

Health Select Committee: Nursing workforce inquiry – response to call for evidence

October 2017

1. Introduction

1.1 The Professional Standards Authority for Health and Social Care promotes the health, safety and wellbeing of patients, service users and the public by raising standards of regulation and voluntary registration of people working in health and care. We are an independent body, accountable to the UK Parliament. More information about our work and the approach we take is available at www.professionalstandards.org.uk

1.2 As part of our work we:

- Oversee nine health and care professional regulators and report annually to Parliament on their performance. This includes the Health and Care Professions Council, which regulates social workers in England
- Conduct research and advise the four UK governments on improvements in regulation
- Promote right-touch regulation and publish papers on regulatory policy and practice
- Accredit voluntary health and care occupational registers to improve consumer protection and raise standards.

1.3 Our over-arching objective, which is shared by the eight UK or Great Britain-wide statutory regulators we oversee, is public protection. To achieve this objective, the Professional Standards Authority and the regulators work towards the three objectives listed below.^{1,2:}

‘(a) to protect, promote and maintain the health, safety and wellbeing of the public;

(b) to promote and maintain public confidence in the professions regulated by the regulatory bodies;

(c) to promote and maintain proper professional standards and conduct for members of those professions.’^{3,4,5}

¹ There are two more objectives related to pharmacy businesses and optical business registrants.

² Except the Pharmaceutical Society of Northern Ireland.

³ UK Government, 2015, *Health and Social Care (Safety and Quality) Act 2015* Chapter 28, 5.1.2b. Available at: http://www.legislation.gov.uk/ukpga/2015/28/pdfs/ukpga_20150028_en.pdf [Accessed 05/10/2017]

⁴ For the Professional Standards Authority, there are also two more objectives specific to the promotion and maintenance of proper standards in pharmacy and optician premises.

⁵ The version of the objectives set out here is the Authority’s. The wording varies slightly for the regulators, to incorporate the names of the different professions they regulate.

1.4 In order to fulfil these objectives, regulators carry out four statutory functions. They:

- Hold and maintain a register of professionals qualified to practise, including assessing applications from overseas;
- Set standards for professionals and make sure that they continue to meet these standards throughout their careers;
- If the regulators' standards are not being met, take action against a registrant through the fitness to practise process (FtP). This may result in a number of outcomes ranging from a warning to erasure from the register;
- Quality assure the provision of qualifying training.

2. General comments

2.1 We welcome the opportunity to respond to the Health Select Committee's call for evidence as part of the inquiry into the nursing workforce. We have an interest in this inquiry because we oversee the work of the professional regulator of nurses, the Nursing and Midwifery Council (NMC). We also have expertise on good regulation, and where appropriate, we use the principles of *Right-touch regulation*.⁶

2.2 Nursing is central to both health and social care provision. Any discussion of the workforce needs in nursing should take into account the challenges facing the health sector these include (but are not limited to):

- Ageing populations;
- Chronic conditions and co-morbidity;
- The rising cost of health technologies;
- The global shortage of healthcare workers;
- Growing consumer expectations and demand.

2.3 Many of the challenges above were outlined in our report *Rethinking regulation*.⁷ There, we also evoked the challenges presented by 'further changes in professional roles and boundaries, the introduction of new technologies and innovative treatments, a shift to more care being delivered at home, and increasingly shared responsibility for the delivery of care from individuals to teams'. The theme of integrating health and social care was of course also central to our thinking.

⁶ Professional Standards Authority, 2015, *Right-touch regulation*. Available at: <http://www.professionalstandards.org.uk/docs/default-source/publications/thought-paper/right-touch-regulation-2015.pdf> [Accessed 02/10/2017]

⁷ Many of these are outlined in our report *Rethinking regulation*. <http://www.professionalstandards.org.uk/docs/default-source/publications/thought-paper/rethinking-regulation-2015.pdf>

- 2.4 The prospect of the UK withdrawing from the EU further complicates the picture, as providers face the prospect of a reduction in the numbers of staff recruited from other EU/EEA countries. Recent figures show that 9.8% doctors and 7.4% nurses working in England are EU migrants.⁸ These figures conceal significant regional variations.
- 2.5 While we may not be able to predict the precise demands on a future workforce in health and social care, we can say with a degree of confidence that the workforce of the future will present the following characteristics:
- Greater reliance on support roles, with the development of new positions, such as the proposed nursing associate role⁹ – as a less expensive, more flexible, quicker way of providing care than training, recruiting and employing more senior regulated professionals;
 - Increased flexibility and fluidity between roles and across disciplines via means such as task shifting¹⁰ – to accommodate the new ways in which care will be delivered in terms of both emerging technologies, and evolving care needs;
 - More professionals and practitioners providing community-based care, particularly in people’s homes – to ease provision in hospitals, and provide a more sustainable way of caring for people with long-term conditions.
- 2.6 We also hope to see an increased use of the practitioners providing alternative or complementary care that are on our accredited registers.¹¹ This is a workforce of approximately 80,000 practitioners, covering 54 occupations, including counselling and psychotherapy, healthcare scientists, foot care and acupuncture. These organisations gain accreditation from us if they meet our standards for operating a register in the public interest. This workforce has huge, as yet mostly untapped, potential for easing the pressure on NHS services and reducing the demands placed on regulated professionals.

Professional regulators and workforce planning

- 2.7 The Committee’s inquiry is concerned with the shortage of nursing staff in England. Professional regulators in the UK are statutorily concerned with the standards of professional practice not with the supply of professions. However, we note that statutory regulation does have an effect on supply of practitioners as it creates a barrier to entry to work.

⁸ House of Commons Library, 2017, *NHS staff from overseas: statistics*. Available at: <http://researchbriefings.parliament.uk/ResearchBriefing/Summary/CBP-7783> [Accessed 06/10/2017].

⁹ See: <https://hee.nhs.uk/our-work/developing-our-workforce/nursing/new-support-role-nursing>

¹⁰ Task shifting is a ‘process of delegation whereby tasks are moved, where appropriate, to less specialised health workers’. See the World Health Organisation’s report on task shifting for more details: http://www.who.int/healthsystems/task_shifting_booklet.pdf [Accessed 10/10/2017].

¹¹ See: <http://www.professionalstandards.org.uk/what-we-do/accredited-registers/find-a-register>

- 2.8 This is not necessarily the case for regulators worldwide,¹² however, where access to professions and public safety are combined, compromises may be made on public protection.¹³ We would have concerns if we saw any evidence of any of the regulators we oversee, including the NMC, deliberately reducing standards due to pressure to improve supply of professionals.
- 2.9 That said, a regulator holds data that can provide some insight into the workforce for planners and other organisations. For example, the NMC's data was used recently to show an increase in the number of nurses leaving the register under retirement age.¹⁴
- 2.10 Workforce planners should also be aware of the role of regulation when making plans. Health Education England (HEE) noted that HEE, Local Education Training Boards (LETBs) and professional regulators have a key role in specifying 'the skills and behaviours required of [the] future workforce as identified by the service itself'.¹⁵ HEE also noted that a factor affecting workforce demand for practitioners is the introduction of new professional or regulatory standards.¹⁶

Nursing Associates

- 2.11 The Committee will be aware that it is current Government policy to develop a new occupation in the field of nursing, that of the nursing associate, and to introduce statutory regulation of this role by the NMC.¹⁷
- 2.12 The Nursing Associate role is a new nursing support role that will 'sit alongside existing healthcare support workers and fully-qualified registered nurses'.¹⁸ It is

¹² For example, the Australian Health Practitioner Regulation Agency (AHPRA), which is the over-arching regulatory body for health professionals in Australia, has the following strategic objective for 2015-20: 'Improved access to healthcare through our contribution to a more sustainable health workforce'. This can be found at: <http://www.ahpra.gov.au/About-AHPRA/What-We-Do/NRAS-Strategy-2015-2020.aspx>

¹³ This tension has been documented in Australia and New Zealand by Dr Katie Elkin. See for example her paper *Registration Decision-Making, and Public Protection: International Medical Graduates in Australia and New Zealand*, published in the Journal 'Canadian Public Policy', doi:10.3138/cpp.2013-049. Available at: <http://www.utpjournals.press/doi/pdf/10.3138/cpp.2013-049>.

¹⁴ Royal College of Nursing, 2017, *Safe and Effective Staffing: Nursing Against the Odds*, pg. 4. Available at: <https://www.rcn.org.uk/professional-development/publications/pub-006415> [Accessed 03/10/2017]

¹⁵ Health Education England, 2015, *Workforce Planning Guidance 2015/16: For 2016/17 Education Commissions*, pg. 16. Available at: <https://hee.nhs.uk/sites/default/files/documents/Workforce-Planning-Guidance-2015-2016.pdf> [Accessed 06/10/2017]

¹⁶ Health Education England, *Workforce Plan for England: Proposed Education and Training Commissions for 2014/15*, pg. 19. Available at: <https://hee.nhs.uk/sites/default/files/documents/Workforce-plan%202014-15.pdf> [Accessed 06/10/2017]

¹⁷ Nursing and Midwifery Council, 2017, NMC agrees to regulate new Nursing Associate role. Available at: <https://www.nmc.org.uk/news/news-and-updates/nmc-agrees-to-regulate-new-nursing-associate-role/> [Accessed 02/10/2017]

¹⁸ Health Education England, *Nursing Associate - a new support role for nursing*. Available at: <https://www.hee.nhs.uk/our-work/developing-our-workforce/nursing/nursing-associate-new-support-role-nursing> [Accessed 02/10/2017]

hoped that it will provide a means of alleviating workforce shortages.¹⁹ Currently, it is expected that this path to becoming a nurse will be a work-based route, as opposed to the predominantly educational route taken by students training to be NMC-registered nurses. It has also been proposed that a qualified nursing associate will be able to become an NMC-registered nurse through a 'new shortened nurse degree apprenticeship route'.²⁰

- 2.13 In August 2016, we were asked by the Department of Health to provide advice on the appropriate level and type of assurance for Nursing Associates. It is important to note that we were not asked to consider whether there is a need for the role, however in the course of our research it appeared to us that there were already a number of supporting nursing roles, such as healthcare assistants and assistant practitioners. We also note there are other routes into nursing such as nursing apprenticeships.
- 2.14 The methodology we aimed to use for that report was the *Right-touch Assurance* methodology: it is a risk-based tool for objectively and transparently advising on whether roles in the health and care sector should be regulated and if not, what alternative means should be used to manage risk.²¹ This would have involved profiling Nursing Associates' occupational risk under the three categories of intervention, agency and context.^{22,23}
- 2.15 Unfortunately, at the time of writing that report, the scope of the Nursing Associate role had not been defined to the level that was needed to assess the risks of harm, data about the spread of the workforce across different settings were not available, and the training curriculum had not yet been finalised. Therefore, we recommended that the role be registered and not regulated for an interim period until there was sufficient evidence available to determine the

¹⁹ The Secretary of State for Health made mention of nursing associates in a speech at the Conservative Party Conference: "We also need more nurses. So today I can tell you we'll increase the number of nurses we train [...] and we'll do that not just by increasing traditional university places, but also by tripling the number of Nursing Associates [...]". Conservative Party, 2017, Hunt: Conference Speech. Available at: <http://press.conservatives.com/post/166001211125/hunt-conference-speech> [Accessed 05/10/2017]

²⁰ Department for Health, Health Secretary announces nursing workforce reforms. Available at: <https://www.gov.uk/government/news/health-secretary-announces-nursing-workforce-reforms> [Accessed 05/10/2017]

²¹ Professional Standards Authority, 2016, *Right-touch assurance: a methodology for assessing and assuring occupational risk of harm*. Available at: <http://www.professionalstandards.org.uk/docs/default-source/publications/right-touch-assurance---a-methodology-for-assessing-and-assuring-occupational-risk-of-harm.pdf> [Accessed 02/10/2017]

²² Professional Standards Authority, 2016, Interim report on oversight of Nursing Associates, pp. 8-12. Available at: <http://www.professionalstandards.org.uk/docs/default-source/publications/policy-advice/interim-report-on-oversight-of-nursing-associates-november-2016.pdf?sfvrsn=11> [Accessed 02/10/2017]

²³ Ibid, pgs. 9-10.

'Intervention/complexity: potential for harm caused by features of practice from prescribing, surgical and psychological interventions to other kinds of physical therapies such as massage or invasive diagnostic techniques.

Context: including environments with varying levels of oversight (hospitals, community pharmacies and hospices amongst others), as well as patients' and service users' homes or high street premises.

Agency/vulnerability: contact with patients and service users who may have less or more ability to exercise control over their care and circumstances, potentially including children, people with disabilities, those with literacy and communication problems or competent adults purchasing services.'

appropriate level of oversight. We were disappointed to hear that the Government had decided to press ahead with statutory regulation, given that there appeared to be insufficient evidence of risk on which to base that decision.

- 2.16 We encourage flexibility to develop and make use of roles when they are needed. This is in line with the sixth principle of *Right-touch regulation: agility*. Regulatory assurance should not be assigned prematurely as it may limit the supply and capability of a role unnecessarily.²⁴
- 2.17 Since the Interim Report, Nursing Associates have commenced training at pilot organisations in England. The first group of associates will complete programmes in January 2019.²⁵

3. Addressing workforce shortages through the use of practitioners on Accredited Registers

- 3.1 We notice there is a tendency in the healthcare sector to focus on existing roles when faced with workforce issues. However, we suggest there is scope to consider workforce solutions beyond using and altering existing roles, such as using voluntary-registered practitioners to undertake more tasks to alleviate pressure on nurses and other professionals.
- 3.2 Better use of the broad expertise of practitioners on Accredited Registers could be a means for addressing nursing workforce shortages. Practitioners on accredited registers already deliver, support and supplement NHS and care services. The Authority oversees the Accredited Registers programme for organisations which hold voluntary registers of practitioners who are not regulated by law. Registers are assessed to ensure that they meet our standard. There are currently over 80,000 practitioners on Accredited Registers including counsellors, sports therapists, public health practitioners, complementary therapists and foot health practitioners amongst many others. The scheme offers assurance to the public as well as employers, commissioners or GPs who may wish to refer patients on, about the practitioners on these registers.
- 3.3 With changing models of healthcare, we think that Accredited Registers are well placed to support the transformation of our health and care services in future and we think they can ‘help to bridge the health and resource gap’. For example, many of the practitioners on Accredited Registers can help to address mental health issues including counsellors and psychotherapists, play therapists and complementary therapists.²⁶ This could be particularly helpful as there is a

²⁴ Professional Standards Authority, 2015, Right-touch regulation. Available at: <http://www.professionalstandards.org.uk/docs/default-source/publications/thought-paper/right-touch-regulation-2015.pdf?sfvrsn=16> [Accessed 05/10/2017]

²⁵ Nursing Times, 2017, NMC code change mooted to clarify delegation to Nursing Associates. Available at: <https://www.nursingtimes.net/news/professional-regulation/nmc-code-change-mooted-to-clarify-delegation-to-nursing-associates/7019408.article> [Accessed 05/10/2017]

²⁶ Professional Standards Authority, 2015, *Accredited Registers Ensuring that health and care practitioners are competent and safe*, pgs. 37-40. Available at:

shortage of mental health nurses in England.²⁷ Even though there is a shortage of staff and rising demand for mental health services, we note that in 2015 'all Accredited Registers report that their registrants have capacity to assist more patients and clients than they do currently'.²⁸ Accredited Registers offer expertise and capacity to help with demand across many areas of health and care where staffing shortages may occur.

4. The impact of the NMC's English language testing on workforce

- 4.1 As the Committee will be aware, in 2016, there was a 'significant reduction' in the number of EU nurses joining the NMC register.²⁹ Given the current shortage of nurses, this is important as 7.4% of nurses are from the EU.³⁰ Also in 2016, English language testing was brought in for European Union (EU) nurses, with the same pass score as for non-EU nurses (who were already required to pass an English language test). There have been concerns that the NMC's English language test – the International English Language Testing System (IELTS) - may have been a factor causing the drop in the number of applications.³¹ We note that the NMC is considering introducing the Occupational English Test as an alternative to IELTS in its assessment of applicants' communication skills.³²
- 4.2 As we have already stated, regulators should have the necessary powers 'to address the risk of patients being harmed through poor command of English'. For this reason, we supported the introduction of legislation allowing 'regulators to check the English language capabilities of EEA-qualified professionals before registration, where they have concerns'.³³
- 4.3 As mentioned earlier in this evidence, it is not the role of a professional regulator to undertake workforce planning. Instead, a regulator must act in the

<http://www.professionalstandards.org.uk/docs/default-source/accredited-registers/accredited-registers/reports/accredited-registers-report-2015.pdf> [Accessed 09/10/2017]

²⁷ Guardian, 2017, Mental health nurses in short supply as NHS struggles to fill vacancies. Available at: <https://www.theguardian.com/healthcare-network/2017/may/09/mental-health-nurses-in-short-supply-as-nhs-struggles-to-fill-vacancies> [Accessed 09/10/2017]

²⁸ Professional Standards Authority, 2015, *Accredited Registers Ensuring that health and care practitioners are competent and safe*, pg. 37. Available at:

<http://www.professionalstandards.org.uk/docs/default-source/accredited-registers/accredited-registers/reports/accredited-registers-report-2015.pdf> [Accessed 09/10/2017]

²⁹ Nursing Times, 2017, NMC finds 'no evidence' so far to lower English language test but considers change to writing. Available at: <https://www.nursingtimes.net/news/professional-regulation/nmc-finds-no-evidence-so-far-to-lower-english-language-test/7019185.article> [Accessed 02/10/2017]

³⁰ House of Commons Library, 2017, *NHS staff from overseas: statistics*. Available at: <http://researchbriefings.parliament.uk/ResearchBriefing/Summary/CBP-7783> [Accessed 06/10/2017]

³¹ Nursing Times, 2017, NMC finds 'no evidence' so far to lower English language test but considers change to writing. Available at: <https://www.nursingtimes.net/news/professional-regulation/nmc-finds-no-evidence-so-far-to-lower-english-language-test/7019185.article> [Accessed 02/10/2017]

³² Nursing Times, 2017, Alternative language test for overseas nurses set to be brought in 'within weeks'. Available at: <https://www.nursingtimes.net/news/professional-regulation/alternative-language-test-for-overseas-nurses-set-to-be-brought-in-within-weeks/7021502.article> [Accessed 02/10/2017]

³³ Professional Standards Authority, 2014, Response to the Department of Health consultation: Language controls for nurses, midwives, dentists, dental care professionals, pharmacists, and pharmacy technicians, pg. 2. Available at: <http://www.professionalstandards.org.uk/docs/default-source/publications/consultation-response/others-consultations/2014/department-of-health-language-controls.pdf> [Accessed 02/10/2017]

interests of public protection and ensure a professional on its register is safe to practise.

5. Summary

- 5.1 The purpose of professional regulators is to protect the public. Regulation has an effect on the supply of practitioners to the workforce. However, standards set by regulators should not be lowered to alleviate supply problems. We note that greater demand of healthcare practitioners and resources can be met by initiatives such as new workforce roles which offer greater flexibility. Premature designation of regulation may limit new roles. We also suggest that more use should be made of practitioners registered with Accredited Registers: this is an untapped resource for meeting healthcare demands and reducing the demands placed on regulated professionals.

Professional Standards Authority for Health and Social Care
157-197 Buckingham Palace Road
London SW1W 9SP

Email: michael.warren@professionalstandards.org.uk
Website: www.professionalstandards.org.uk
Telephone: 020 7389 8030