

## **Royal College of Nursing response to Professional Standards Authority consultation on the review of the performance of the health and care regulators: a revised process for the performance review**

### **Introduction**

With a membership of around 420,000 registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world. RCN members work in a variety of hospital and community settings in the NHS and the independent sector. The RCN promotes patient and nursing interests on a wide range of issues by working closely with the Government, the UK parliaments and other national and European political institutions, trade unions, professional bodies and voluntary organisations.

### **General Comments**

The RCN believes that before we can comment on specific proposals in relation to a change to the process for the annual review of regulators carried out by the Professional Standards Authority (PSA), the PSA must set out clearly whether there are any financial implications associated with the proposals.

We cannot support any changes to PSA procedures and processes which would place a higher financial burden on nurses.

The operating costs of the PSA are of significant concern to the RCN and our members, given that nurses' annual fees to the NMC are used to fund the PSA. As we have set out previously<sup>1</sup>, RCN has a number of concerns about the funding of the PSA.

As we stated at the time of consultation, we do not believe it is fair that regulators should contribute to PSA according to the size of register because whilst the NMC may have the largest register, its registrants are not highly paid and should not have to bear such a high burden for a what is essentially the 'regulation of regulation'. Based on original calculations from the government's impact assessment for the proposal, the NMC (and therefore nurses) provide 47% of PSA's funding.

Furthermore, we wish to reassert our position that we do not agree with the PSA's assessment that the funding model for the PSA does not have an adverse impact on equality. The majority of NMC registrants are women. Frequently, as noted above, NMC registrants also work in part time roles. They are therefore frequently not high income earners. We believe therefore, that if the NMC is forced to increase the

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[http://www.rcn.org.uk/support/consultations/responses/professional\\_standards\\_authority\\_for\\_health\\_and\\_social\\_care\\_-\\_draft\\_fees\\_regulations](http://www.rcn.org.uk/support/consultations/responses/professional_standards_authority_for_health_and_social_care_-_draft_fees_regulations)

annual registration fee in order to fund the PSA, this will have an impact on equality by making this group financially worse off.

Furthermore, as outlined in our response to the PSA's earlier consultation on the formula for funding the PSA itself, we continue to believe that the concept of a regulator set up with the purpose of regulating existing regulators (such as the PSA) is problematic in a number of ways. Particularly when there are already existing mechanisms by which to scrutinise and hold regulators such as the NMC to account – for example the annual review carried out by the parliamentary Health Select Committee. We would therefore be cautious about any additional layers of bureaucracy which may be generated by changing the way annual reviews are carried out or requiring additional data.

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