

RCN Response to the NMC Consultation on re-joining or staying on the register following time away from practice

POLICY CONSULTATION RESPONSE





Royal College
of Nursing

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1. Introduction

With a membership of around 435,000 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.

2. General Comments

The RCN is supportive of the proposals outlined in the proposed Standards for returning to practise (RtP), and welcomes a more flexible approach for returning registrants to return to practise and the NMC register, whilst still ensuring safe and effective practice. The rationale for the proposed changes are laid out in the return to practise consultation (page 4) ³ and we recognise the need to address the issues identified to enable registered nurses and future registered nursing associates to be able to return to the profession in a timely and proportionate way.

We are supportive of the NMC aligning the RtP standards with the new outcome focused standards for education and training, offering opportunities for innovation in education and greater flexibility for educators and students.

We support the need for practitioners on all parts of the register to be enabled to return to practise safely and effectively; we believe that this is an opportunity to address the gap in provision for those who could return to part two of the NMC register.

At a time of workforce challenges and high nursing vacancies, there is a need to explore and improve approaches to recruit and retain the nursing workforce. To support this, close collaboration between Approved Education Institutions (AEIs) and employers is essential – supporting individuals to return to practise needs to be a partnership approach; we would also like to see employment data captured in NMC quality assurance metrics for all NMC approved programmes.

This response is based on an engagement exercise with our members using a range of activities, which included social media and direct communications with RCN Forums, our Professional Nursing Committee and via our regional networks.

The consultation questions and the RCN response follows here:

Barriers

The barriers to returning to practise in the current approach, the factors that might prevent people from taking up and completing an RtP programme.

Q1. Do you agree that there are barriers facing nurses and midwives currently seeking to return to practise?

We strongly agree that there are barriers facing nurses and midwives currently seeking to return to practise.

Q2. The three most common barriers cited are:

Five key barriers emerged through membership engagement, which are interrelated and deemed of equal significance. These were:

- Financial implications
- Competing demands of the RtP requirements with other commitments
- Lack of confidence in returning to a changing health and social care environment and the fast pace of change within it. This is especially so for those who have been out of practice for a long period of time.
- Geographical disparity in provision of RtP programmes across the UK, both to a nearby university and to suitable practice learning environments, especially for those living in rural areas.
- Eligibility for a programme or confidence in their ability to meet the study requirements, especially for those who have not had any formal study since their first admission to the register.

Q3. Are there any barriers that we have not identified?

Yes.

There must be recognition that the education and training of today's nurses is very different from how some nurses will have trained previously. The new Standards of Proficiency for registered nurses⁴ requires a shift to a higher level of competence and responsibility than previously and this must be explicitly addressed to support success for those undertaking RtP programmes.

Many nurses noted that the RtP programmes are aimed at nurses wanting to return to the hospital environment to the exclusion of other settings where health care is delivered. We would suggest that there must be support for nursing professionals to return to practise in a wide range of settings and roles to ensure public protection and offer wider appeal for those who could return to the nursing workforce. The appeal of returning to nursing is also seen as impacted by negative media perceptions of nursing and the current challenging health care context.

We do have concerns that second level nurses will need to be offered opportunities to return to the register that are appropriate for their level of education and training. RtP is not a conversion course and so there must be differentiation in requirements for this group of registered nurses.

Concerns were also raised around provision of practice based learning support for RtP students, specifically around mentor preparation to support participants and lack of sufficient mentors to support the number of learners in placements. This is perceived to be a key issue in retention of RtP students. The entry criteria for RtP Programmes can also discriminate against those who have had longer periods of time away from practice, making it more challenging for those who have been off the register for more than ten years. The lack of investment to support these programmes was also noted,

Q4. How might these barriers be overcome?

Work with Approved Education Institutions (AEIs) and providers to identify opportunities for RtP across nursing fields and settings, with proactive recruitment for RtP participants and

opportunities for employment on completion commensurate with experience. We are already seeing this happen in some areas and settings.

Ensuring financial incentives to support students to undertake RtP programmes are attractive; investment in this cohort has cost benefit in terms of growing the workforce and we believe it should be commissioned rather than rely on self funding.

Q5. If you have any further comments please state them below:

The NHS GP Induction and Refresher Scheme provides a direct route for qualified GPs to return to practise after a career break. The scheme recognises previous experience and so does not require doctors to return to practise in a junior/trainee post. There is also support for this programme from a dedicated account manager who helps guide returners through the process. They can provide support such as

- advice on completing forms and paperwork
- assistance with arranging occupational health assessments
- advice on arranging indemnity
- co-ordinating assessments and placements on the returners behalf.

Q6. Do you agree or disagree that there should be differing approaches in how individuals are readmitted to the register following a period of time out of practice:

We agree that that there is an opportunity for differing approaches to be developed for how individuals are readmitted to the register following a period of time out of practice. We feel that those who:

- **have not been practising or are short of hours for renewal by revalidation:**

could be offered other approaches. However, we feel that the length of time not practising is ambiguous and would benefit from clearer guidance. This should include clear criteria around decision making for different lengths of time out of practice to ensure a consistent and equitable approach for decision makers.

- **have been practising outside the UK:**

could be offered other approaches. However, again, this is ambiguous. We would expect this to depend on where the individual has been practising and believe this is likely to require an individual assessment. This should include clear criteria around decision making to ensure a consistent and equitable approach for decision makers.

- **those being allowed to return to practise by a Fitness to Practise panel having previously been struck off the register:**

We believe that public reassurance around decisions to return to the register post a striking off order should be proportionate but it must also assure public confidence in the profession and how it regulates itself. We believe that completion of a return to practise programme would be the most robust demonstration of competence and offer assurance of the individual's ability to practise safely and effectively.

Q7. If you have any comments please state them below:

In all cases individual returners should have an assessment of learning needs to identify the most suitable approach agreed to achieve the required theoretical and clinical assessments and enable them to be safe and effective practitioners.

Q8. Do any of the protected characteristics which are set out in equalities and human rights legislation justify a different approach to return to practise?

We believe that, of the protected characteristics set out in equalities and human rights legislation, Disability and Pregnancy and Maternity may have specific relevance in relation to RtP.

If you have selected yes for any of these protected characteristics, please state why:

Disability – we believe reasonable adjustments may be required as part of the planning of placements and to ensure inclusivity and equity in opportunity for all.

Pregnancy and maternity – providers will need to ensure that statutory obligations and duties of employers are met including risk assessment

and mitigation and are regularly reviewed. This may restrict practice placement areas or require deferral until postpartum.

Draft Standards for return to practise programmes

RtP programmes provide opportunities for theoretical study and practice learning experiences. We support the opportunity for greater flexibility for education providers and the opportunity for the use of new technology and innovation, including the use of simulation and distance learning, whilst ensuring appropriate supervision and assessment for students on RtP programmes. We advocate for all students undertaking RtP programmes to have supernumerary status when in clinical practice.

Q9. We are proposing that AEIs should map applicants' prior learning and experience to the relevant standards of proficiency. Do you agree with this approach?

This is a good aspiration and in principle we agree that all students should have their personal learning needs assessed and catered for, but this will require a consistent and equitable approach for applicants across AEI institutions. The use of recognition of prior learning (RPL) is not standardised across AEIs; this would appear to offer an opportunity to embed a more consistent approach to mapping and acknowledging RPL.

Employing organisations may also support this mapping. Guidance should be given to support participants and others to map the information against the requirements.

We would also welcome explanation of how current recordable qualifications fit within the different proposed RtP routes, which we believe is particularly pertinent around public protection and prescribing.

Q10. The AEI should then plan a programme according to the person's learning needs and their current or previous periods of registration and intended area of practice. Do you agree with this approach?

Once again, as above, we agree the above are all good aspirations, but we require more details

to understand how this will work in practice. We are concerned that the quality and financial costing of this provision is dependent on student numbers. We suggest that a range of generic learning outcomes are developed and also a range of specific learning outcomes that relate to specific routes. Students should be enabled to identify personalised learning needs and action via learning agreements so that individual needs can be met. They must also be supported to access appropriate practice based learning opportunities. This will require collaborative partnerships across AEIs and providers with both having ownership and accountability for outcomes.

Additional comments:

P5 1.1 Confirm on entry to the programme that students are, or were, registered with the NMC

We note that the wording here says 'are on the register'. We are unclear if the NMC are suggesting here that those registrants who are still on the register will be able to access RtP programmes? We would welcome a route for those registrants who are seeking to meet their practise hours for revalidation, but this should be proportionate and will require working with employers to identify appropriate learning and practice opportunities. It must be noted that nursing practise may not always require clinical practice – opportunities for nurses working across the four pillars of nursing must be available.

Q11. We are proposing that there should be approved RtP programmes with curricula that can apply to all parts of the register. This means recruitment of a mixed group of returning nurses, midwives and nursing associates would be possible. This should include appropriate placements with practice learning partners to support learning and assessment of proficiency for nurses, midwives, nurses and midwives who hold a SCPHN qualification, and nursing associates. Do you agree with this approach?

We agree in principal that for registered nurses (level one), midwives and SCPHNs this could be appropriate to support interprofessional learning and working, and enable achievement of core objectives linking to professional proficiencies. It recognises that this will facilitate viability

of programmes. It is vital that students are provided with the most appropriate placements with practice learning partners for students to support learning and assessment of proficiency for nurses, midwives, and nurses and midwives who hold a SCPHN qualification.

Nursing associates and second level nurses would need to access a RtP programme that is suitable and appropriate for their education and registration requirements, which are different from that of level one registered nurses, midwives and SCPHNs.

Q12. Do you agree or disagree that, depending on a student's previous registration, experience and learning needs the AEI should plan: The content of the programme (theory and practice); the learning outcomes; the length of the programme; the assessments.

We do not agree that it is only the AEI; this should be in partnership with employers. Employers now have an opportunity to work with AEI partners to ensure programmes for RtP are fit for purpose and plan for their responsibility for appropriate practice based supervision and assessment of practice.

We also strongly support consistency in the length of programmes (this is an opportunity to address the current variation in programme length).

Q13. Do you have any other comments about our draft Standards for return to practice programmes?

Section 3.1 There is no standard set for the number of theory and practice learning hours and we would argue for a 50/50 split to ensure exposure and clinical competences are well practised and assessed. For nurses their intended area of practice may be one specific setting or area and they will need to be facilitated to be exposed to a range of practice to enable them to demonstrate their ability to meet diverse population health needs.

Section 3.5 Those with young families or caring responsibilities should be offered reasonable adjustments to encourage as many registrants as possible to return to practise. There has been a massive drop in the number of mature students applying to and being accepted to start nursing courses in England in particular¹. Mature

students will often have dependants and as such everything needs to be done to make it as easy as possible for mature students to get into, stay in and return to nursing.

Section 4.2 We have concerns about the capacity in the system currently to enable student learners, including those on RtP programmes, to be adequately supported to achieve practice learning outcomes. There needs to be investment in the development of supervisors and assessors in the clinical setting to support this cohort of learners.

Section 4.7. There is no clear directive about the breadth of assessment of the clinical competences and proficiencies required to confirm proficiency in preparation for being readmitted to, or remaining on, the register

Section 5 We agree with the level of qualification set, but as stated above we do believe that differentiation is required for second level nurses who wish to return to the register.

We feel that the new Standards have the potential for more flexibility for education providers, including use of new technology and innovation. Simulation is an ideal learning resource, especially for those who wish to practise skills based competences in a safe environment.

It is a good time for approaches to RtP to be a partnership between commissioning, provision and education. Providers should be able to work with approved organisations to establish programmes which meet their workforce needs. Emerging Integrated Care Systems should be working collaboratively and building in RtP processes/opportunities around care provision/pathways.

The two part test of competence

The NMC are asking whether, in principle, a test of knowledge and a practical examination of the application of knowledge and skills (via an objective structured clinical examination (OSCE)), may be appropriate for some people that have not been practising and are seeking to rejoin, or remain on, the register. This would be in the same way as it is used by those seeking to join the register from overseas for the first time.

Q14. Do you agree or disagree, that the following individuals who have previously been registered, and now seeking to

rejoin our register, should be able to rejoin by successfully completing a ToC instead of completing an RtP programme?

- People who have not been practising:
- People who have been practising outside the UK:

We agree, in principle that these individuals could be able to rejoin by successfully completing a ToC instead of completing an RtP programme, with the caveat of this being dependent upon how long they have been out of practice. This will need to be assessed on an individual basis and requires further clarity. We strongly believe that a combination of a portfolio and a ToC would strengthen this approach. We also advocate that there is provision of appropriate support to prepare individuals for the ToC to maximise their chance of success.

- People being allowed to return to practice by a Fitness to Practise panel having previously been struck off the NMC register:

We do not agree that the following should be able to rejoin by successfully completing a ToC instead of completing an RtP programme. To assure public protection, these individuals should undertake an education programme and competence should be quality assured via assessment by academic and practice assessors, informed by practice supervisors.

Q15. Do you agree or disagree that an individual who is seeking to renew their registration through revalidation but does not meet our minimum practice hours requirement should be able to renew their registration by successfully completing a ToC instead of completing an RtP programme?

We believe that there should be an individual assessment against clear criteria to ensure that the ToC will assure the public that the individual is capable of safe and effective practice. For those who have not been out of practise for more than 5 years, this would seem proportionate. However, the ToC will then need to test competence across the four pillars of nursing, to include education, research, management/leadership and not just clinical practice.

Self-Declaration via a portfolio:

The NMC are asking for views on whether in the future they should also explore an option of allowing a portfolio submission in any circumstances when individuals have not been practising and are seeking to rejoin or, remain on, the register. This portfolio might demonstrate, for example, a blend of continuing professional development and some supervised practice.

Q16. Do you agree or disagree that we should explore an option for the following individuals, who have previously been registered and are now seeking to rejoin the register, to be able to rejoin our register through a form of self-declaration?

- People who have not been practising:
- People who have been practising outside the UK:

We agree in principle that the NMC should explore an option for these individuals, however, it is not clear how an understanding and experience of contemporary practice would be assessed and demonstrated prospective if individuals are not in a suitable practice learning environment. This requires further detail for us to comment more fully.

- People being allowed to return to practice by a Fitness to Practise panel having previously been struck off the NMC register:

We strongly disagree with this route for this group or individuals; please see previous comments to support our rationale. .

Q17. Do you agree or disagree that we should explore an option for an individual who wishes to renew their registration through revalidation but does not meet our minimum practice hours requirement, to be able to renew their registration through some form of self-declaration?

We have concerns about this approach, who it would apply to in practice and how it would be undertaken to provide sufficient and robust assurance of safe and effective care provision. Further details are required here for us to be able to comment further.

Q18. What form/ model of self-declaration could take place?

See above

Q19. Do you have any other comments about these draft standards in addition to those you've made in response to any of the previous questions?

Mutual recognition of professional qualifications

Nurses and midwives trained in the EEA can use their qualifications to apply for UK registration. This is set out in the EU Directive². Nursing associates will have the same rights. We will be interested to see how this is affected post Brexit negotiations.

Evaluation

We would be interested to know how the NMC will evaluate any new approaches to RtP and by what mechanism. It is important to identify what works well and what doesn't in any new approaches.

Preceptorship

The requirement for a period of preceptorship would enhance public protection for all students who have undertaken RtP and is also a significant factor in retention of staff.

References

¹ Mature student applications in England have decreased by 40% in the two years since the removal of the bursary and mature students starting courses are down 14% in the same time period. All statistics are taken from UCAS data.

² EU Directive 2005/36/ EC

³NMC: Return to practice Consultation on rejoining or staying on our register following time away from practice:

<https://www.nmc.org.uk/about-us/consultations/past-consultations/2018-consultations/rtp-consultation/>

⁴NMC (2018) Standards of proficiency for registered nurses:

<https://www.nmc.org.uk/standards/standards-for-nurses/standards-of-proficiency-for-registered-nurses/>

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