Council

Report of the Register Group

Decision

Synopsis

1 The purpose of this paper is to report the recommendations of the Register Group, a task and finish group, to the Council.

2 Further information on this paper can be obtained from Maureen Williams, Professional Officer, Community Nursing and Health Visiting on 020 7333 6523 or email: maureen.williams@nmc-uk.org

Attachments

3 None.

Recommended action

4 The Council is invited to:

4.1 receive this paper and

4.2 agree the recommendations at paragraphs 8 to 14.

Background

5 The Register Group was commissioned by the Council to take forward the requirements of the first Register Working Group:

- to steer the work required to implement a new Nursing and Midwifery Register by November 2003;
- consider the outcome of consultation;
- commission work to develop the competencies for a third part of the register;
- commission the IT requirements to support any new register;
• monitor the progress of the work to identify good health and good character, subject to consultation and

• work to a timeframe outlined in the project plan and report regularly to the Council’s Standards Committee and the Midwifery Committee on progress against the project plan.

6 Membership of the group has been representative of nursing, midwifery and health visiting and included lay membership.

7 Members of the Council, the Standards Committee and Midwifery Committee have received regular reports from the group. The group is grateful for the constructive help it has received as a result of those briefings. The Register Group plans one further meeting to take forward action from this Council meeting and review the referral routes for any remaining work.

Recommendations

8 The three parts of the register are named nursing, midwifery, specialist community/public health nursing.

8.1 Although the Council had decided to have a three part register, the Register Group also took account of:

• the response to the consultation;

• two Reference Group meetings where key external stakeholders were invited to contribute views on the likely competencies that would be required. This reference group was a selection of people invited from the four government departments, Community Practitioners and Health Visitors Association, UNISON, Royal College of Nursing, Community and District Nurses Association, United Kingdom Standing Conference on Health Visiting, selection of representatives from higher education institutions, lay representatives, school nurses, occupational health nurses, employers and practitioners;

• the Council and committee briefings and

• lengthy internal discussions.

The questions of areas of practice and levels of practice had to be considered in some detail. The group agreed that:

• midwifery at the point of registration is a specialist level of practice;
• nursing at the point of registration describes an area of practice with specialist practice being developed through a post registration framework and

• the third part of the register should describe those practitioners who could demonstrate that they were specialist community/public health nurse. The title is inclusive of all nurses who work with individuals, families and communities both in the acute and community settings. Regulation of practice in this area means that practitioners will be called to account for applying a separate body of knowledge, public health, to these individuals and groups.

The group commends the title ‘Specialist community/public health nurse’ to the Council.

9 The nursing part of the register will have subsets of adult, child, mental health and learning disabilities to reflect the branch programmes. There will be a second level part of the register similarly sub divided. The midwifery part of the register will be open to all those who hold a midwifery qualification. There will be no change to the notification of practice requirements. The specialist community/public health nursing register will open with the establishment of the new register which will include health visitors on Part 11 of the existing register. Access to this part of the register will be predicated on nursing or midwifery registration and demonstration of the fact that practitioners can meet the generic public health competencies at specialist level. There should be no direct entry by any other group at this time.

9.1 the decision about titles and levels of practice made the divisions of the register more coherent in respect of nursing, the four branch programmes prepare practitioners for areas of practice. Legal advice obtained by the group on behalf of the Council demonstrated that because of European Directives, the second part of the register had to remain open but will also reflect the current sub-divisions. The midwifery part of the register will remain exclusive to those who hold a midwifery registration. The Register Group were anxious that midwives understood that this in no way restricted access to either of the other two registers. Specialist community/public health nursing describes the domain of this specialist level of practice which will require further work to develop core competencies and a regulatory framework.

10 A post registration review should be undertaken to develop a way forward for the regulation of “specialist nursing” practice. This work could be taken forward by a task and finish group. The Register Group recommends to the Council that the result of this piece of work should be the NMC regulation of post registration practice and title at specialist level.

10.1 there was much concern in the consultation that employers and practitioners would value tighter regulation for specialist areas of practice in nursing. For this reason the group have recommended that
11 Requirements for declaration of good health and good character through counter signatories has been agreed by the Council and is currently being implemented.

11.1 the consultation clearly indicated support for a more robust system to monitor good health and good character. The way forward for this piece of work was agreed by the Council. It is envisaged that this will feed in to a review of continuing professional development requirements which will follow the work on the implementation of the register and the post registration review.

12 Requirements for entry to pre registration programmes should be remitted to the Standards Committee.

12.1 The consultation indicated a willingness of employers and practitioners to consider a more flexible set of entry criteria for pre registration preparation. This recommendation will feed in to work that the Standards Committee undertakes in respect of pre registration education.

13 The Council should work collaboratively with employers to seek to restrict the use of titles to those titles that the Council will regulate.

13.1 The Register Group were conscious of the fact that the restriction of the use of titles for post registration nursing qualification will require a collaborative piece of work with the four government health departments and employers. The general use of employment titles denotes a level of competence which may nor may not be underpinned by specialist knowledge. Users of services should be confident that a registered practitioner who purports to be specialist in a particular field can demonstrate competencies against a framework regulated by this Council.

14 The Communications Committee should take forward the development of subsequent consultations and dissemination of the outcomes of these decisions.

14.1 there will be several items of consultation that will fall from the recommendations of this group. It would seem sensible for the Communications Committee to connect all these items in addition to other areas of work the Council is going to consult on into one consultation document. Furthermore, the Register Group recognises the importance of disseminating the information widely to all its stakeholders about the register and the migration of practitioners to the new register. This is clearly a matter for the Communications Committee to consider.
Way Forward

15  The recommendations have indicated who should pick up on the various areas of activity that will be required to complete the implementation of a new register by November 2003.

16  Council members may want to consider whether the work on the post registration review requires another task and finish group to enable that work to progress more swiftly.

17  The Register Group commends it recommendations to the Council.