



NMC Nursing &
Midwifery
Council

Strategy 2020–2025

Consultation on draft
strategic themes

Shaping the
future **NMC**
2020  25

Message from our Chair and our Chief Executive and Registrar

We are delighted you are interested in shaping the future of the Nursing and Midwifery Council. Thank you for reading this consultation on our proposed strategic themes and we hope you will take the opportunity to let us know what you think.

Nurses and midwives across the UK and now nursing associates in England are among the public's most cherished professions. Our role as their professional regulator is an important one. We recognise the responsibility we have to help maintain the high standards that nurses, midwives and nursing associates want to provide and people have every right to expect.

We are ambitious for the future of the NMC and the professions we regulate. We want to support nurses, midwives and nursing associates to make an even greater difference for the benefit of people using health and social care services in all settings. That means focusing our efforts on delivering our regulatory role as efficiently and effectively as possible and using the opportunities we see to add more value where we can.

We work on behalf of the public and we need to have their confidence and the confidence of the professionals on our register, our partners and our NMC colleagues so that our ambitions for the future are understood, shared and supported. That's why, since April, we have been listening to your views about the key issues facing health and social care services, their impact on nursing and midwifery and what that means for the future of the NMC.

Those views have helped to shape the strategic themes set out in this document. This is definitely work in progress. In such a short space of time, we know we won't have got everything right. We may have missed something important or we may have set our sights too high. We now need your help to test and challenge these strategic themes so we can determine the appropriate direction of the organisation for 2020–2025 and the specific priorities we will pursue. We are very open to that challenge and we hope to hear from as many of you as possible over the next twelve weeks.

Our ambition is to shape the practice of nurses, midwives and nursing associates to deliver the care we all want – safe, effective and kind. Realising that ambition will only be possible if we work collaboratively with the public, professionals, partners and NMC colleagues to agree (and then of course deliver) our 2020–2025 strategy.

Thank you for helping to determine **#futureNMC**.

With our best wishes

Philip Graf
Chair

Andrea Sutcliffe
Chief Executive and Registrar



Introduction

From April 2019 we have been hearing from members of the public, professionals on our register, other organisations we work with and our colleagues at the NMC about what they think is important over the period ahead.

We have also been gathering evidence about the challenges and opportunities we might face. From this we have developed five strategic themes. These are the areas where we believe we have the greatest opportunity to improve our own regulatory work and building on this, support improvement in the wider system. At this stage the potential scope of activity they signal is large. During the consultation period we will identify the core and urgent priorities. Our timeline is set out below.

It provides an opportunity for you to comment on our draft vision and themes. Details of how to feed back are at the end of the document. The closing date for responses is 16 October 2019.

From October we will be developing our final strategy and starting work on the business plan that will support us to implement our objectives. Council will approve the strategy in March 2020 for implementation from April next year.

This document provides an overview of what we have heard so far and of the key strategic drivers we have identified.



Who we are and what we do

We are the professional regulator for nurses, midwives and nursing associates. We hold the register of nurses and midwives who can practise in the UK, and nursing associates who can practise in England.

The people on our register deliver care in a wide variety of settings including hospitals, GP practices, care homes, maternity units, community services, prisons, and in education. Across the three professions, they touch nearly everyone in the health and care system; people of all ages with both physical and mental health needs.

Our purpose is to shape the practice of nurses, midwives and nursing associates to deliver the care we all want – safe, effective and kind.

We work with the professionals on our register throughout their careers to ensure they have the knowledge, skills and values to deliver consistent, quality care that keeps people safe.

On the rare occasions when care goes wrong, we step in to investigate and take action when needed. We work to promote a just culture, to encourage professionals to be open and learn from mistakes, to give people affected by poor care a voice, treating everyone involved with kindness and understanding.

We do not represent nurses, midwives or nursing associates – there are other bodies

that play that role. We don't regulate health and care settings, or commission training places – but we work closely with the organisations in all four UK countries that do this important work. We also don't have a role in funding of training or continuing professional development, and have no powers to regulate employers.

However, we will seek to influence others in making sure that the people on our register have the education, resources and opportunities they need in order to provide people with safe and effective care, as well as using our insight and influence to support and develop the future health and care workforce.



Our regulatory responsibilities:

1. We maintain the register of nurses and midwives who meet the requirements for registration in the UK and nursing associates who meet the requirements for registration in England.

In March 2019
there were:

653,544
Nurses

36,916
Midwives

7,288
Nurses & Midwives

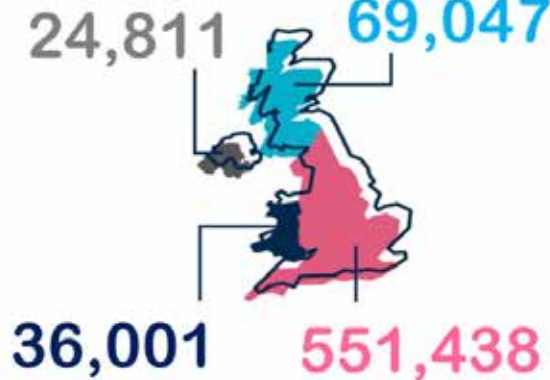
489
Nursing Associates

on our register.

A total of **698,237** 

[compared with 690,278 in 2018]

Country of Registration



In 2018–2019 we
processed over 30,623
new applications
for registration.

23,498
 were from
applicants
trained in the **UK**

968 
were from
those trained
in the **EU/EEA**

6,157 
were from
applicants trained
outside the EU/EEA

2. We set the requirements for the professional education programmes that support people to develop the knowledge, skills and behaviours required for entry to, or annotation on, our register. In March 2019, there were 83 approved education institutions (AEIs) delivering 938 approved programmes.
3. We shape the practice of the professionals on our register by developing and promoting standards including our Code, and we promote lifelong learning through revalidation, encouraging professionals to reflect on their practice and how the Code applies in their day to day work.
4. Where serious concerns are raised about a nurse, midwife or nursing associate's conduct or practice we can investigate and if needed, take action to protect the public. This is required in a very small minority of cases. In 2018–2019 5,373 new concerns were raised with us which represents only eight concerns for every 1,000 people on the register. In the same year, a relatively small number, 162, were ultimately removed from the register.

What have we heard so far?

Between April and June 2019, over 2,500 people told us what they think the NMC should focus on over the next five years. Most responses received were from people on our register, but we also heard from people using services, patients and members of the public, partner organisations and our NMC colleagues.

In addition, earlier this year we conducted audience¹ and wider stakeholder² research to find out what our registrants, the public, our partners across health and care, and our colleagues want from us. This involved interviews, focus groups and an online survey of over 2,800 registrants and 2,000 members of the public. The key messages from all of this engagement were:

From the public:

- Use your influence to make sure nurses, midwives and nursing associates have the time and opportunity to deliver good care.
- Don't just police standards of care, help improve them
- Act with kindness and effectiveness, promoting a culture of openness and learning
- Learn from "experts by experience" – harness our feedback as patients

From nurses, midwives and nursing associates:

- Use your influence to make sure that nurses, midwives and nursing associates have the time and opportunity to deliver good care
- Do what you can to contribute to addressing workforce challenges
- Develop a closer and more supportive relationship with the people on your register and be clearer about what you do to support good practice, as well as address poor practice
- Promote a better understanding and appreciation of the work that nurses, midwives and nursing associates do
- We need quality opportunities to learn and develop to keep pace and take on new ways of delivering care.

¹ <https://www.nmc.org.uk/globalassets/sitedocuments/shaping-the-future/building-trust-and-confidence-research.pdf>

² <https://www.nmc.org.uk/globalassets/sitedocuments/shaping-the-future/exploring-stakeholder-views-nmc.pdf>

From our partners:

- Continue to improve and do your core business well
- Show understanding and engagement across nurses, midwives and nursing associates, all four countries and different sectors and settings
- Collaborate with us to drive wider improvement across health and care – including addressing the current workforce challenges.

From our colleagues:

- Empower us to deliver on our vision: the right permissions, tools, decision-making to create an organisation that we are proud to work for
- Prioritise rigorously and manage change well
- Make more and faster progress with our data and intelligence – we can see the potential
- Support and develop a culture that aligns with our values including kindness.

Many nurses, midwives and nursing associates spoke to us about pay and conditions. While these are not in our remit we can and will share their views with others.



The strategic challenges facing the NMC and those on our register

There is much that is great about being a nurse, midwife, or nursing associate. Our professionals are trusted and respected by the public, and they are recognised as making a critical contribution to the delivery of health and care.

There are rich opportunities to work in different settings, as a care-giver, a care co-ordinator, a leader, a health promoter, a teacher, or a researcher. But the environment in which the people on our register work, is becoming increasingly challenging. This provides important context for our future strategy.

Workforce shortages

Through our online survey and in discussions, the people on our register tell us that workforce shortages are increasingly threatening their capacity to deliver high quality care. This is an issue across the UK (though to differing degrees) and of growing international concern. In the UK the picture varies within and across geographies. District nursing, learning disability nursing and mental health nursing are facing particular difficulties. There are also issues attracting staff to remote and rural areas. The UK's prospective departure from the European Union is likely to create additional workforce challenges. We have already seen a steep decline in recruitment from the European Economic Area and it may encourage more people working in health and care from those countries to return home. There are particular concerns in social care.

From the NMC's perspective, workforce shortages have multiple detrimental effects. First, they can compromise the quality of care which can have a devastating impact on people using services, their families and carers. Second, vacancies can place undue burdens on staff, causing burnout and staff to leave their roles or indeed leave their profession. We have heard that this is a particular problem for people early in their careers. Third, health and care settings play an important role in the education of the next generation of nurses, midwives and nursing associates. If they are understaffed, care and learning can be compromised, and the practice learning environment may discourage students from their chosen professions.



“ Whilst our population is growing and living longer the system of the NHS needs to change and evolve to keep up with this. Unfortunately the staffing levels are heading in the opposite direction of what are needed, leaving the nurses that are left exhausted and burnt out, and in turn causing more stress on nurses which causes them to leave the profession. **”**

Professional on our register, Northern Ireland

More complex care needs

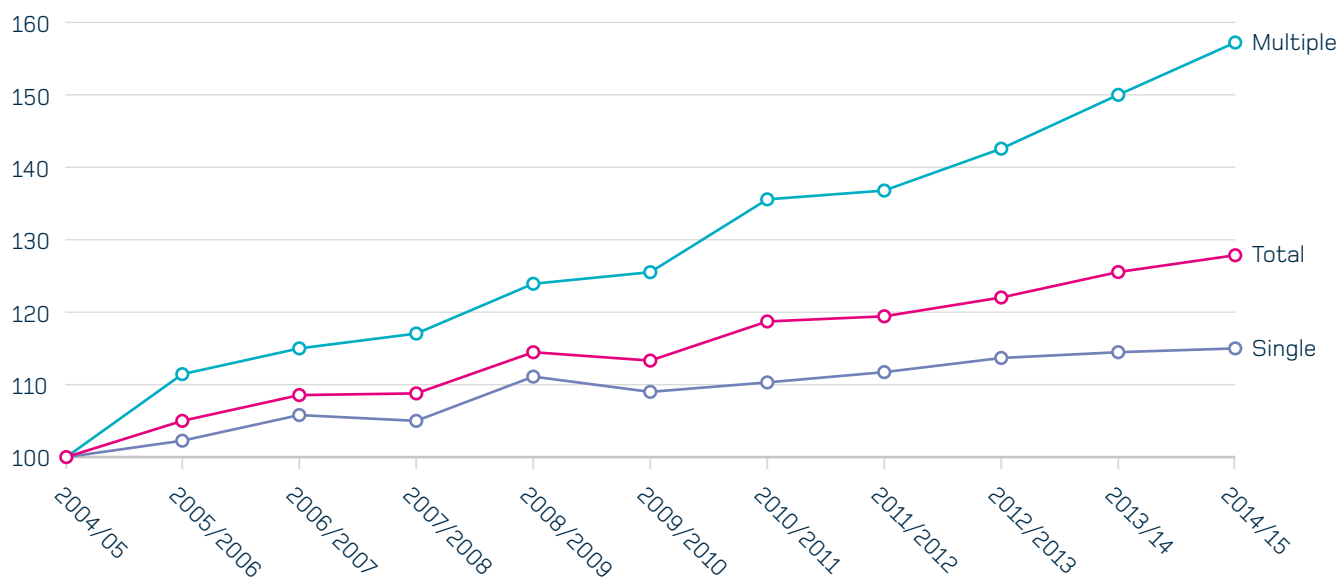
Many of us are living longer, often with multiple conditions, both physical and mental, and sometimes living in difficult social circumstances.

There are also rising numbers of complex births. The rate of change is significant, for example – see figure one. This shows that the number of people being admitted to hospital with multiple chronic conditions such as diabetes and heart failure rose

by 60 percent in just 10 years, nearly four times the rate of increase for people with a single chronic condition, and nearly double the increase in the overall rate of admission. The figures are for Wales, but this trend is reflected across all four UK countries.

Figure 1. Rise in chronic conditions in Wales

Hospital admissions for people with at least one chronic condition, 2004/05 – 2014/15, index = 2004/05



Source: Health Foundation analysis in The path to sustainability³

The professionals on our register require the expertise to manage increasing complexity, to help people to make good decisions about their own health and to self-manage conditions where appropriate. Some of the greatest opportunities for health improvement come from people taking greater control of their health and care. Some people will be expert in their own conditions and will want support to

access a particular treatment or procedure. Others will want help assessing the risks and benefits of different pathways of care. The relationship between professionals and the people they support is changing. There is a growing need for professionals to act more as a facilitator and partner in care, recognising the insight and understanding people have of their own conditions and circumstances.

³ <https://www.health.org.uk/publications/reports/the-path-to-sustainability>



Medical and technological advances

The pace of innovation in genomics and other medical technologies has also been rapid. There is a growing reliance on digital tools to monitor conditions and support clinical decision-making. In future, artificial intelligence may underpin many of these digital tools.

“ Today and tomorrow, the use of artificial intelligence (AI) will present several significant challenges, and it is essential that the NMC strategy is proactive in assessing and addressing the ethical issues that using AI and robotics may pose to the nurse or midwife. ”

David Benton, Chief Executive of the National Council of State Boards of Nursing

Across the four countries of the UK, digital technologies are becoming an integral part of clinical practice. This is changing the way care is delivered and altering the clinical and interpersonal skills required of professionals. One important role for professionals will be to ensure that health inequalities are not exacerbated for people who may not be able to access and interpret health information without support.

There is growing recognition of the benefit to health and care of wider disciplines such as behavioural science and human factors. It is

important that nurses, midwives and nursing associates can draw on advances in these fields as well as new clinical knowledge.

This changing context means that it matters more than ever that the professionals on our register have access to high quality, career long learning opportunities, in order that they can adapt their practice to take account of the latest knowledge and thinking in our field, and shape the future. Failure to enable lifelong learning for our professions will place wider aspirations for the future of health and care in jeopardy.

Changing models of care

New models of integrated and community-based care are being developed across the UK. Many of us are cared for at home for conditions that would have previously required a hospital stay. Remote monitoring, and other digital technologies are encouraging this trend further. And when we are admitted to hospital, our care needs are much higher. These trends are altering

the skills needed in different settings and changing the way professionals work. People are often working in multidisciplinary teams which brings benefits for people being cared for but can add complexity to governance and decision-making. Health and care professionals will increasingly be supporting people at home with a risk of working in relative clinical isolation.

New career pathways and patterns of working

We cannot assume that people will enter and progress in our professions as they once did. Three years of full-time education will not suit everyone who may aspire to join our register. We need flexible working options to meet the needs of everyone to whom work-life balance is important, particularly when

most people on our register are women, many of whom have caring responsibilities. Fewer people will enter our professions considering them 'jobs for life' – they may do something else first or leave if they cannot get the variety or the balance they seek.

“ The management of people with long term conditions in the community including the management of learning disability and mental health is going to need a much more skilled joined up workforce between health and social care. ”

Professional on our register, England





“ Nurses with children are not being given the flexibility around childcare therefore more nurses are either choosing agency work or choosing another career. ”

Professional on our register, England

Equality, diversity and inclusion

The health and care sector is not immune from the inequalities that exist in our society. There is alarming evidence of widening inequalities and the reversal of some positive trends, including life expectancy. We are more aware of the adverse impact of multiple disadvantage, compounded by the impact of austerity on wider services addressing issues such as housing, and domestic violence.

The NMC can exert a positive influence by shaping the practice of people on our register, through the skills and knowledge in our standards of proficiency and the ethical commitments set out in our Code. We can also contribute insight into the experiences of registrants with protected characteristics by sharing our data and research in order to highlight and address inequalities.

Climate crisis and sustainability issues

People involved in health and care services are increasingly concerned about environmental impact. Factors such as air quality, weather extremes and sedentary lifestyles are increasing demand on services and we are all more conscious of where products come from, how they are made and what happens to them when we have finished with them.

Nurses, midwives and nursing associates can expect environmental concerns to be more prominent where they work and among the people they care for.

Changing approaches to regulation

A recent international study⁴ has explored the potential impact of the trends affecting regulation in our sector. The growing reliance on teams as opposed to individuals to deliver care, the multifactorial nature of many failures in care, and increasing mobility in staff, mean that regulatory collaboration, both across disciplines, settings and geographically, is increasingly important. There are also significant regulatory opportunities from 'the optimal leverage' of data. Ultimately both these trends should drive improved safety and quality.

On 9 July 2019 the Government published Promoting Professionalism, Reforming Regulation - its response to the consultation in 2017–2018 on regulatory reform. We have noted its focus on, among other things, more responsive and accountable regulation and we are committed to taking its findings into account when developing our forthcoming strategy.

⁴ Benton & Alexander (2017) Journal of Nursing Regulation Volume 8, Issue 2, Supplement, July 2017, Pages S3-S4



NMC – achievements over the last five years

What we do next will build on substantial progress and improvement already underway at the NMC. In the last five years we have:

- Completed a first cycle of revalidation for everyone on our register, commissioning an evaluation to assess the impact and inform next steps
- Introduced the regulation of nursing associates in England. Our new nursing associate part of the register opened at the end of January 2019 and by the end of June, over 1,000 people had registered as nursing associates
- Introduced a new strategic approach to fitness to practise (see figure 2) which encourages local action where practicable, facilitates early engagement and takes better care of everyone involved in cases. This is already reducing the need for cases to progress to a final hearing. Our new public support service is helping us to make sure people involved in cases have the practical and emotional support they need and can contribute feedback to improve our work
- Published new outcome-based standards for nurses and nursing associates, with new standards for midwives in development, which seek to equip people on our register with the knowledge, skills and values that they will need for future practice and allow more diverse placement opportunities
- New return to practise standards that allow people to return more easily after a career break
- Improved our approach to the registration of people trained overseas, in response to applicant and employer feedback. Our most recent registration data⁵ shows that the overall size of the register has grown since March last year – up by around 8,000. This has been driven, in part, by a rise in the number of people from outside the European Economic Area joining our register following the changes we made to streamline our system and better support applicants through the process.

Figure 2: Our new approach to fitness to practise:



Notwithstanding this significant progress, we know we have further to go to be a consistently high-performing regulator, an employer of choice, and a provider of excellent service in all our interactions with people affected by what we do.

⁵ <https://www.nmc.org.uk/globalassets/sitedocuments/other-publications/nmc-register-data-march-19.pdf>



Our draft vision and strategic themes

In this section we describe our draft vision and strategic themes. Our high-level vision for the NMC, as articulated currently, is set out below. As we develop our strategy we expect to refine this, alongside the strategic themes and values.

Our draft vision

“ A progressive professional regulator playing a leading role in driving better, safer care and a more just, learning culture for everyone. ”

Consultation question:

What do you think about this vision?

Strongly agree agree neutral disagree strongly disagree not sure

Have your say at www.nmc.org.uk/shaping-the-future-consultation





Our draft strategic themes

We have identified five strategic themes as areas for discussion during the consultation period. We recognise that they are interdependent, and have a degree of overlap. However, we hope they will stimulate thinking. Figure 3 provides an overview of the five themes and our strategic aims.



Figure 3. Overview of the five themes and our strategic aims.

1. Dynamic approach to shaping practice



We need to ensure we are responsive to changing models of care and new ways of working (within and between disciplines) across the four countries of the UK.

“ We should build flexibility into regulatory strategy to enable regulation to respond to change. All sectors evolve over time, as a result of a range of different influences. Regulators must not be left managing the crises of the past, whilst ignoring or being unable to react to new evidence that calls for change. ”

Professional Standards Authority, Right Touch Regulation Revised, 2015

There is a particular need to agree and update our approach to specialist practice (including health visiting and community nursing). There is also a growing debate about whether advanced practice requires regulation, mindful that approaches to advanced practice across the four countries of the UK are at different stages of maturity.

We have also heard that nurses, midwives and nursing associates need more support at the outset of their careers.

“ The NMC should consider standardising the preceptorship period. This will make the difference between newly qualified nurses and midwives leaving or staying in their professions. ”

Greta Westwood, Chief operating officer of the Florence Nightingale Foundation⁶

⁶ <https://www.nmc.org.uk/news/news-and-updates/blog-strengthening-our-voice-to-lead/>

Potential priorities

- 1.** Exploring ways of continually updating standards rather than infrequently reviewing the standards on a large scale. Creating mechanisms for more systematic ongoing engagement with our registrants and the public – to ensure our standards keep pace with a rapidly changing environment.
- 2.** Exploring the potential regulatory approaches to specialist and/or advanced practice, including whether there should be common approaches across a number of professions.
- 3.** Informed by the evaluation of the first full three-year cycle of revalidation, taking forward changes to ensure revalidation continues to support best practice and post-registration learning.

Potential benefits

- Supporting people to give good care in the context of service and workforce innovation.
- Clearly articulated and consistent standards informing career pathways for nurses, midwives and nursing associates.

Consultation questions:

Please rank these priorities in order of importance, where 1 is most important and 3 is least important.

Are there any priorities missing?

Have your say at www.nmc.org.uk/shaping-the-future-consultation

2. Building our relationship with the public



We have a statutory duty to promote and maintain public confidence in the professions, and we know from experience that public involvement improves our work.

There is scope for us to increase meaningful opportunities for people who use health and care services to influence our work. We need to make this opportunity available to as many people as possible. Public confidence in us as a regulator is also affected by how we treat people who raise concerns with us.

“ Regulators must engage with patients and service users, ensure that they are informed of the process and progress, and analyse and take their evidence seriously if they are to properly identify problems and hold public confidence. ”

Lessons Learned Review, 2018

“ Be more open for the public and practitioners to feel that they are listened to. ”

Professional on our register, Scotland

Potential priorities

- 1.** Developing a wide range of opportunities for the public to become engaged in our work, seeking and acting on feedback on how we could improve.
- 2.** Ensuring that the role of the NMC is clarified in our communications and improving the accessibility of our website.
- 3.** Ensuring the public always have access to emotional and practical support when they are involved in our work.

Potential benefits

- Better experience and outcomes for people who have experienced failings of care.
- Enhanced public understanding of the work of nurses, midwives and nursing associates.
- Increasing our responsiveness to the people who receive care from our registrants.

Consultation questions:

Please rank these priorities in order of importance, where 1 is most important and 3 is least important.

Are there any priorities missing?

Have your say at www.nmc.org.uk/shaping-the-future-consultation



3. Strengthening the relationship with our professions

The NMC needs to strike a balance between ensuring rigour in our regulatory action while encouraging a just culture of fairness, openness and learning. We have heard from students and registrants that their feelings about the NMC are highly coloured by our role in fitness to practise.

Although this will only ever impact on very small numbers of professionals, the possibility of sanction hangs over them and influences their view of the NMC. There is a risk that this climate undermines openness and learning, which our new fitness to practise approach is intended to enhance. We can do more to address this perception of the NMC.

“ The NMC should build on the work already begun with their fitness to practise (FtP) strategy, in their development of the new NMC strategy, which recognises the importance of ‘human factors’. ”

Roger Kline, Research fellow at Middlesex University Business School ⁷

The people on our register also expect us to demonstrate that we understand their distinctive professions, specialisms and the diverse settings in which they practise.

“ I believe that the NMC’s greatest challenge is to make sure that midwives are recognised as a separate profession from nursing so that all the work of the NMC is tested for ‘midwifery fit’ at every turn. ”

Gill Walton - Chief Executive and General Secretary of the Royal College of Midwives (RCM) ⁸

They want us to focus more on things that drive good practice, such as revalidation. They know we are not here to represent them but they would like us to be vocal about factors that make it hard for them to give good care.

“ [The NMC to] use its voice to draw attention to the safety of the public and the impact that inadequate staffing levels and skill mix has on that. ”

Professional on our register, Wales

Potential priorities

1. Identifying opportunities to work with registrants and students to rebalance the current negative perceptions of the NMC and promote a more 'just culture'.
2. Deepening our understanding of the distinctive experiences and contributions of nurses, midwives and nursing associates from the beginning of their professional education and across their career.
3. Speaking authoritatively about the context in which our registrants learn and practise, bringing attention to the differences in education and in practice across the four countries of the UK.

Potential benefits

- Promoting a just culture of fairness, openness and learning with benefits for the practice environment in which our registrants work.
- Professional dialogue can help us identify where new standards or guidance may be required, or whether we can achieve an impact via another sort of intervention.

Consultation questions:

Please rank these priorities in order of importance, where 1 is most important and 3 is least important.

Are there any priorities missing?

Have your say at www.nmc.org.uk/shaping-the-future-consultation

⁷ <https://www.nmc.org.uk/news/news-and-updates/blog-strengthening-our-voice-to-lead/>

⁸ <https://www.nmc.org.uk/news/news-and-updates/blog-speed-dating-at-the-nmc/>

4. Using and sharing research, data and intelligence



Improving our use and dissemination of research, data and intelligence, within the confines of good data governance and protection, will help to drive improvement in how the NMC works, as well as supporting wider system improvement.

The NMC has unique insight into our three professional roles, the context in which they work, and what can drive failures in care.

“ Regulators should aim to publish as much as they legitimately can so that they can improve public confidence through transparency. ”

Lessons Learned Review, May 2018

“ Regulation should focus on identifying and addressing the causes of a risk of harm, rather than responding after the harm has occurred. ”

Professional Standards Authority, Right Touch Regulation Revised, 2015

“ Publishing more data more often, gathering more data, asking better questions. Revalidation presents a great opportunity to gather this information. ”

NMC staff member

Potential priorities

- 1.** Developing, triangulating and making available our registrant data, where possible on an open source basis. For example, to capture longitudinal data on working patterns and the course of careers to inform and improve workforce planning and provide insight to any systematic inequalities.
- 2.** Continuing to undertake research into inequalities and to act on findings that apply to us or encourage action on the part of others.
- 3.** Better use of intelligence to identify safety risks for people using health and care services and enable timely, regulatory action.
- 4.** More detailed analysis and dissemination (internally and externally) of fitness to practise intelligence, including our growing body of data on contextual factors. This could take the form of regular reports, like the GMC's annual report on the state of medical education and practice, and/or direct information to employers.

Potential benefits

- Enabling the NMC to be more proactive and trigger upstream, preventative action, particularly on issues of safety.
- Improved workforce planning.
- Promoting inclusion and equity.

Consultation questions:

Please rank these priorities in order of importance, where 1 is most important and 4 is least important.

Are there any priorities missing?

Have your say at www.nmc.org.uk/shaping-the-future-consultation

5. Closer collaboration with others



To achieve our ambitions there is an increasing need to work with our regulatory partners and other partners across health and care.

Multi-disciplinary practice can lead to a single incident being examined by more than one professional regulator in addition to system-level scrutiny. In the context of workforce challenges, we have to be sure that we do not scapegoat professionals for failings that owe more to system pressures than poor individual practice.

We must also anticipate new professional dilemmas that the people on our register will face in their practice and provide guidance where helpful. For example, new technologies will create situations where it may not be immediately clear whether machine or human error is responsible for a poor outcome.

“ Regulators must work with others in the health and care system to address concerns about patient safety. ”

Lessons Learned Review, May 2018

Potential priorities

1. Working and sharing intelligence with other professional and system regulators to identify and address the causes of harm.
2. Working with other regulators, create the appropriate horizon scanning capability to ensure we are able to anticipate/identify and respond to emerging cross regulatory challenges, for example the impact of new technologies and new ways of working. This could also involve the development of common standards and joint training.

Potential benefits

- Improvements in understanding of the causes of harm.
- Supporting our professions to feel confident in their practice, for example when using new technologies and engaging in new ways of working.

Consultation questions:

Please rank these priorities in order of importance, where 1 is most important and 2 is least important.

Are there any priorities missing?

Have your say at www.nmc.org.uk/shaping-the-future-consultation

Overall Feedback

Consultation question:

Please rank our draft strategic themes in order of importance, where 1 is most important and 5 is least important.

Do you have any other comments?

Have your say at www.nmc.org.uk/shaping-the-future-consultation

How will we achieve our vision and deliver our priorities?

This is an exciting time for the NMC in which we are setting out our new future. We are working in collaboration with our stakeholders and our colleagues across the organisation to develop our Strategy for 2020–2025.

We are listening to their feedback and the emerging themes tell us that we want to be a high performing learning organisation; an organisation that is built on kindness, leads by example and thinks differently. Our initial engagement has also demonstrated that our stakeholders have wide ranging and ambitious thoughts about what we should focus on over the next five years. We are also very conscious that our work is funded by fees paid by our registrants. Our Council has committed to retaining the fee at its current level for as long as possible. This means we must be confident that we can achieve our vision within our current levels of resourcing.

We are currently reviewing our internal governance and will review our structure to ensure it aligns with our strategic direction. This may require reallocation of resources, to align our capacity with our ambition. Alongside this we need to equip staff with the necessary skills and infrastructure,

particularly technology. We want to make our senior management, panellists, and Council more representative of the communities we serve. This is about harnessing the best talent and inspiring public confidence in what we do. We are deeply conscious that we are only as good as our people. We will build on the work of the current people strategy to actively develop people in their roles and careers. Underpinning this we want to sustain a culture of learning and continuous improvement, building on the good practice already evident.

We will refresh and embed a shared set of values and behaviours because these will influence how people experience the NMC as much as what we do. We are mindful that our Code sets out values and behaviours that the public expects from nurses, midwives and nursing associates. In order to inspire trust and confidence, it is right that we should model these values and behaviours ourselves.



How to respond to the consultation and next steps

We want to hear your views on the vision and themes we have outlined in this document. We want to know what you think our priorities should be over the next five years. Have we missed anything? How should we prioritise these activities?

Your feedback is essential to helping us finalise our future five-year strategy. Our consultation is open until the 16 October 2019. There are a number of ways that you can respond to this consultation:

- You can complete a short, online survey at www.nmc.org.uk/shaping-the-future-consultation
- You can email your response to consultations@nmc-uk.org
- You can submit a hard copy of your response to NMC Strategy 2020–2025: Consultation on draft strategic themes, Research team, Nursing and Midwifery Council, 23 Portland Place, London, W1B 1PZ

If you have any questions about the consultation please contact us on consultations@nmc-uk.org

This document is also available in Welsh and as an easy read document. We can also provide an electronic Word document on request.

All responses to this survey are anonymous and you don't need to provide any personal information in any of your responses. We will ensure that all feedback we publish is fully anonymised so that no-one is identifiable. If you'd like to be informed of next steps, please let us have your details.





#futurenmc

Have your say at
www.nmc.org.uk/shapingthefuture

**Shaping the
future NMC**
2020  25