
Health Professions Council – 11 December 2008

Council for Healthcare Regulatory Excellence report on Nursing and Midwifery Council

Executive summary and recommendations

Introduction

At its meeting on 3 July 2008, the Council agreed that the CHRE report on the performance of the Nursing and Midwifery Council should be considered at the next meeting of all HPC's committees and that each committee should consider what actions it would request the Executive to take forward as a result of this report. It was also agreed that a list of those actions would be brought back to the Council to agree how they should be prioritised.

A paper outlining the discussion and recommendations from committees is attached.

Decision

The Council is requested to consider the paper.

Background information

None.

Resource implications

If there are any recommendations for the Executive in the current financial year 2008-9 which fall outside of the current work plan, resource implications will need to be considered.

Financial implications

If there are any recommendations for the Executive in the current financial year 2008-9 which fall outside of the current work plan, financial implications will need to be considered.

Appendices

none

Date of paper

18 November 2008

Audit Committee, 26 September 2008

Item 7.08/56 Council for Healthcare Regulatory Excellence (CHRE) report on the Nursing and Midwifery Council: Actions for HPC

- 7.1 Professor Hazell declared an interest in this item, as Chair of the Nursing and Midwifery Council from 1 January 2009.
- 7.2 The Committee received a paper for discussion/approval from the Executive.
- 7.3 The Committee noted that, at the Council meeting on 3 July 2008, it had been agreed that the CHRE report on the performance of the Nursing and Midwifery Council should be considered at the next meeting of all HPC's committees. The Council had agreed that each committee should consider what actions the Executive needed to take forward as a result of the report. The Council had also agreed that a list of the actions would be brought back to the Council to agree how they should be prioritised.
- 7.4 The Committee noted that the CHRE performance review of the health regulators would continue to develop over time.
- 7.5 The Committee agreed that the Executive had thoroughly and carefully reviewed the issues which had been identified at the Nursing and Midwifery Council and HPC's position on each issue. The Committee agreed that its role was to ensure that HPC's processes were robust and it was not appropriate for it to make any recommendations for further action.

Education and Training Committee, 25 September 2008

Item 8.08/76 Council for Healthcare Regulatory Excellence (CHRE) report on Nursing and Midwifery Council: Actions for HPC

- 8.1 The Committee received a paper for discussion/approval from the Executive. The Committee noted that some members were concerned that the paper had been substantial, without drawing attention to the most relevant issues. The Committee noted that the Executive had felt that it was best to include the whole report so that the Committee was fully informed of the situation at the Nursing and Midwifery Council.
- 8.2 The Committee noted that at the Council meeting on 3 July 2008, it had been agreed that the CHRE report on the performance of the Nursing and Midwifery Council should be considered at the next meeting of all HPC's committees. The Council had agreed that each committee should consider what actions the Executive needed to take forward as a result of the report. The Council had also agreed that a list of the actions would be brought back to the Council to agree how they should be prioritised.

- 8.3 The Committee noted that, since the Council meeting on 3 July 2008, CHRE had produced its performance review of all the health professions regulators for 2007-8. The review had identified three priorities for the HPC, which were being addressed by the Executive:
- systems for the assessment, appraisal and reappointment of fitness to practise panel members;
 - updating the Register so that conditions of practice were attached to an individual registrant's entry on the Register; and
 - processes for 'ensuring that patients' views were taken account of in assessments of education providers.'
- 8.4 The Committee noted that HPC now used the term 'service users' (anyone using, or affected by, the services of registrants) instead of 'patients'. The Committee noted that the HPC assessed individual programmes of education rather than education providers. The Committee noted that the CHRE recommendation seemed to suggest that HPC should take the views of patients into account when deciding whether to approve a programme, either by seeing patients as part of an approval visit or by patients contributing to the Visitors' deliberation to decide whether to recommend a programme for approval. The Committee felt that HPC needed to ensure that programmes considered the views of all service users. The Committee felt that HPC should ensure through its standards that service users' views contributed to the design of programmes, rather than just being considered as part of the approval process.
- 8.5 The Committee noted that the guidance on the standards of education and training made reference to service users and this might be strengthened in the light of responses to the consultation on the guidance. The Committee noted that the Executive had begun seeking Visitors' views on how to take account of service users' views in the approval and monitoring processes. The Executive would also raise awareness of the issue through the annual presentations to education providers and hoped to discuss and gain feedback from education providers on how service user involvement was currently considered in programme design and review. The Executive intended to then use this information to propose changes to the HPC's standards and processes, so that HPC was confident that any changes were not burdensome on education providers. The Committee suggested that the Executive should review what other regulators and stakeholders in higher education did in this area and should consider whether a revised process should be piloted.
- 8.6 The Committee noted that CHRE had concluded that the HPC was 'an effective, publicly accountable regulator' which was well-organised and

clearly committed to constantly improving the efficiency of its performance. The Committee agreed that this was particularly significant, in the light of HPC's relatively recent establishment compared to the other health regulators.

8.7 The Committee agreed that:

- (1) it should consider how HPC's standards could be modified to include service user involvement in education programmes and that this should be done when the outcome of the consultation on the standards of education and training was considered by the Committee;
- (2) it should consider how HPC's processes could be modified to take service users' views into account (this would be a separate paper to be considered at the same meeting as action point 1)

Actions: AC (by 25 March 2009)

8.8 The Committee agreed that it was not necessary to recommend any further actions to the Council, in response to the CHRE report on the Nursing and Midwifery Council.

Finance and Resources Committee, 18 September 2008

Item 11.08/139 Council for Healthcare Regulatory Excellence (CHRE) report on the Nursing and Midwifery Council: Actions for HPC

- 11.1 The Committee received a paper for discussion/approval from the Executive.
- 11.2 The Committee noted that, at the Council meeting on 3 July 2008, it had been agreed that the CHRE report on the performance of the Nursing and Midwifery Council should be considered at the next meeting of all HPC's committees. The Council had agreed that each committee should consider what actions the Executive needed to take forward as a result of the report. The Council had also agreed that a list of the actions would be brought back to the Council to agree how they should be prioritised.
- 11.3 The Committee agreed that, in accordance with its terms of reference, its role should be to monitor the financial implications of any actions which were agreed by the Council.
- 11.4 The Committee noted that, since the Council meeting on 3 July 2008, CHRE had produced its performance review of all the health professions regulators for 2007-8. The review had identified three priorities for the HPC:

- systems for the assessment, appraisal and reappointment of fitness to practise panel members;
- updating the Register so that conditions of practice were attached to individual registrants' entries on the Register; and
- processes for ensuring that patients' views were taken account of in assessments of education providers.

11.5 The Committee noted that the fitness to practise committees had met on 17 September 2008 and had identified the need for the committees to continue to monitor the time taken to deal with fitness to practise allegations. CHRE had identified this as an issue for three of the health professions regulators, although not for the HPC.

Communications Committee of 16 October 2008 at Park House

Item 6.08/36 Commission for Healthcare Regulatory Excellence Review of the Nursing and Midwifery Council (and HPC performance review)

- 6.1 The Committee received a paper from the Executive introducing the Commission for Healthcare Regulatory Excellence (CHRE) Review of the Nursing and Midwifery Council (NMC). The Committee noted that at its meeting of 3 July 2008, Council requested that the HPC Committees discuss the report and its implications for the work of HPC. The Committee was asked to agree actions to be considered by Council for prioritisation.
- 6.2 The Committee also received the CHRE review of Health Regulators, including HPC, as context to inform discussion.
- 6.3 The Committee noted that the HPC position which had been included with the report mentioned that more could be done to increasing awareness of HPC. The committee noted that this was a conclusion that had come from the opinion polling research.
- 6.4 The Committee noted that HPC had been engaging with professional bodies on media campaigns, and that this was something it would be developing further.
- 6.5 The Committee noted that, as a regulator, HPC did not aspire to a high level of public awareness, but that it should ensure that its services are as accessible as possible.
- 6.6 The Committee noted that HPC managed the quality of its communication in a number of ways, for example monitoring the level of complaints about correspondence, and listening in on calls to Registrations. The committee noted that Communications had been consulted on the development of standard letters used by registrations.

6.7 The Committee noted that the NMC report did not have significant implications for the approach to communications at HPC and did not have any further recommendations for Council.

Fitness to Practise forum of 17 September 2008 at Park House

Item 7.08/33 Commission for Healthcare Regulatory Excellence Review of the Nursing and Midwifery Council (and HPC performance review)

- 7.1 The Forum received a paper from the Executive introducing the Commission for Healthcare Regulatory Excellence (CHRE) Review of the Nursing and Midwifery Council (NMC). The Forum noted that at its meeting of 3 July 2008, Council requested that the Forum and Practice Committees, along with the rest of the HPC Committees, discuss the report and its implications for the work of HPC. The Forum and Committees were asked to agree a list of actions to be considered by Council for prioritisation.
- 7.2 The Forum also received the CHRE review of Health Regulators, including HPC, as context to inform discussion.
- 7.3 The Forum recommended that the Conduct and Competence, Health and Investigating Committees make the following recommendations for Council to consider for prioritisation:
- (a) That the Executive continue to take forward recommendations from within the CHRE report to develop:
 - Systems for the assessment, appraisal and reappointment of HPC panel members;
 - Updating the register so that the conditions of practice are attached to individual registrants' entries; and
 - (b) That the Executive continue to gather and evaluate data on timescales of cases, and that this data periodically be presented to FtP committees.
 - (c) That the Executive continue to give strong emphasis to the collection and evaluation of data.

The Health and Conduct and Competence Committees cleared the above recommendation without further comment. The Investigating Committee added the following:

Investigating Committee of 17 September 2008 at Park House

- 7.3 The Committee also noted that in the future it would monitor and evaluate quality issues arising from management of cases.