

The Regulation of Nurses, Midwives, and Health Visitors

when this area of work should be very strongly driven by the requirements for public accountability.

88. We applaud the work done recently by the Chief Executive and Directorate of Professional Conduct at the UKCC in beginning to change these impressions. Our recommendations to extend this will involve the new Council:

- exercising a more flexible range of powers;
- issuing clearer guidance to registrants and employers;
- being more open about giving reasons for decisions, particularly in cases of public interest or wider relevance for registrants;
- accounting publicly for its performance in processing cases;
- taking care that all proceedings, but particularly decisions to close cases or to re-instate to the register, always involve lay members;
- improving communications and being more accessible to registrants and employers.

89. None of these desirable developments conflicts with our aim that the Council should be more open and supportive with registrants who are subject to investigation or conduct proceedings.

90. We would welcome moves towards a mediation-based approach in appropriate cases. Serious cases will need full legal process with criminal standards of proof and extensive involvement of lawyers. But in cases where no serious threat to the public is involved, there would be advantages for all parties (including patients/clients) in an approach which enabled the registrant to admit a lapse, to agree to appropriate remedial action, and to return to safe practice (with appropriate supervision) as soon as possible.

91. We would also note that this is an area where collaboration with other regulatory bodies is particularly desirable. There was very strong support for our suggestions in the consultation paper about closer collaboration between the regulatory bodies for health professions. We would expect to see the new Council taking appropriate initiatives, and some tangible benefits emerging from this in terms of more commonality of approaches and terminology, shared development costs, dissemination of good practice etc. We believe that such collaboration can help to improve public protection and the image of the regulatory bodies without any threat to the legitimate interests of the professions involved.

Remit of Council

92. The current Act is not sufficiently explicit about the remit in this area. It refers simply to the Council's power to act in cases of "misconduct or otherwise" and misconduct is defined in rules to mean "conduct unworthy of a registered nurse, midwife or health visitor". While this leaves great flexibility to the UKCC, it is unhelpful to registrants and employers, and weakens public protection. We therefore wish to give more specific guidance, and to broaden the remit of the Council.