

## **Nursing and Midwifery Council response to the Welsh Government's consultation: *Welsh Language Strategy - a million Welsh speakers by 2050***

### **Introduction**

- 1 The Nursing and Midwifery Council (NMC) is the professional regulator for nurses and midwives practising in the UK. We exist to protect the public. We do this by holding and controlling access to the register of qualified nurses and midwives and setting standards of education, training, conduct and performance. If an allegation is made that a registered nurse or midwife is not fit to practise, we also have a duty to investigate and, where necessary, take action to protect the public.
- 2 We welcome the opportunity to respond to the Welsh Government's consultation<sup>1</sup> on a Welsh language strategy for the future, which aims to achieve a million Welsh speakers by 2050. Our response is framed within the regulatory remit we have; not all matters in the consultation will therefore be for us to provide a view on.

### **Context**

- 3 We regulate nursing and midwifery in the four countries of the UK, and need to set a UK wide framework while being sensitive and responsive to single country issues and requirements.
- 4 As of 27 September, 34,412 (approximately 5 per cent) of the 690,764 nurses and midwives on our register have an address in Wales. We note that the Welsh Government Statistical Directorate states that there are 562,000 (19 per cent of 2.96 million) people in Wales who can speak some form of Welsh<sup>2</sup>. This potentially means that 19 per cent of those on our register with an address in Wales may be Welsh speakers (approximately 6,500 nurses and midwives or 0.9 per cent of all nurses and midwives on the register).
- 5 We do not currently have any offices based in Wales.

### **NMC view on the draft strategy**

- 6 We support the intention of the Welsh Government to nurture and grow the use of the Welsh language within Wales, and we are happy to work with you to achieve this goal. We also believe that services that the NMC provides should be accessible to all parts of the community, including Welsh speakers.
- 7 We currently operate a Welsh language scheme<sup>3</sup> which is set to be replaced by Welsh language standards; our response to the Welsh Government consultation<sup>4</sup>

---

<sup>1</sup> <https://consultations.gov.wales/consultations/welsh-language-strategy>

<sup>2</sup> <http://gov.wales/topics/welshlanguage/statistics/?lang=en>

<sup>3</sup> <https://www.nmc.org.uk/about-us/our-equality-and-diversity-commitments/welsh-language-scheme/>

on this can be found on our website<sup>5</sup>. At our recent Professional Strategic Advisory Group Meeting, the representative from Wales praised our current approaches to ensuring we are accessible to Welsh language speakers, noting how we communicated in establishing and implementing our approach to Revalidation<sup>6</sup>.

### **Scope of the draft strategy**

- 8 In considering how to further nurture the Welsh language we would note an area currently not addressed, in either the strategy or standards for the health sector consultations, to the Welsh Government. We believe further thought is needed on how the approaches being followed may have impacts outside Wales, and what the intent of the Welsh Government is in relation to this. This is of particular importance for public bodies such as the NMC which operate across the four countries of the UK but have no office base in Wales. For example, we flagged in our response to the consultation on draft standards for the health sector that there was currently no definition of what is meant by 'in relation to Wales'. No advice or provisions which can provide clarity on this are contained in the Government of Wales Act 2006, the Welsh Language (Wales) Measure 2011, or any of the Welsh language standards.
- 9 Without clarity on the intent, scope or extent of this fundamental question, UK-wide organisations such as ours find ourselves in a difficult position. If we are unclear on the answers to these questions, then the requirements as to what we must do to comply (and therefore the associated impacts and costs across our business) are equally unclear. As set out in our response to the Welsh Government consultation on draft Welsh language standards for the healthcare sector, we call on the Welsh Government to work with us and develop formal guidance on this matter. Without formal guidance, the accessibility of services to Welsh speakers is likely to vary between organisations owing to varying approaches to interpretation of Welsh requirements amongst organisations. This could lead to unnecessary proceedings through the enforcement activities of the Commissioner. We do not believe this is beneficial for nurturing the Welsh language or its accessibility.

### **Proportionality and the draft strategy**

- 10 We believe that any approach taken should be proportionate and not place any unintended, unreasonable or disproportionate burdens on organisations or people, in line with the principles of Better Regulation. A clear scope and extent is key in achieving this. Without it, there are likely to be some significant costs to people and organisations. As we have found through our recent impact analysis on the new Welsh Language Standard legislation, we could be required to spend up to several million pounds a year in compliance. This would have to be funded by our registration fees (our only source of income as a self-funding regulator) from nurses and midwives based across the UK and overseas, not just in Wales. We therefore ask that the strategy includes a requirement that approaches taken

---

<sup>4</sup> <https://consultations.gov.wales/consultations/welsh-language-standards-improving-services-welsh-speakers-within-health-sector>

<sup>5</sup> <https://www.nmc.org.uk/globalassets/sitedocuments/consultations/nmc-responses/2016/nmc-response-consultation-welsh-language-standards-healthcare.pdf>

<sup>6</sup> <http://revalidation.nmc.org.uk/>

under it are proportionate, so as to not lead to any unintended or unreasonable consequences.

### **Interactions with the draft strategy**

- 11 We believe that the strategy will need to be mindful of interactions with other matters to ensure that any approaches taken under it can accommodate those interactions. For example, EU legislation based language requirements which are reflected in four country approaches in the UK. Our Code<sup>7</sup>, for example, requires (but not exclusively) nurses and midwives to have sufficient knowledge of English to reflect EU legislation, and for public protection purposes.
- 12 Equalities legislation also sets out a UK-wide framework for ensuring that certain characteristics are protected in law, and that those characteristics have accessibility to services and other opportunities fairly and without discrimination.
- 13 Also, the professions that we regulate are highly mobile, especially across the borders of the UK and EU<sup>8</sup>, so the strategy must be mindful of not creating barriers to this professional mobility. Especially in the context of healthcare vacancies across the UK which currently exist.
- 14 We would welcome acknowledgement of these factors in the draft strategy.

---

<sup>7</sup> <https://www.nmc.org.uk/standards/code/>

<sup>8</sup> [http://ec.europa.eu/growth/tools-databases/regprof/index.cfm?action=stat\\_ranking&b\\_services=false](http://ec.europa.eu/growth/tools-databases/regprof/index.cfm?action=stat_ranking&b_services=false)