 12% Pay and Benefits
- 5% Role
- 5% Returning to education

Voluntary turnover (when employees willingly choose to leave their roles) represents 21.36% of our 23.5% turnover. Involuntary (when employees are asked to leave their roles) represents 2.15%.



People Measures	

Next steps

To address our turnover the following engagement improvements have taken place or are in train:

- **Accommodation** – HR business partners continue to support colleagues throughout the project, and an increased engagement plan including director briefings and surgeries are planned to come into effect as soon the lease is signed.

- **Employee Conference** – This year's employee conference, NMC: the way forward, was a hugely successful event focusing on how we can work better together and with others.

- **Reward strategy– pay** – a specialist partner has been procured to develop reward options which will be presented to Council in March 2019.

- **Reward strategy– benefits** – Perkbox, our new employee benefits platform was launched at the employee conference. This provides discounts and a recognition platform to allow colleagues to appreciate and celebrate success.

- **Employee survey tool -** Managers are going to be more accountable for employee engagement via the introduction of the new employee survey tool (Peakon) which provides regular management information throughout the year about their team's engagement. We have recruited two Learning and Organisational Development Partners to work closely with managers to support engagement improvements.

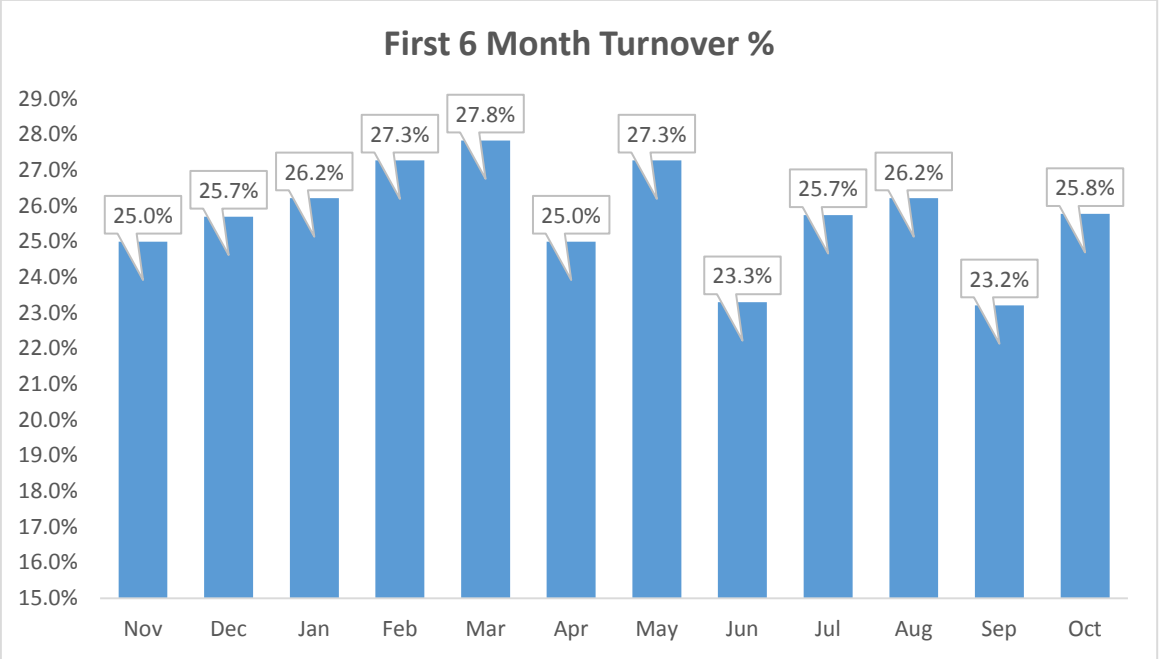
Measure 2: Staff turnover within six months of joining **Target** – Reduce

October 2018: 25.8%

Results

The graph below depicts the cumulative trend of leavers within their probation period over the last six months. Since our last reporting period this has fallen by 0.4%.

People Measures	



Next steps

We can see from on-boarding interviews that most employees have had a largely positive experience when joining the NMC. Most of the negative feedback we have received concerns initial induction to the organisation, including not being able to attend one of the monthly welcome events, and little to no contact with managers before starting. Our new Learning and Organisational Development Business Partners will be reviewing the corporate and directorate induction programmes to improve the quality of support and consistent approach across the organisation.

Early engagement opportunities are also planned with the introduction of a welcome portal which communicates with the employee from the offer of employment. The portal introduces the employee to their manager and provides them with useful information about the organisation.

Section 8: Corporate Risks

This risk summary reflects events and changes to NMC's corporate risk register for the period of June to September 2018. Decisions regarding the risk register made in November will be reflected in the January paper.

Current rating = a rating of the risk as it currently stands (with mitigation in place).
Movement = score movement since last review / meeting [◀▶ = No change since last report]

Detailed Summary	Current Rating
Risk 1: Risk that we fail maintain an accurate register of people who meet our standards	High impact, low likelihood ◀▶
In place: • Revalidation ensures the details of registrants are kept up to date and that their fitness to practice is confirmed. • Identity and quality checks for UK, EU, Overseas initial registrants. • Strengthened reconciliation process. • Increased automation of processes. • Quality assurance framework to assure education providers. • Strengthened staff induction, training, and communication. • Stronger links between Serious Event Reviews, complaints, and assurance controls. **Planned:** • Data and systems work to improve robustness. • Review of Overseas registrations process via Overseas programme. • Updated guidance to Higher Education Institutions. • Modernisation of Technology Service programme to replace core systems. • Risk based Quality Assurance of education providers.	
Risk 2: Risk that we fail to take appropriate action to address a regulatory concern	High impact, low likelihood ◀▶
In place: • Existing FtP, Registrations and Education policies and processes. • Monitoring of FtP timeliness pathway. • New powers for case examiner disposals to manage cases more quickly and effectively. • Collaboration and data sharing with external stakeholders and partners. • Routine information sharing regarding processes and risk internally. • Public Support Service provides tailored support to patients, families and parents.	

Detailed Summary	Current Rating
Planned: • Lessons Learned programme to deliver PSA lessons learned recommendations. • Establishment of Public Support Service. • Pilots in 4 key areas are planned with a new model in FtP operational from April 2019. • Regulatory Intelligence Unit to continue developing trend analysis capability. • Process improvements between FtP and Registrations to ensure accuracy of the register.	
Risk 3: Risk that we fail to recruit and retain an adequately skilled and engaged workforce (permanent and temporary staff, contractors, and third parties)	High impact, probable likelihood ◀▶
In place: • Targeted recruitment and procurement of specialist advertising partner. • Creation of focused People Directorate. • HR policies, procedures and L&D. • Leadership development programme. • Annual staff engagement survey. • Updated appraisal format. • People strategy with three-year plan covering attraction, recruitment, retention and reward. **Planned:** • Continuous improvement of NMC employer brand to attract and retain staff. • Staff capacity improvement plan to relieve current capacity / capability pressure points. • HR policies review. • Develop options for strengthening pay staff and reward. • Employee engagement action plan.	
Risk 4: Risk that we fail to prevent or recover from adverse infrastructure incidents, data loss, or legal and compliance breaches	High impact, possible likelihood ◀▶
In place: • Business Impact Assessments to understand resource requirements in the event of infrastructure incidents. • Training and desktop exercises. • Insurance cover for cyber security threats. • Technical controls. • Oversight provided by Information Governance and Security Board. • Information security risk register. • NMC policies and procedures.	

Detailed Summary	Current Rating
• Accommodation programme and roadmap including risk monitoring and risk treatment. **Planned:** • Review of business continuity plan. • IT Infrastructure disaster recovery test. • Investment in addressing cyber vulnerabilities. • Improvement plan to resolve weaknesses in HR controls, contracting and procurement. • 23 Portland Place maintenance programme will be scoped within the 2019+ Business Plan.	
Risk 5: Risk that we fail to meet expectations, influence key external stakeholders or respond to changes in the external environment	High impact, probable likelihood ◀▶
In place: • Investment in External Affairs directorate to focus on managing external stakeholders. • NMC Chair role increased to deliver more focused external stakeholder activities. • Brexit working group. • CEO leads on major external changes. • Lessons Learned programme now set up to deliver PSA lessons learned recommendations. **Planned:** • Strategy refresh led by NMC chair.	
Risk 6: Risk that ICT failure impedes our ability to deliver effective and robust services for stakeholders or value for money for the organisation	High impact, probable likelihood ◀▶
In place: • Management plan for systems failures. • External review of failures and updated escalation plan. • Penetration and vulnerability testing. **Planned:** • Investment plan to resolve cyber risks. • IT infrastructure disaster recovery test. • Full penetration testing. • Modernisation of Technology Services. • Plan to improve cyber and other vulnerabilities.	

Detailed Summary	Current Rating
Risk 7: Risk that we fail to deliver our corporate plan and commitments leading to reputational damage	Medium impact, possible likelihood ◀▶

In place:

- Budgets, establishment control, contingency fund, financial business partnering.
- Corporate KPIs with clear target expectations.
- Bi-monthly performance and financial monitoring at Council.
- Corporate oversight via Portfolio Management Office.
- Continuous Improvement projects identified.
- Procurement improvement plan.
- Recruitment of interim CEO and interim Director of Resources.

Planned:

- Maturing financial business partnering function to provide more challenge.
- Improved performance monitoring, linking financial and non-financial reporting.
- Strengthening benefit definition and monitoring within strategic programmes.
- Corporate CI training across the organisation.
- Risk oversight and improvement work.

Glossary

A. Performance Traffic Light Definitions

Red	Significant challenges that put successful delivery at risk
Amber	Challenges to delivery exist but management action is being taken to bring on track
Green	On track

B. Income and Expenditure Traffic Light Definitions (draft)

	Income	Expenditure	Actions
Red	2% or more below budget	• 2% or more over budget • 10% or more under budget	• Escalate to the Council • Check whether underspend have affected delivery of the corporate plan • Re-prioritise the corporate business plan
Amber	1-2% or more below budget	• 1-2% over budget • 5-10% under budget	• Managed by Executive Board • Check whether underspend have affected delivery of the corporate plan • Adjust the budget to manage variances
Green	Under 1% below budget	• Less than 5% under budget	No action

C. Corporate Risk Traffic Light Definitions

(Applies to section 5)

Red	• High likelihood with high impact
Amber	• Medium to low likelihood but high impact • High likelihood but moderate to minor impact
Green	• Low likelihood but moderate to minor impact • High likelihood but minor to insignificant impact

D. Programme Traffic Light Definitions

Red	Progress between 1% - 49% against milestones or benefits
Amber	Progress between 50% - 79% against milestones or benefits
Green	Progress between 80% - 100% against milestones or benefits

Item 18
NMC/18/112
28 November 2018

Council

Chair's action taken since the last meeting of the Council

Action:	For information.
Issue:	Reports action taken by the Chair of the Council since 26 September 2018 under delegated powers in accordance with Standing Orders. There have been three Chair's actions: 1. Approval of membership of the Accommodation Group and the Investment Committee. 2. Appointment of an Assistant Registrar. 3. Amendment to the Terms of Reference for the Council Investment Committee.
Core regulatory function:	Supporting functions.
Strategic priority:	Strategic priority 4: An effective organisation.
Decision required:	None.
Annexe:	The following annexes are attached to this report: • Annexe 1: Chair's action 11/2018 – Appointments to the Accommodation Group and the Investment Committee. • Annexe 2: Chair's action 13/2018 – Appointment of an Assistant Registrar. • Annexe 3: Chair's action 14/2018 – Amendment to the Terms of Reference for the Council Investment Committee.
Further information:	If you require clarification about any point in the paper or would like further information please contact the author or the director named below.

Secretary: Fionnuala Gill
Phone: 020 7681 5842
fionnuala.gill@nmc-uk.org

Nursing & Midwifery Council

Chair's Action

Under NMC Standing Orders, the Chair of the Council has power to authorise action on minor, non-contentious or urgent matters falling under the authority of the Council (Scheme of Delegation, paragraph 4.6). Such actions shall be recorded in writing and passed to the Secretary who maintains a record of all authorisations made under this paragraph. The Chair is required to report in writing, for information, to each Council meeting the authorisations which have been made since the preceding Council meeting.

Each Chair's action must set out full details of the action that the Chair is requested to authorise on behalf of the Council.

Requested by:	**Date:**
Secretary to the Council	10 October 2018

Appointments to the Accommodation Sub-Group and the Investment Sub-Committee

The Chair is asked to approve membership of the Accommodation Sub-Group and the Investment Sub-Committee.

The basis for the appointments is set out in the supporting paper at Annexe 1.

Signed: (Chair)

Date: 10/10/2018

Chair's Action: **Annexe 1**
11/2018
10 October 2018

Nursing & Midwifery Council

Appointments to the Accommodation Sub-Group and Investment Sub-Committee

Action: For decision.

Issue: Appointments of members to the Accommodation Sub-Group and the Investment Sub-Committee.

Core regulatory function: Supporting functions.

Strategic priority: Strategic priority 4: An effective organisation.

Decision required: The Chair is asked to confirm membership of the Accommodation Sub-Group (paragraph 7) and the Investment Sub-Committee (paragraph 9).

Annexes: None.

Further information: If you require clarification about any point in the paper or would like further information please contact the author or the director named below.

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Context:

1 The Council established a short-term Accommodation Sub-Group of the Council on 24 July 2018, comprising the Chair, one lay and one registrant Council member, to oversee and authorise any financial commitments for the new premises (NMC/18/55c).

2 The Council also established an Investment Sub-Committee to enable greater focus on oversight of investments, the performance of the investment managers and review of the investment strategy on 26 September 2018 (NMC/18/86). Membership will comprise at least three Council members and include at least one lay and one registrant member.

Four country factors:

3 Not applicable for this paper.

Discussion:

4 Under Standing Orders (para 4.2.4) it is for the Chair of the Council to determine appointment of members to Discretionary Committees.

Accommodation Sub-Group

5 The proposed membership of the Accommodation Sub-Group, in addition to the Chair, is Derek Pretty (lay member) and Rob Parry (registrant member).

6 This is a short term group which will meet only until the necessary decisions have been taken.

7 **Recommendation: The Chair is asked to confirm membership of the Accommodation Sub-Group.**

Investment Sub-Committee

8 The proposed membership of the Investment Sub-Committee is: Derek Pretty as the Chair; Stephen Thornton (lay member); and Claire Johnston (registrant member). The membership will be reviewed annually as with all Committees.

9 **Recommendation: The Chair is asked to confirm the Investment Sub-Committee membership.**

Public protection implications:

10 None.

Resource implications:

11 Allowances and expenses for Council members are provided for within the Governance budget.

Equality and diversity implications:	12	None.
Stakeholder engagement:	13	Not applicable.
Risk implications:	14	None.
Legal implications:	15	The Chair has delegated authority to appoint Chairs and members of the committees under Annexe 1, Section 4 of the Standing Orders.

Nursing & Midwifery Council

13/2018

Chair's Action

Under NMC Standing Orders, the Chair of the Council has power to authorise action on minor, non-contentious or urgent matters falling under the authority of the Council (Scheme of Delegation, paragraph 4.6). Such actions shall be recorded in writing and passed to the Secretary who maintains a record of all authorisations made under this paragraph. The Chair is required to report in writing, for information, to each Council meeting the authorisations which have been made since the preceding Council meeting.

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Requested by: Matthew McClelland, Director of Fitness to Practise	**Date:** 12 November 2018

Appointment of an Assistant Registrar

1. The appointment of Deputy and Assistant Registrars is governed by Article 4(5) of the Nursing and Midwifery Order 2001, which states:

   If the Council appoints a deputy or assistant Registrar and that deputy or assistant Registrar is authorised by the Registrar to act for him in any matter, any reference in this Order to "the Registrar" shall include a reference to that deputy or assistant Registrar.

2. The Chair is asked to appoint Hannah Smith (Senior Lawyer) as an Assistant Registrar subject to which she may be authorised by the Registrar, in accordance with the Standing Orders, to act on her behalf in any matter.

3. Hannah Smith will undertake the following Assistant Registrar functions:

   - Reviewing Case Examiner decisions under Rule 7A, and
   - Making Voluntary Removal decisions.

4. She completed the appropriate training in October 2018.

5. Given Hannah's previous role as a Lawyer in Case Preparation and Presentation, Fitness to Practise, consideration has been given to potential conflicts of interest.

   - **Reviewing Case Examiner decisions under Rule 7A**: no conflicts of interest are envisaged, since Hannah would not have had an involvement in such cases as these are made based on reports prepared by the investigations business unit. Any previous legal input would have been from lawyers within the Screening and Investigations business units.

- **Voluntary Removal decisions:** appropriate measures to check possible conflicts of interest have been put in place, so that Hannah does not consider removal applications on cases in which she has decisions in which she had previous involvement. In such cases the Voluntary Removal decision will be allocated to another authorised Assistant Registrar.

6. The Chair is asked to agree that Hannah Smith be appointed as an Assistant Registrar.

Signed:  (Chair)

Date: 13 November 2018

Nursing & Midwifery Council

14/2018

Chair's Action

Under NMC Standing Orders, the Chair of the Council has power to authorise action on minor, non-contentious or urgent matters falling under the authority of the Council (Scheme of Delegation, paragraph 4.6). Such actions shall be recorded in writing and passed to the Secretary who maintains a record of all authorisations made under this paragraph. The Chair is required to report in writing, for information, to each Council meeting the authorisations which have been made since the preceding Council meeting.

Each Chair's action must set out full details of the action that the Chair is requested to authorise on behalf of the Council.

Requested by:	**Date:**
Fionnuala Gill Secretary to the Council	12 November 2018

Amendment to the Terms of Reference for the Council Investment Committee

The Investment Committee agreed on 31 October 2018 that it would be helpful for the Terms of Reference to state explicitly that the Committee's mandate included the ability to delegate discretion in managing funds to investment managers (IC/18/04).

The Chair is invited to approve the addition of the following paragraph to the attached Terms of Reference for the Council Investment Committee:

In order to discharge its remit effectively, the Committee may delegate discretion in managing funds to investment managers.

Signed: (Chair)

Date: 13 November 2018

Nursing & Midwifery Council

Terms of reference of the Investment ~~Sub-~~Committee

1. The Investment ~~Sub-~~Committee is established by the Council under Article 3 (12) of the Nursing and Midwifery Order 2001.

Remit

2. The Council is responsible for determining the investment strategy, risk appetite and target returns on the advice of the ~~Sub-~~Committee.

3. The remit of the ~~Sub-~~Committee is to oversee implementation of the Council's investment strategy; determine the allocation and movement of funds in accordance with the investment strategy; and monitor the Council's investment portfolio. Decision-making and implementation of the investment strategy is delegated to the Investment ~~Sub-~~Committee.

Responsibilities

4. Keep the investment strategy under review, taking into consideration factors such as legislative, financial and economic changes, and ethical considerations; and make recommendations to the Council for changes, as necessary.

5. Oversee implementation of the investment strategy and monitor risks.

6. Appoint external Investment Fund Managers, including deciding the number of fund managers to be used, the proportion of assets managed by each manager, their mandates and associated fees.

7. In order to discharge its remit effectively, the Committee may delegate discretion in managing funds to investment managers.

~~7.~~

8. Set asset allocation parameters, based on advice from fund managers and/or external advisers, and monitor the actual asset allocations chosen by the fund manager, to ensure consistency with the policy. Where more than one fund manager is appointed, the ~~Sub-~~Committee will also monitor the aggregate asset allocation to ensure it provides sufficient diversification to reduce the risk of capital and/or revenue loss.

9. Meet regularly with Investment Fund managers and monitor the performance of each against agreed objectives by means of regular review of the investment results and other information, including corporate governance activities, policies and exercising of voting rights of the investment fund managers.

10. Appoint independent Investment Advisers, as necessary, and approve associated fees.

11. Report to the Council on the Committee's work, escalating issues or risks as required. Provide an annual report to the Council which includes investment performance in comparison to relevant benchmarks (either directly or via investment

experts); and risks within the investment strategy and the appropriateness of mitigations put in place to address those risks. A summary of investment performance will be reported to the Council as part of the normal reporting of financial performance by the Director of Resources.

Membership and operation

12. The ~~Sub-~~Committee will operate in accordance with the Standing Orders (made by the Council under Article 12 Schedule 1 of the Nursing and Midwifery Order 2001), except where the operations below are different.

13. The Chair of the Council will determine the membership of the ~~Sub-~~Committee. Membership will comprise at least three Council members and include at least one lay and one registrant member The Chair of the Council will appoint a Chair of the ~~Sub-~~Committee from amongst the Council members. The membership will be reviewed from time to time.

14. The ~~Sub-~~Committee, with the consent of the Chair of the Council, may co-opt or appoint suitably qualified independent members with extensive investment expertise. Independent members will be expected to act as full members of the Committee, whilst recognising that that they are not Council members or trustees and that in the event of a vote, only Council members of the Committee would be entitled to vote.

15. The ~~Sub-~~Committee shall meet at least twice a year, or when directed by the Council, or determined by the ~~Sub-~~Committee Chair.

The terms of reference of the Investment ~~Sub-~~Committee were adopted by the Council on 26 September 2018.