Submission: 99

Name of organisation
Nursing and Midwifery Council (NMC)

Stakeholder group
Member States authority

Country
United Kingdom

Address
23 Portland Place, London W1B 1PZ

Contact Person Name
David Hubert

Role in organisation
management

Number of employees
250 -

Your organisation's geographical area of activities
national

8. How important would a national commitment to improving patient safety in your country be?
Important

9. How important would a national patient safety strategy in your country, (perhaps as part of a general healthcare quality strategy) be?
Important

10. How important is it to have an EU strategy for patient safety?
Very Important

Communication problems 1

Patient involvement in policy development 2

Patient safety education for health professionals 1

16. How important is it that patients should be seen as experts on patient safety in your country?
Very Important

17. How important is it that patients should not just informed but also empowered to take part in patient safety and quality programmes in your country?
Very Important

18. How important is it to have systems in place at national and local level to involve patient groups?
Very Important
19. How important is it that patients and the public should be informed about potential and actual patient safety incidents and adverse events in your country?  
Very Important

20. How important is it that patients (and/or their families) should be suitably supported in the aftermath of a patient safety incident?  
Important

21. What further action, if any, would you like to see in your country to improve the involvement of the patient or public in patient safety policies and programmes?  
The NMC strives towards involving the public and patients in all our decision making processes, in order to ensure that public protection and the interests of service users remains our primary focus at all times. One way in which we do this is by including lay members on our governing council – from next year, just under half of council members will be lay. The NMC’s statutory committees, where many decisions later ratified by Council are scrutinised and passed also include non-professional members. We also consult widely with patients and the public before issuing new standards for nurses and midwives. The trend towards greater lay involvement in regulation is UK-wide, with all healthcare regulators working towards improving their accountability towards the populations they serve. The NMC would, for this reason, welcome EU-level discussions on the involvement of lay people in healthcare regulation.

22. How important is it that patient safety is treated seriously by the management of healthcare organisations in your country?  
Very Important

23. How important is it for healthcare providers to have effective and comprehensive communications systems on patient safety issues and concerns in place?  
Very Important

25. How important would further educating health professionals in your country in the area of patient safety be in reducing adverse events?  
Important

26. How important would including patient safety in the continuing professional development of health professionals in your country be in reducing adverse events?  
Important

27. How important are systems regulating health professionals, including disciplinary procedures, in efforts to minimise unsafe care in your country?  
Very Important

28. How important are professional standards and codes of practice for health professionals in efforts to minimise unsafe care in your country?  
Very Important

29. How important is it for health professionals to be suitably supported in the aftermath of a patient safety incident?  
Important

34. How important is it for the data from national (or regional) reporting and learning systems to be pooled at the EU level as a common resource for learning?  
Important

35. How important is it for there to be a common patient safety classification or terminology system in your country?  
Important
36. How important is it for common classification or terminology system to be developed and used throughout the European Union?
   Important

39. How important is it for there to be a system of minimum patient safety standards for healthcare organisations in place in your country?
   Very Important

40. How important is it for there to be a common set of minimum standards for patient safety for all healthcare organisations within the EU?
   Very Important

42. How important is it for there to be a common system of external assessment for all healthcare organisations in the EU in respect of patient safety?
   Very Important

47. How important would a database at the EU level be, which would bring together results of patient safety research and other learning and experiences, to be used as a common European resource?
   Important

59. The European Community can play a role in supporting Member States in their efforts to address patient safety concerns.
   Strongly Agree

61. In which areas of patient safety should the European Community play a role in supporting Member States in their efforts to address patient safety concerns and how should this support work in practice?

   A key patient safety concern in the context of regulation is that of information exchange. Regulators of healthcare professionals in many EU Member states are prevented from sharing fitness to practise (i.e. disciplinary) information about individual practitioners with fellow regulators due to restrictive data protection legislation. This is a particular concern in light of Directive 2005/36/EC on the Recognition of Professional Qualifications, now in force, which aims at facilitating professional mobility within the European Union. The NMC issues a regular circular, which goes out to all known competent authorities in the EU and beyond, listing the sanctions imposed as a result of fitness to practise proceedings. Our European regulator colleagues therefore receive a monthly list of all nurses and midwives who have been struck off the register (thus losing their license to practise) or against whom other sanctions have been imposed (such as suspensions or conditions of practice). By doing so, the NMC helps ensure nurses and midwives who have lost their license to practise in the UK do not seek to then register in another Member State. Similarly, where we become aware that a particular individual nurse or midwife against whom an investigation is underway is planning to seek registration in another Member State, the NMC will alert the competent authority in that Member State. We believe this proactive approach to information exchange represents a vital contribution to the health and wellbeing of all European citizens and regret that many of our European colleagues are prevented in law from making the same contribution. We would therefore welcome EU-level standards or guidance on information-sharing aimed at protecting patients. Work is already being done by stakeholder groups. The Health Professionals Crossing Borders (HPCB) Project, for instance, is an informal EEA-wide initiative aimed at enhancing collaboration between European regulators. Recently, HPCB drew up a Memorandum of Understanding on the reactive and proactive sharing of fitness to practise information. Signatories to the MoU agree, informally, to proactively share information about changes to their registers, and, reactively, to respond in a timely way to fellow regulators requesting information about particular professionals. The NMC would welcome such agreements being granted a more formal footing (?). Another concern relating to professional mobility and patient safety is that of language competence among healthcare professionals. Directive
2005/36/EC prevents competent authorities such as the NMC from assessing the language skills of EU applicants to the register – key element of the registration process for overseas nurses and midwives. This means that EEA-trained nurses and midwives may join the register and gain a license to practise regardless of whether they are able to communicate with those in their care, or indeed colleagues. While the NMC understands the Commission’s desire to make sure applicants from other EU MS do not face barriers to mobility, we nonetheless feel that patient and public safety ought to be the overriding concern of all competent authorities. The NMC welcomes the Commission’s current work on multilingualism, and looks forward to the adoption of the Communication on Multilingualism later this year. We very much hope the Communication will form part of a concerted effort on the part of the Commission to encourage health professionals seeking to cross borders to ensure they are competent to carry out their profession in the host member state.