

**A**t the time of writing this piece, the Nursing and Midwifery Council (NMC) has been heavily criticised by the Professional Standards Authority (PSA) through its “Lessons Learned Review” into the NMC’s handling of concerns about midwives’ fitness to practise at the Furness General Hospital.

I know it is coincidental, but following so soon after the Department of Health consultation on reform of the UK healthcare regulatory system, it adds weight to the view that there is a need for significant and effective regulatory reform. The consultation had already identified that the regulatory complaints system is slow, expensive, complicated, reactive and confusing for patients, professionals and employers. This has been dramatically demonstrated by the Furness General Hospital review that showed a length of eight years for some fitness-to-practise investigations and hearings to conclude.

Although this specific investigation focused on the NMC, I was unsurprised to see this had been preceded by a wider investigation into the midwifery unit at Furness General Hospital (the Kirkup report). This report had found multiple issues involving multiple staff groups, which together had created the perfect storm that allowed mistakes to happen and the causes to go unchallenged or even denied. In essence, a defensive and damaging culture whereby everyone loses, but particularly the patient. In

# REGULATION AND REFORM



Regulation is set to see significant change, but what about organisational cultures?

reading this sorry review I was reminded of the Francis report into the Mid-Staffordshire NHS Foundation Trust.

I believe that the whole system of healthcare regulation will see significant change that will address issues of the nature identified in the PSA report, but I have greater concerns about the organisational cultures that allow these multi-factorial failings to occur in the first place. Every profession has its individual “bad eggs” and healthcare is no exception, but I do not believe that whole departments, or even whole hospitals, set out to neglect or harm patients. I believe that failure of this nature is the result of the pernicious creep of cuts and pressure on a workforce that is already overstretched. I accept the criticism of the NMC, but I suspect that its inefficient systems were also overloaded by the sheer volume of

cases that were referred to it in the first place. This situation too is the product of overstretched managers and employers who, rather than address deficiencies locally, resort to the default action of referring to the regulator. For real change to occur there needs to be a change in individual recognition of responsibilities and this means individual professionals, employers and regulators together. However, that brings us back to the catch-22 of time and resources. I fear that this will not be the final time we hear of the catastrophic failings of an agency or employer.

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