

NMC Response
Green paper on workforce for health COM (2008) 725 final
10 February 2009

The Nursing and Midwifery Council (NMC) is the UK regulator for two professions, nursing and midwifery. To be eligible to work as a nurse or midwife in the UK, a professional must be registered with the NMC. There are currently more than 661,084 nurses and midwives on the register. The primary purpose of the NMC is to safeguard the health and wellbeing of the public. It does this by maintaining a register of all nurses and midwives eligible to practise within the UK and by setting standards for their education, training and conduct.

The NMC welcomes the publication of a Green paper on the healthcare workforce.

We wish to comment and provide recommendations on the following specific questions, which are of relevance to nursing and midwifery regulation:

Ageing population and workforce (section 4.1 of the Green paper)

The NMC calls for an understanding of the specificity of older people's needs

As the older population increases so does the need for a greater understanding of the specific needs of older people. Care of older people requires highly skilled nurses (as opposed to any lower skilled workers) who can deal with the complexity of health and social care needs that older people can present.

The NMC will soon issue specific guidance on the care of older people. The guidance is addressed to all professionals on our register with a particular focus on those caring for older people.

Nurses caring for older people should be highly qualified, competent and reliable

Caring of older people involves:

- Communicating with older people by listening to what they have to say, assessing their needs and responding accordingly
- Respecting their privacy and dignity
- Engaging in partnership with older people, their families, carers and other colleagues

The professionals caring for older people should be nurses, who are:

- Competent: they thus have the right knowledge, skills and attitude to care for older people

- Ready to challenge poor practice
- Reliable, compassionate and kind

The NMC welcomes Community involvement in setting key principles and values for the care of the elderly at European level

We would very much welcome any European co-operation in agreeing high level principles for the care of the elderly to be in line with patients' rights as illustrated above. Such principles could include: respecting dignity, the right to effective communication, quality of care resulting from highly trained and skilled professionals and partnership with the patient's family.

The NMC raises concerns about an ageing workforce

Along with the point about the ageing population, the Green paper quite rightly raises concerns about an ageing workforce. Perhaps the ageing workforce is simply a reflection of new career patterns which commonly see people taking up new careers in their 30s and 40s.

One factor to combat the ageing workforce in nursing and midwifery could be the proactive recruitment of younger professionals. The imminent move of nursing education to degree level could result in an increase of younger entrants who should then be encouraged to remain within the professions.

Public health capacity (section 4.2)

The NMC encourages further exchange of information on the state of the art in public health nursing

We understand that there is great diversity with regard to measures in place on public health issues in the different EU Member States. There also seem to be differences as to the standards that professionals working in the field of public health need to have when moving across the EU.

We would very much wish to be able to share good practice with other competent authorities in EU Member states. Given the shortage of data in this area, it would be essential for the European Commission to promote networking and exchange of information and good practice on the role of public health professionals. Exchange of information among public health professionals could provide recommendations to the European Commission on addressing current threats to public health such as obesity and addiction (drug, drinking, smoking) for instance.

The NMC regulates nurses and midwives, who then move on into specialist community public health nursing, which aims to reduce health inequalities by working with individuals, families, and communities promoting health, preventing ill health and in the protection of health. The emphasis is on partnership working that cuts across disciplinary, professional and organisational boundaries that impact on organised social and political policy to influence the determinants of health and promote the health of whole populations.

Training of professionals (section 4.3)

Demographic changes, the impact of new technologies and the increased mobility both for work and study mean that healthcare professionals need to be both highly trained and also constantly up to date with developments in healthcare and changes in the environment in which they work.

The NMC calls for Continuous Professional Development (CPD) to be a requirement for all healthcare professionals in all EU Member States and for national competent authorities to set CPD standards at national level

Professional development is particularly important for healthcare workers, whose work affects public safety and patient protection. Moreover, CPD becomes more important given the rapid development of new technologies in healthcare and e-health.

As the regulator of nurses and midwives we ensure patients and members of the public that all the nurses and midwives on our register are fit to practise and undertake CPD. We currently have a requirement called PREP (Post-registration education and practice), which is designed to help nurses and midwives provide a high standard of practice and care. PREP requirements ask for any nurse and midwife on the NMC register to demonstrate that they have practised for at least 450 hours during the last 3 years before renewing their registration, failure to do so means that they will need to, take a return to practice course. Likewise, they also need to declare that they have completed at least 35 hours of learning activity relevant to their practice.

Currently in several EU Member States, continuous professional development operates on a voluntary basis. There are no clear standards as to the assessment and validation of CPD. We thus invite the European Commission to make CPD for healthcare professionals a compulsory requirement in their career development.

The NMC calls for language competence to be a requirement for those professionals who wish to provide services in another EU Member State

Mobile professionals have the duty and responsibility to be able to provide the same level of quality care to patients either when practising in their Member State of origin or when they decide to move to another Member State.

It is thus their responsibility to ensure that they are not only properly informed, trained and up to date with developments in their profession but that they are also competent to communicate effectively with their patients and other colleagues. This refers to both verbal and written communication.

We have already experienced examples of professionals in the UK who are unable to adequately communicate in English with their patients and are seeking access to language interpretation services. Such practice has negative implications for public protection.

We welcome the European Commission's initiative to develop possibilities for further language training but we feel that the most significant policy at EU level would be the

requirement for those health professionals who are in direct contact with patients to be able to communicate effectively with their patients and colleagues when providing care.

Managing mobility of health workers within the EU (section 4.4)

There is a need to increase and manage the mobility of staff and students in line with the Bologna process. However, these opportunities must be able to interface with the requirements of Directive 2005/36 Article 31 (5).

The requirements that clinical training of at least 50% must be undertaken in direct contact with a sick or healthy individual restricts mobility opportunities due to the need to ensure appropriate practice based support, supervision and assessment that meets the programme requirements of the Member State.

A redefinition of what constitutes clinical training could aid mobility. The term 'clinical training' could be expanded from referring exclusively to direct contact with an individual to allowing e-health and simulation measures to be considered as well.

The impact of new technology (section 5)

The NMC welcomes the use of new technologies both as a means to ensure interoperability of new information technology and in terms of a training methodology for professionals.

Apart from opportunities for professional training that would facilitate further mobility within the EU, e-health would be particularly useful in the sharing of information at European level (from one competent authority or professional to another). Such information could include patient data, recognition of prescriptions, information on a professional's misconduct or criminal record or even a professional's continuous professional development activities.

Nurses and midwives as entrepreneurs (section 6)

The European Commission should note that there are a number of cases currently in the UK where nurses and midwives are running their own businesses as entrepreneurs. Examples would include self employed practice around counselling, health/travel advice and cosmetic treatments. Independent midwifery practice would be another example.

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