nmc Insights

Spotlight on Nursing and Midwifery

Report 2023

Nursing & Midwifery Council

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Sharing insights, improving care

Foreword

We're delighted that we are publishing our first edition of *Spotlight on Nursing and Midwifery*. We want the Nursing and Midwifery Council to be informed by evidence in everything we do and to improve learning and practice in our professions by sharing what we know.

The 788,638 nurses, midwives and nursing associates on our register make a positive difference to people's lives and set out to give safe, effective and kind care. They are under increasing pressure, from challenges such as heavy workloads and staffing shortages. Our insights into the learning and practice of the professionals on our register help us to regulate well, and work with others to create circumstances in which the public can experience care that is safe, effective and kind.

The insights contained in this report were commissioned for a range of purposes, but in bringing them together we are able to share a powerful story about contemporary nursing and midwifery – one that we can build on each year.

The insights in this first report are useful to those implementing the proposals contained in each of the UK's workforce plans: the NHS Long Term Workforce Plan in England, the National Workforce Strategy for Health and Social Care in Scotland, the Welsh Government's National Workforce Implementation Plan: Addressing NHS Wales Workforce Challenges, or A Vision for Nursing and Midwifery in Northern Ireland: 2023 – 2028.

There are some clear findings in this first edition.

Racism is affecting the quality of care and retention

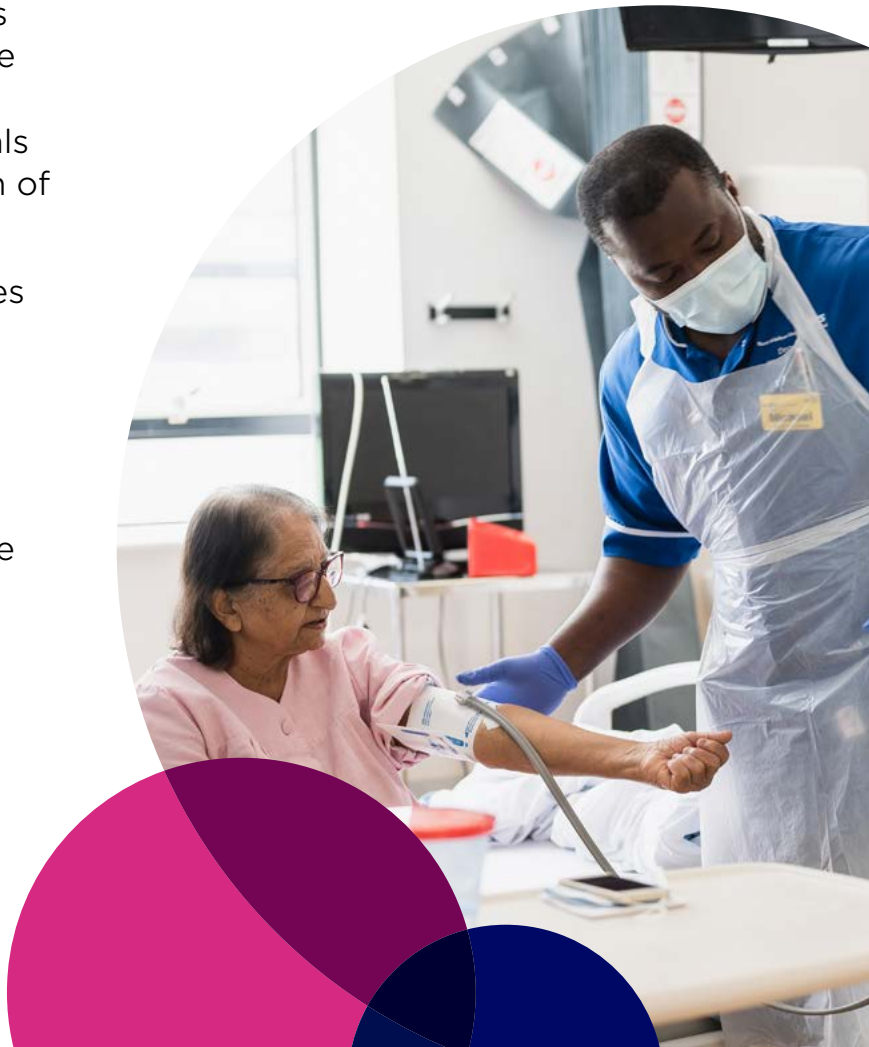
Our recently published registration data report demonstrated the increasing diversity of the nursing and midwifery professionals on our register, due to remarkable growth in new registrations from internationally educated professionals and increasing diversity in domestic entrants.

And yet we know from the NHS Workforce Race Equality Standard in England, academic research, and our own insights, that racism and discrimination are common experiences for Black and minority ethnic professionals, and that the health and care sector is failing to provide a just, inclusive environment in which all Black and minority ethnic nurses, midwives and nursing associates can thrive and progress. Inevitably, this is detrimental both for professionals themselves and for the provision of care to people using services.

Our research into the experiences of internationally educated professionals who have recently joined the register has revealed the impact of the abuse and discrimination that they receive from both colleagues and people for whom they care.

We will be redoubling our efforts to tackle this serious problem, by increasing our engagement with this group and relaying what we hear from them to employers. Alongside this, as part of our Ambitious for Change programme of research, we are addressing employers' disproportionate referrals of Black and/or male professionals, and will continue to audit fitness to practise cases containing allegations relating to racism or discrimination. We will be sharing these findings too.

Employers and leaders across health and social care must keep striving to foster inclusive cultures, free of the bias that profoundly affects people from Black and ethnic minority communities.



Poorly supported new entrants lack confidence in their ability to practise safely and are more likely to leave

Our research into the experiences of nursing and midwifery professionals new to our register shows that where professionals lack the right support at the outset of their practice, consequences can be significant. It can affect their confidence, their sense of being able to practise safely and whether they intend to stay in their profession.

Making the transition from student or overseas nurse, midwife or nursing associate to registered professional can be challenging, and a good quality preceptorship (structured support for nurses, midwives and nursing associates in their first role) can help new professionals to feel more confident in their ability to provide good quality care.

The human and financial costs of early leaving are high. Professionals on our register invest time and money in pursuing their chosen careers; there are costs to the overseas recruitment of internationally educated professionals; and the sooner people leave the register after joining, the greater the loss in years of service they might have given. This affects the quality and safety of the care we receive, and staff shortages have contributed to the lowest levels of satisfaction with the NHS since 1997.

In 2022, we published our **Principles for Preceptorship**. We are clear that the main aim of preceptorship is to welcome and integrate new professionals into their team and place of work, help them grow in confidence, and begin their lifelong journey as an accountable, independent, knowledgeable and skilled practitioner. As a professional regulator, we can advise employers on good practice, but we can't require compliance with it. We are looking at what else we can do with our partners to ensure that new entrants to our register are supported to thrive in their chosen careers.

Poor communication is affecting experiences of care

We receive concerns about a tiny minority of the people on our register each year. We can investigate these and take action if needed to protect the public. Professionals on our register have to meet our standards of proficiency and uphold our Code: **Professional standards of practice and behaviour for nurses, midwives and nursing associates**.

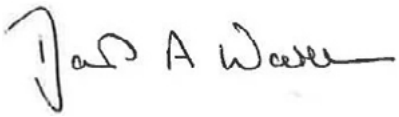
In response to the high level of concern about maternity safety, we undertook a detailed look at some of our midwifery referrals, as well as consolidating our learning from inquiries and reviews into maternity services. We found many common themes. These include midwives not always speaking up when they see something that isn't right, and not communicating well enough with colleagues or people in their care.

All midwives join our register with the knowledge and skills to provide high standards of care. And from day one they commit to practising in line with our Code, which is clear about their responsibility to raise concerns and to communicate well.

But well-evidenced cultural problems in health and care can hold professionals back from the guiding principles of their Code. It's vital that managers and leaders do more to foster cultures in which every midwife feels confident about speaking up, and in which there is better teamwork that supports more consistent communication with women and families.

We hope you will find this *Spotlight on Nursing and Midwifery* an interesting and useful read, and a stimulus for further action. We are looking forward to further debate and collaboration with the wider community of interest in our insight work.

Andrea Sutcliffe, Chief Executive and Registrar



Sir David Warren, Council Chair

Introduction

Welcome to the first of our annual insight publications. As the independent regulator for nursing and midwifery, the Nursing and Midwifery Council's vision is safe, effective and kind nursing and midwifery practice that improves everyone's health and wellbeing. We promote and uphold the highest professional standards to protect the public and inspire confidence in the professions. In the course of our work as a regulator, we generate and review a variety of data and research. We hope that these insights can also help enhance support for good practice and positively influence the environments in which our professionals learn and work.

About this publication

In common with many regulators, we are on a journey to turn the information we capture from our regulatory processes into insights that have a wider benefit in our sector. Aligned with our remit to regulate, support and influence, we aim to understand where we can have the best impact on learning and practice across our professions for the benefit of those receiving care – from workforce planning to educational improvement, and the leadership of positive cultures in health and care.

We are increasingly using the perspectives of our professionals, the people they care for, their employers and their educators, to strengthen how we regulate – for example, when we update our standards or change requirements for education providers.

Spotlight on Nursing and Midwifery weaves together learning from a range of work. As *Spotlight* becomes an established vehicle for insights, we will commission work that explores priority themes. Your ideas and expertise will help shape our future directions.

We use a simple insight framework to determine the sorts of data and insights we need to play our role effectively:

- Understanding the impact of our regulatory approaches
- Understanding our professions - their learning and their practice
- Identifying and acting on risk
- Influencing the context for learning and practice

Please contact us via **research@nmc-uk.org** if you:

- would like to share relevant research
- are interested in discussing shared interests in research
- have feedback about our data and research work.

Reading this report

Spotlight on Nursing and Midwifery is divided into three sections:

1. **Becoming a registered professional**. This section looks at trends in the nurses, midwives and nursing associates joining our register. It also explores people's motivations for joining the profession, their experiences of education and training and how it prepared them for practice and any variation between those educated in the UK and overseas.
2. **Practising in the UK**. This section looks at the experiences of early career UK and internationally educated professionals practising in the UK, their career intentions and reasons why they choose to leave our register.
3. **Maternity care**. Sharing findings from public inquiries and insights from our fitness to practise cases, this section looks at people's experiences of maternity services across the UK.

Context

For the past year, health has been ranked second only to the economy among issues of greatest importance to the public.[1] At the same time, in England, Scotland and Wales, public satisfaction with the NHS is at its lowest recorded level since 1997. Staff shortages are a key reason for this dissatisfaction.[2]

Meanwhile, nurses remain the most trusted profession in the UK (and have done since 2016), although since 2021 this trust has fallen.[3] Diversity has increased but, alongside that, abuse and discrimination have risen – affecting staff morale and the care people receive.

Staffing levels

Having the right number and skill mix of nursing and midwifery staff impacts the quality and safety of people's care[4-9] and their experience.[10] Figures show there are significant nursing and midwifery vacancies across the four countries of the UK.[11-14] Staff shortages have led to increasing reliance on the recruitment of internationally educated health and care professionals.[15-18]

However, nurses and midwives represent more than 50 percent of the current global shortage in health and care workers,[19, 20] and additional demand is also being driven by active recruitment by other countries, including Germany, France, China and India.[21]

Recruitment of international professionals

While the number of professionals on our register has increased overall, we have seen a significant shift in where new professionals are coming from. Internationally educated professionals now account for one in five of the professionals on our register. This group accounts for more than two-thirds of the increase in our register between September 2019 and March 2023.[22, 23]

Internationally educated professionals working in the UK make a vital and welcome contribution to people's health and wellbeing. We have previously signalled international recruitment risks: around sustainability of supply, ethical recruitment, and the treatment of internationally educated professionals.

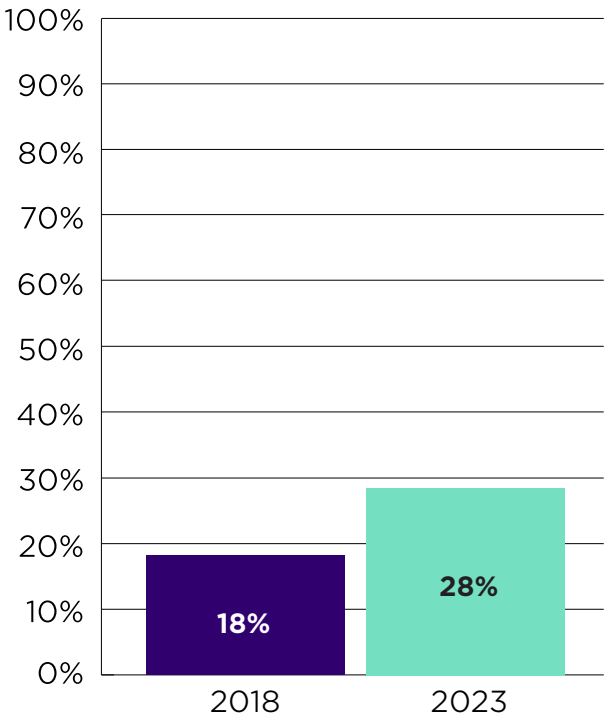
There is additional pressure, given that active recruitment is not permitted from 'red list' countries,[24] even though four of these – Nigeria, Ghana, Zimbabwe and Zambia – were in the 20 most common countries for the training of professionals joining our register in 2022–2023.

Diversity

Our register is becoming more ethnically diverse, as a result of increases in the numbers of internationally educated professionals joining and the growing ethnic diversity of UK educated professionals.[25]

However, we know that Black and minority ethnic staff are more likely to experience abuse and discrimination, whether from managers, colleagues, members of the public or people who use services.[26-31] This has a detrimental impact on care delivery and attitudes towards continuing to practise in the UK.[32-37]

Figure 1: Percentage of the register identifying as Black or minority ethnic in 2018 compared to 2023



Becoming a registered professional

For people to receive safe, effective and kind care, we need the right number and skill mix of professionals within our health and social care system.

Increasing the supply of overseas nurses, midwives and nursing associates is - at least in the short term - being used to address workforce shortages. However, stronger global competition for trained workers, and a reliance on recruitment from India and the Philippines, calls into question how sustainable these increases are for the UK over the medium- to long-term.

Irrespective of where they were educated, newly registered professionals we heard from were positive about the education they received and felt well-prepared for practising in the UK upon completion. However, those educated in the UK highlighted gaps in their education including some perceived limitations of simulated learning, lack of guidance in caring for people with particular diversity characteristics and mixed experiences of learning in practice settings.

Nearly all of the internationally educated professionals we spoke to had previous experience working as a nurse, midwife or nursing associate before coming to the UK. Experiences of applying for and finding work in the UK tended to be mixed, with those who had used a recruiter or agency reporting better experiences in comparison to those who applied directly.

We found that professionals' early experiences shape their subsequent satisfaction, confidence, and ability to care for diverse groups and address health inequalities. Professionals with positive early experiences were more likely to report being happy and confident in their role, while those with more negative experiences were more likely to be unhappy in their role and underconfident in their ability to meet the demands of it.

Understanding the experiences of new professionals

Research shows that experiences as a student can affect professionals' later confidence, competence and retention rates.[38-42] To help us understand the experiences of professionals who have recently joined our register, we surveyed a sample of people who had been educated internationally and undertook qualitative research with those educated both in the UK and internationally (see supplementary publication: Spotlight on Nursing and Midwifery: Underpinning research).

Our qualitative research identified three groups of newly registered professionals:

1. Professionals happy and confident in their role
2. Professionals in need of support
3. Professionals unhappy and underconfident.

Our early career professionals

1. **Happy and confident**. *Professionals satisfied with their role who feel they can fulfil their responsibilities.*
   UK educated professionals are more likely to sit in this group than those educated internationally, as are professionals currently working in Scotland, Wales and Northern Ireland.
2. **Happy but in need of support**. *Professionals who enjoy their work but face significant challenges: high pressure, staffing shortages and continued backlogs from Covid-19.*
   This was the biggest group and is predominantly made up of nursing associates and nurses currently practising in England.
3. **Unhappy and underconfident**. *Professionals unhappy in their role and underconfident about their ability to meet demands.*
   This is a minority of newly registered professionals but is more prevalent among midwives and internationally educated professionals.

Insights into the supply of UK educated professionals

Overall, the number of people studying to become a registered nurse or midwife in the UK, or nursing associate in England, has been rising at around one percent a year, with some differences in rates across professions and UK nations.

Table 1: Students on NMC-approved pre-registration programmes, by profession and country 2021–2022

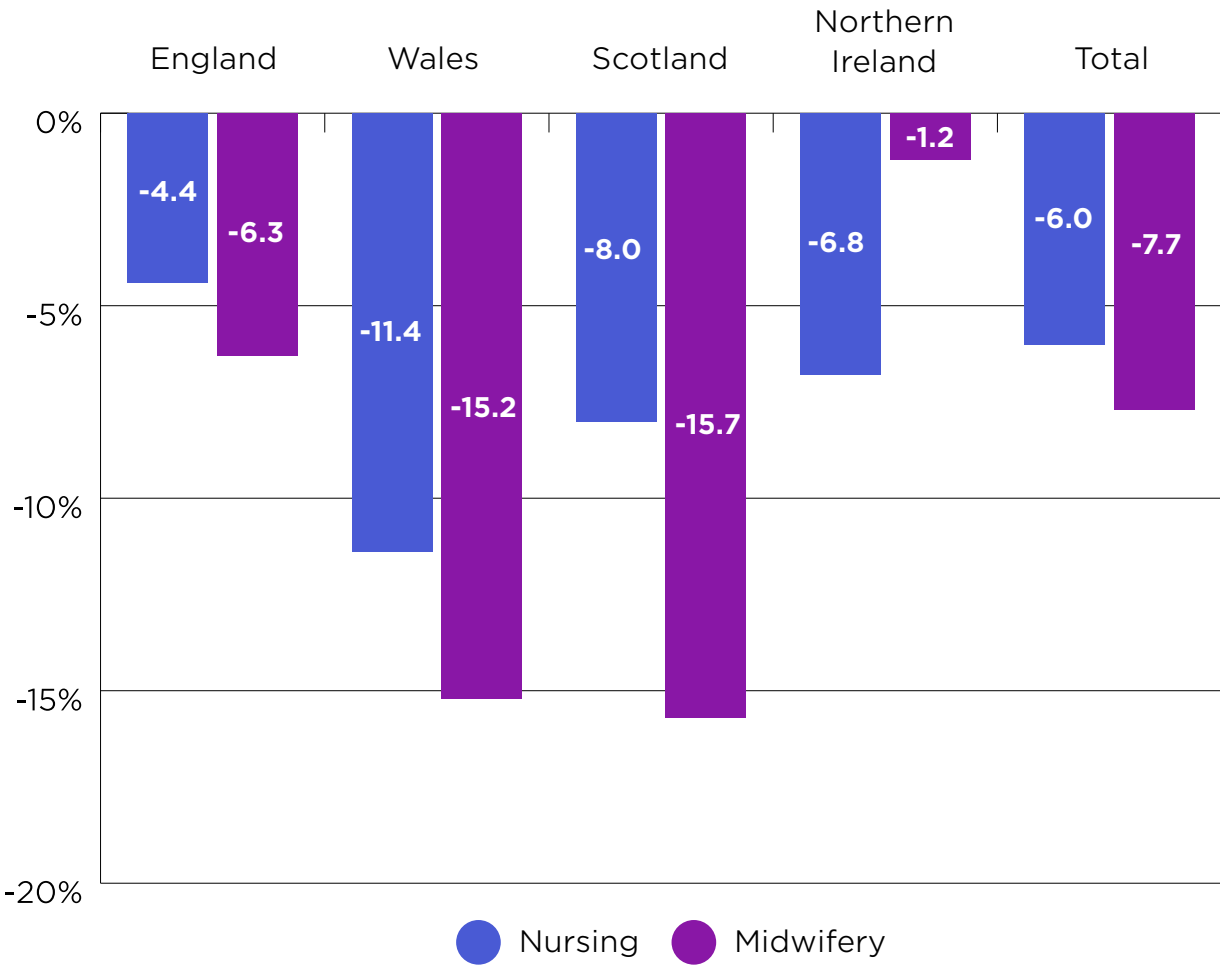
	Nursing	Midwifery	Nursing Associate	Total
England	62,509	8,694	7,495	78,698
Scotland	10,473	637	-	11,110
Wales	3,975	386	-	4,361
Northern Ireland	2,547	238	-	2,785

Applications

The UK's ability to increase workforce numbers by expanding the supply of domestically educated professionals is at risk from falls in the number of people applying to study nursing and midwifery. Securing the right amount and quality of placement capacity will be an additional challenge.[43]

Early data on applicants for 2023 show continued falls in applicant numbers.[44]

Figure 2: Percentage decrease in applications to study nursing and midwifery in 2022 compared to 2021 by UK country[45]



Attrition from pre-registration programmes

Our qualitative research with UK educated professionals revealed that most were inspired to pursue a career in our professions by personal experiences of receiving or observing care, or knowing someone on our register. Many midwives cited their own experience of childbirth as a motivator. More broadly, the key motivations for entering the professions are the attractions of caregiving, wanting to 'do good' in the world and a desire to build a strong, esteemed career.

The RePair (Reducing Pre-registration Attrition and Improving Retention) project reported that in England between 2009–2010 and 2014–2015, the average attrition rate for first year students ranged from 6.2 percent for midwifery students to 8.9 percent for learning disabilities nursing students.[46]

Data from the Higher Education Statistics Authority (HESA) 2014-2015 and 2016-2017, shows that male students, students from mixed ethnic backgrounds, and disabled students, were more likely to drop out from nursing and midwifery pre-registration courses.[26]

"Before...I worked as a home carer...in the community supporting people so they could remain independent in their homes. I really enjoyed knowing I made a difference to people's lives and that is what motivated me to get a job within the NHS as I felt I had the ability to help people on a bigger scale."

UK educated nursing associate, England

Experiences of education and training

Overall, we found UK educated newly registered professionals were positive about their education and training, with the majority feeling adequately prepared upon qualification. They were positive about the length of courses, the balance between theory and practice, the exposure to a broad range of topics, and the varied settings and specialisms of placement types. However, some participants identified gaps in the education they had received.

These included:

- **Access to and quality of simulation**
  Simulation is a teaching method that allows students to practise their skills in an artificial representation of a real-world practice scenario. It supports students to develop their knowledge, behaviours and skills in a safe, supportive environment.

  Most professionals felt that simulation was helpful for practising clinical skills and building confidence in a less pressured environment. Some felt it delivered limited impact compared to real clinical experience.

"I brought this up during my studies and discussed that while religion, beliefs and spirituality was touched on, there were next to no knowledge and learning around LGBTQIA healthcare needs or the needs of different abilities such as blind or deaf patients."

UK educated nurse, Scotland

- **Teaching on health inequalities**
  Professionals said they were made aware of disparities in health outcomes between different groups (for example, by ethnicity) or the need for specialist care for some people (for example, LGBTQ+ people, or disabled people), but felt they were not then given adequate guidance on implications for their practice and how they could better support these groups.

- **Practice placements**
  Nursing and midwifery students are required to undertake placements in different practice settings to give them opportunities to demonstrate their proficiencies. Placements give students opportunities to practice their skills under supervision. However, finding sufficient and varied placements for students can be difficult when health and social care services are under pressure. The Covid-19 pandemic meant placement sufficiency and quality were particularly acute for those on pre-registration programmes during this time - an issue that would have impacted the newly registered professionals we spoke to in our research.

  Experiences of placements were variable, with most newly registered professionals experiencing a 'mixed bag' throughout their education.

- **Oversight of practice placements**. Newly registered professionals highlighted some examples of poor planning and oversight of placements. For example, placements not corresponding with theoretical learning, practical arrangements not being communicated to students and, in some cases, students being deployed inappropriately as substitutes for qualified professionals.
- **Breadth of experience on placements**. Some newly registered midwives felt they did not get the full breadth of experience they needed on placements, and as a result felt underprepared and overwhelmed when faced with certain situations in their practice (for example, emergencies).
- **Support within placements**. Some professionals spoke about a lack of support from employers, other professionals, or universities, which translated into hostile or unwelcoming working environments.

  Our research found that those newly registered professionals who emphasised feeling alone and undervalued during their placements (particularly in their final placement), were more likely to be 'unhappy and underconfident' about their role and their ability to do well in it.

"There was a constant repetition of placement areas for me and many of my cohort. The placement team seemed unable to ensure a broad and balanced experience for students and were unwilling to look into this despite repeated requests from students and their personal tutors."

UK educated nurse, Wales

On the other hand, where placements worked well, the outcome was more positive. Most of the UK educated, newly registered professionals that we spoke to had got their first job at the same place where they did their final placement, which made the process of finding a job straightforward and helped with their transition to becoming a qualified professional.

Insights into recruitment of internationally educated professionals

Since 2017-2018 there have been increases in the number of internationally educated professionals joining our register to cope with rising demand for health and care services in the UK. This means that professionals educated outside of the UK and the EU/EEA make up a bigger proportion of joiners than they did in 2017–2018, while those educated in the UK and EU/EEA comprise a smaller proportion.[47] Two-thirds of the internationally educated professionals joining our register were educated in India and the Philippines (the top two training countries for internationally educated professionals joining our register since April 2017).

A recent Ipsos Mori poll of members of the public on attitudes to immigration showed support for increased immigration for these roles. More than half the public want more doctors and nurses from overseas; and 44 percent want more care workers. Fewer than one in five support reducing immigration to any of these roles.[48]

Workforce location in the UK

Most internationally educated professionals who have joined our register live in England, with fewer than one in ten in Scotland, Northern Ireland and Wales. This is in contrast to the nearly one in four UK educated professionals who have joined, who live outside of England. There is little in our data to suggest that internationally educated professionals move within the UK once they arrive, with most remaining registered at an address in the country they arrived in for at least five years.

Duration on our register

Internationally educated professionals spend less time on our register compared to those educated in the UK. Between April 2017 and September 2022:

- just under a third of internationally educated professionals spent 5–10 years on our register before leaving (28.9 percent or 6,582 people). In comparison, just over a third of UK educated professionals spent 30–40 years on our register before leaving (36 percent), with nearly a quarter (23 percent) spending 40-50 years.

Motivations

The internationally educated professionals we heard from wanted to become a nurse, midwife or nursing associate for many of the same reasons highlighted by those educated in the UK. They also spoke about wanting to come and work in the UK because of the prospect of better working opportunities and conditions, quality of life (such as free healthcare and a better education for children), the chance to earn a better salary and the desire to work in the NHS as an advanced healthcare system. This reflects findings from wider research.[21, 28, 49, 50]

Obtaining work

Nearly all internationally educated professionals had previous experience working as a nurse, midwife or nursing associate before coming to the UK (96 percent or 1,451 people). Most (92 percent or 1,387 people) felt either "very well" or "well" prepared by their education and training for working in the UK. Just under one in ten (9 percent or 128 people) said that they felt unprepared or very unprepared.

Most respondents told us they came to the UK with a job already lined up (85 percent or 1,277 people). Of the rest, just under half contacted a recruiter (49 percent or 734 people), one third conducted their own job search (30 percent or 457 people), a little over one in ten were contacted directly by a recruitment agency (12 percent or 186 people), and just under one in ten found their job through a friend or family member already in the UK (8 percent or 125 people).

The experiences of applying for and finding work in the UK tended to be mixed. In our qualitative research, most of those who used a recruiter or agency reported better experiences in comparison to those who applied directly.

"With regards to facilitating my move and joining the workforce, I received assistance from the recruitment agency when dealing with the necessary paperwork for [my] visa, etc."

Internationally educated nurse, England

Those who received support from their employer or agency (such as with arranging tests, getting financial support and receiving guidance), describe relatively positive experiences, and a sense that the process was easier, shorter and simpler than originally anticipated.

For those with no or limited support, there were less positive experiences. These included not receiving feedback when rejected from jobs, not being made aware of support available from their employer to prepare for moving to and working in the UK (such as financial support with health tests or support with visa applications), and reports that some employers were not familiar with overseas recruitment processes.

"I found it frustrating to a degree, because there were documents and details that they requested that I was struggling to obtain – for instance, proof of address when first relocating – and which ultimately extended the hiring process. I also found that if something was incorrect or couldn't be accepted, I wouldn't be notified... Only when I called them was I told they needed further clarification or certification... While I understand the strict nature of a hiring process, overall I found it very tiresome."

Internationally educated nurse, England

Using insights

We will use these insights for our next refresh of the pre-registration standards, and to focus our monitoring of approved education institutions. They will also be material to our work on the framework we set for pre-registration programmes in nursing, in particular, the extent and nature of practice learning.

We encourage educators to reflect on preparing their students for practice in a diverse society, and understanding the specific health needs of different groups. We will use our education quality assurance process to focus on these issues.

Early experiences while studying or applying to practise as a nurse, midwife or nursing associate in the UK shape professionals' later satisfaction, confidence and ability to care. We all need to think more holistically about the continuum from previous practice or learning to becoming a registered professional in the UK and early career support. More specifically, what each new professional needs to consolidate and embed their learning and previous experience so that they are confident in their practice and provide good care.

Practising in the UK

As we saw in the previous chapter, people are motivated to become a nurse, midwife or nursing associate because they want to do good, help others and make a difference in people's lives.

Most domestically educated new nurses are happy and confident in their roles. They cite a sense of pride in what they are doing, supportive colleagues, the opportunity to learn and expand their knowledge, enjoyment of the responsibilities they hold and variety of experiences they can undertake.

Internationally educated professionals and domestically educated midwives are less positive. They are less likely to feel satisfied by their role and are struggling to meet the demands of their profession. Negative experiences during their education and training and/or in practice mean they are now disillusioned and feel underprepared and underconfident in their ability to practise safely.

It's clear that all groups of professionals are facing serious challenges which are impacting their ability to provide safe, effective and kind care. Some are particularly experienced by minority groups – such as racism and discrimination. Others are experienced only by those early in their career – such as inconsistencies in the management of their transition period during their first role (preceptorship).

These challenges are affecting how happy and confident newly registered professionals feel and how long they intend to stay practising in the UK. They are also having a big impact on the people being cared for. Organisational factors, such as discrimination, racism and negative workplace cultures have a significant influence on professionals' abilities to act appropriately and provide care that is safe, effective and kind.[33-36, 51-57]

In the following section, we share factors that have affected the successful transition of these new professionals into practice, and the things that can affect their ability to provide safe, effective and kind care, as well as influencing their attitude to staying in their profession.

Staffing levels and workload

All new entrants to our register have had experience of health and care settings - as students, on practice placements, and in the case of most internationally educated new joiners, substantive practice as a nurse, midwife or nursing associate in another country.

Despite this, many new entrants felt shocked and overwhelmed by the demands of practice as a newly registered professional. This included feeling 'tired', 'overwhelmed' and 'burnt out', from taking on more responsibility earlier than they had anticipated. Some also felt that this went beyond 'the shock of the new' and constituted inappropriate deployment.

Newly registered professionals described feeling pressured to undertake tasks that they felt they were either unprepared for or were inadequately supervised, because of staffing shortages. Midwives were particularly likely to share experiences of these challenges.

"It's very much a sink or swim thing. I was put in a situation, early on, where I was managing a ward without the skillset needed."

UK educated nurse, Wales

Internationally educated professionals' views on workload and staffing

- Nearly two-thirds found staffing levels in the UK worse or much worse than expected (61 percent or 903 people), with fewer than one in six finding them better or much better (15 percent or 227 people).
- Nearly half of respondents said that they found the workload in the UK worse or much worse than they expected (45 percent or 664 people), with only a fifth finding it better or much better (20 percent or 299 people).
- Staffing levels and workload were more likely to be seen as reasons not to recommend working in the UK (59 percent or 836 people and 55 percent or 776 people respectively).

(From our survey of 1,512 internationally educated professionals)

Workplace culture

In our qualitative research with 72 newly registered professionals, we heard more about the pressures of staff shortages being exacerbated by poor workplace and management cultures. Some newly registered professionals told us of bullying, hostility, or being sidelined by other staff. This left them feeling underconfident, upset and isolated, with little awareness or understanding of any resources they could access or who they could turn to for help.

Key issues included:

- unrealistic expectations from managers that they could fulfil duties outside of their scheduled hours or experience
- an emphasis on getting on with the job at the expense of personal wellbeing (such as continuing to work a shift after a distressing experience)
- an unwillingness to speak up, due to their inexperience and a perception that their employers would not take their concerns or emotional welfare into consideration.

"There are often deaths and you just have to carry on. You can't just leave your shift if someone dies. We try and do debriefs, but there's just no time, especially if you're on nights."

UK educated nurse, England

"There seems to be service-wide burnout going on at the moment. It has a massive knock-on effect, almost a toxic effect where, if I go looking for support, other people go 'well I never got that when I qualified, I got chucked straight in'."

UK educated nurse, Scotland

Pay

A third challenge highlighted was pay. Professionals told us they do not feel their current pay adequately reflects the level of responsibility they hold and the value they bring. This feeling of being underpaid and undervalued is exacerbated by working long hours, often without a break.

"Financial instability, increased costs of housing, rent and bills, which are not proportional to the salary. Not even able to afford a car, difficult to travel with kids during this winter."

Internationally educated nurse, England

Internationally educated professionals' views on pay

- Internationally educated professionals were especially likely to cite low pay as a downside of working in the UK – reflecting findings from wider research.[58] Many anticipated being able to use higher UK wages to save money but feel the high cost of living here means they are unable to do so.
- Pay was cited as the reason why four in ten respondents would not recommend practising in the UK to other internationally educated professionals (40 percent or 605 people) and over half cited the cost of food and bills as a reason not to recommend working in the UK (56 percent or 847 people).
- Pay and benefits have been cited as reasons for leaving our register by internationally educated professionals since 2017. Nearly one in four (23 percent or 50 people) said that pay and benefits were reasons for them leaving with 7 percent (15 people) saying they were the main reason why they left. For younger professionals this is linked to the cost-of-living crisis, with just over a fifth of those aged 21–40 (22 percent or 127 people) saying that the cost-of-living influenced their decision to leave our register earlier than planned.[59]

Racism and discrimination

Newly registered professionals also told us about experiences of abuse and discrimination from colleagues, members of the public and people who use services. Abuse from members of the public and people who use services tended to involve explicitly racist language, while discrimination from colleagues often involved having their authority undermined and skills and experience being undervalued. This reflects findings from wider research, including our own Ambitious for change work.[27-29] Internationally educated professionals, in particular, cited racism and discrimination as a major challenge they had not anticipated prior to arriving in the UK.

These findings echo the feedback we heard about racism and discrimination from the 86 internationally educated professionals who attended our pilot Welcome to the UK workshops. These attendees:

- raised concerns that included not feeling respected or treated the same as local colleagues; feeling as though their previous experience was not understood or valued; experiencing poor culture, gossiping, and being talked about behind their backs, and not feeling able to trust colleagues to be supportive and keep things confidential
- described crying at the end of shifts, losing weight, being resigned to "that just being how things are here", feeling "traumatised", feeling misled during the recruitment process, and experiencing explicitly racist and derogatory comments.

This feedback resonates with the findings of our own wider research and that of others.

"It is difficult to give the best of yourself if you are looked down upon or treated unfairly and differently from other people."

Internationally educated nurse, Scotland

"The major challenge I face in my workplace is racism by the patients, but I pay deaf ears to it and do my work as it pleases my conscience."

Internationally educated nurse, England

Experiences of preceptorship

Preceptorship is a period of structured transition to guide and support new professionals to become autonomous registrants in order to develop their practice further. Our **Principles of Preceptorship** state that preceptorship should welcome and integrate the newly registered nurse, midwife or nursing associate into the team and place of work, help them grow in confidence, and begin their lifelong journey as an accountable, independent, knowledgeable and skilled practitioner.

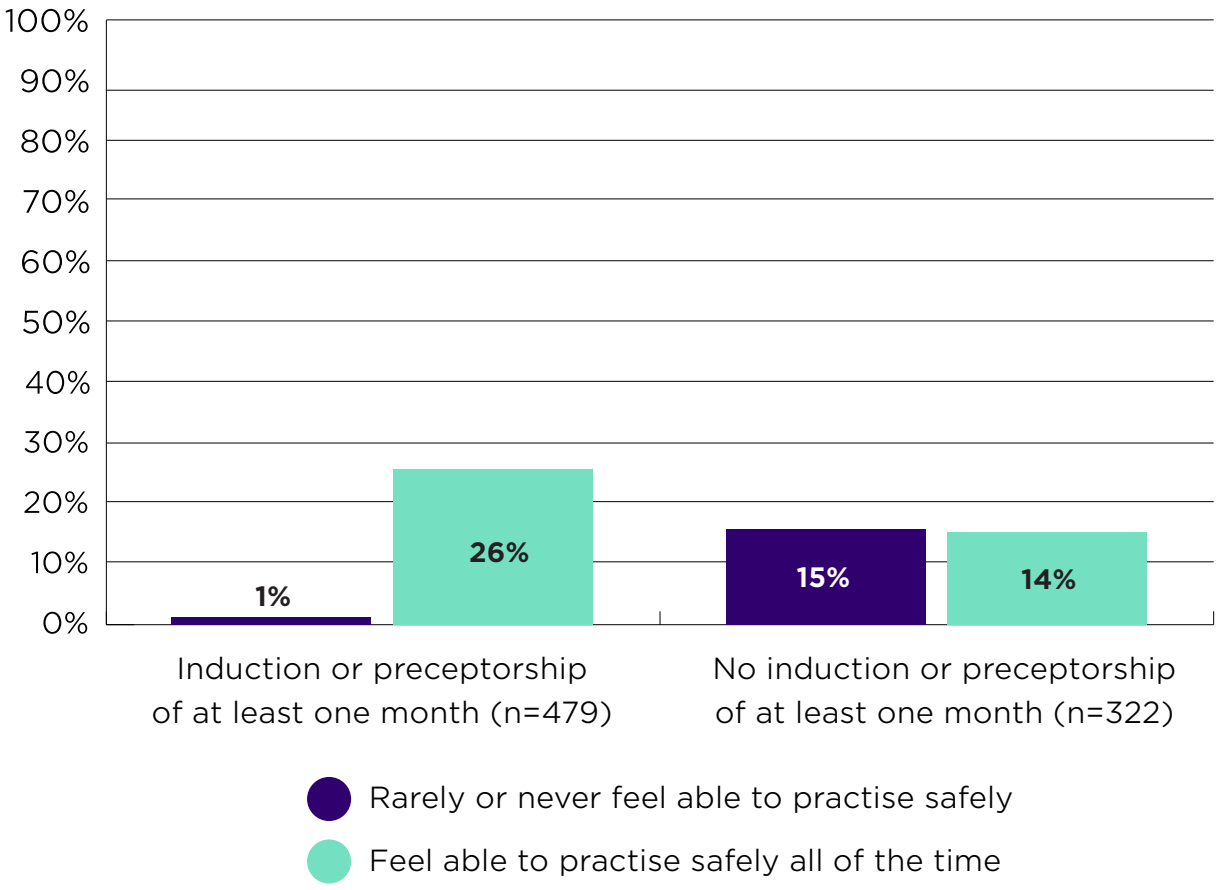
Research suggests that effective preceptorship can help to improve new professionals' sense of confidence and competence.[60-63] Of the newly registered professionals that took part in our qualitative research, around three quarters had experience of preceptorship and felt it could be extremely helpful. But only a minority (more likely to be nurses or nursing associates than midwives) felt highly satisfied with their experience, and there was a feeling that its potential was not always being met.

Participants felt that the length, supervision and organisation of preceptorships were inconsistent across employment settings. This reflects the findings of wider research, which has identified significant variation in the amount, type and quality of preceptorship programmes.[63, 64] We found that newly registered professionals in Scotland and Wales were slightly more positive, reporting that national frameworks and guidelines on preceptorship are laid out to support newly qualified professionals. However, professionals' experiences of preceptorship support and supervision in England were widely varied.

One in six of the internationally educated professionals that responded to our survey had not received a preceptorship. Preceptorship of less than one month was not uncommon; half had an induction shorter than one month and just under one in ten had no induction at all. Despite this, internationally educated professionals participating in our qualitative research were less likely to report negative experiences than those educated in the UK. Overall, those who did not receive a preceptorship generally felt it would have been helpful, particularly in helping them to understand UK ways of working better and build their confidence and competence about practising in another country.

We found a statistically significant link between survey respondents receiving little or no preceptorship and having feelings of being unable to practise safely (see Figure 2), and of questioning whether they intended to remain practising in the UK. Those who had not received an induction or preceptorship of at least a month were nearly twice as likely to tell us they intended to leave UK practice in the next three years, compared to those who had (15 percent and 8 percent, respectively).

Figure 3: The influence of induction and preceptorship on internationally educated professionals' perceptions of their ability to practise safely[65]



Understanding the challenges for newly registered professionals

To better understand some of the challenges faced by newly registered professionals, we looked at the fitness to practise cases we received between April 2017 and March 2022 that involved professionals in their first three years of joining our register.

Referrals received for newly registered professionals account for only a small proportion of referrals (just over one in ten – 11.5 percent or 1,925 people). Early career referrals were more common from employers than from members of the public.

In general, newly registered professionals are referred for much the same reasons as other professionals, with allegations about patient care and prescribing and medicines-management the most common. However, more newly registered professionals were referred for competence-related reasons (just under three percent) compared to those who have been on our register for longer (0.7 percent).

We took a closer look at allegations associated with 88 of these fitness to practise cases (see supplementary publication: ***Spotlight on Nursing and Midwifery: Underpinning research***). Associated allegations suggest that calculating dosages for prescribed medicines in real-life settings (as opposed to doing so in test or training environments) may be an issue for some newly registered professionals. Although a small, non-representative sample, this may offer insight into a need for better induction and supervision in this area of practice.

The higher prevalence of competence issues may help to explain some of the differences in outcomes we found for newly registered professionals in the fitness to practise cases we received between April 2017 and March 2022.

Findings from fitness to practise cases

- Cases involving newly registered professionals were more likely to receive Conditions of Practice Orders and Striking Off Orders at adjudication stage.
- Cases that involved allegations about employment and contractual issues received the highest proportion of sanctions – with most applied where professionals did not complete training or abide by remedial measures.
- Cases that involved allegations about communication issues were more likely to result in newly registered professionals being struck off, compared to those on our register for longer.
  - Most of these cases involved EU/EEA educated professionals and were received in 2017 and 2018, so may be linked to changes in how English language competence was assessed for EU/EEA educated professionals.
  - From 18 January 2016, EU/EEA educated professionals wanting to join our register were required to prove that they had the necessary knowledge of English to practise safely and effectively in the UK.
  - Legislation introduced at this time gave us a new basis for investigating professionals' fitness to practise. It related to patient safety concerns over professionals' ability to communicate effectively in English.

(Relating to newly registered professionals April 2017–March 2022)

Retaining new entrants

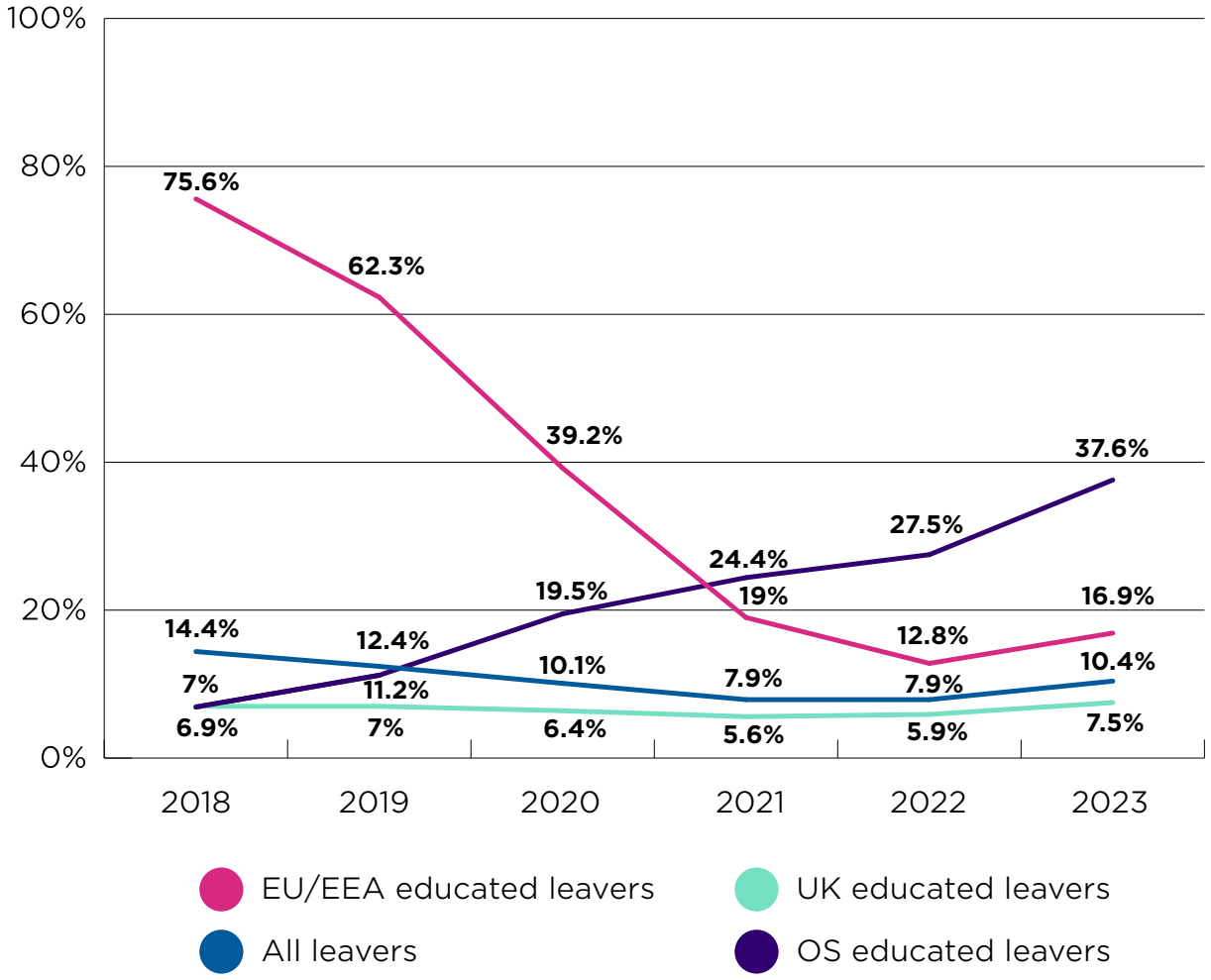
Overall, the number of professionals leaving within the first five years of registration has fallen since March 2018. Of those leaving in that timeframe, the greatest number are internationally educated professionals, and we have seen an ongoing increase in the proportion of these professionals leaving each year.

However, when we asked this group about career intentions, more than half of survey respondents said they saw their long-term future in UK health and care, with a third looking to stay indefinitely (33 percent or 506 people) and a fifth looking to stay more than five years (21 percent or 313 people).

Findings related to newly registered professionals leaving the register

In line with all professionals leaving the register, more than half of those leaving within the first five years had done so earlier than planned. However, the newly registered professionals leaving were more likely to mention staffing, pay and burnout as reasons for doing so than those who had been on our register for longer. And it is clear that the cost-of-living crisis has had a particular impact on this group: a quarter (25 percent) of newly registered professionals said they had left earlier than planned because of it. For comparison, this was cited as the reason for leaving earlier than planned by 13 percent of those with 5–20 years of being on the register, and three percent of those with more than 20 years on the register.

Figure 4: Proportion of leavers in the first five years of registration by region of training March 2018 to March 2023



Future career intentions

- The majority of newly registered professionals shared their intent to spend a good period of time in the profession. They shared a range of future career goals, including progressing in their current position up the bands; moving into a different field of specialism; and completing further education (including Master's degrees and PhDs).
- The minority of newly registered professionals who said they were planning on leaving, spoke about moving into research roles and travelling and practising abroad.
- In contrast to other leavers, newly registered professionals were in fact the group most likely to say they expect to return to a career as a nurse, midwife or nursing associate.
- Compared to those who have been on our register for longer, newly registered professionals are significantly more likely to be leaving the register because they are leaving the UK. This is probably because these leavers are predominantly internationally educated. (As a whole, just over one in ten professionals (14.2 percent or 216 people) said they intended to leave the UK in the next five years.)

(From our in-depth qualitative research with 72 newly registered professionals and our annual leavers' survey)

Using insights

There is more to be done to ensure that people joining our register can thrive in our professions. Effective preceptorship and support for newly registered nurses, midwives and nursing associates is essential. It is clear from our research that there is undue variation in preceptorship, and that poor preceptorship negatively affects psychological safety and contributes to early leaving. We will work with providers and system regulators to encourage high quality early career support, which should be viewed as a vital and essential investment.

The increasing diversity of our professions, and population, make a positive and inclusive culture in health and care more important than ever. Yet, excessive workloads, staffing shortages, racism and discrimination are impacting on internationally educated professionals and their ability to provide safe, effective and kind care. Without urgent action from leaders and employers, more professionals will leave earlier than planned, risking the substantial investment that has been made in overseas recruitment in recent years and further exacerbating existing staffing shortages.

Providers who rely on the contribution of internationally-educated professionals will want to reflect on what we have learned about their formative experiences in the UK. We know there is some excellent practice in welcoming and inducting nurses, midwives and nursing associates who come to the UK, which suggests that with the right commitment and resource, this can be done well. Our findings point to the importance of setting expectations among wider staff about welcome and support, and reacting swiftly and effectively if colleagues encounter poor attitudes, from any quarter.

Maternity care

Pregnancy and childbirth are generally safe in the UK and usually happy, positive experiences for women and families, but when things go wrong, the consequences can be devastating. Evidence demonstrates that there are some stark inequalities of outcome affecting poorer women, and Black and minority ethnic women.

Only a tiny minority of all the professionals on our register are referred to us each year. The number of referrals we have received about midwives annually since 2017-2018 has equated to less than one percent of all the midwives on our register.

We've found some common themes in the maternity concerns that have been raised with us. Some relate to the specific competencies and skills of midwives – such as how well they monitor babies' heart rates and mothers' contractions (cardiotocography), and how they speak up and escalate concerns about these. Others relate to how well staff work together, and how well they communicate with women and families. These factors affect all areas of health and social care and are not specific to maternity or midwifery. They increase the chances of things going wrong in people's care and, in severe cases, of death or serious illness or injury.

What's clear from our case audit, wider research, and inquiries is that often the actions of individual professionals are shaped by the culture and environment in which they work – with bullying, excessive workloads, burnout and unsupportive management being contributory factors in major failings of care across different sectors. This is particularly concerning in the light of what we heard from newly registered midwives. Many told us that since starting to practise they do not feel confident or able to ask for help from colleagues, and are disillusioned with high levels of pressure and negative working cultures.

In this section, we share insights about issues affecting maternity care in the UK. These are drawn from different sources, including external literature and the further research we have done into issues affecting maternity care.

Inequality of outcomes in pregnancy and childbirth

Research shows that pregnancy and childbirth remain very safe in the UK, across a range of measures.[66] However, there are persistent inequalities in safety outcomes for women of different ethnic backgrounds, ages and socio-economic circumstances.[67-69]

For most women, pregnancy and childbirth are positive experiences, as reported in studies in England,[70] Scotland,[71] Wales,[72] and Northern Ireland.[73] However, as with maternal outcomes, there is variation amongst women of different groups.[70, 74-77]

Inappropriate or delayed response to people's condition

We are responsible for investigating fitness to practise concerns raised with us and acting on them, where necessary, to protect the public. The most common allegations associated with fitness to practise referrals relate to patient care. Within this, the two most common issues raised in all referrals are to do with diagnosis, observation and assessment, and delayed response to negative signs, deterioration or incidents.

Delays in escalating care have been shown to increase the risk of stillbirth, neonatal death and severe brain injury in babies and occurred in more than a third of reports relating to maternity care throughout the UK in 2018.[78, 79]

The failure to act effectively when faced with emergency situations – in particular, failure to escalate concerning deceleration in a baby's heart rate or the inability to recognise and/or interpret other abnormal cardiotocography readings – was a recurring theme in the maternity cases we looked at.

Cardiotocography (a 'CTG') can be used to monitor a baby's heart rate and a mother's contractions during pregnancy. It is used both antenatally and during labour, to monitor the baby for any signs of distress.

We found examples where midwives had not adhered to guidelines set out by the National Institute for Health and Care Excellence (NICE) on monitoring babies' heart rates[80] and failed to recognise risks to both mothers' and babies' heart rates. These concerns led to a failure in speeding up the delivery of the baby, which sometimes resulted in serious harm. Issues relating to CTGs being incorrectly classified, and delays in acting upon clearly abnormal CTG readings, have also been identified as factors leading to major failings of care in maternity services.[51, 81, 82]

As well as failures by midwives to escalate concerns, we found recurring examples of poor communication between colleagues and difficulties with inter-professional working. Where concerns were escalated, they were not always acted upon appropriately or escalated to the appropriate level (for example by obstetricians-in-training to consultants). These themes are also identified in other inquiries into maternity care:

"Fundamentally, there were poor relationships both within and between professional groups. There were factions and divisions within midwifery. There was poor working in obstetrics, with a division between consultants and junior staff that left unsupported staff to deal with complex situations beyond their experience. The failure of obstetric staff and midwives to trust and, in some cases, respect each other added a further significant threat to patient safety."

Kirkup B (2022) Reading the Signals': Maternity and Neonatal Services in East Kent – the Report of the Independent Investigation. HMSO, London

"The failure to follow guidelines, combined with delays in escalation and a lack of collaborative working across disciplines, 'resulted in the many poor outcomes experienced by mothers or their babies, such as sepsis, hypoxic ischaemic encephalopathy and, unfortunately, death'."

'Ockenden Report Final (2022) Findings, conclusions and essential actions from the independent review of maternity services at The Shrewsbury and Telford Hospital NHS Trust. HC 1219'

Not listening to women's concerns

Fitness to practise referrals that we receive from members of the public and people who use services often involve allegations about professionals' poor communication. Allegations of this nature feature more frequently in referrals from members of the public than from other sources, such as employers. Within this, people frequently cite professionals' unfriendly, uncaring or rude manner. In our review of maternity cases between 2017 and 2020, we also found a recurring theme around professionals' lack of empathy and compassion when communicating with members of the public and people who use services.

A review of complaints about UK healthcare found that poor communication from health and care professionals, and a perceived lack of respect, dignity or care, comprise nearly a third of complaints.[83] The failure to listen to concerns, and to prioritise the voices of people who use services as partners in care, has been highlighted as a recurring theme in successive public inquiries into failings of care in different settings.[51, 84-89]

Effective communication, support and compassion from maternity care staff can help a woman during labour and birth to feel in control, feel her wishes are respected, and contribute to a positive birth experience.[90, 91] Receiving kind, respectful and responsive care matters to women during childbirth,[92] yet women across the UK continue to report not being treated with kindness and understanding or having their concerns listened to.[68, 70, 93, 94]

"I know I haven't had a baby before, but this is my body and I know what's going on and this doesn't feel right, this doesn't feel safe. I was expecting to be in pain, I'm not stupid, but this feels unsafe, this amount of pain; and being told, 'you've never had a baby before, I don't know what you expected'..."

"I just wish so hard that when I went and said she was not moving the way she should be, that if they'd listened to me seriously..."

Kirkup B (2022) Reading the Signals': Maternity and Neonatal Services in East Kent – the Report of the Independent Investigation. HMSO, London

"There was one point in my labour, right near the end, where I remember looking at [my partner] and saying, I'm going to be a Black statistic. I was so scared, and the epidural hadn't come, so I felt like people weren't listening to me. It had been days..."

Birthrights (2022) Systemic racism, not broken bodies, An inquiry into racial injustice and human rights in UK maternity care

The ability to recognise significant changes in people's condition was highlighted in the inquiry into failings at the East Kent NHS Trust in England, which emphasised how not listening to women nor taking their concerns seriously resulted in "a failure to recognise warning signs or a deteriorating situation".[53]

Our Standards of Proficiency for Midwives set out the midwife's duty to 'develop and maintain trusting, respectful, kind and compassionate person-centred relationships with women, their partners and families, and with colleagues'. This was strongly supported by feedback from members of the public on the draft Standards.[95]

All midwives, regardless of level of experience, are subject to our standards and have to revalidate against them. We need all leaders in maternity services to commit to support midwives to develop their practice in line with these standards.

Organisational factors

The public know that individual professionals alone cannot deliver a person-centred service (describing it as 'personalised, empathetic and seamless'[96]). They feel that organisational culture and ethos, systems and processes, and staffing and resourcing levels, all have an impact on individuals' ability to provide person-centred care.[96]

High profile inquiries and wider research have shown the influence of organisational culture on individual behaviour.[51-54, 97] For example, a recent review looking at compassion in healthcare, found that poor organisational culture, exacerbated by excessive workloads and inadequate staffing, unsupportive management and a lack of unity within teams, are some of the most common barriers to professionals providing compassionate care.[55] Other research highlights a link between these types of organisational factors and staff burnout, compassion fatigue and difficult professional relationships.[56, 98-103]

The system regulator in England, the Care Quality Commission (CQC), has established criteria for assessing whether an organisational culture is inadequate. These red flags include: low levels of staff satisfaction; staff who do not feel respected, valued, supported or appreciated; poor collaboration or cooperation; high levels of bullying, harassment, discrimination or violence, and not treating staff with respect when they raise concerns.

In this context, findings from the most recent responses to the NHS staff survey in England are particularly concerning. Compared to 2017, fewer midwives felt that their organisation acted on concerns raised by members of the public and people who use services, or that they would be happy with the standard of care provided by their organisation if a friend or relative needed treatment.[104, 105]

This is also reflected in what we heard from newly registered midwives, who were more likely to sit in the 'unhappy and underconfident' group of respondents. We heard how some midwives felt prepared upon qualifying but have now become disillusioned by high levels of pressure or negative working cultures. Their lack of confidence is exacerbated by a perceived lack of support from senior staff, feelings of being unwelcome, unappreciated and unable to ask for help when they need it. As a result, they doubt their ability to carry out their responsibilities, reporting burnout and dissatisfaction.

"I'm not sure I can imagine another five years in the NHS as a midwife, at the moment. I would love to be in a position where I love my job and I am fully satisfied, but the current system and staffing crisis is not making the future look reassuring in my career."

UK educated midwife, England

Looking at the context of fitness to practise referrals

In 2021, we introduced a new approach to taking account of context whenever concerns are raised with us about the practice of somebody on our register. We know that sometimes concerns that appear to be the result of poor individual practice are caused by system pressures or other factors. We need to hold professionals on our register to account when their actions fall below our standards, and we need to identify where an event has arisen because of wider factors that contribute to poor outomes for women and babies. Only then can we identify what needs to happen to keep people safe in the future – even if we're not the ones who can take that action.

Our approach to exploring the context of allegations involves looking at the following areas:

- **The individual nurse, midwife or nursing associate**. We want to know whether there were any specific factors that may have impacted the nurse, midwife or nursing associate and how these may have affected them.
- **The working environment and culture**. Contextual factors or the working environment can prevent nurses, midwives and nursing associates from delivering safe care. We need to understand what the environment was like and whether it was a contributing factor to an incident.
- **Learning, insight and any steps the nurse, midwife or nursing associate has taken to strengthen their practice**. This will help us understand how the nurse, midwife or nursing associate has responded and how this may affect our assessment of the likelihood of something happening again. We also want to hear from the employer about what they have done to resolve any issues within a workplace. This will help us think about whether we need to take wider regulatory action, such as making a referral to another regulator.

In the maternity cases we analysed, we found examples of organisational factors at play, including examples of the red flags outlined by the CQC. (This reflects what is known from the wider literature about factors that affect the quality and safety of maternity care). These related to the following areas:

- workload and staffing
- organisational culture
- training and support
- relationships with others
- issues with the physical environment that professionals were working in.

We also found examples of mitigating personal factors, such as the impact of a professional's difficult family situation.

"I believe there was an element of racism in there and also there was an element of scapegoating and closing ranks."

Professional's statement, Shrewsbury and Telford NHS Trust

"I was upset by my colleagues, worried about my family and stressed."

Professional's statement, East Kent NHS Trust

Using insights

We will continue to grow our understanding of the factors that undermine good standards of midwifery practice. Our analysis suggests that our standards broadly cover the right terrain, but they are not always upheld in practice.

There are some stark findings about the problems in maternity care and midwifery practice. It is clear that organisational factors get in the way of professionals providing the kind of care that women have a right to expect. We need employers to support midwives to develop their practice in line with our standards and to address the organisational factors that we know inhibit good practice. We need system regulators and leaders to recognise the significant risks to public safety from employers not enabling midwives to practise in line with our standards and to use the levers open to them to help address these issues.

We will also continue to talk to providers of maternity services about what they can do to promote positive and open culture, and how we can support their efforts.

What next?

In conclusion, we hope that insights from our regulatory work can lead to understanding and improvement across learning and practice in our professions.

Our insights can impact the professionals we regulate and the people they care for. Our commitment is to use them to improve our work, and to share them with national partners and local leaders in education institutions and health and care providers who are well placed to take steps to improve the environment for learning and care delivery in our professions.

We continually strive to support the professionals on our register to deliver safe, effective and kind care for people. We hope the insights outlined in this report will inspire discussion among our wider community and with us – and in doing so, lead to further beneficial actions and outcomes in the months ahead.

You will see us making a few changes to how we share our research and analysis in future. In addition to *Spotlight on Nursing and Midwifery*, you will see us extending our regular data reports.

This year we have published a report on **revalidation**, alongside our well-established report on **registration**. We will be adding to this series. We are developing a new insight hub on our website, where you will be able to find these resources and more, over time. As with *Spotlight on Nursing and Midwifery*, we'll start with what we can do now and build on that, benefitting from others' feedback and suggestions.

Working together

We want to strengthen and deepen our relationships with the data and research community of interest – which will include people in academia, think tanks, government and national bodies, and other regulators. One of our NMC values is 'collaboration', and we want to hear about research relevant to our work and to support studies that ultimately improve care.

Please register your interest with us via **research@nmc-uk.org**

References

1 YouGov (2023) The most important issues facing the country

2 NatCen (2022) British Social Attitudes 39 | NHS and social care

3 Ipsos Mori (2022) Ipsos Veracity Index 2022: Trust in Professions survey

4 Dall'Ora C; Saville C; Rubbo Bl Turner L; Jones J; Griffiths P (2022) Nurse staffing levels and patient outcomes: A systematic review of longitudinal studies. International Journal of Nursing Studies 134. DOI https://doi.org/10.1016/j.ijnurstu.2022.104311

5 Sworn K and Booth A (2020) A systematic review of the impact of 'missed care' in primary, community and nursing home settings, Journal of Nursing Management, 28(8): 1805–1829.

6 Twigg D; Kutzer Y; Jacob E and Seaman K (2019) A quantitative systematic review of the association between nurse skill mix and nursing-sensitive patient outcomes in the acute care setting, Journal of Advanced Nursing, 75(12): 3404–3423

7 Driscoll A, Grant M, Carroll D, Dalton S, Deaton C, Jones I, Lehwaldt D, McKee G, Munyombwe T & Astin F (2018) The effect of nurse-to-patient ratios on nurse-sensitive patient outcomes in acute specialist units: a systematic review and meta-analysis. European Journal of Cardiovascular Nursing; 17: 6–22.

8 Leary A, Punshon G. (2019) Determining acute nurse staffing: a hermeneutic review of an evolving science. BMJ Open 9: e025654. doi:10.1136/bmjopen-2018-025654

9 Griffiths P, Ball J, Murrells T, Jones S & Rafferty AM (2016) Registered nurse, healthcare support worker, medical staffing levels and mortality in English hospital trusts: a cross-sectional study. BMJ Open; 6: e008751. Doi: 10.1136/bmjopen-2015-008751

10 NIHR (2019) Themed review: Staffing on wards. NIHR Dissemination Centre Doi 10.3310/themedreview-03553

11 NHS Digital (2023) NHS Vacancy Statistics, England, April 2015 - December 2022, Experimental Statistics

[12] NHS Education for Scotland (2023) NHS Scotland Workforce. Latest statistics as at 31 March 2022.

[13] Department of Health (2023) Northern Ireland health and social care (HSC) workforce vacancies December 2022: HSC Vacancies Actively Being Recruited at 31 December 2022

[14] RCN Wales (2022) Nursing in Numbers

[15] NHS England (2021) 2021/22 priorities and operational planning guidance

[16] Scottish Government (2022) National Workforce Strategy for Health and Social Care in Scotland

[17] Health Education and Improvement Wales, and Social Care Wales (2022) A Healthier Wales: Our Workforce Strategy for Health and Social Care

[18] Department of Health Northern Ireland (2022) Health and Social Care Workforce Strategy 2026 – Delivering for our People. Second Action Plan (2022-23 to 2024-25)

[19] WHO (2020) State of the world's nursing 2020: investing in education, jobs and leadership

[20] WHO (2021) The State of the World's Midwifery 2021

[21] Nuffield Trust (2021) Recruitment of nurses from overseas: Exploring the factors affecting levels of international recruitment

[22] NMC (2023) Registration data 2023

[23] Nuffield Trust (2023) Reliance on international nurse recruitment during a workforce crisis

[24] The Department of Health and Social Care (DHSC) has a recently updated Code of practice for the international recruitment of health and social care personnel in England. The Code prohibits active recruitment from 'red list' countries designated by the World Health Organisation. The Code does not prevent individual health workers from 'red list' countries from seeking employment independently, but employers should not be actively recruiting from those countries.

[25] NMC (2023) Equality, diversity and inclusion data tables 2022-2023

[26] NMC (2020) Ambitious for Change: Research into NMC processes and people's protected characteristics

[27] Bond S, Merriman C, Walthall H (2020) The experiences of international nurses and midwives transitioning to work in the UK: A qualitative synthesis of the literature from 2010 to 2019. International Journal of Nursing Studies, Volume 110 https://doi.org/10.1016/j.ijnurstu.2020.103693

[28] Garside J, Newton D, Pressley C, Mejia-Olivares C & Stephenson J (2023) International nurses and their initial integration into NHS England's healthcare workforce: a population analysis. University of Huddersfield

[29] Smith, H, Woodward-Kron R & Ewers M (2022) Nurse Migration in Australia, Germany, and the UK: A Rapid Evidence Assessment of Empirical Research Involving Migrant Nurses. Policy, Politics, & Nursing Practice 2022, Vol. 23(3) 175–194. Doi: 10.1177/15271544221102964

[30] NHS (2023) NHS Workforce Race Equality Standard (WRES) 2022 data analysis report for NHS trusts

[31] NMC (2022) Ambitious for Change: Phase two report

[32] Zabin L; Abu Zaitoun R; Sweity E & de Tantillo L (2023) The relationship between job stress and patient safety culture among nurses: a systematic review. BMC Nursing 22, 39. https://doi.org/10.1186/s12912-023-01198-9

[33] Kritsotakis G; Gkorezis P; Andreadaki E; Theodoropoulou M; Grigoriou G; Alvizou A; Kostagiolas P & Ratsika N (2021) Nursing practice environment and employee silence about patient safety: the mediating role of professional discrimination experienced by nurses. Journal of Advanced Nursing 78, 2: 434-45. doi:10.1111/jan.14994

[34] Dawson J (2009) Does the experience of staff in NHS link to patient experience of care? Institute for Health Services Effectiveness, Aston Business School

[35] Alingh C, van Wijngaarden J, van de Voorde K, Paauwe J & Huijsman R (2019) Speaking up about patient safety concerns: the influence of safety management approaches and climate on nurses' willingness to speak up. BMJ Quality and Safety 28: 39–48. http://dx.doi.org/10.1136/bmjqs-2017-007163).

[36] Guo L; Ryan B; Leditschke I; Haines K; Cook K; Eriksson L; Olusanya O; Selak T; Shekar K; Ramanan M (2022) Impact of unacceptable behaviour between healthcare workers on clinical performance and patient outcomes: a systematic review. BMJ Quality and Safety 31: 679-687. http://dx.doi.org/10.1136/bmjqs-2021-014157 "

[37] NHS Race and Health Observatory (2022) Ethnic Inequalities in Healthcare: A Rapid Evidence Review

[38] Inocian E, Hill M, Felicilda-Reynaldo R, Kelly S, Paragas E & Turk M (2022) Factors in the clinical learning environment that influence caring behaviours of undergraduate nursing students: An integrative review. Nurse education in practice 63(103391)

[39] Green, S., & Baird, K., 2009. An exploratory, comparative study investigating attrition and retention of student midwives. Midwifery, 25, 79-87. doi:10.1016/j.midw.2007.09.002.

[40] Wier J & Lake K (2022) Making the transition: A focus group study which explores third year student and newly qualified midwives' perceptions and experiences of becoming a registrant midwife. Midwifery 111(103377)

[41] Kumaran S & Carney M (2014) Role transition from student nurse to staff nurse: Facilitating the transition period. Nurse education in practice 14(6): 605-611

[42] Maben J, Latter S & Macleod Clark J (2007) The sustainability of ideals, values and the nursing mandate: evidence from a longitudinal qualitative study. Nursing inquiry 14(2): 99-113

[43] House of Commons Library (2023) The NHS workforce in England. Number 9731

[44] UCAS (2023) 2023 cycle applicant figures – 25 January deadline

[45] UCAS (2023) UCAS Undergraduate End of Cycle Data Resources 2022

[46] HEE (2018) RePAIR: Reducing Pre-registration Attrition and Improving Retention

[47] NMC (2023) Registration data tables 2022-23

[48] Ipsos Mori (2022) Attitudes towards immigration. Survey conducted in collaboration with British Future

[49] Smith D & Gillin N (2021) Filipino nurse migration to the UK: Understanding migration choices from an ontological security-seeking perspective. Social Science & Medicine, 276 https://doi.org/10.1016/j.socscimed.2021.113881

[50] Dlamini S, Masuku S, Mhlanga S & Siphepho J (2022) Perceptions of Emaswati Nurses Working in The United Kingdom (UK) About International Migration: Experiences and Plans. Journal of Nursing & Healthcare 7(1): 01-13

[51] Dr Bill Kirkup CBE (2015) The Report of the Morecambe Bay Investigation

[52] Ockenden Report Final (2022) Findings, conclusions and essential actions from the independent review of maternity services at The Shrewsbury and Telford Hospital NHS Trust. HC 1219'

[53] Kirkup, B. (2022), 'Reading the Signals': Maternity and Neonatal Services in East Kent – the Report of the Independent Investigation. HMSO, London

[54] House of Commons Health and Social Care Committee (2021) The safety of maternity services in England. HC 19

[55] Malenfant S, Jaggi P, Hayden K & Sinclair S. (2022) Compassion in healthcare: an updated scoping review of the literature. BMC Palliative Care 21, 80.

[56] Sinclair S, Norris J, McConnell S. et al. (2016) Compassion: a scoping review of the healthcare literature. BMC Palliative Care 15, 6.

[57] Johnson J, Cameron L, Mitchinson L, Parmar M, Opio-Te G, Louch G, & Grange A. (2019). An investigation into the relationships between bullying, discrimination, burnout and patient safety in nurses and midwives: is burnout a mediator?. Journal of research in nursing, 24(8), 604–619

[58] Pressley C, Newton D, Garside J, Simkhada P & Simkhada B (2022) Global migration and factors that support acculturation and retention of international nurses: A systematic review. International Journal of Nursing Studies Advances, Volume 4. https://doi.org/10.1016/j.ijnsa.2022.100083

[59] NMC (2023) Leavers survey 2023

[60] Irwin, C., Bliss, J., Poole, K (2018) Does preceptorship improve confidence and competence in Newly Qualified Nurses: A systematic literature review. Nurse Education Today, 60: 35-46

[61] Logina, A. and Traynor, M (2019) The relationship between effective transition models and the optimal management of patient care. British Journal of Nursing 28(3): 168-172

[62] Edward K-L, Ousey K, Playle J & Giandinoto J-A (2017) Are new nurses work ready – the impact of preceptorship. An integrative systematic review. Journal of Professional nursing 33(5): 326-333

[63] O'Driscoll M, Allan H & Traynor M (2022) 'Preceptorship: what works?': an integrative literature review. Middlesex University

[64] Scholes, J., Petty, N., McIntosh, T., Green, A., Flegg, M. (2017) Managing support for newly qualified practitioners: lessons learnt from one health care region in the UK. Journal of Nursing Management 25, 102-109.

[65] Findings are statistically significant at a 95 percent confidence level

[66] WHO (2023) Trends in maternal mortality 2000 to 2020. Estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division

[67] Knight M, Bunch K, Patel R, Shakespeare J, Kotnis R, Kenyon S & Kurinczuk J (2022) Saving Lives, Improving Mothers' Care: Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2018-20. Maternal, Newborn and Infant Clinical Outcome Review Programme, MBRRACE UK

[68] Fair F, Furness A, Higginbottom G, Oddie S & Soltani H (2023) Review of neonatal assessment and practice in Black, Asian and minority ethnic newborns. NHS Race and Health Observatory

[69] Birthrights (2022) Systemic racism, not broken bodies, An inquiry into racial injustice and human rights in UK maternity care

[70] Care Quality Commission (2023) NHS Patient Survey Programme: Independent analysis for England published: January 2023

[71] Black M, Farre A, Gray N, Kynn M, Gavine A & Symon A (2022) Perinatal in Scotland: exploring the impact of changes in maternity services on women and staff. Public Health Scotland

[72] Health Inspectorate Wales (2020) National Review: Maternity Services Phase One. National review of the quality and safety of maternity services

[73] Alderice F, Hamilton K, McNeill J, Lynn F, Curran & Redshaw M (2016) Birth NI: A Survey of Women's Experience of Maternity Care in Northern Ireland. School of Nursing and Midwifery, Queen's University Belfast

[74] MacLellan J, Collins S, Myatt M, Pope C, Knighton W & Rai T (2022) Black, Asian and minority ethnic women's experiences of maternity services in the UK: A qualitative evidence synthesis. Journal of Advanced Nursing 78: 2175-2190. DOI: 10.1111/jan.15233

[75] Peter M & Wheeler R (2022) The Black Maternity Experiences Survey: A nationwide survey of Black Women's experiences of maternity services in the United Kingdom. Five X More

[76] Cheyne H, Elders A, Hill D, Milburn E (2019) Is maternity care in Scotland equitable? Results of a national maternity care survey. BMJ Open 9(e023282). doi:10.1136/bmjopen-2018-023282

[77] Higginbottom G, Evans C, Morhan M; Bharj K, Eldridge J, Hussain B (2019) Experience of and access to maternity care in the UK by immigrant women: a narrative synthesis systematic review. BMJ Open 9(12): e02948. DOI: 10.1136/bmjopen-2019-029478

[78] The Royal College of Obstetricians and Gynaecologists (2021) Each baby counts. 2020 final progress report

[79] Healthcare Safety Investigation Branch (2020) Delays in intrapartum intervention once fetal compromise is suspected

[80] NICE (2022) Fetal monitoring in labour. NICE guideline [NG229]

[81] Dr Bill Kirkup CBE (2020) The Life and Death of Elizabeth Dixon: A Catalyst for Change

[82] Ockenden Report Final (2022) Findings, conclusions and essential actions from the independent review of maternity services at The Shrewsbury and Telford Hospital NHS Trust. HC 1219

[83] Reader T, Gillespie A & Roberts J (2014) Patient complaints in healthcare systems: a systematic review and coding taxonomy. BMJ Quality & Safety; 23: 678-689.

[84] Robert Francis QC (2013) Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry

[85] Department of Health (2012) Transforming care: A national response to Winterbourne View Hospital

[86] Baroness Cumberledge (2020) First Do No Harm: The report of the Independent Medicines and Medical Devices Safety Review

[87] Right Revered Graham James (2020) Report of the Independent Inquiry into the Issues raised by Paterson

[88] David Strang CBE (2020) Trust and Respect: Final Report of the Independent Inquiry into Mental Health Services in Tayside

[89] The Muckamore Abbey Hospital Review Team (2020) A review of leadership and governance at Muckamore Abbey Hospital

[90] NICE (2021) Antenatal care. NICE guideline [NG201]

[91] World Health Organisation (2016) Standards for improving quality of maternal and newborn care in health facilities

[92] Downe S, Finlayson K, Oladapo O, Bonet M, Gülmezoglu A (2018) What matters to women during childbirth: A systematic qualitative review. PLoS ONE 13(4): e0194906

[93] Jefferson A (2023) What does the NHS Maternity Survey 2022 tell us about maternity services since the pandemic? Ipsos Mori

[94] John J, Curry G, Cunningham-Burley S (2021). Exploring ethnic minority women's experiences of maternity care during the SARS-CoV-2 pandemic: a qualitative study, BMJ Open ;11: e050666. Doi: 10.1136/bmjopen-2021-050666.

[95] NMC (2019) Future midwife: Consultation response document

[96] Traverse (2023) Understanding 'Person-Centred' Regulation

[97] Pezaro, S., Clyne, W., Turner, A., Fulton, E. A., & Gerada, C. (2016). 'Midwives Overboard!' Inside their hearts are breaking, their makeup may be flaking but their smile still stays on. Women and birth: journal of the Australian College of Midwives, 29(3), e59–e66

[98] Liberati, E.G., Tarrant, C., Willars, J., Draycott, T., Winter, C., Chew, S. and M. Dixon-Woods (2019) 'How to be a very safe maternity unit: An ethnographic study', Social Science & Medicine, 223: 64-72

[99] Johnson J, Cameron L, Mitchinson L, Parmar M, Opio-Te G, Louch G, & Grange A. (2019). An investigation into the relationships between bullying, discrimination, burnout and patient safety in nurses and midwives: is burnout a mediator?. Journal of research in nursing, 24(8), 604–619

[100] Hunter, B., Fenwick, J., Sidebotham, M., & Henley, J. (2019). Midwives in the United Kingdom: Levels of burnout, depression, anxiety and stress and associated predictors. Midwifery, 79, 102526

[101] Leinweber, J. and Rowe, HJ (2010) 'The costs of 'being with the woman': secondary traumatic stress in midwifery'. Midwifery, 26 (1), pp. 76-87

[102] Hunter B. (2004). Conflicting ideologies as a source of emotion work in midwifery. Midwifery, 20(3), 261–272

[103] Smith A., & Dixon A. (2008) Health Care Professionals' Views About Safety in Maternity Services. London, Kings Fund

[104] Rolewicz L (2022) How serious is the fall in job satisfaction among midwives? Nuffield Trust

[105] Royal College of Midwives (2022) NHS staff survey 2022: RCM staff briefing

What we do

Our vision is safe, effective and kind nursing and midwifery practice that improves everyone's health and wellbeing. As the independent regulator of more than 788,000 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 education and professional standards for nurses and midwives across the UK, and nursing associates in England. Second, we maintain the register of professionals eligible to practise. Third, we investigate concerns about nurses, midwives and nursing associates – something that affects a tiny minority 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.

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