

Strategic context report

Approved by the Nursing and
Midwifery Council on 1 July 2010

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trends to allow the Council to identify
emerging regulatory challenges

Strategic context report

Introduction

- 1 The Nursing and Midwifery Council (NMC) is the regulator for nurses and midwives in the UK. We exist to safeguard the health and wellbeing of the public.
- 2 The following report provides an update on the strategic context in which the NMC operates. The purpose of this document is to outline themes and trends to allow the Council to identify emerging regulatory challenges.

Public protection

- 3 The United Kingdom (UK) population stands at 61.4 million.¹ Recent increases in births, decreases in deaths and changes in the pattern of migration have contributed to a 0.5 per cent year on year population growth. As migration is concentrated at young adult ages, it is assumed the level of net migration affects the number of women of childbearing age and consequently the projected number of births.² The population is projected to increase to 65.6 million over the 10 year period to 2018.³
- 4 England is the most populous of the UK countries, accounting for 84 percent of the population, followed by Scotland (eight percent), Wales (five percent) and Northern Ireland (three percent).⁴
- 5 Nearly 80 per cent of the population live in urban areas,⁵ with population density one of the highest in the world.⁶
- 6 UK mortality⁷ and infant mortality⁸ is at its lowest ever recorded rate, and life expectancy at birth is at its highest ever for both males and females.⁹ However, despite improvements, rates of death in the under fives¹⁰ and premature mortality¹¹ remain poor compared to some other European countries.
- 7 The fertility rate is at its highest ever since 1973, with particular rises in the number of older mothers and mothers born outside the UK,¹² both of which can pose risks to maternal and child health.¹³ This has been accompanied by an increasing number of complex births and potential challenges, including substance misuse and obesity, in many areas.¹⁴
- 8 There are differences in health outcomes, including life expectancy and infant mortality, between socio-economic groups. Material conditions, lifestyle choices, access to health services and social inequalities are all highlighted as contributory factors.¹⁵
- 9 On average, black and ethnic minority communities experience worse health outcomes than white communities.¹⁶ There are also inequalities in both receipt of maternity services and reproductive outcomes for women from minority backgrounds.¹⁷
- 10 The population is ageing¹⁸ and experiencing more years of poor health.¹⁹ The number of people with long term conditions is rising²⁰ with the number of people

with dementia in particular placing demands on mental health and other services.²¹

- 11 Trends in heavy drinking, obesity and sexually transmitted diseases are not improving, particularly amongst young people.²² The recession is also projected to have a significant negative impact on public health and mental health.²³ Health promotion and preventative measures, particularly at a local level, are likely to be of continuing importance.²⁴
- 12 Expectations of health and social care services amongst the public are rising.²⁵ Recently UK governments have sought to give clearer powers to patients in terms of what they can expect from services.²⁶
- 13 Patient centred healthcare, with individuals playing an active role in decision making and their overall experience of care being considered, has led to a growth in patient feedback and involvement.²⁷ Self-management, particularly by those with long term conditions, and moving care into the community setting have been growing policy themes.²⁸
- 14 Internationally there has been a growing emphasis on patient safety and learning from adverse incidents,²⁹ with a variety of UK campaigns and programmes to improve safety.³⁰ The new government has emphasised the importance of providing clear information for patients in driving up patient safety.³¹
- 15 Healthcare continues to dominate public discourse, with experiences of poor care often highlighted in the media.³² High profile organisational failings, such as that at Mid-Staffordshire NHS Foundation Trust, also receive widespread attention and evince public concern.³³ Despite this, there is evidence that service users and patients are often unwilling or fearful to make complaints or raise concerns.³⁴
- 16 The scale of public service cuts and the potential impact on services and nursing and midwifery staffing levels, are particular concerns for patients and support organisations.³⁵ A number of organisations have called for transparency in decision making and greater involvement from the public in service change.

Nursing and midwifery

- 17 There are currently 665,287 nurses and midwives on the NMC's register. This includes 638,766 registered nurses and 27,154 registered midwives. There are also 38,778 people on more than one part of the register.³⁶
- 18 The population on the register is ageing, with one in three being over the age of 50. The impact of this cohort reaching retirement age is projected to have a significant impact on the community sector in particular.³⁷
- 19 The majority of nurses and midwives work within the NHS.³⁸ Nurses and midwives also work in a range of other settings, including the voluntary and independent sector. The growth of these sectors in the delivery of health and social care is likely to continue.³⁹

- 20 Since the removal of adult nurses and midwives from the government occupational shortage list in 2006 there has been decline in the number of international applicants.⁴⁰ The number of EEA applications has remained stable since 2007, with nurses and midwives from the newer EU states making up an increasing proportion of EU applicants.⁴¹
- 21 The nursing and midwifery workforce accounts for the largest share of NHS spending, including over £13 billion spent in 2009 on NHS pay and pre-registration education.⁴² Measures to increase nursing productivity and improve quality have been introduced.⁴³
- 22 Modernising nursing careers and Midwifery 2020 have provided a UK wide framework to examine the future of the professions across the four countries, including education, career structures and workforce development.⁴⁴
- 23 Since the 1990s nurses in particular have been taking on more advanced roles⁴⁵ which is likely to continue following the impact of the European Working Time Directive on junior doctors' availability.⁴⁶ Midwifery roles, already autonomous and with prescribing powers, have changed less dramatically.⁴⁷
- 24 Across the health sector assistant practitioners and health assistants are being used more widely.⁴⁸

Regulatory Sector

- 25 Over 80 regulatory bodies exist in the UK.⁴⁹ Additionally there are a number of voluntary regulators and professional bodies.
- 26 The government have announced plans to cut the overall number of public bodies. Initial attention has focused on the economic development and educational sectors.⁵⁰ Steps have already been taken to abolish the General Teaching Council for England.⁵¹
- 27 Recent changes in healthcare regulation include the establishment of the General Pharmaceutical Council as the new regulator for pharmaceutical professionals in England, Scotland and Wales. In April 2010, the Health Professions Council (HPC) widened regulation to its fifteenth profession.⁵² To reflect a growing role across health and social care it has been proposed that the HPC is renamed the Care Professions Council.⁵³
- 28 There have also been changes to widen the remit of some systems regulators.⁵⁴ Legislation is underway to establish two new Scottish scrutiny bodies for social care and healthcare services.⁵⁵ The Care Quality Commission (CQC) in England have broadened their regulation from April 2010 to include independent healthcare providers. The government has indicated that they will strengthen the role of the CQC so it "becomes an effective quality inspectorate". Monitor will be developed into an economic regulator.⁵⁶
- 29 The Office of Health Professions Adjudicator (OHPA) was created as a legal entity on 25 January 2010 and is expected to become operational, making decisions on fitness to practise cases brought by the General Medical Council (GMC), from

April 2011.⁵⁷ The functions of the Postgraduate Medical Education and Training Board (PMETB) transferred to the GMC on 1 April 2010.

- 30 The GMC have recently closed their consultation on their revalidation proposals.⁵⁸ The new government has committed to the revalidation process and has asked for pilots in England to be extended by a further twelve months.⁵⁹
- 31 The European Commission (EC) has launched an official review of the Directive on the recognition of professional qualifications, which is due to conclude by 2012. The new government has stated that they will seek to stop foreign healthcare professionals working in the NHS unless they have passed robust language and competence tests.⁶⁰
- 32 A new network of European nurse regulators and educators are due to research the legislation governing the training, regulation, and scope of practice of support workers across Europe. The International Confederation of Midwives (ICM) will shortly launch standards for the regulation of midwives.
- 33 The government announced their intention to implement the findings of the Calman Commission, recommending that the regulation of all health professions be reserved to Westminster.⁶¹ They also intend to review and scale back the vetting and barring regime.⁶²

Education and training

- 34 Eighty-four institutions currently provide nursing and/or midwifery programmes. In addition, the NMC has approved 493 specialist practitioner programmes, 256 teaching programmes and 202 prescribing programmes. The majority of European countries offer one level of nursing recognised by the competent authority, with some non-EU countries offering two.⁶³
- 35 In 2008-2009 there were 171,395 nursing students⁶⁴ – up from less than 60,000 in 1994-1995⁶⁵ – by far the largest group of healthcare students.
- 36 Nursing and midwifery students are often older than those on other courses.⁶⁶ Recent figures suggest attrition rates of around 28 percent on pre-registration nursing courses, are broadly in line with other courses but with considerable variation.⁶⁷
- 37 Overall applications to universities have risen for the fourth year running with applications to nursing degrees up by 74 percent. Non-degree programmes have also seen rises in applications.⁶⁸
- 38 In 2007, the NMC moved to a risk-based approach to quality assure UK nursing and midwifery education programmes. In 2007-2008, 74 percent of the programme providers inspected received good or outstanding grades across the five assessment areas, rising slightly to 79 percent in 2008-2009. Trend analysis noted innovative approaches to partnership working, progress reporting, practice learning and service user and carer involvement.⁶⁹

- 39 Monitoring revealed challenges in the application of *Standards for supporting learning and assessing in practice* (SLAiP), failure to incorporate changes to the curriculum in response to new standards and weaknesses of ensuring consistency in mentor judgments. In addition, preparation of mentors or practice teachers, accuracy and completeness of mentor registers, and preparations for triennial review were also noted.
- 40 Retention, an ageing workforce and the limited opportunities for progression without leaving clinical practice have led to a focus on clinical-academic careers.⁷⁰ New, more flexible, clinical research career structures for nurses and midwives are being developed across the UK⁷¹, which are designed to support the pursuit of both clinical and academic work.⁷²
- 41 The EU directive on the recognition of professional qualifications sets down the minimum training standards for the education of nurses responsible for general care, and midwives. These standards relate to the length and content of training programmes. This is currently under review.

Legislation

- 42 The Nursing and Midwifery Order 2001⁷³ (the order) which established the NMC has been subject to a number of amendments, many of which have been minor consequential amendments arising from other legislation and were needed to ensure consistency.
- 43 There have been two substantial sets of amendments:
- 43.1 The European Qualifications (Health and Social Care Professions) Regulations 2007,⁷⁴ implemented, in part, Directive 2005/36/EC, which concerns the recognition of professional qualifications.⁷⁵
- 43.2 The Nursing and Midwifery (Amendment) Order 2008⁷⁶ was primarily concerned with implementing the recommendations in chapter one of the White Paper, *Trust, Assurance and Safety – the Regulation of Health Professionals in the 21st Century*, which dealt with the governance and accountability of the regulators. It was these amendments that provided for the smaller, fully appointed NMC Council.
- 44 In 2009, The Health Care and Associated Professions (Miscellaneous Amendments and Practitioner Psychologists) Order 2009⁷⁷ made a number of further amendments, primarily relating to removing the strategic role of the Conduct and Competence Committee, thereby leaving the three practice committees to deal solely with allegations regarding fitness to practise.
- 45 The Department of Health is in the process of agreeing the content of the next batch of amendments for all the regulators. Currently, it is expected that a draft of the Section 60 Order making these amendments will be issued for consultation this summer. The amendments to our order pick up on a number of changes that the NMC asked for a number of years ago. The Department of Health is expecting to start work on amendments to the fitness to practise legislation for all the regulators later this year.

- 46 The Equality Act 2010⁷⁸ replaces the existing anti-discrimination laws with a single Act. It simplifies the law, removing inconsistencies and making it easier for people to understand and comply with it. It also places additional duties on the public sector to comply with.

Policy initiatives

- 47 Since devolution there have been divergences in both health policy and NHS structure between the four UK countries. Patients' rights and the commitment to improving patient experience, transition of care to the community, a focus on care quality and partnership working and better integration of care are common themes.⁷⁹
- 48 Structurally, the 'internal market' model in England differs from those based on collaboration and partnership in Scotland and Wales, and integrated health and social care in Northern Ireland.⁸⁰
- 49 The new coalition government outlined a legislative programme which will focus on deficit reduction, economic growth, a reform of public services and encouragement of individual and social responsibility. Social enterprises, charities and co-operatives will have a greater role in public services. There will be greater local control in decision making and a reduction in the number of public bodies.⁸¹ An emergency budget will be announced on 22 June 2010.
- 50 In England, the new government has made clear its commitment to driving up standards of health care and focusing on outcomes, creating an NHS led by clinical decision-makers that is more responsive to patients, and fostering continuous quality improvements. The proposed Health Bill will also introduce measures to "focus more on patients, ensuring they genuinely share in making decisions about their care and have more choice and control".⁸²
- 51 In addition to proposed changes to the role of CQC,⁸³ the coalition government has committed to the removal of central targets and has emphasised local accountability.⁸⁴
- 52 In England, the new government has pledged to cut the number of healthcare quangos,⁸⁵ and to downgrade Strategic Health Authorities (SHAs) and create an independent NHS Board to allocate resources.⁸⁶
- 53 Welsh health services have recently been reorganised to create single local health organisations that are responsible for delivering all healthcare services within a geographical area.
- 54 The new government has made clear its intention to increase the number of health visitors by 4,200⁸⁷ as part of its commitment to early years interventions.
- 55 A commission will be appointed to consider a sustainable long-term structure for the operation of social care in England.⁸⁸
- 56 2011 will see elections for the Scottish Parliament and the Welsh Assembly.

NMC performance

- 57 The Council for Healthcare Regulatory Excellence (CHRE) published an audit report of the fitness to practise systems of all professional healthcare regulators, including the NMC in March 2010. Feedback highlighted the continuing need to focus on the quality of NMC customer service.
- 58 The NMC continues to address the areas highlighted in the CHRE 2008 action plan including an ongoing review of governance, embracing new technology to improve operational performance and increased engagement with key stakeholders. Future work will focus on the successful delivery of revalidation.
- 59 Recognising the key role of employers in public protection, advice and information for employers of nurses and midwives was published in March 2010.
- 60 The NMC has achieved its financial recovery target in April 2010, which will clear the inherited shortfalls from the UKCC.

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- ¹ Mid-2008 figure. Office for National Statistics (ONS) (2009d)
- ² Office for National Statistics (ONS) (2009d)
- ³ Office for National Statistics (ONS) (2009d)
- ⁴ Office for National Statistics (ONS) (2009f)
- ⁵ Office for National Statistics (ONS) (2005b)
- ⁶ Wikipedia (2010)
- ⁷ Office for National Statistics (ONS) (2009c)
- ⁸ Department of Health England (2009b);; NHS Quality Improvement Scotland (2009)
- ⁹ Office for National Statistics (ONS) (2009a)
- ¹⁰ Rajaratnam, JK (2010)
- ¹¹ Murry, C et al (2010)
- ¹² Office for National Statistics (ONS) (2009b). Note figures released on 25 May 2010 show a slight drop in the birth rate in England and Wales. Office for National Statistics (ONS) (2010a)
- ¹³ EURO-PERISTAT (2009)
- ¹⁴ The Nursing and Midwifery Council (2009b)
- ¹⁵ The Kings Fund (2009a)]; Marmot, Professor M (2009)
- ¹⁶ Race for Health ([n.d.](#))
- ¹⁷ Bharj, K and Salway, M (2008)
- ¹⁸ Office for National Statistics (ONS) (2008)
- ¹⁹ Office for National Statistics (ONS) (2010b)
- ²⁰ Department of Health, England (2008); Cabinet Office (2010a)
- ²¹ The Kings Fund (2009b)
- ²² Office for National Statistics (ONS) (2005a) The Audit Commission (2010)
- ²³ NHS Health Scotland (2009) ; Carlisle, D (2008); Elizabeth Finn Care (2010)
- ²⁴ The Conservative Party (2010); Cabinet Office (2010b)
- ²⁵ Cabinet Office (2010a) Prime Minister's Commission on the Future of Nursing and Midwifery in England (2010)
- ²⁶ Department of Health England (2010a) *Patient Rights (Scotland) Bill* (2010); Welsh Assembly Government (2007)
- ²⁷ The Picker Institute (n.d a) See also Brodie et al (2009). The new government had stated that "patients must be at the heart of everything we do, not just as beneficiaries of care, but as participants, in shared decision-making". Department of Health (2010c)
- ²⁸ The Picker Institute (n.d. b)
- ²⁹ L Leape et al (2009)
- ³⁰ NHS Institute (n.d a). Scottish Patient Safety Programme (n.d.) 1000 Lives Plus Campaign (2010) HSC Safety Forum Northern Ireland (n.d) World Health Organisation (n.d.)
- ³¹ Department of Health England (2010c)

32 The Commission for Social Care Inspection (2009), Cabinet Office (2010a)
33 Trigg, N (2010)
34 The Scottish Health Council (2009)
35 The Nursing and Midwifery Council (2010a); The Nursing and Midwifery Council (2010b)
36 NMC registration statistics 26 May 2010
37 Buchan (2009)
38 Buchan (2009) Note exact figures have not been quoted due to the caution required in the
interpretation of the data.
39 The Cabinet Office (2010b)
40 NMC registration statistics 6 April 2010
41 NMC registration statistics 6 April 2010
42 Prime Minister's Commission (2010)
43 NHS Institute for Innovation and Improvement (n.d. b) Scottish Government (2010)
44 See <http://www.midwifery2020.org/> and
http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/Publicationsandstatistics/Bulletins/Chiefnursingofficerbulletin/Browsable/DH_5604959
45 The Prime Minister's Commission (2010)
46 Skills for Health (2010)
47 The Prime Minister's Commission (2010)
48 Skills for Health (2010). See also Department of Health England (2009a)
49 Better Regulation taskforce (2003)
50 Hansard (2010)
51 Shepherd, J (2010)
52 Health Professions Council (2010)
53 Cabinet Office (2010a)
54 UK Healthcare institutions are regulated by systems regulators including the Care Quality
Commission, The Scottish Commission for the Regulation of Care (SCRC), Healthcare Inspectorate
Wales (HIW) and The Regulation and Quality Improvement Agency (RQIA) who regulate in Northern
Ireland.
55 The Scottish Government (2008)
56 The Cabinet Office (2010b)
57 Department of Health (2010b)
58 See <http://www.gmc-uk.org/doctors/licensing/revalidation.asp>
59 General Medical Council (GMC) (2010)
60 The Cabinet Office (2010b)
61 Hansard (2010), Commission on Scottish Devolution (2009)
62 The Cabinet Office (2010b)
63 Robinson, S and Griffiths, P (2007)
64 Higher Education Statistics Authority (2010) Note there are currently difficulties in disaggregating
specific midwifery data from nursing programmes – see Department of Health England (2009a)
65 Universities UK (2008)
66 Royal College of Midwives (2009) ,Shepard, J (2009)
67 Waters, A (2010)
68 UCAS (2010)
69 Nursing and Midwifery Council (2009b)
70 NHS Education for Scotland (2008)
71 UK Clinical Research Collaboration (n.d.)
72 UK Clinical Research Collaboration (2007)
73 SI 2002/253
74 SI 2007/3101
75 Other aspects of the directive are implemented through the European Communities (Recognition of
Professional Qualifications) Regulations 2007 (SI 2007/2781)
76 SI 2008/1485
77 SI 2009/1182
78 The Equality Act 2010
79 Chartered Institute of Public Finance and Accountancy (CIPFA) (2008)
80 CIPFA (2008)
81 Hansard (2010)
82 Hansard (2010)

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- ⁸³ Cabinet Office (2010a)
⁸⁴ Cabinet Office (2010a)
⁸⁵ Cabinet Office (2010a)
⁸⁶ Hansard (2010)
⁸⁷ Cabinet Office (2010a)
⁸⁸ Hansard (2010) See also Cabinet Office (2010a)

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