

Health Education England
Room 2n12
Quarry House
Quarry Hill
Leeds
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LS2 7UE

18 March 2013

Dear colleague

Consultation: Health Education England – Strategic Intent

Please find attached the Nursing and Midwifery Council's response to the above consultation.

Yours sincerely



Jackie Smith
Chief Executive and Registrar



Health Education England – Strategic Intent

Nursing and Midwifery Council response

Introduction

- 1 The Nursing and Midwifery Council (NMC) is the regulator for nursing and midwifery in the UK. We exist to safeguard the health and wellbeing of the public. We set standards of education, training, conduct and performance for nurses and midwives, and hold the register of those who have qualified and meet those standards. We have clear and transparent processes to investigate and deal with nurses and midwives who fall short of our standards.

General observations

- 2 We welcome the opportunity to comment on the draft strategic intent of Health Education England. We welcome the establishment of an organisation with the remit for the education and training of all healthcare professionals in England. HEE and the healthcare professional regulators need to have a strong working relationship, in order to distinguish their roles for the benefit of stakeholders, and to co-ordinate efforts where both have a stake, in the interests of the sector. To this end the NMC was one of the signatories to a draft heads of agreement developed by Medical Education England and most of the professional regulators in 2012, appended to this response for ease of reference. We look forward to HEE confirming that they welcome this approach so that we can develop some more detailed plans for joint working and information sharing between ourselves, HEE and the Local Education and Training Boards.
- 3 Successive governments have committed to a UK wide approach to the education and training of healthcare professionals and the professional healthcare regulators work across the home nations. This has benefits, as we can draw on effective practice across four jurisdictions, and it can present challenges, as from time to time jurisdictions may have divergent views about the priorities for healthcare workers in their country. It is incumbent on all of us to manage these dynamics in a way that is respectful of the devolved powers and mindful of the need for labour market mobility between the home nations. The Strategic Intent document makes reference to this need on p. 12. HEE will be much assisted in this by forming good working relations with its equivalents in Northern Ireland, Scotland and Wales, and by developing a culture that is mindful of the four nations context in which it operates.
- 4 We look forward to working in partnership with HEE in our area of responsibility, the education and training of nurses and midwives. We approve programmes that prepare students for registration with the NMC or lead to a mark on our register, against standards we set. We do this through quality assurance incorporating desk based aspects (for example, reviewing self reporting) with approval and monitoring visits that look at the Higher Education and service based elements of programmes. Although we are primarily concerned with quality assurance against threshold standards, we aim to make our intelligence available to the sector for the purposes of quality improvement.

- 5 We are also take seriously our role in identifying risks to patient safety. We are not a system regulator and when we are in practice settings we are not making judgements about the quality of care but we are clear that if we become aware of causes for concern we need to act, although the action we take might be to refer the matter to another body that has the power to act.
- 6 We look forward to forging an effective relationship with LETBs which are likely to have a keen interest in the quality and risk aspects of our work with education providers.

Specific comments

- 7 P. 4 We welcome the HEE's proposal on 'making being a trainer a badge of honour' We believe this focus has the potential to strengthen understanding of the benefits to service of involvement in education and training. We commend the work of NES in Scotland in creating and supporting the work of the Practice Education Facilitator Network.
- 8 P.4 We welcome the intention to focus on student feedback, which is a powerful source of evidence about healthcare education. Unlike the GMC, the NMC does not conduct its own student surveys directly although it does make use of surveys conducted by third parties. We would welcome involvement in this workstream and the opportunity to use findings as part of the evidence base on providers.
- 9 P. 11 We support the clear delineation of responsibilities in section 1.4. Quite properly the text sets out the individual registered practitioner's responsibility for their own Continuing Professional Development (CPD), but employers' responsibilities for CPD might also be included, as well as their responsibility for the sufficiency and skill mix of staff. We welcome the intention to focus on CPD, particularly multi-professional CPD. When we review pre-registration education and training for nurses and midwives there is always pressure from stakeholders to include more. A strong profession is clear about what practitioners need to know and be able to do before they practise, focused on the consolidation of learning in the first years of practice, and attentive to pathways that develop breadth or depth in line with service needs and practitioner interests throughout the career.
- 10 P . 32 This section deals with the role of service in education, and particularly with the transmission of values. HEE can make a positive contribution by focussing on strengthening the practice placements, which we know from our Quality Assurance role to be the most risky aspect of nursing and midwifery education and training. We are looking forward with interest to the outcomes of work in this area currently being undertaken by the Council of Deans and the Higher Education Academy.
- 11 We anticipated more in the Strategic Context document about HEE's role in support of the new LETBs as the new system requires effectiveness at the national and local level. For example, clarity is needed about the relative weight to be attached to national priorities and local imperatives in the work of LETBs.

- 12 Over time we hope that the HEE will develop a view about the provider market in healthcare education and its fitness for purpose, with particular regard to its responsiveness to priorities.

Health Education England and Statutory Professional Regulatory Bodies Draft Heads of Agreement

Preamble

1. The purpose of this Heads of Agreement (HoA) is to promote patient safety and high quality healthcare education in England.
2. This HoA pursues its purpose by setting out a framework to support the working relationship between Health Education England (HEE) and the statutory professional regulatory bodies. It is proposed that it is developed into Memoranda of Understandings with the regulators reflecting differences in their statutory roles and responsibilities for education and training, including their UK or GB dimensions.
3. The working relationship between HEE and the regulators is part of the maintenance of a system in England which promotes patient safety and high quality healthcare education, which itself is part of a wider such system across the UK.

HEE

4. HEE's mission is to ensure that the health workforce in England has the right skills, behaviours and training, and is available in the right numbers, to support the delivery of excellent healthcare and health improvement. HEE's core responsibilities include:

- delivery against the Education Outcomes Framework
- oversight of Local Education and Training Boards (LETBs)
- the management and allocation of the MPET budget
- the strategic planning and development of the healthcare workforce.

Professional regulators

5. The shared statutory purpose of professional regulators is to protect, promote and maintain the health and safety of the public by ensuring proper standards of practice in their respective professions. Most regulators have responsibilities across the whole of the UK, and all of them regulate professionals regardless of whether they work in the NHS or the independent sector. The statutory powers and functions of the regulators in terms of education and training differ in some respects but in general include:

- duty to set and maintain UK standards of education and training for entering and remaining within the professions
- duty to approve educational outcomes and/or curricula, and the assessment systems that determine whether individuals have successfully completed training
- duty to approve particular educational programmes, providers and/or posts
- powers to visit/inspect organisations that commission, oversee or provide education and training

- powers to require such organisations to provide information and reports on their work.
- powers to withhold or withdraw approval of training programmes, posts or providers.

6. This HoA does not override the responsibilities and functions of HEE or the regulators and is not enforceable in law although a number of the bodies are subject to a duty to co-operate. However, HEE and the regulators agree to adhere to the contents of this HoA.

Principles of cooperation

7. HEE and the regulators intend that their working relationship will be characterised by the following principles:

- a. The safety, health and wellbeing of patients must be the first concern of everyone involved in healthcare education and training.
- b. That over-riding imperative governs how the education and training system operates, and how the different organisations within it work together in their complementary, but independent, roles
- c. Quality assurance processes should be robust, comprehensive and proportionate, use the same data sources wherever possible and so avoid duplication and unnecessary burdens
- d. The effective functioning of the system depends on effective, open communication at all levels
- e. Information sharing between relevant organisations – including about concerns about safety or quality – needs to be open, pro-active and timely
- f. Any disagreements should be resolved promptly and constructively if possible between the designated LETB or HEE officer and the nominee of the relevant regulator. If that is not possible they should be escalated appropriately to executive director level in order that a solution can be found.

Areas of cooperation

8. The working relationship between HEE and the regulators involves cooperation in the following areas. Named contacts with responsibility for each area should be identified as part of each MOU. Similar arrangements need to be developed for those LETBs in which specific regulators have accredited education providers or training places. In addition, the regulators will look to HEE to ensure through its appraisal process that LETBs develop appropriate working relationships with relevant regulators.

Strategic partnership working

9. HEE and the regulators are, with others, part of a UK wide system for organising, delivering and overseeing healthcare education. The signatory bodies to the proposed MOUs should agree to work together constructively and collaboratively to promote patient safety, innovation in service provision through workforce development, and high quality healthcare education. A representative of the appropriate regulator should be a member of the Programme Boards. In addition there will need to be regular meetings

between HEE and professional regulators, whether individually or collectively, and as a minimum it is proposed that HEE commits to an annual meeting with the professional regulators to ensure proper strategic oversight of the system.

10. HEE and the regulators must agree to work together on the development of strategies and policies for the future education and training of the health workforce. Any such discussions with UK wide implications must involve the other UK countries. Examples of major policy discussions of this kind include any proposed changes to the standards required for entry into health professions or proposals with implications for the professional regulatory framework in healthcare.

Exchange of information: governance

11. All arrangements for collaboration and exchange of information and any supplementary agreements will take account of and comply with the relevant legislation, codes of practice and information governance arrangements. The overriding principles governing the exchange of information are the need to protect patients and to avoid duplication and gaps.

Cross-referral of educational concerns

12. Where HEE or a regulator encounters a concern that it believes falls within the remit of the other, they will at the earliest opportunity convey the concern and relevant information to a named individual with relevant responsibility at the other. In the interest of patient safety and/or education quality, the referring organisation will not wait until its own investigation has concluded.

13. In particular, HEE will refer to the relevant regulator:

- a. Any concerns and relevant information about an educational programme or post which may call into question whether it should continue to be approved by the regulator or be a suitable environment for healthcare students or trainees.
- b. Any concerns and relevant information about a healthcare organisation which may call into question its suitability as a learning environment for healthcare students or trainees.
- c. Any concerns and relevant information about a healthcare organisation which may call into question the robustness of its systems of educational governance.

14. In particular, the relevant regulator will refer to HEE/inform HEE about:

- a. Any concerns and relevant information about a LETB or local education provider that may fall within the scope of HEE's remit.
- b. Its intention to undertake a short-notice or 'triggered' visit to a local education provider.
- c. Plans to begin a process leading to the withdrawal of approval of a post or programme.

Routine sharing of information

15. Professional regulators agree to share with HEE routine information and put in place arrangements to facilitate this including:

- a. Visit/inspection schedule for planned visits/inspections (normally x months in advance).
- b. Arrangements for routine information collection including dates for receipt of any annual or other reports from LETBs.
- c. Information relevant to HEE's responsibilities for workforce planning.

16. HEE agrees to share with the relevant regulator information about its planned visiting/inspection schedule (if any) and dates for receipt of annual reports from LETBs.

Resolution of disagreement

16. Any disagreement between HEE and the regulators will normally be resolved at working level. If this is not possible, it may be referred upwards through those responsible, up to and including the Chief Executives of the two organisations who will then jointly be responsible for ensuring a mutually satisfactory resolution.

Duration and review of this HoA

17. In [insert date] this HoA will be reviewed by HEE and the regulators to ensure it is working effectively.

10/9/12

