

Nursing and Midwifery Council (NMC) consultation on registration fees UNISON response – July 2014

1. Introduction

1.1 UNISON is the largest public sector union in the United Kingdom and Europe with over 1.3 million members. Our members work in a range of public services including Health, Local Government, Education and Police services. They are at the front line of caring for the most vulnerable in our society. We are pleased to have the opportunity to respond to this consultation by Nursing and Midwifery Council (NMC).

1.2 We are also in a unique position to respond to these proposals as we cover currently four of the nine healthcare regulators. This gives us an over view of the different ways regulators operate and also enables us to make more informed judgements on which elements work more effectively than others.

1.3 As the largest trade union and the voice of the healthcare team, we are instrumental in influencing policy at regional, national and international level. UNISON has a long history of working with organisations and individuals who work and campaign in the areas of regulation, safeguarding, practise and care.

1.4 Our members are responsible for the delivery of high quality health and social care to the most vulnerable in our society. We have actively sought the views of our nursing and midwifery members who are responsible for the delivery of quality care services. In addition to registered nurses and midwives, UNISON's consultation included the views of students in nursing and midwifery as prospective registrants.

1.5 We hope that the NMC will take into account the weight of UNISON's views as a major stakeholder and representative of the majority of regulated healthcare professionals.

2. Executive summary

2.1 UNISON members do not support the NMC proposal to increase registration fees, from March 2015.

- 2.2** Across the UK UNISON members are angry that the NMC appear unable to live within their current significant income stream.
- 2.3** UNISON calls on the NMC to undertake a review of fitness to practice referrals which do not proceed to a full hearing and to use this data and information to work with employers and trade unions to ensure that referrals are appropriate and in the interests of patient safety and public protection. We recognise that this will not be possible for all referrals (i.e. police and patient referrals) but given that employers are the largest source of referrals UNISON would argue that this move would have a positive impact on reducing the number of cases and the overall cost of fitness to practice.
- 2.4** UNISON calls on the NMC to shift resources into awareness and the development of guidance to help registrants understand clearly how to act within the code of conduct in their practise. This will also reduce the number of referrals and restore public, registrant and employer confidence in the regulator, and its systems and practices.
- 2.5** UNISON calls on the NMC to consider a reduced fee for new registrants and part time workers to better reflect members' income throughout their careers.
- 2.6** UNISON shares members' anger that the NMC continues to seek increases in registration fees while other regulators have been able to hold their rate. We recognise that the NMC is the biggest but the HCPC regulates a wider range of professions but still manages to maintain registration fees at a consistent rate.
- 2.7** UNISON fears that this increase could have a catastrophic impact on nurses and midwives future decisions and have a direct result on workforce planning and possibly patient care.
- 2.8** We call on the NMC to halt this process, to maintain fees at their current rate and if necessary reduce the number of fitness to practice hearings which take place on a daily basis. This saving would avoid the need for council to increase registration fees; we acknowledge that council will argue that they cannot do this as it will impact on their statutory function of public protection. However, UNISON members believe that registrants should not carry the full burden of the costs.
- 2.9** This has been further reinforced by the government's failure to make time for the passage of the law commission through parliament. As less than 0.6% of registrants fitness to practice is called into question why should 99% of registrants suffer ever increasing registration fees.

3. Background

- 3.1** In addition to completing the online survey we are also submitting a more detailed formal response we believe that this was necessary as the limited online format would not have allowed us to properly articulate the views and opinions of the

thousands of UNISON members who took the time to express their concern at these proposals.

- 3.2** In order to formulate our response and encourage active open participation we used a variety of mediums to communicate and discuss the proposals with our members. These included an email sent out to all members of the nursing and midwifery family in July, drawing their attention to the proposals, as well as a detailed online survey to which we received over 1,251 responses.
- 3.3** Information also has been communicated via our UNISON Facebook and Twitter accounts encouraging registrants to participate in this important survey. We shared links to both the NMC consultation as well as our own.
- 3.4** In Scotland, UNISON branches and members have written over a thousand letters to Members of the UK Parliament expressing concern and asking them for support UNISON members who feel angry and disappointed at the NMC proposals.
- 3.5** The level of anger expressed by UNISON members towards NMC proposals is again reflected in the parliamentary e-petition that condemns the NMC's proposed fee increase, to date this petition has reached over 104,000 signatures¹. Having exceeded the requisite 100,000 signatures UNISON is pushing for this to do be debated in parliament.
- 3.6** There is no doubt that the NMC's fitness to practise processes need to change and that the best way for this to be achieved is through the Law Commission Review². Currently the NMC has the least flexibility of all of the regulators despite the fact that it is the largest. If implemented it would offer the NMC the opportunity to speed their processes up and in addition, offer them flexibility to amend rules without having to seek the permission of Parliament. However, nurses and midwives should not have to pay for this government's failure to make adequate time in the parliamentary process to debate and pass this important legislation. Likewise the NMC³ should not use registrants as a political pawn, using the failure to introduce it to justify, or push through this or future fee increases, as they do not have the flexibilities they wish.

¹ <http://epetitions.direct.gov.uk/petitions/60164>

² http://lawcommission.justice.gov.uk/docs/lc345_regulation_of_healthcare_professionals.pdf

³ <http://www.nmc-uk.org/media/Latest-news/NMC-hugely-disappointed-that-revolutionary-bill-is-not-included-in-the-Queens-Speech/>

<http://www.nursingtimes.net/nursing-practice/clinical-zones/patient-safety/government-rejects-calls-to-press-ahead-with-nmc-reform/5071608.article>

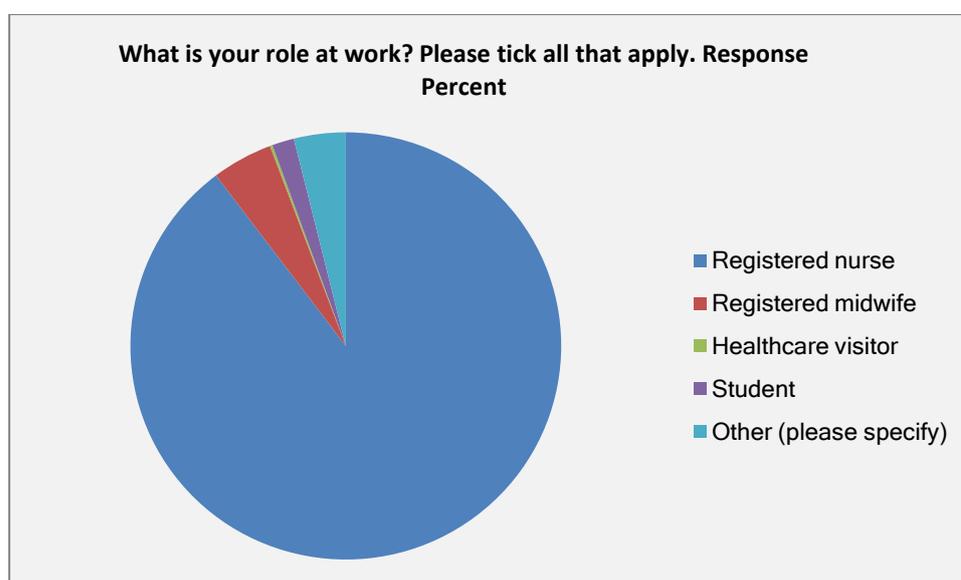
<http://www.nursingtimes.net/nursing-practice/clinical-zones/patient-safety/nmc-presses-government-ahead-of-queens-speech/5071521.article>

We are committed to working with the NMC and other regulators to push for this important legislation but not with the threat of future increases hanging over our members' heads. They can neither afford nor deserve this.

4. UNISON survey findings

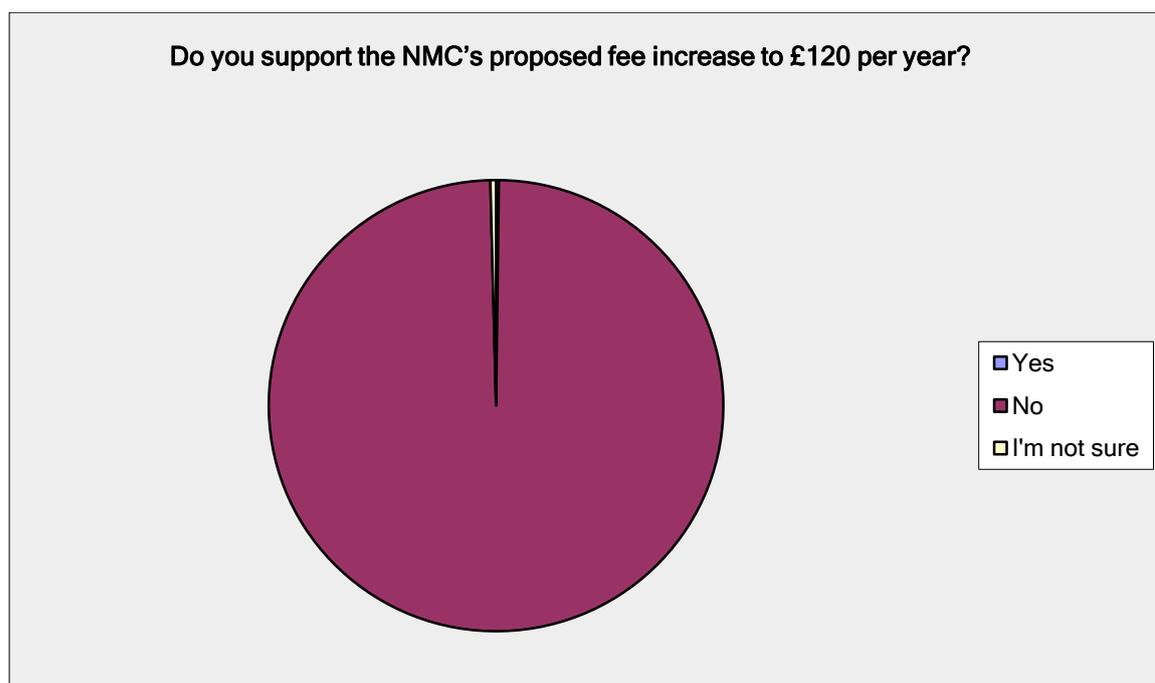
4.1 The survey was responded to by 1,251 people. The survey included open-ended questions, examples from which are used in the following sections. The composition of respondents was made up of nurses (92.3%), midwives (4.7%), health visitors (0.2%), students (1.7 %) and others not clearly stated (4.0%). The 'other' category included registrants whose employment was not as a nurse or midwife. See **figure 1**.

Figure 1: Job Role



4.2 As outlined in **figure 2** a massive 99.36% of respondents opposed the proposed fee increase to £120 per annum. Respondents reminded us of the continued pay restraint being experienced by NHS staff and others in the private and voluntary sector. Our members see the proposed increase to NMC fees as yet another attack on their standard of living.

Figure 2: Do you support the NMC's proposed fee increase to £120 per year?



4.3 As UNISON has indicated in previous NMC consultations, our members cannot understand how the world's largest regulator, with 670,000 registrants and a guaranteed income of £71 million⁴ per year are unable to balance its income and expenditure.

4.4 UNISON welcomes the recognition by the NMC in their consultation paper on registration fees that the key driver of increased costs is the massive increase in fitness to practice referrals.

4.5 UNISON believes that the 133% increase⁵ in fitness to practice referrals merits a more root and branch review of the reasons why the number of referrals has increased so dramatically since 2008. Any review should include working with employers, as the largest group who make referrals to the NMC, to examine the reasons behind the increase in referrals from this group. The need for this is heightened by the fact that in 2012/13 almost 40% of referrals⁶ were closed at the initial assessment stage which draws the conclusion that employers are using the NMC referral process rather than their internal procedures to deal with performance and disciplinary issues or are making referrals to the NMC in an attempt to demonstrate to their own regulators and commissioning bodies that they are being tough on fitness to practice, professional conduct and training issues.

⁴ NMC Council Meeting 30 July 2014 – Monthly financial monitoring June 2014 results

⁵ NMC consultation on registration fees – May 2014

⁶ http://www.nmc-uk.org/Documents/Annual_reports_and_accounts/Annual%20Fitness%20to%20Practise%20Report%202012%20-%202013.PDF

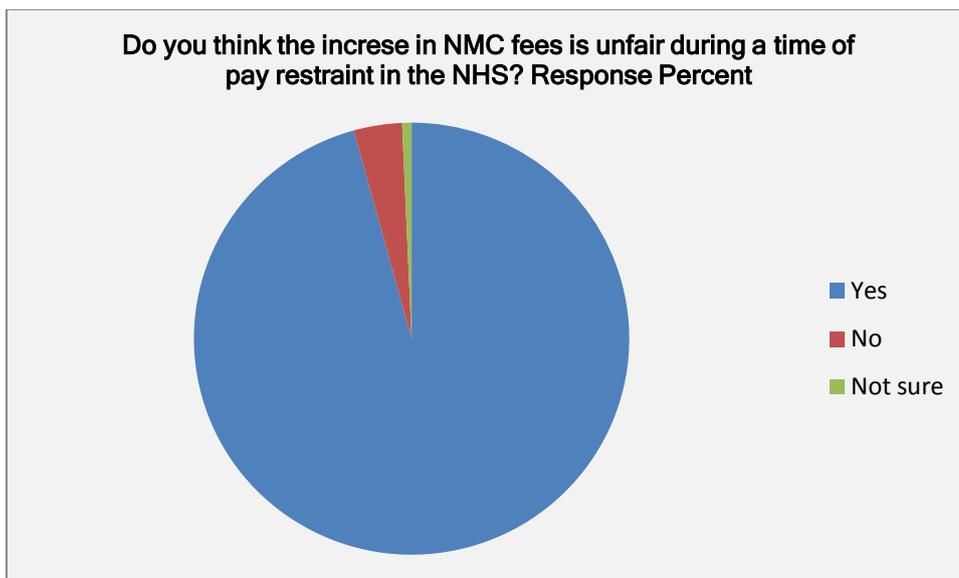
- 4.6** Respondents to the UNISON survey recognised that in 2012/13 77% of the NMC's income is spent on 0.6% of NMC registrants⁷. UNISON members believed then as they do now that this an unsustainable financial model and that it has a detrimental effect on the overwhelming majority of registrants. This is because it prevents the NMC from taking a more proactive role, for example in developing professional advice and guidance. This was reinforced again by respondents who felt that the NMC should take a more proactive approach to education and standards and their promotion. This is seen by UNISON as part of a preventative measure that could contribute to reducing the number of cases being referred to the NMC. If this could be achieved it would reduce registration fees for the majority of registrants. As importantly, it is an equally strong commitment to public protection by helping to prevent harm occurring in the first place. It would achieve this by helping registrants understand how they can clearly act within their professional code of conduct.
- 4.7** UNISON members who responded to the survey were angered by the misleading assumptions outlined by the NMC in figure 5 of the consultation document. This was used in a clear attempt to convey the affordability of the proposed NMC fee increase. Respondents believed that it was inappropriate to compare the subscription fees of professional bodies and trade unions with the registration fees of the NMC, as it is not a valid comparable. The NMC registration fee is a compulsory payment that nurses and midwives must pay in order to practice while professional bodies and trade unions are organisations that nurses and midwives voluntarily choose to join. A more suitable comparison would be to compare NMC registration fees with Health and Care Professions Council (HCPC) registration fees. Under Agenda for Change both regulators regulate professions in similar pay bands. However, if you were to compare a nurse on the top of band 5 and an occupational therapist on the same pay band. The nurse would pay 0.43% of their salary on registration fees while the occupational therapist would spend 0.28%⁸. Making HCPC fees significantly more affordable.
- 4.8** UNISON welcomes the recognition by the NMC of the current economic difficulties nurses and midwives are facing. However, the vast majority of respondents to UNISON's survey felt that an increase in NMC fees during a sustained period of pay restraint was unfair and damaging. See **figure 3**. UNISON members felt it was important to reiterate to the NMC how much pressure their pay is under. Since the introduction of the government's policy of public sector pay restraint a combination of 1% pay awards and rising inflation has seen between 8% and 12% being stripped of the value of NHS pay. The effect of inflation on wages of NHS staff can be seen in the **figure 4**. Taking the salary of a Band 5 worker at the top of

⁷ http://www.nmc-uk.org/Documents/Annual_reports_and_accounts/Annual%20Fitness%20to%20Practise%20Report%202012%20-%202013.PDF

⁸ These figures are the percentage proportion of annual salary that a nurse and occupational therapist on the top of Agenda for Change band 5 (£27,901) would spend on their respective professional registration fees (NMC £120, HCPC £80).

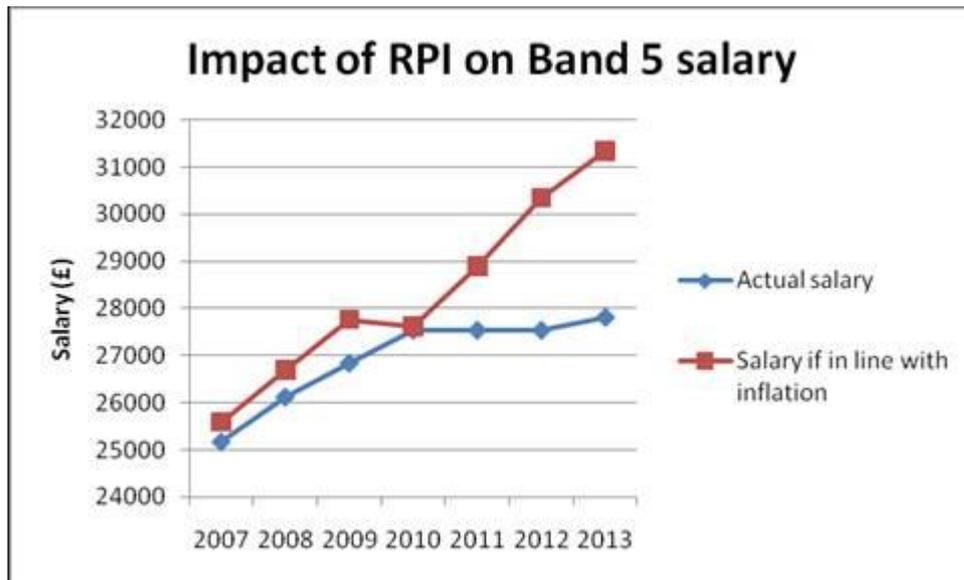
their scale in April 2006, the first diagram shows how their actual salary increased through to April 2012 and then shows their salary for April 2013 if it were raised by the 1% pay cap. In contrast, the diagram also tracks their salary if it had increased in line with the yearly Retail Price Index (RPI). The gap between the two initially grew steadily before closing to approximate parity when RPI was declining in 2009. However, since then the combined impact of surging inflation and the virtual pay freeze saw the gap explode to over £3,500, slicing over 11% out of the value of a Band 5 worker's wage⁹.

Figure 3: Do you think the increase in NMC fees is unfair during a time of pay restraint?



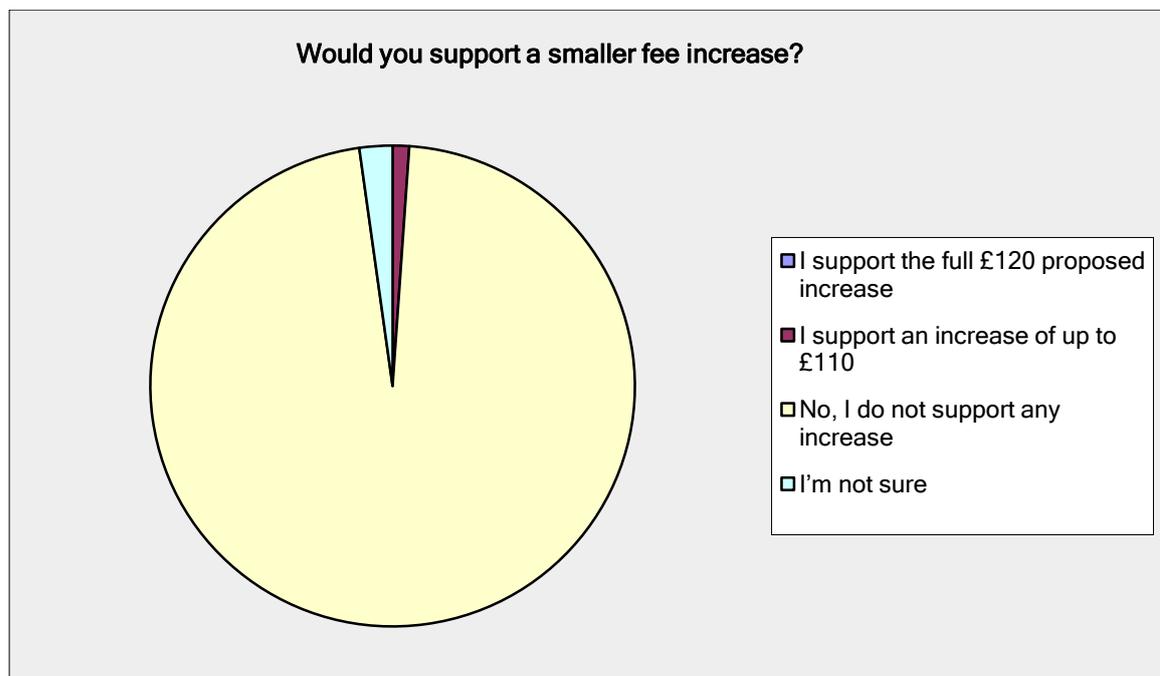
⁹ UNISON evidence to the Pay Review Body 2013/14

Figure 4: Impact of inflation on Band 5 salary



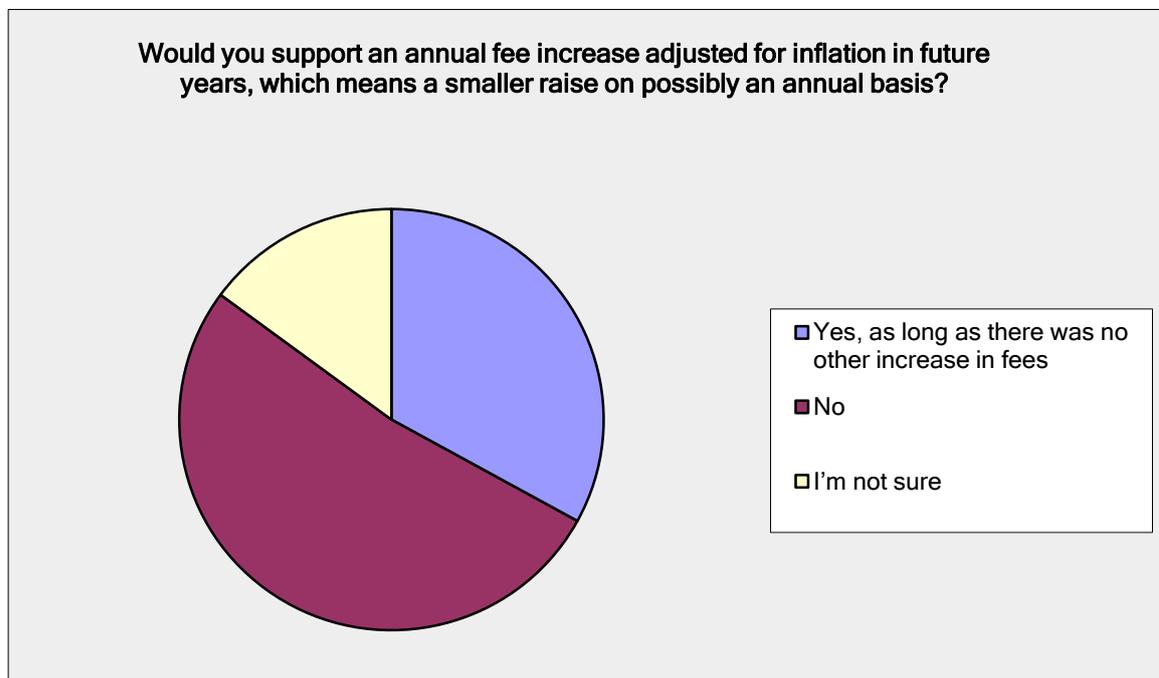
4.9 In addition to this key question UNISON asked related questions including whether registrants would support a smaller fee increase. 96.6 % of respondents did not support any further increase, 1.1% would support an increase of up to £110, 2.2% stated they were not sure. See **figure 5**. This reinforces the strength of opposition to any increase in NMC fees as outlined in **figure 2**.

Figure 5: Would you support a smaller fee increase?



4.10 UNISON also asked a question relating to annual fee increase linked to inflation. The results of this question are outlined in **figure 6**. Respondents to the survey were more open to this suggestion although 52.1% of respondents still did not support an annual fee increase. However, had the NMC taken this incremental approach to increasing registration fees rather than ignoring their rising fitness to practice costs and relying on their reserves to plug their widening funding gap. Registrants might have been more receptive to this approach as a smaller proportion of respondents (33%) indicated they would support an annual inflation linked fee increase. However, they would only have supported this if they were also in receipt of inflation matching pay awards.

Figure 6: Would you support an annual fee increase adjusted for inflation in future years, which means a smaller raise on possibly an annual basis?



4.11 Coupled with the NMC’s fee increase in 2012, the latest proposal to increase fees by 20% will have a disproportionate effect on part-time workers – the majority of whom are women the culmination could mean a 52% increase in two years. As in 2012 the NMC has again failed to consult on the impact of this aspect. This in effect makes it impossible for the NMC to assess the impact of any change in line with its legal responsibilities under the Equalities Act 2010 and the Public Sector Duties.

4.12 UNISON recognises that for both newly qualified and part-time workers the impact of finding additional funds will have a significant effect. A proportionate fees system based on income, as used by professional bodies and trade unions would help ensure registrants’ fees remain proportionate for those on lower incomes. **Figure 7** and **figure 8** show that the majority of respondents believe fees

should be proportionate for part-time staff and at a lower initial registration fee for newly qualified staff. The strength of feeling in relation to part-time staff is reinforced by the fact that 33% of respondents to our survey work part-time. See *figure 9*.

Figure 7: Should the NMC fees be proportionate to income so as not to disadvantage part time workers?

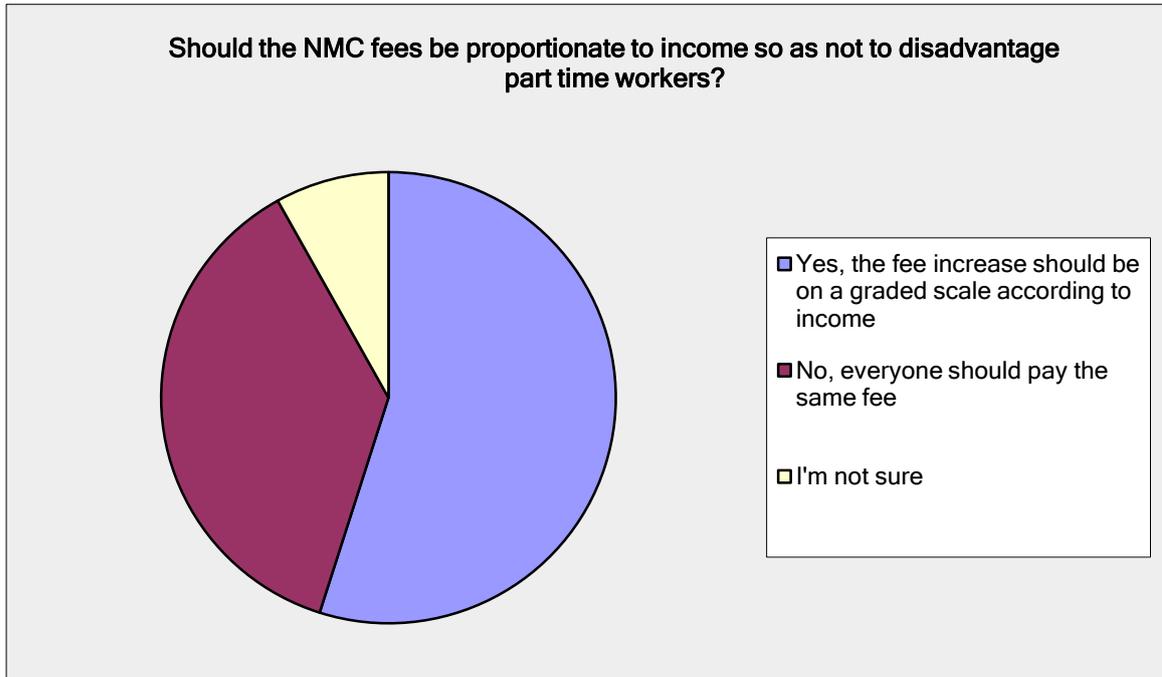


Figure 8: Should the NMC offer reduced initial registration fees to new graduates in a similar way to other regulators?

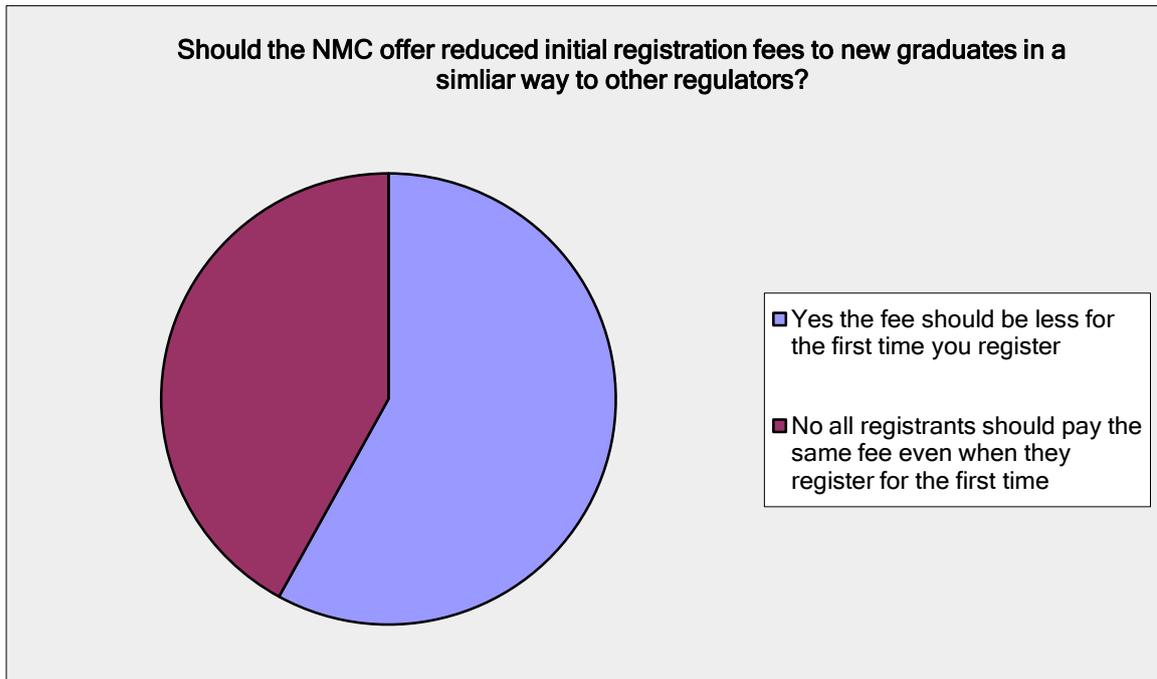
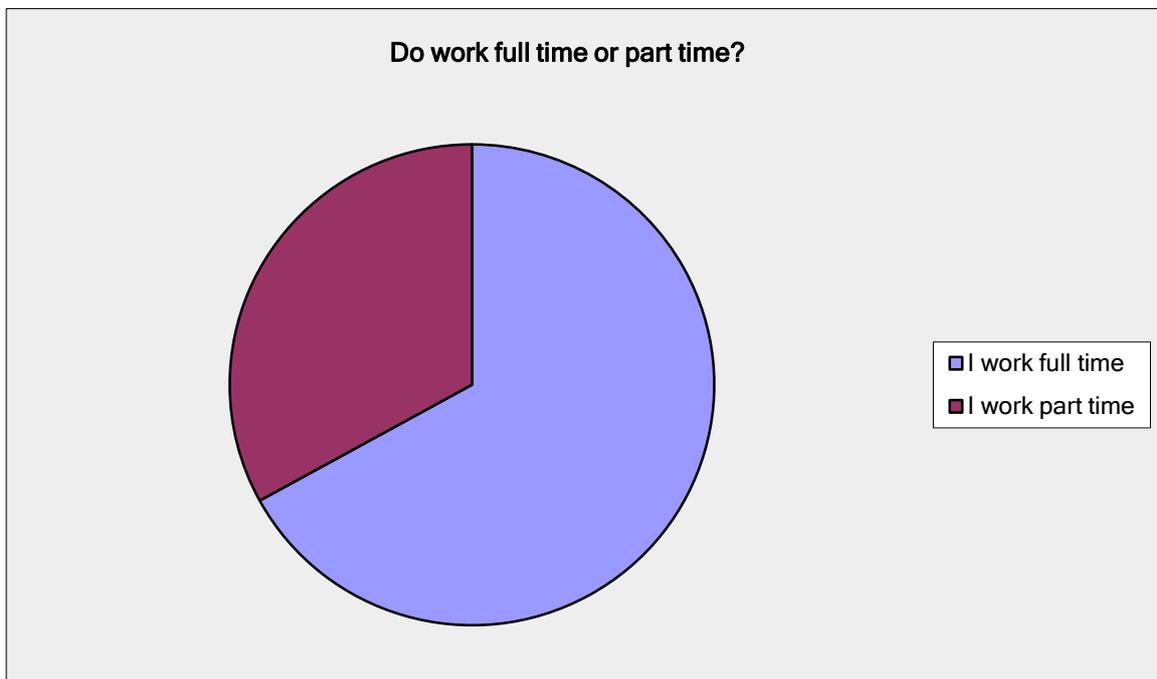


Figure 9: Do you work full or part time?



4.13 Despite the recent trend toward increasing registration fees UNISON members have to date supported the NMC as a regulator. However, as documented in the UNISON response to the proposed fee increase in 2012, the views and the confidence of our members towards the NMC as the sole regulator for nurses and midwives has continued to decline. As seen in **figure 10** only a minority (12.36%)

of respondents stated that they were confident or very confident in the NMC's ability to perform its regulatory functions.

4.14 Further to this, we asked members if a separate regulator should be maintained for nurses and midwives, see **figure 11**. 37.8% of respondents believed that nurses and midwives should have their own regulator, 24.8% believe a separate regulator should only be maintained, if it resulted in lower fees, 18.7% stated a preference for a move towards multidisciplinary regulation and 5.2% of respondents believe that there is no point in nurses and midwives being regulated separately to other register healthcare professionals. There was also a significant minority (13.6%) who were unsure of the best way to regulate nurses and midwives. The major figure to take from this question is that only 37.8% of respondents unconditionally believed that nurses and midwives should continue to be regulated separately. This is significant against the historical context where UNISON members traditionally felt very strongly in favour of keeping their own regulator and demonstrates the lack of faith that our members have in the NMC at present. We would urge the NMC not to take this for granted as a regulator they have to have the trust and confidence of both registrants and patients – currently you are losing it from registrants.

Figure 10: How confident are you in the NMC's ability to perform its regulatory functions?

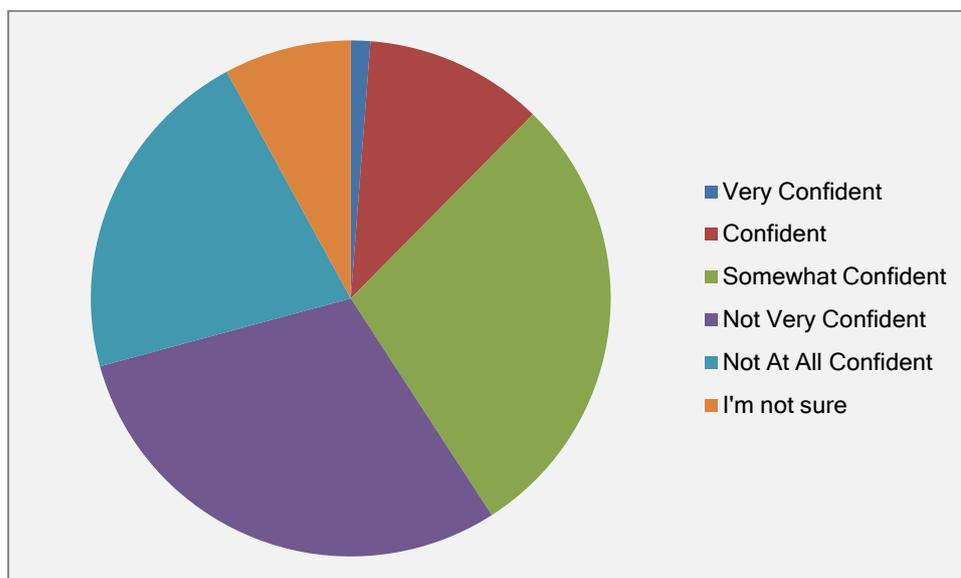
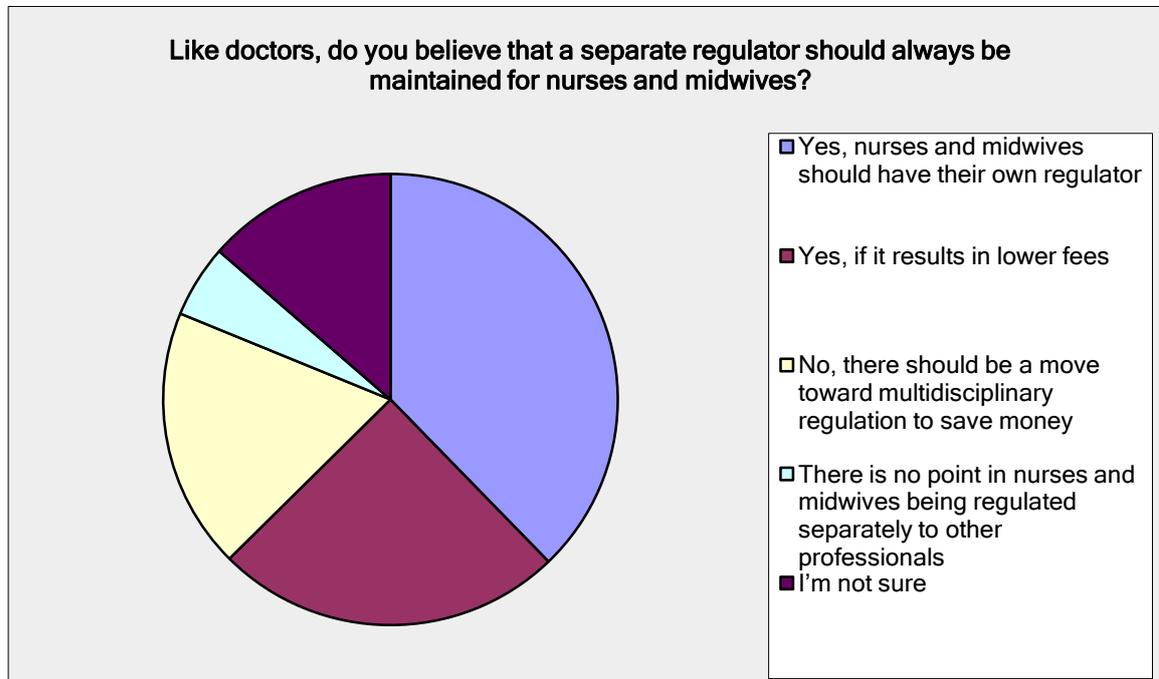


Figure 11: Should there be a separate regulator for nurses and midwives?



4.15 We wanted to assess the impact that increasing NMC fees could have on older nurses and midwives, staffing levels and workforce planning, to determine this we posed a specific question. Approximately 30% of nurses and midwives in practise have protected pension rights. As a result they could choose to retire at the age of 55 with their full pension. Previously both nurses and midwives have done this in part as a mean to achieve a better work life balance. After a brief period of absence they have then returned to part time practise. The NMC's current register is reflective of our aging workforce; **figure 13** displays this, with 36.3% being 50 and over. It is this group of staff who are protected. According to the NMC data in **figure 13**, 19.5% of registrants are aged 55 and over. What the data cannot tell us is how many of those registrants may have already retired from their full time post and returned to work a short time later working on reduced hours. This is consistent with the most current NHS workforce census see **figure 14**, which also demonstrates that 18% of the NHS workforce is 55 and over, with 2% being over the age of 65. We believe this is significant as it's only within the last decade that the pension rules have changed requiring women to work to the same age as men.

4.16 The question asked is whether increasing fees could affect their decision to return to work on reduced hours, see **figure 12**. 50.8% of respondents believe it would not be economical to return to nursing or midwifery after they retire if registration fees rise and continue to do so while 8.5% of respondents stated that they intended to return to nursing or midwifery but as a result of increasing registration fees they would now be unwilling to return.

- 4.17** The government’s decision to make NHS staff including nurses and midwives work until they are 68 does not preclude them retiring early however with less than 12% of the NMC’s register being made up of registrants under 30 it could impact negatively on future decisions.
- 4.18** The results from UNISON’s survey show the NMC’s decision to increase registration fees may indirectly have negative implications on NHS workforce planning. Respondents to our survey have stated that due to the trend of increasing NMC fees rather than returning to work as a nurse or midwife they could seek employment outside of the health sector or in non-registered roles in the NHS. When you consider our findings in the light of the number of registrants in the 50+ category the impact of the NMC’s fees decision on future workforce planning becomes increasingly worrying. As outlined in **figure 13**, 36.3% of registrants are currently over 50, this large portion of registrants may review less favourably the option of returning to practise and work on reduced hours following retirement due to the NMC’s actions. The NMC’s isolated decision to increase registration fees shows how out of sync they are with emerging government policy and NHS workforce planning. It is essential that service and staff implications are taken into account without this it could have a detrimental impact on patient care.

Figure 12: For staff aged 55 and over. Some staff choose to retire and return to practise working more reduced hours. Would an increase in registration fees make any difference to your decision?

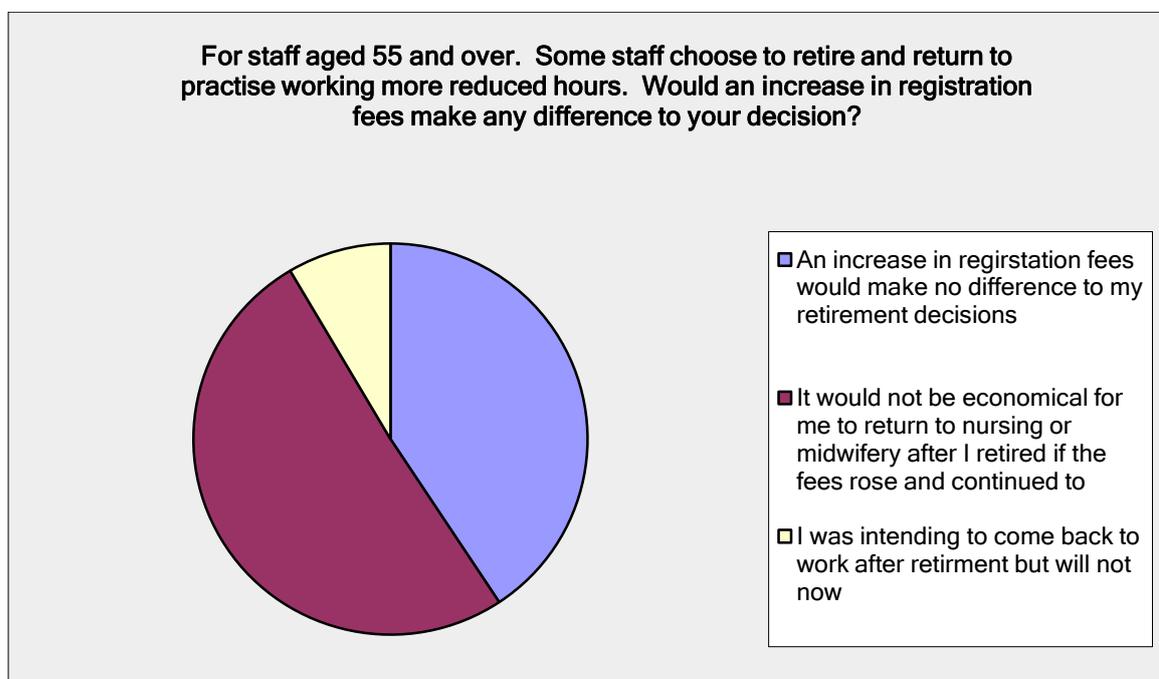
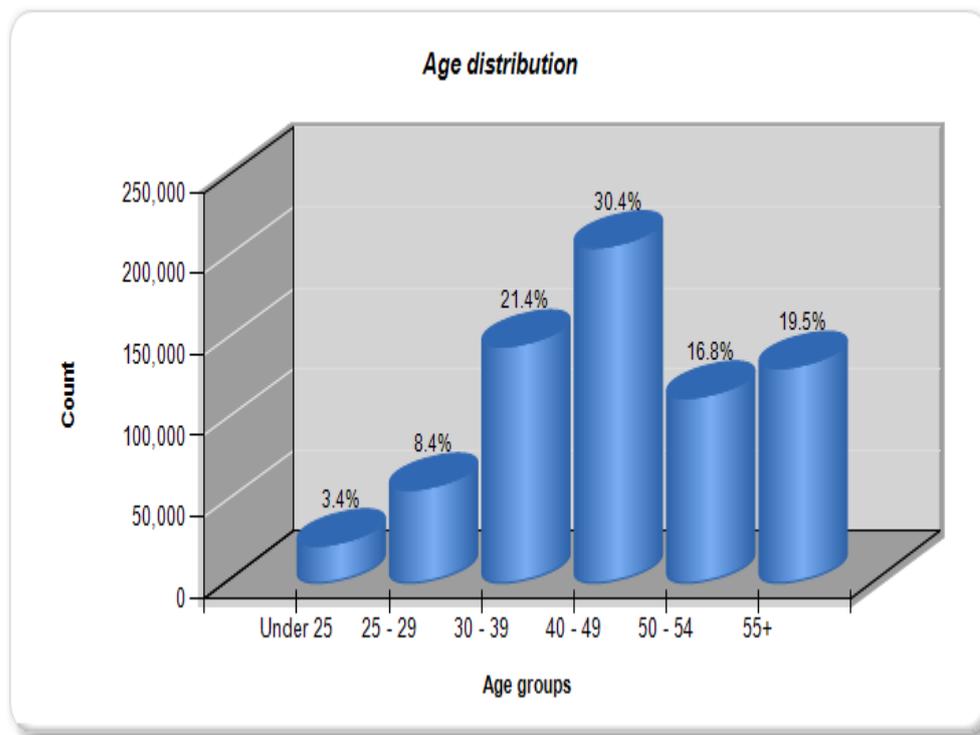


Figure 13: Age break down of NMC registrants



SOURCE: NMC Statistics as of 29 July 2014

Figure 14: NHS non-medical staff numbers per HEE region

HEE region name	HEE region code	Total Headcount of staff	% Under 25	% 25 to 34	% 35 to 44	% 45 to 54	% 55 to 64	% 65 and Over
East Midlands	YDF21	82,410	6%	20%	26%	32%	16%	1%
East of England	YDF22	96,145	6%	21%	25%	30%	16%	2%
Yorkshire and the Humber	YDF23	115,651	6%	21%	25%	31%	16%	1%
Wessex	YDF24	49,708	6%	21%	25%	30%	17%	2%
Thames Valley	YDF25	38,152	7%	22%	26%	28%	15%	2%
North West London	YDF26	43,849	4%	25%	28%	27%	14%	2%
South London	YDF27	51,947	5%	24%	27%	28%	15%	2%
North Central and East Lond	YDF28	59,305	4%	26%	27%	26%	14%	2%
Kent, Surrey and Sussex	YDF29	74,013	6%	19%	26%	30%	17%	2%
North East	YDF30	66,077	5%	20%	25%	33%	16%	1%
North West	YDF31	164,607	5%	21%	25%	32%	16%	1%
West Midlands	YDF32	115,068	6%	21%	26%	31%	15%	2%
South West	YDF33	89,628	6%	20%	24%	31%	17%	2%
Special Health Authority	QZZ	36,384	3%	21%	26%	32%	16%	2%
National		1,081,936	5%	21%	26%	30%	16%	2%

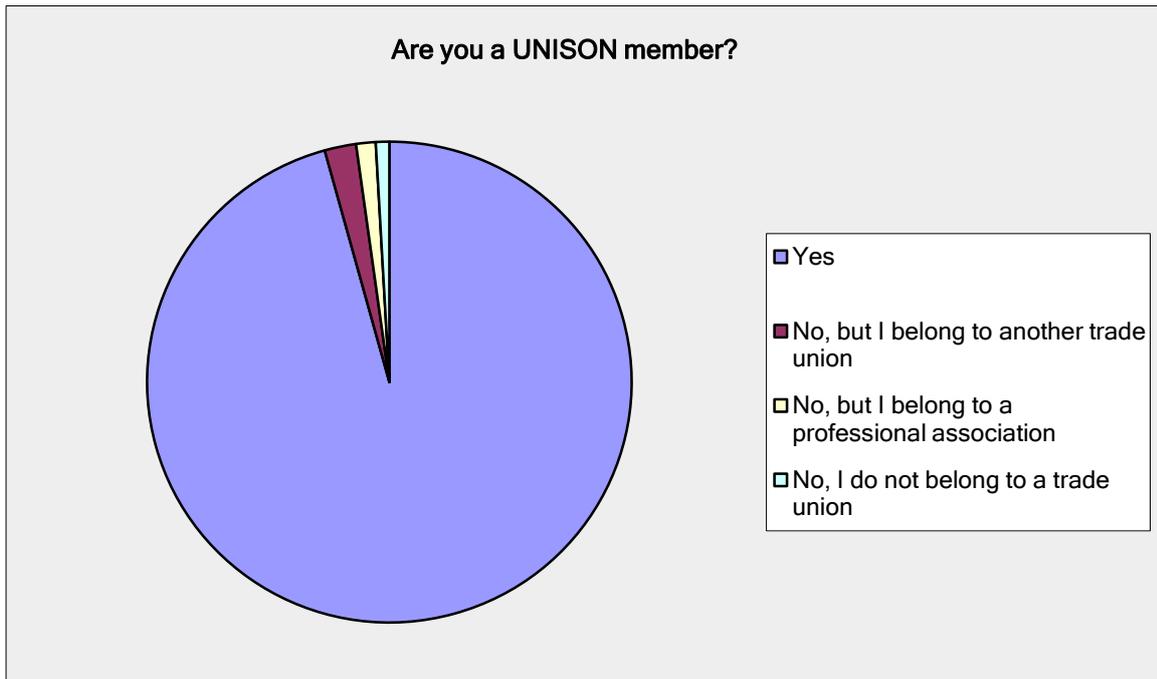
Source: HSCIC

5. General information

5.1 The following details the composition of respondents.

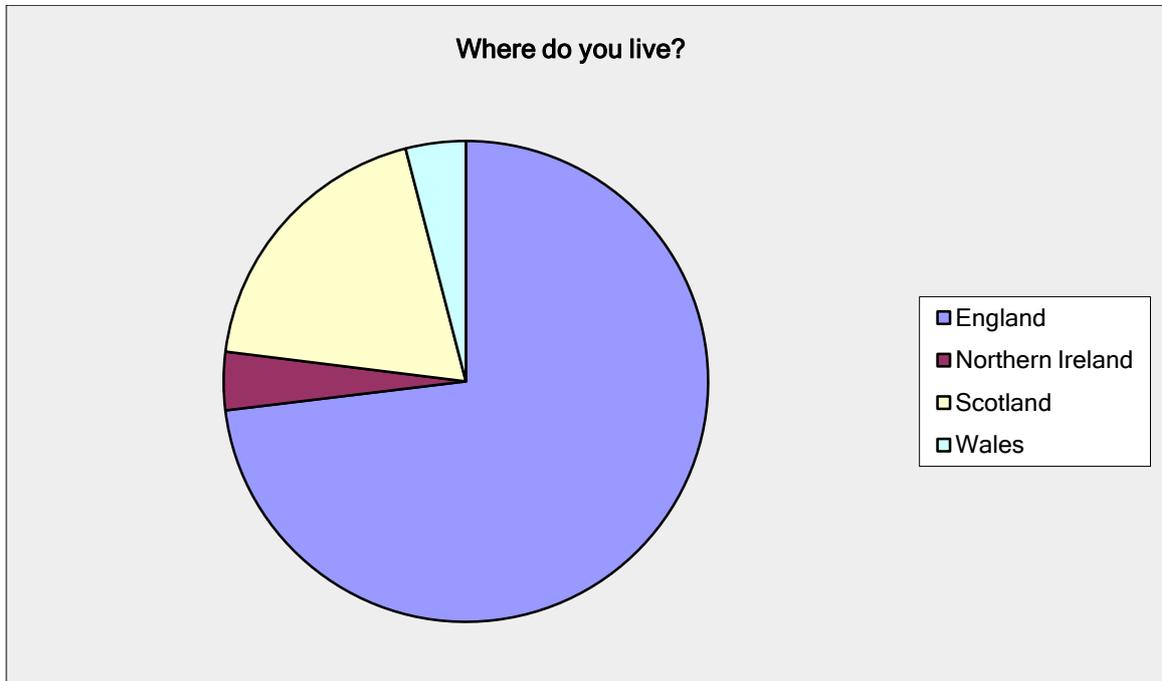
5.2 95.7% of respondents were UNISON members, 2.1% were members of another trade union. 1.3% were members of a professional association, 0.9% were not members of any trade union. See *figure 15*.

Figure 15: Trade union membership



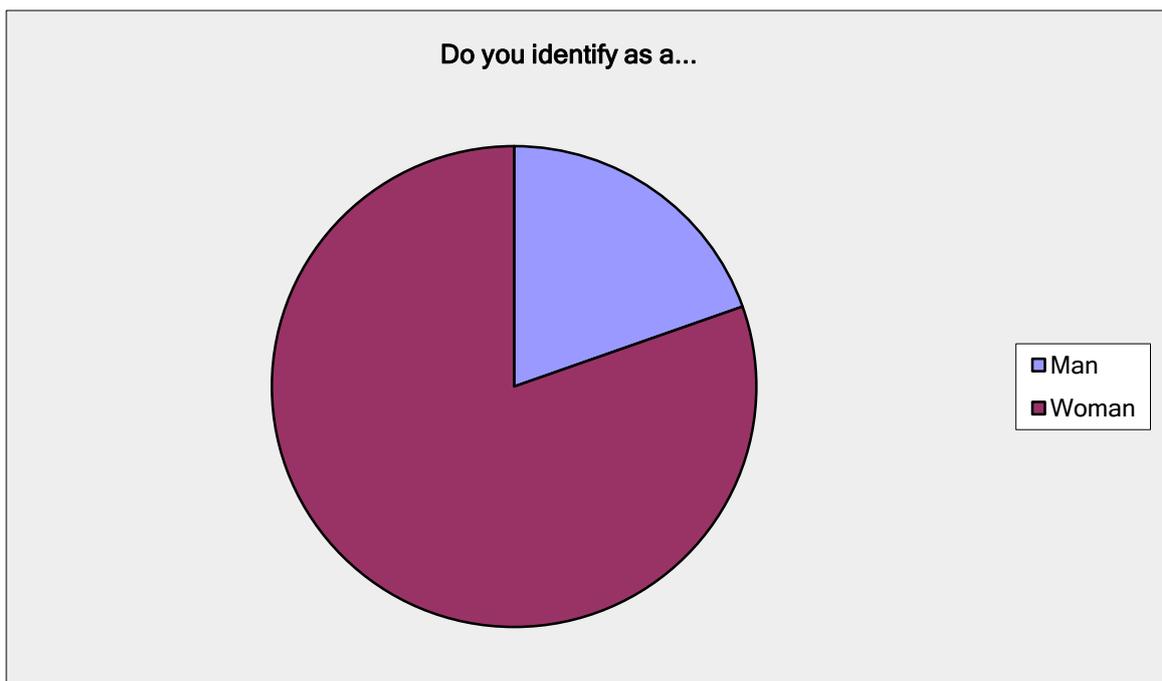
5.3 73% of respondents live in England, 19% in Scotland, 4% in Wales and 3.9% in Northern Ireland. See **figure 16**.

Figure 16: Where do you live?



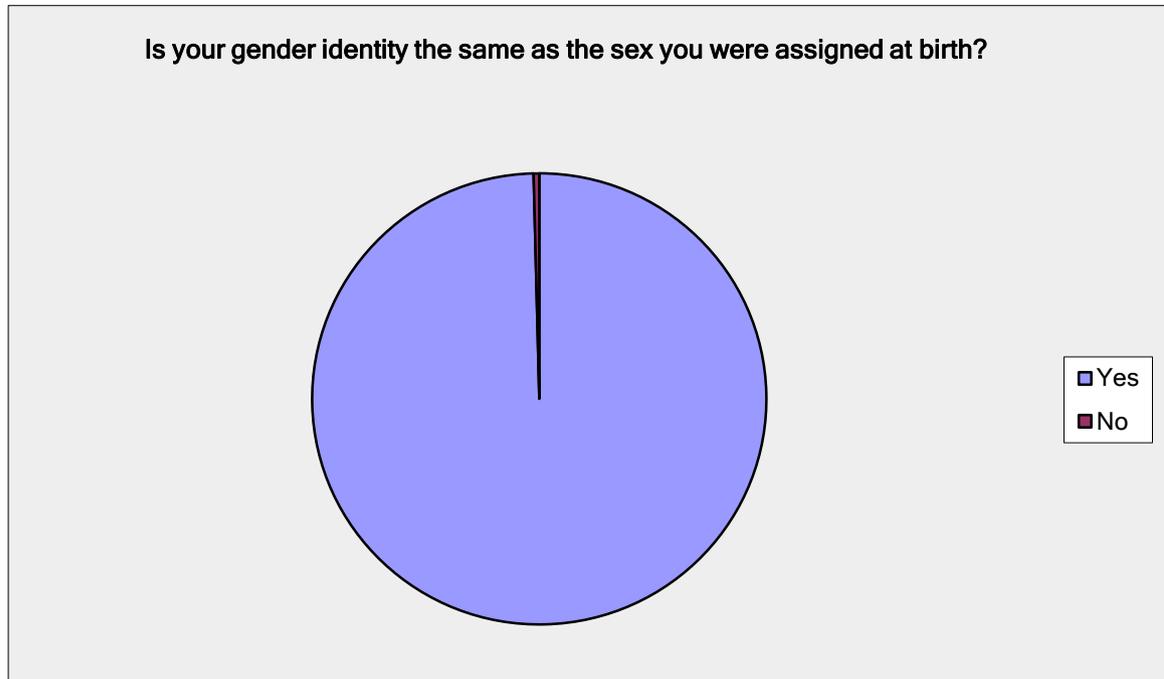
5.4 80.4% of respondents were women and 19.6% were men. See **figure 17**.

Figure 17: Gender identification?



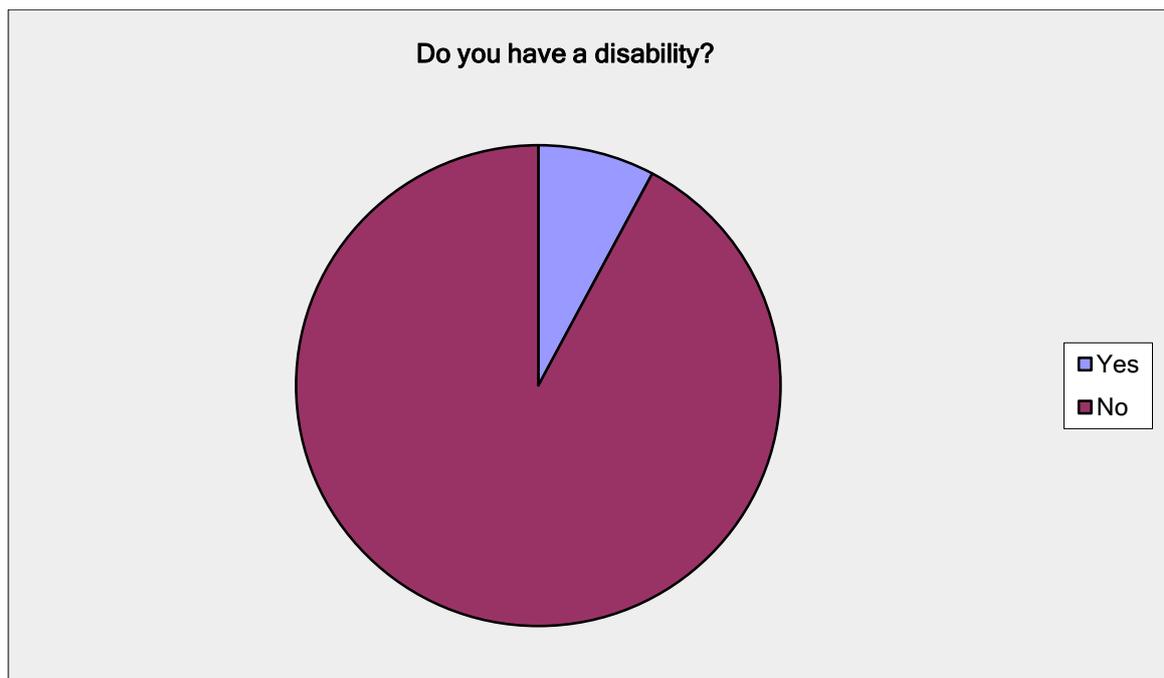
5.5 In line with UNISON's equality monitoring we asked if the respondents' gender was different to the sex they were assigned at birth. 0.4% indicated it was different. 65 respondents declined to answer this question. See **figure 18**.

Figure 18: Is your gender identity the same as the sex you were assigned at birth?



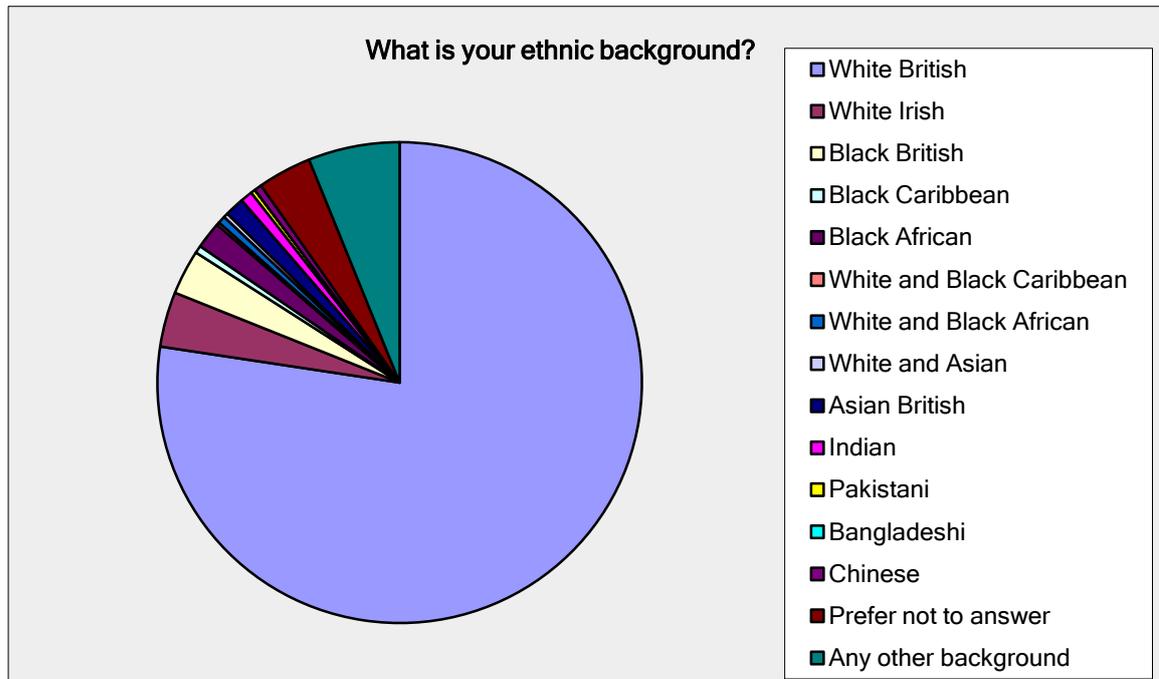
5.6 92.2% of respondents stated that they had no disability. 67 of respondents declined to answer this question. See **figure 19**.

Figure 19: Do you have a disability?



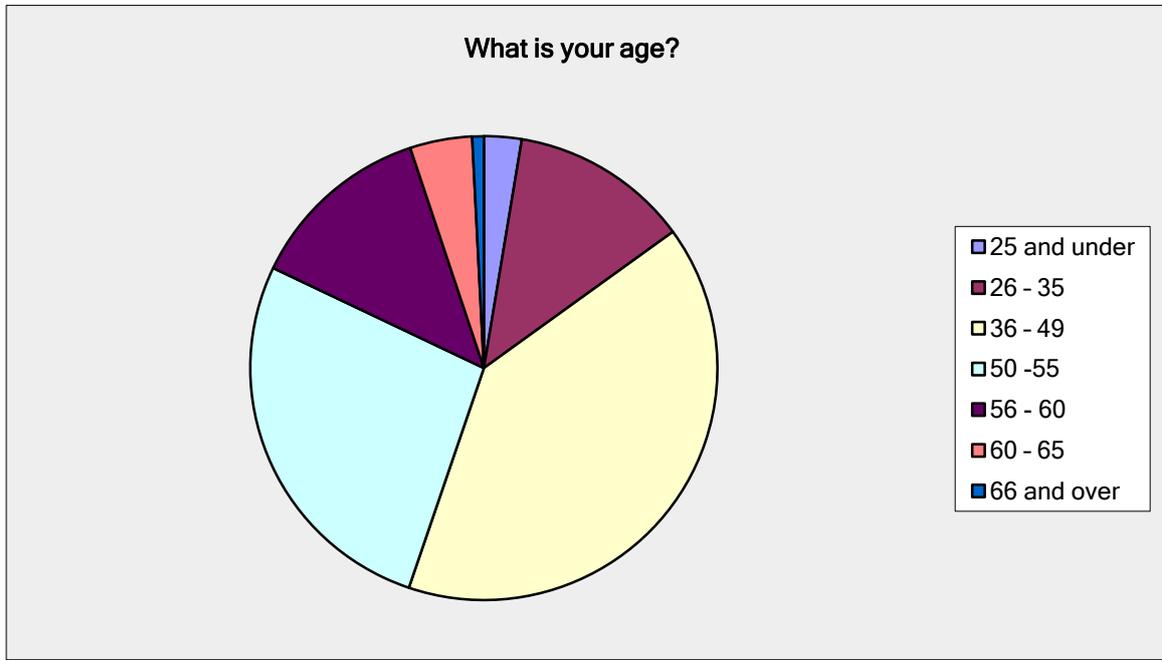
5.7 77.4% of respondents described their ethnicity as White British, 3.7% as White Irish, 3.0% as Black British, 0.5% as Black Caribbean, 1.8% as Black Africa, 0.2% as White and Black Caribbean, 0.5% as White and Black African, 0.3% as White and Asian, 1.3% as Asian British, 0.8% as Indian, 0.3% as Pakistani, 0.5% as Chinese, 6.1% stated any other background and 3.6% preferred not to answer. See **figure 20**.

Figure 20: What is your ethnic background?



5.8 2.6% of respondents were under the age of 25, 12.4% were between 26 and 35, 40.2% were between 36 and 49, 26.9% were between 50 and 55, 12.8% were between 56-60, 4.3% were between 60 and 65, and 0.8% were over 65. See **figure 21**.

Figure 21: What is your age?



6. Conclusion

- 6.1** UNISON members do not support the NMC proposal to increase registration fees, from March 2015.
- 6.2** Across the UK UNISON members are angry that the NMC appear unable to live within their current significant income stream.
- 6.3** UNISON calls on the NMC to undertake a review of fitness to practice referrals which do not proceed to a full hearing and to use this data and information to work with employers and trade unions to ensure that referrals are appropriate and in the interests of patient safety and public protection. We recognise that this will not be possible for all referrals (i.e. police and patient referrals) but given that employers are the largest source of referrals UNISON would argue that this move would have a positive impact on reducing the number of cases and the overall cost of fitness to practice.
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