

Post Registration Standards Steering Group

Meeting held virtually at 13:00 on 2nd July 2021 via Go To Meeting platform

Meeting notes

Chair and presenters: David Foster (chair); Andrea Sutcliffe (NMC Chief Executive and Registrar); Geraldine Walters (Executive Director, Professional Practice, NMC); Anne Trotter (NMC).

Independent SME Chairs: Owen Barr (Chair, SPQ group); Gwendolen Bradshaw (Chair, Programme standards group); Deborah Edmonds (Chair, Occupational Health Nurse group); Barbara Morgan (Chair, School Nurse group).

Attendees: Obi Amadi; Rhiannon Beaumont-Wood; Scott Binyon; Yinglen Butt; Pauline Digwood; Elizabeth Eades; Liz Fenton; Karen Jewell; Angela McLernon; Alison Morton; Wendy Nicholson.

Apologies: Jane Harris (Chair, Health Visiting group).

Welcome and introductions

David Foster (DF) welcomed attendees to the meeting and thanked them and everyone behind the scenes for their ongoing efforts. He also thanked those who had left the group since its last meeting for their contribution, and welcomed new members.

Andrea Sutcliffe (AS) reiterated those comments, and called on attendees to continue spreading the word and getting people involved – there is still a month of the consultation to go. She also said that we would be looking out for people to become involved in the post-consultation work of the project so organisations should be thinking now about who they may want to nominate to participate.

With regard to notes of the December meetings, two comments were received from attendees which will be looked at and rectified if appropriate to ensure the accuracy of those notes.

DF then outlined the agenda for today's meeting and the objectives for the day.

Geraldine Walters (GW) gave a brief update on consultation activities to date – a detailed narrative briefing had already been provided to attendees. Her update included details of the number of responses received as per week ending 25/06/2021 and details of focus group activities. **Anne Trotter (AT)** also provided an overview of the Citizen Lab pilot which forms part of our ongoing activity in this area.

DF commented how noticeable it was how differently things had been done in this project compared to previous consultation exercises, not only due to the pandemic but the greater use of IT to engage with stakeholders and interested parties. He then asked for comments on what various attendees and the groups they represent were doing to promote the consultation in its last few weeks.

Angela McLernon (AMcL) highlighted ongoing events that NIPEC were running with NMC representatives in attendance in order to promote the consultation and encourage people to respond.

Obi Amadi (OA) said they had held a range of organisational events, some of which the NMC had joined in with. This had been a success in terms of engaging with their membership, but they looked to do more in the coming weeks.

Rhiannon Beaumont-Wood (RBW) highlighted an event taking place in Wales on 7th July in conjunction with the NMC. They were also promoting the consultation via their various other networks.

Pauline Digwood (PD) commented that the use of a variety of IT platforms to engage with people and publicise the consultation has been most notable.

Yinglen Butt (YB) said there had been a range of RCN activities during the consultation including country specific webinars and they were encouraging their forums to respond to the consultation as well as the RCN putting in their overall response.

Liz Fenton (LF) said that HEE had tried to raise the profile of the consultation at both national and regional level to encourage responses from individuals as well as the main HEE response. Social media and regional nursing networks had been central to achieving this.

Wendy Nicholson (WN) said that PHE had a number of processes in place to help pull together key themes for their response. There was a meeting next week to discuss the organisational response, and they were also encouraging individuals to respond to the consultation. They would also like the NMC to attend one of their future forum meetings on the consultation.

Scott Binyon (SB) hinted that there may be a coordinated joint high level response to the consultation from all 4 CNOs, probably underpinned by something more detailed from each country highlighting particular issues relevant to them.

Elizabeth Eades (EE) said there had been an early engagement workshop held by FOHN attended by the NMC, and another workshop was taking place in 2 weeks' time to help produce a group response.

AT thanked everyone for all the effort they are putting into this, it is much appreciated.

AT then presented our proposals for the structure of the post-consultation governance groups and how they would undertake their work. It was stressed that the model was tried and tested, having been used by the NMC in similar previous standards development projects. Attendees were again reminded of the need to start thinking about who their organisations may wish to nominate for these groups, and **DF** reminded

them that PRSSG will still have a central role to play in the post-consultation assimilation process.

Karen Jewell (KJ) and **Gwendolen Bradshaw (GB)** both welcomed this model for the post-consultation governance structure as it had worked well in the Future Midwife project.

RBW asked what numbers we were looking for in each Consultation Assimilation Team (CAT) group, and would 4 nation representation be guaranteed?

AT said that the groups were not looking to open up issues for further discussion but to come up with recommendations based on consensus. Based on previous experience, 8 to 12 members seemed to be the appropriate size for these groups, depending on available expertise but also the need for 4 nation representation and to represent different aspects of practice. **GW** also commented that we need to try and ensure these groups are populated by people with different views – there is a need to get people to understand the viewpoints of others and to work towards reaching consensus. **GB** also commented on the need to ensure adequate midwifery representation on the groups where appropriate.

Alison Morton (AM) asked how we ensured that people on different groups came together in their views and did not come up with mutually incompatible proposals and solutions. **AT** acknowledged this could be a problem, there was a need for the groups to start with the small issues and expand from there, always being aware of the potential knock-on effects of any of their recommendations. **DF** pointed out that PRSSG would have high level oversight to try and ensure that such incompatibility never arose.

WN commented that good, wide representation on the groups was a must if they were to function properly.

Owen Barr (OB) commented that the work of the groups would be easier if the consultation feedback received was clear. We are keen to hear feedback but it must be as specific as possible. Respondents must give very clear indications of what revisions they want to the draft standards.

AMcL commented that the process looked a good one, but with regard to the CAT groups, there was a need for some text about the roles and responsibilities of these teams and the people on them. **AT** commented that this would be provided and would be based on what had been prepared before on other projects where this model had been successfully used.

GW next outlined the timeline and next steps after the consultation closes on 02/08/2021. It was stressed that the timeline is indicative and preferred and we were confident we could meet it but there was flexibility if responses required further time to be dealt with.

In her closing remarks, **AS** thanked everyone for their contributions, and **DF** thanked her in turn for her ongoing presence and leadership.

DF confirmed that the next meeting of this group would be in November, and there being no further business, he formally closed the meeting.