

PRESS RELEASE

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PERFORMANCE REVIEW MAKES STRONG RECOMMENDATIONS FOR IMPROVEMENTS TO THE NURSING AND MIDWIFERY COUNCIL

Embargo conditions apply until 01.00 am Monday 16 June 2008

The Nursing and Midwifery Council is carrying out its statutory functions but fails to fulfil these to the standard of performance that the public has the right to expect of a regulator the Council for Healthcare Regulatory Excellence said today as it published results of its performance review of the NMC.

The report identifies serious weaknesses in the NMC's governance and culture, in the conduct of its Council, its ability to protect the interest of the public through the operation of fitness to practise processes and its ability to retain the confidence of key stakeholders.

The report also says the NMC has strengths in its standards and guidance and its registration processes and acknowledges the progress which the NMC has made in improving its performance over time.

CHRE reports annually on the performance of the health professions regulators in protecting the public. CHRE examines five standards of performance, including registration, fitness to practise and governance

The special report on the NMC is a response to a request from the Minister of State for Health Services, Ben Bradshaw MP on 14 March 2008 to address the central question of whether the NMC was fulfilling its statutory functions.

CHRE Chief Executive, Harry Cayton said: "We have serious concerns about the inadequate operation of the NMC's fitness to practise processes, governance framework and lack of strategic leadership, the inconsistent availability and provision of information to Council to ensure effective planning and decision making and its ability as an organisation to retain the confidence of key stakeholders".

The CHRE report also comments on the allegations of racism and bullying at the NMC which were made by Jim Devine MP in an Adjournment Debate in Westminster Hall on 11 March 2008. CHRE says it heard and saw no evidence of racism but draws no conclusions on the matter. It states 'We have seen and heard evidence of behaviour that is undoubtedly experienced as bullying by many people involved.'

The Report makes recommendations to the NMC and the Department of Health to address the problems it identifies.

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Full details of CHRE's Performance Review on the NMC can be found at www.chre.org.uk .

Public Affairs contacts:

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Notes to editors

1. Statutory duties for any healthcare regulator include

- Maintaining a register
- Taking action when a registrant's fitness to practise is called in doubt
- Assuring the quality of professional education
- Setting and issuing standards and guidance for registered professionals.

2. The report makes the following recommendations

Recommendations to the NMC

- The NMC should commit itself to work towards more effective governance. This should include reviewing its committee and accountability structure and agreeing on the level of detail of reporting to meetings. It should also include introducing and enforcing an effective statement of organisational values and code of conduct for Council members and staff, and appraisals for all Council members. Collectively and individually office holders and other Council members accepting responsibility for the current difficulties and for future resolution.
- The NMC must introduce an IT-based case management system in fitness to practise as a matter of urgency and should direct the necessary resources towards this. The NMC must improve its service to both the public and registrants in fitness to practise processes.
- The NMC should examine its stakeholder relations and communications strategy so that it is clear the NMC exists to protect patients and the public and that it has effective and mutually respectful relationships with interested parties to achieve this. This improvement in communication needs to include communication with patients, the public and registrants.

Recommendations to the Department of Health

- We recommend that plans to create a new governance structure for the NMC should proceed as rapidly as possible and sooner than currently planned. There should be no representative members on the new Council and no reserved places for interest groups. All members, whether registrant or public should be appointed against defined competencies and be subject to appraisal. The President should be appointed not elected.
- We recommend that consideration be given to the relevant responsibilities of the NMC's Conduct and Competence Committee being transferred to the new Office of the Health Adjudicator at an early stage, thus allowing the NMC to concentrate its resources on investigations and the efficient management of cases.

3. CHRE was established on 1 April 2003 to

- Promote the interests of the public and patients in the regulation of the healthcare professions.
- Promote best practice in the regulation of the healthcare professions.
- Develop principles for good professionally-led regulation.
- Promote co-operation between regulatory bodies and other organisations.

CHRE reviews the performance of the health professional regulators against five key standards and a set of minimum requirements in relation to each standard. The standards were developed during 2007 in collaboration with the regulators and an initial self-assessment by the regulator is tested by CHRE through written and face to face exchanges.

4. The five functions on which CHRE assesses performance are

- First function: Standards and Guidance
- Second function: Registration
- Third function: Fitness to Practise
- Fourth function: Education
- Fifth function: Governance and External Relations

5. The Council for Healthcare Regulatory Excellence (CHRE) is the overarching, independent body overseeing the regulatory work of nine regulatory bodies

- The General Chiropractic Council
- The General Dental Council
- The General Medical Council
- The General Optical Council
- The General Osteopathic Council
- The Health Professions Council
- The Nursing and Midwifery Council
- The Pharmaceutical Society of Northern Ireland
- The Royal Pharmaceutical Society of Great Britain.

6. CHRE is acting under Section 26 (2) (a) of The National Health Services Reform and Health Care Professions Act 2002, which says 'The Council may...investigate and report on the performance of each regulatory body of its functions'. Section 27 (1) of the same Act states that 'Each regulatory body must in the exercise of its functions co-operate with the Council' in carrying out its investigations.