**Nursing and Midwifery Council Registration for Overseas Children’s Nurses: A Perfect Storm?**

In the UK, and particularly in London, we rely on recruiting nurses trained in other countries to maintain adequate staffing levels (Kings Fund 2015). This is likely to continue for several years due to poor workforce planning (Buchan et al 2017). It is difficult to predict the impact of the changes to the funding arrangements for pre-registration nurses in England this September, as outlined in Twycross (2016), will have on overall numbers of student nurses. Early suggestions are that despite the Government’s indicating their aim was to increase student numbers by 10,000 that there may be an overall drop in numbers of students starting courses in September 2017 (Merrifield 2016 and 2017).

Alongside the changes to funding for pre-registration nursing courses Health Education England (HEE) is experiencing economic pressures and the money available to support continuing professional development (CPD) has been significantly reduced (Greatbatch 2016). Consequently, the cost of CPD education will need to be met by the individual nurse or institution where they are employed.

CPD education is essential for all nurses to meet revalidation requirements and support service improvement. Of particular concern to the authors of this editorial, is the proposed removal of funding for second registration courses. In England, many children’s units have a significant proportion of nurses from overseas. In the past HEE (or its predecessors) has funded nurses to undertake a second registration course allowing them to be registered as a children’s nurse on the Nursing and Midwifery Council’s (NMC) register. These nurses were salaried supported for the length of the course (usually 12-15 months) and had their course fees paid by HEE.

If the funding for second registration courses is removed, as seems likely, this may increase the workforce deficits experienced in specialist areas such as paediatric intensive care units. If Trusts are expected to fund second registration courses in the future they may face a workforce crisis with an increasing gap between nurses with the children’s (paediatric) nursing qualification and those who would, in their own countries, be considered children’s nurses but do not fit the NMC criteria. To complicate matters further, data suggests that following the Brexit vote in June 2016 there are less EU and other overseas nurses coming to work in the UK (Siddique 2017).

The role of the NMC is to ensure the safety of the public by ensuring that every registered nurse is fit to practice (see: <https://www.nmc.org.uk/about-us/our-role/)>. We agree that it is right and proper that the NMC have clear criteria and expect evidence of training and practice from every nurse seeking registration in this country. However, when overseas nurses are applying for UK registration we would urge the NMC to ensure they consider carefully which field of nursing is most suitable for each individual. In the past, it sometimes felt that these nurses were put on the adult part of register by default.

For those overseas nurses who do not meet the criteria to register with the NMC as children’s nurses, innovative approaches to facilitating them completing the relevant education (theory and practice) need to be found. Possible solutions need to minimise the impact in clinical areas where they may be losing an experienced member of staff. Options include:

* Continuing to APL nurses against standard pre-registration children’s nursing curricula
* A part time option so students can work in practice when not undertaking academic studies or clinical placements
* Reintroducing a six month stand-alone course for nurses with significant clinical experience in paediatrics

If innovative solutions are not found we may struggle to ensure that all our children are cared for by appropriately qualified children’s nurses This would be a backwards step and most be avoided.

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