Nursing & Midwifery Council

The Nursing and Midwifery Council's response to the Scottish Parliament Equalities and Human Rights Committee's inquiry into the impact of the COVID-19 pandemic on equalities and human rights

About us

Our vision is safe, effective and kind nursing and midwifery that improves everyone's health and wellbeing. As the professional regulator of more than 700,000 nursing and midwifery professionals, we have an important role to play in making this a reality.

Our core role is to **regulate**. First, we promote high professional standards for nurses and midwives in Scotland and across the UK. Second, we maintain the register of professionals eligible to practise. Third, we investigate concerns about nursing and midwifery professionals – something that affects less than one percent of professionals each year. We believe in giving professionals the chance to address concerns but we'll always take action when needed.

To regulate well, we **support** our professions and the public. We create resources and guidance that are useful throughout people's careers, helping them to deliver our standards in practice and address new challenges. We also support people involved in our investigations, and we're increasing our visibility so people feel engaged and empowered to shape our work.

Regulating and supporting our professions allows us to **influence** health and social care. We share intelligence from our regulatory activities and work with our partners to support workforce planning and sector-wide decision making. We use our voice to speak up for a healthy and inclusive working environment for our professions.

A uniquely personal experience

The impact of Covid-19 and subsequent measures to control the virus have been unique for each person, community and nation. The collective impact on all nations of the UK is nuanced and complex, while at the same time being deeply personal for every individual affected.

While our understanding of the long-term impact of Covid-19 is still developing, we know that there have been significant disparities in the footprint it has left on the lives of different people and groups, largely determined by the barriers and inequalities people were facing before Covid-19. We are eager to understand and address the effect the pandemic continues to have on people's lives and health, particularly in relation to the decisions we take as a regulator, but also in terms of impacts across health and care, and society more broadly.

We are guided in this respect by our statutory duty to eliminate discrimination in our own processes, by our general responsibility to use our regulatory powers to promote fairness and equality, and by our overarching objective of protection of the public. We

are also led by our new strategy for 2020-2025, in which we commit to championing the values of equality, diversity and inclusion, as well as to improving how we use and share our insights and intelligence.

Key learning

The disparity in experiences and outcomes as a result of Covid-19 has amply demonstrated the impact health and social inequalities have on people's lives. This is true of both people accessing services and those working in the health and care sector. We won't achieve our vision of improving everyone's health and wellbeing without widespread action to tackle inequalities which, as we've seen, can be life-threatening.

We've been listening to and learning from people with different lived experiences and the groups who represent them, who have been invaluable in contributing to our shared understanding of the inequalities and divisions in society that the pandemic has exacerbated. We're grateful for the opportunity to summarise some of our key learning, as well as share our own evidence which echoes concerns raised by others about the impact of Covid-19 on certain groups.

In this response we wish to share the insight we have into the experiences of professionals in Scotland and highlight two areas of stark disproportionality for the professionals on our register – the disparities facing those from a Black and ethnic minority background, and the impact of the pandemic on people's mental health and wellbeing.

We know there are many other examples of inequalities facing health and care professionals and the public more widely as a result of Covid-19 – our full analysis of the impact on different groups and the steps we've taken to mitigate these can be found in our equality impact assessment, which we regularly update.

'In the same storm, but not in the same boat'

We were very concerned by early indications that people from Black and minority ethnic backgrounds had higher mortality rates than their white counterparts, which has sadly since been borne out by data from various bodies. For example, the National Records of Scotland (NRS) data suggested that while there were gaps in ethnicity data, as of July 2020, deaths amongst people in the South Asian ethnic group were almost twice as likely to involve Covid-19 as deaths in the white ethnic group, after accounting for age, sex, deprivation and urban rural classification[1].

Reports suggest that the disparities are likely to be explained partly by people from Black and ethnic minority backgrounds being more likely to work in higher risk occupations, including health and social care roles. Nursing and midwifery professionals are more ethnically diverse than the general population in the UK as a whole, making up 20 percent of our register compared to 13 percent of the UK. Our data suggests that this gap is smaller in Scotland, with 5.2 percent of those with permanent registration coming from a Black or minority ethnic group as of September 2020, compared to 4 percent of

[1] Analysis of deaths involving Covid-19 in Scotland by ethnic group, NRS, July 2020

the Scottish population[2]. While the largest minority ethnic group of registered nursing and midwifery professionals in Scotland is Black African at 1.2 percent, the largest group according to the census was those identifying as Asian. We look forward to developing our understanding of how our data compares to the diversity of the population after the March 2022 census in Scotland.

We know from our revalidation data that there are clear differences in ethnic diversity across different roles and sectors. In Scotland 22.5 percent of roles carried out via an agency were by those from groups in the Asian, Black, mixed or other categories, as well as almost 19 percent of roles in the care home sector. These ethnic minority professionals in Scotland deliver 5.7 percent of roles overall, demonstrating that they are overrepresented in agency and care home roles compared to other work settings. These roles often have the poorest pay, conditions and development opportunities, and have had the highest risk of exposure to Covid-19.

Sadly, our current data appears to substantiate findings there are a disproportionate number of professionals on our register from Black and ethnic minority backgrounds who have sadly died from Covid-19. For those where the data is available, 61 percent of the people who have died are from Black and ethnic minority backgrounds - three times as high as the percentage of those on the register as a whole (20 percent). We will continue to monitor what our data is telling us about the disparity in mortality rates, and seek to explore differences between the UK nations in the future.

Another significant negative impact of the pandemic has been the psychological impact on health and care professionals, as set out in the Scottish Government's Covid-19 mental health transition and recovery plan, which states that staff working in hospitals and care homes may experience negative mental health impacts[3]. This is further supported by findings from the 'Impact of Covid-19 on the Nursing and Midwifery workforce (ICON)' national study. Initial results published in April found that a third of respondents were reporting ongoing severe or extremely severe depression, anxiety or stress, and the findings in May included emerging signs of post-traumatic stress disorder. A safe and well healthcare workforce is vital in our efforts to tackle the virus and support everyone's health.

We know that the disproportionate impact of the pandemic on Black and minority ethnic communities and the worsening mental health of professionals do not exist in isolation. A survey in July 2020 by mental health charity Mind found that 'existing inequalities have made the mental health of BAME groups worse during the pandemic', and that disparities will likely affect some communities 'far into the future'. It's vital that work undertaken to understand and mitigate the impact of Covid-19 on different groups is done through an intersectional lens which recognises the impact on those who are multiply disadvantaged in society.

Tools and approaches to understand and tackle the impact of Covid-19

Upholding standards that promote equality, diversity and inclusion: We know that working in emergency conditions is very challenging for all health and care

[2] Ethnicity data from Scotland's 2011 Census
[3] Covid-19 mental health – transition and recovery plan, Scottish Government, October 2020

professionals, and we're also clear that our role as a regulator involves ensuring that we promote standards which uphold equality, diversity and inclusion at all times. For example, The Code includes requirements for nursing and midwifery professionals to avoid making assumptions, recognise diversity, respect and uphold people's human rights, act as an advocate for people in vulnerable circumstances, challenge discriminatory attitudes and behaviour relating to their care, and meet people's different language and communication needs.

When analysing our work to establish the temporary registration process and invite nurses and midwives who had recently left the register to support the workforce, our equality impact assessment identified a risk that anyone who had not practiced for a long period of time may be unfamiliar with the latest information on health inequalities faced by certain groups, and may also be less confident in meeting the diverse needs of individuals accessing care. For this assessment we drew on evidence that certain groups are more likely to face discrimination when accessing care, including people from Black and minority ethnic backgrounds and/or people who are disabled, lesbian, gay, bisexual, intersex and trans.

We have strengthened communication about the relevant parts of the NMC Code, including around equality and human rights, and the importance of challenging discrimination in health and care settings. We are monitoring the referrals and feedback we receive carefully – to date we have not received any concerns about people with temporary registration relating to discrimination, but should this change we will be ready to share information which will contribute to learning across the sector.

Utilising data: Our strategy outlines our commitment to publish data and statistics in innovative ways that add value to the wider health and care system, such as focusing on data and insight from each of the UK nations. In addition, we know that effective data collection and sharing learning across the sector is a key factor in extending our collective understanding of the impact of Covid-19.

We recently published an analysis of those with Covid-19 temporary registration which found that, while a higher proportion of people with temporary registration have an address in England and Scotland compared to our permanent register, Scotland has the lowest proportion of overseas applicants, at 2 percent compared to 21 percent in England. We know overseas applicants tend to be more ethnically diverse, which may partly explain our data which shows that, of those with temporary registration in Scotland who have previously had permanent registration with us, only 1.7% were from Black and minority ethnic groups. Our data collection is still developing in this area and we will continue to share the findings.

We also found that Scotland has the highest proportion of people who left the NMC register in the last three years (81 percent) while England has the lowest (63 percent). Of those who responded to our survey, Scotland had the lowest number of people who had started practising since gaining temporary registration at just 5 percent – although this figure may have changed since the survey was conducted.

Supporting important research: We recognise the critical role research plays as we all seek to learn more about this new virus and we are keen to hear about any opportunities to support research in Scotland. We are in a unique position to be able to

communicate with all registered nursing and midwifery professionals in the UK, and we have recently invited half a million of these professionals to take part in the national UK-REACH study into how and why ethnicity affects Covid-19 clinical outcomes for those working in health and social care, which will provide crucial evidence for policymakers to use in decision-making.

Earlier this year we contributed to a research and evidence review carried out by the King's Fund on the impact of work-related stress on the nursing and midwifery workforce. The review explored the causes and consequences of poor mental health, including in relation to Covid-19, and identified a number of solutions for promoting wellbeing and minimising stress. We are continuing to work with the researchers on implementing a number of the recommendations made in the report.

Using our voice: We are aware of the responsibility we have to speak out on behalf of people facing inequalities, especially those whose voices are traditionally less heard. We consider it vital that regulatory and governmental bodies listen to the voices of people who are most impacted by Covid-19 when making decisions which affect them. Our strategic priority to influence through our regulatory role involves promoting inclusive working environments and encouraging learning and change across the sector by sharing feedback we receive about potentially discriminatory practises.

Sometimes we receive this feedback through formal referrals and other times we hear anecdotal, but very real, concerns through a range of other sources. One example is the concerns we were hearing at the start of the Covid-19 outbreak that professionals on our register from Black and minority ethnic backgrounds felt targeted to work on Covid-19 wards, had poorer access to protective equipment and felt less able to speak up about concerns relating to their safety. We used our voice to call for consistent access to PPE and the need for effective local risk assessments.

Collaborating with others: We are committed to a UK-wide approach to our work as a regulator. We aim to build relationships with partners across the four nations and become a valued and constructive contributor to health and care policy, and practice development in Scotland.

We are interested to learn more about the Committee's findings on the specific impact of Covid-19 on people in Scotland to help inform both our policy and practice, and to work with the Committee and its inquiry's findings wherever it would be useful. We're sure it will be a rich source of evidence which we, alongside many others, can learn from in our collective action to place equality and human rights at the centre of our work tackling the pandemic, together.

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