Unite the Union Consultation Response to the Nursing & Midwifery Council consultation on registration fees

This response is submitted by Unite. Unite is the UK’s largest trade union with 1.5 million members across the private and public sectors. The union’s members work in a range of industries including manufacturing, financial services, print, media, construction, transport, local government, education, health and not for profit sectors.

Unite represents approximately 100,000 health sector workers. This includes eight professional associations - British Veterinary Union (BVU), College of Health Care Chaplains (CHCC), Community Practitioners and Health Visitors’ Association (CPHVA), Guild of Healthcare Pharmacists (GHP), Hospital Physicists Association (HPA), Medical Practitioners Union (MPU), Mental Health Nurses Association (MNHA), Society of Sexual Health Advisors (SSHA).

Unite also represents members in occupations such as allied health professions, healthcare science, applied psychology, counselling and psychotherapy, dental professions, audiology, optometry, building trades, estates, craft and maintenance, administration, ICT, support services and ambulance services.

Across the associations and the wider membership Unite have a range of members who are regulated by the UK professional regulators including the Nursing & Midwifery Council. The main Unite professional associations that are relevant in this response is the CPHVA, MHNA and SSHA.
**Executive Summary**

- The proposed fee rise is inappropriate and unacceptable to the vast majority of NMC registrants.

- The process of consultation has been severely hampered and undermined by the approach presented by the NMC that, whatever happens, this fee increase will be implemented from 2013.

- Unite urges the NMC to rethink this unjustifiable hike in fees.

- Unite believes that from the 1st January 2013, the NMC fee should not be increased above £86 (in line with inflation).

- Any future increase should be in line with inflation.

1. **Introduction**

1.1 Unite welcomes the opportunity to respond to this NMC consultation on their proposal to increase registration fees.

1.2 The NMC is proposing a 58% fees increase at a time when workers in the health sector have sustained repeated yearly real term pay cuts from Government and are facing severe cuts to their wider terms and conditions. These include: massive reductions in on call payments, major changes to pensions, making people pay more, work longer and get less, two previous years of pay freezes, proposed introduction of performance related pay, downbanding and deskillling of roles, reductions in sickness benefits, proposed cuts to annual leave entitlement, extensions of the working day, no pay enhancements on public holidays like the royal wedding and the jubilee, cuts to petrol allowances and attacks on union facility time. Some Unite members are reporting pay cuts of up to a third of their income over the course of this Government.

1.3 As registrants have no choice but to pay these fees, it is in effect a tax on jobs.

2. **The consultation process**

2.1 Unite acknowledges that the NMC has a duty to consult. This is laid out under article 7(3) of the order to consult with representative of any group of persons considered appropriate combined with Article 7(2) of the order requiring registration fees to be set out in rules, and Article 47(3) requiring consultation with representative of any groups of persons who appear likely to be affected by any proposed changes to the rules.

2.2 Unite would, however, question whether the NMC has entered into this process understanding that consultations should not have a set end point. The NMC has made clear that from their point of view there is no other option but to implement the proposed fee rise\(^1\). This acts to suggest the consultation is meaningless.

2.3 During the consultation process there has been an intervention by the Secretary of State for Health, Rt Hon Andrew Lansley MP\(^2\). While Unite supports the statement that the fee rise is difficult to justify, it is unfortunate that this intervention appears to have not influenced the process of this consultation or the proposal as laid out by the NMC.

3. **What Unite members say**

3.1 As part of this response, Unite has both surveyed members and used its ongoing routes throughout the organisation to hear back the views of members who are NMC registrants.

3.2 Between 24/7/12 and 11/8/12 Unite carried out an online survey which was addressed to all Unite NMC registrant members. This included questions which delivered quantitative and qualitative results.

3.3 When asked whether NMC registrants agreed with the proposed 58% fee rise, 98% of respondents stated that they did not. 1% did agree with the fee rise, and 1% answered that they didn’t know. When asked whether this significantly higher increase than the rate of inflation was ‘fair’, 99% responded that it was not.

3.4 When asked who should pay registration fees, half of respondents felt that employers should pay the bill for public safety, however when asked who should pay for the £20 million deficit 63% of respondents said the Government should pay, 20% Employers, 16% others and 1% registrants.

3.5 Unite members recognise that the NMC, like everyone else, has to operate in an environment where inflation impacts on the cost of services. It is interesting that the NMC attempts to argue that it has tried to insulate registrants from this effect by not passing on inflationary changes since its last fee rise, however this falls flat when you then combine this with the new demand of a 58% fee rise. When asked whether the fee rise was fair when looked at in light of inflationary pressures, again 99% said it was not. There was recognition however that in future the fee rise should be inline with inflation with 66% of members agreeing with this part of the proposal (28% disagreeing, 7% reported they didn’t know).

3.6 As wages have not kept pace with inflation in the NHS and wider health sector, an inflationary increase would still mean members were paying relatively more than their own standard of living increase.

4. **What do registrants ‘get’ for their money?**

4.1 It is recognised that the primary role of the NMC is, and must be, to protect the public. Unite is, however, concerned that in the changes that are currently happening, in a singular focus on Fitness to Practice, that the impact on patient safety is in fact the opposite to this stated outcome.

4.2 Unite has already voiced concern that the NMC appears to be removing opportunities for registrants to raise concerns and seek information by the

closure of the advice line and the failure to deliver on other support systems promised.

4.3 In addition, promised work has been delayed or discontinued both during and following the CHRE report. In Unite’s survey members were asked what work and/or services the NMC should focus on to ensure that the public are protected (see below).

4.4 As services are being cut back at a time when such huge increases are being asked in fees, it has an even greater affect on the confidence that the profession has in its regulator.

4.5 Unite’s survey asked members about why they felt that NMC referrals had increased so dramatically since 2009-10. 46% of respondents stated that the top reason was ‘unsafe work pressures on staff’. Unite also gave members the opportunity to highlight any other issue and the feedback was varied around a number of subjects. Unite would be happy to share the themes directly with the NMC and would recommend that a further piece of research should be carried out to further explore this issue with a larger cohort of registrants.

4.6 Unite also asked members what the top 3 priorities should be for the NMC. 50% of respondents reported that the top priority should be ‘training and development’ (38% reported FIP referrals). It could be argued that this would suggest registrants don’t understand that the regulator is there primarily to protect the public, but when you also look at the comments section in the survey it was clear that members felt that it was important that the NMC was a proactive regulator instead of a reactive regulator. There was repeated concern that the NMC appeared to be focusing even more on just getting nurses and midwives on the register and then throwing them off when something had gone wrong.
4.7 It was also clear that for some members there were still concerns raised for issues that the NMC have attempted to clarify both before and during this consultation. As always, Unite would wish to continue working with the NMC to ensure that all registrants are aware of the answers to these concerns. Again Unite will share these themes with the NMC directly.

4.8 When members were asked how satisfied they were with the NMC, 14% reported to be satisfied (1% very satisfied, 13% unsatisfied) with 40% unsatisfied (23% unsatisfied, 17% very unsatisfied). 47% of respondents reported they were indifferent. Unite believes that to keep the public safe, confidence in regulators is key. Unite has seen in other professions how lack of confidence in or weak regulators has a serious negative effect. Unite believes it is key that the NMC improves this perception from its registrants and Unite will help to support this in any reasonable way.

5. **Are the NMC figures correct?**

5.1 The consultation document includes a graph which demonstrates that in the years 2012 and 2013 there is an overspend and some detail is given in the consultation document itself as to the figures that has caused this overspend, especially in relation to Fitness to Practice. It does, however, highlight that out of the seven years included, the NMC has been in surplus for 5 of those years.

5.2 The break down of total funds (carried forward surplus) for each year are recorded as follows (in either agreed or draft annual reports of the NMC):
5.3 In the consultation document, however, the NMC claims that FtP costs for 2011-12 were £31 million. In contrast in the NMC annual report\(^6\) it states that FtP costs were actually £41.149 million. As this is a 50% increase in 2010/11 figures (as stated was the increase in the consultation document), it is assumed that the consultation figure is reported incorrectly.

5.4 If the consultation document is correct in its other claim that in 2012/13 FtP expenditure will be (a forecasted) £43 million (so a 4.5% increase on 2011/12 levels) then this will mean a large jump from the difference between yearly outgoings and FtP costs over the previous year(s) of approximately £10 million. It is not clear why the outgoings of the NMC (outside of the FtP costs) would increase by 50%.

5.5 Unite is aware that the NMC has raised the issue of out of date ICT systems which have the potential to put the public at risk and an approximate figure of £10 million needed to purchase a new system that would be fit for purpose. Unite is unsure, however, whether the large jump of 50%/£10 million in

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\(^3\) Registration income approximate guess: ¾ at £39,585,750 & ¼ at £20,340,000 if fee rise of £120 brought in on 1/1/2013 and there is even (re-) registrations across the year. This figure doesn’t include return on investments which was approximately £1.2 million in 2011/12.

\(^4\) Figure quoted by the NMC in their consultation document: [http://www.nmc-uk.org/Documents/Consultations/Fees-consultation/Fee-consultation-information-and-questions.pdf](http://www.nmc-uk.org/Documents/Consultations/Fees-consultation/Fee-consultation-information-and-questions.pdf)

\(^5\) If NMC fee is increased to £120 then: 678,000 x £120 = £81,360,000, this figure doesn’t include any return on investments (see footnote 3).


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\(^7\) Figure quoted by the NMC in their consultation document (see footnote 4)
operating costs in 2012/13 is down to this or not. If it is, it seems surprising that this has not been noted in the consultation document and it would seem rather disingenuous as this would assume to be a one off payment which would not be repeated year on year.

5.6 Either way, Unite cannot understand why the NMC is not able to use some of its reserves to mitigate the fee rise and cover this ‘one-off’ large investment of £10million. This would be much fairer, especially at this time of severe austerity and economic crisis, which has negatively impacted many nurses and midwives.

5.7 Further, it is not clearly understood by registrants why the NMC needs to run at a substantial surplus (estimated to be around £8million for 2013/14).

5.8 It is important to point out that the NMC has not properly reflected Unite’s subscriptions in the FAQ document. This highlights the cost of Unite/CPHVA membership for people working full time. Unite’s subscriptions (figures correct as of 1st September 2012) for Health Sector members are £144.60/year and for members working between 10 and 20 hours £72.24/year, and members working less than 10 hours, £26.04/year. There is a further premium of £1.25/month added to CPHVA and MHNA members to reflect the further benefits this group of members receive.

5.9 In attempting to draw comparison with union and professional body subscriptions in the FAQ it would appear that the NMC does not understand the difference in provision of service between a union/professional body and compulsory registration. Membership fees to all trades unions and professional bodies are voluntary - this is in stark contrast as to the compulsory fees of the NMC.

6. Efforts to cut costs

6.1 Unite is already aware of changes that have happened at the NMC particularly its efforts to reduce the burden on it following FtP referrals. This has included referring some complaints back to the registrants’ employer, looking at how to deal with complaints to registrants who subsequently no longer wish to be on the register, the efficiency and costs of FtP panels and what will happen once the historical backlog is finally properly tackled.

6.2 It would be hoped that this would have the effect of reducing costs in FtP over the next few years from such a historic and meteoric rise. There appears to be no consideration given to this in the figures presented in the consultation. It would be expected that the cost of FtP would reduce and with a possible £8million surplus at the current levels, a view on whether the registration fee could come down. Unfortunately, from experience, it is clear that registration fees only ever go in one direction.

7. Consultation Questions

Based on the above do you agree or disagree that the registration fee should be increased to £120?

Disagree

If you would like to give reasons for your answer you may do so here.
Q1 Are you responding as an individual or on behalf of a group or organisation?

Organisation

Q4 Please tick ONE box which best describes the type of organisation you represent.

Professional organisation or trades union

Q5 Please give the name of your organisation.

Unite the Union

Q6 Would you be happy for your comments in this consultation to be identified and attributed to your organisation in the reporting, or would you prefer that your response remains anonymous?

Happy for comments to be attributed to my organisation

Q7 Please state where your organisation mainly operates.

UK-wide

Appendix: A small sample of comments from the Unite membership survey

…we are continually being asked to pay extra and yet our salaries are lagging behind and in reality we are taking pay cuts also with increased pension payments, working longer and changes to pensions the system is unjust.

…yes maybe the department of health and employers should be funding all this together. I don’t mind paying my part into it, but it is unreasonable to shove cost on us when are salaries are being cut due to downgrading and us having to pay more into our pension!! The working person always has to fund everyone else

…year after year we have to take on an increased workload with less and less staff while posts are being cut; The NMC makes no representation about this, unlike the GMC which frequently puts forward opinions. Its time they gave value for money and stopped contemplating their navel.

…with the rise in pension contributions and pay freezes it is unreasonable to expect professionals to pay increased fees that are above an inflation increase.

…with pay freezes, higher contributions to pensions, probable loss of recruitment and retention payments this is the wrong time to bring in such a high increase. If it is really necessary it should probably be brought in over 2-3 years.
…why do we have to pay to work? Who else pays to actually go to work? To maintain their qualifications we have to constantly study in addition to working. If the government want top class NHS staff, they should ensure they pay for it.

…whilst recognising the challenges faced by rising costs and inflation, staff are also dealing with additional everyday increases to the cost of food, fuel, household bills etc. families also facing greater unemployment and related challenges thus putting greater financial pressure on the remaining wage earner.

…it would be very helpful if fee payment had an option of paying monthly instalments by direct debit rather than £120 in one go - much easier to budget for and spreads the cost.

…as a single parent working full time with a mortgage etc and a child about to go to higher education I don’t have £120 left over at the end of any month so would find a lesser monthly payment of £10 per month much easier to find. I live in an area with high fuel costs and the current mileage allowance does not meet what I pay for fuel to do my community based job (as is the case with many of my colleagues - that cost is also going to increase significantly with changes to the mileage scheme next year). I know we’re not alone with these challenges and things have to be paid for at all levels but some flexibility in payment methods would be very helpful.

…when I qualified in 2001 I paid £80 every three years! The NMC does very little other than take my money from what I can see.

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