Nursing & Midwifery Council

Annual Fitness to Practise Report

2020–2021

2020
2021

The PSS also expanded the ways we support people with complex additional needs. We drew on specialist knowledge and experience in the team of working with individuals with complex mental health illness or significant learning disabilities to provide support for people at all stages of the fitness to practise process. This included registrants and other professionals, witnesses and those raising concerns with us. This helped to remove barriers to engagement with a number of vulnerable, distressed individuals with highly complex needs. We are also piloting a needs assessment that can be carried out when we initially engage with someone to identify any additional ways in which we can support them.

Safeguarding

Our Safeguarding and Protecting People from Harm policy supports colleagues to identify and manage any safeguarding concerns. We provide guidance and training to make sure colleagues know how to recognise and respond to a safeguarding concern. In August 2020, we produced a new 'Risk of suicide and self-harm' protocol for colleagues to follow in cases where individuals appeared to be at risk of self-harm. We record cases where we learn that a registrant has sadly taken their own life while our proceedings are ongoing to help us identify any learning to improve our processes. In 2020–2021 there were no recorded instances (2019–2020: one instance and in 2018–2019: four instances).

Guidance and support for employers

"Through working together with employers, professionals and other parties, we can help reduce unnecessary fitness to practise referrals and embed a learning culture that helps professionals feel confident to speak up, knowing they'll be supported and treated fairly."

Our person-centred approach focuses on promoting a just culture. It encourages health and social care professionals to be open and learn from mistakes.

As employers are closer and better placed to manage sources of risk, they should act first to deal with concerns about a registrant's practice - unless the risk to patients or the public is so serious that we need to take immediate action. It is a core part of our approach to support employers to do this.

In January 2021, we published a new resource to support employers of nurses, midwives and nursing associates to take effective action when concerns are raised about a nurse, midwife or nursing associate's practice.

The resource was developed in collaboration with employers, professionals, regulatory partners and representatives of people who use services across the UK. We have also drawn on our own experiences of supporting employers in fitness to practise cases.

Enabling nursing and midwifery professionals to put things right as part of our proceedings

As part of developing a culture of openness and learning, we want professionals on our register to have the chance to demonstrate strengthened practice, especially as it may relate to any concerns that have been raised with us. We are mindful of the fact that around 9 in 10 referrals made to us result in no regulatory action being necessary and that, despite our best efforts, often a referral has moved far through the process before this decision is taken. To support professionals in clearly articulating how they are currently practising and how this may have strengthened between the date of an event occurring and a concern being raised with us, we launched our approach to strengthening practice in 2019. Through this we seek to give our registrants full opportunity to demonstrate their current competence at an early stage in our process to better inform our decision making.

This year, we recognised that the impact of Covid-19 would make evidencing strengthening practice more difficult, so in June 2020 we published additional Covid-19 tailored guidance on strengthening practice to allow for some flexibility for nurses, midwives and nursing associates during the pandemic.

Taking account of the context in which incidents occur, while retaining a focus on individual accountability

"When a nurse, midwife or nursing associate is referred to us, we'll ask them to explain the wider context of what happened from their perspective. People who use services and members of the public can also tell us their perspective of what happened, which could give us important contextual information."

We understand that even the most capable, dedicated and diligent professional is not immune from making mistakes, and that the particular circumstances prevailing at the time can be an important factor in this. An error in such circumstances is very different to one where the registrant wilfully or carelessly falls short of our standards. Therefore, it is important that we give consideration to the context in which incidents occur because we know that nurses, midwives and nursing associates face complex issues and pressures every day.

In October 2019, we began to pilot a new approach to the use of context. However, we concluded the pilot early as we recognised, as the pandemic developed, that context would become increasingly important in our considerations and the expectation from our registered professionals would be that we would take it into account consistently in our processes.

Instead, we concentrated our efforts on training our teams on how to consider context and in preparing a number of commitments which we will adhere to when assessing context. In developing these commitments we sought a range of views, including from patient experience forums, lead midwives for education and professional representative bodies. We went live with this approach at the end of March 2021.

Employer Link Service (ELS) and Regulatory Intelligence Unit (RIU)

In addition to our fitness to practise processes, we check that the referrals we receive do relate to matters that we are able to consider and that we are aware of general concerns, for example those raised by other regulators, that may indicate a fitness to practise concern for one or more of our registrants.

The ELS provides an advice line for employers to support a fair and consistent approach to any concerns employers may have about someone's fitness to practise and whether we need to take any regulatory action.

In April 2020, all employers were redirected through the ELS advice line before making a referral as part of our response to the pandemic and supporting fitness to practise case work. This was both to remind employers of the thresholds for any concern to be a matter for us and of the information we would need in the event of a referral to be able to make a timely, informed decision on what action we may need to take.

This resulted in a 50 percent increase in requests for advice from employers over the year. The ELS received 1,044 requests for advice about potential referrals from employers. Forty eight percent were advised not to refer or to manage the issue locally in the first instance (43 percent in 2019–2020). In parallel with this we have seen the percentage of cases where we have advised a concern is raised that resulted in a full investigation rise from 69 percent concerns in 2019–2020 to 73 percent of concerns in 2020–2021. This would indicate that our interactions are being effective.

The Regulatory Intelligence Unit (RIU) has continued to develop tools to improve our ability to analyse our external data to aid our decision making and obtain insights into our regulatory processes. For example, we collaborated with academics to explore using data science models to help support consistency in our decision making.

We continue to use our analytical and research expertise to highlight any emerging issues or concerns by scanning a wide range of sources including coroners' reports, system regulator reports, media and patient feedback. We provide an analysis of allegations found proved at adjudication, which is published towards the end of this report.

2020–2021 statistical summary

Our key performance indicators

2020–2021 has been an exceptional year, as the world struggled to contain the Covid-19 pandemic. The impact on our registrants, their employers and the public, as well as on our fitness to practise processes, has meant that there is little direct comparison possible against previous years.

Our primary concern remains the same - we want to reach an outcome that best protects the public at the earliest opportunity in every case and we measure this by two key performance indicators.

Interim orders imposed

Our target

Where it is necessary, we aim to impose 80 percent of interim orders within 28 days of receiving concerns.

Our performance

78%

of interim orders imposed within

28 days

of receiving concerns (2019–2020: 81 percent).

Concluded cases

Our target

We aim to complete 80 percent of our cases within 15 months of receiving concerns.

Our performance

72%

completion of cases within

15 months

of receiving concerns (2019–2020: 81 percent).

Number of concerns

In 2020–2021 we received 5,547 new concerns, a slight (three percent) decrease on last year (2019–2020: 5,704). The number of concerns we received this year represents a little under eight referrals for every 1,000 registrants on our register, which is consistent with previous years.

Number of concerns received	2020–21	2019–20	2018–19
	5,547	5,704	5,373

Source of concerns

Table 1 provides a breakdown of the sources of the concerns we received in 2020–2021. We have seen a significant decrease in the proportion of referrals from employers, but have recorded increases in the number of concerns raised by members of the public including people who use services and and the families of those people.

The vast majority of referrals from members of the public involve nurses. This is to be expected as nurses make up a greater percentage of the register, but our initial analysis has found that midwives are proportionally more likely to be referred to us by members of the public. We have not had the opportunity to analyse these findings further at this time.

Table 1: Source of concerns referred to us

Who referred concerns to us	2020–21 Number of new concerns	2020–21 Percentage of new concerns	2019–20 Percentage of new concerns	2018–19 Percentage of new concerns
Patient/public	1,951	35%	33%	29%
Self-referral	393	7%	8%	8%
Employer	1,400	25%	32%	35%
Opened by the NMC	167	3%	4%	4%
Another registrant	260	5%	4%	4%
Other regulator	28	<1%	<1%	<1%
Referrer unknown	802	15%	10%	7%
Any other informant	546	10%	9%	12%
Total	**5,547**	**100%**	**100%**	**100%**

Concerns where we do not identify a nurse, midwife or nursing associate

In some cases raised with us we are unable to, or do not, identify someone on our register. In 2020–2021 we did not proceed with 942 cases as we did not identify a registrant.

Reasons for not identifying someone include:

- The person is not a registered nurse, midwife or nursing associate.
- The concerns raised are not serious enough to meet our regulatory threshold.

We also have 784 cases in which we have not yet identified a registrant and therefore these cases are not counted in this reporting period.

When we receive new concerns we use a four-stage screening process to decide whether a case needs a full investigation. More information on what happens when we receive a concern or complaint can be found on our website. In many cases we close a case at the first stage after concluding the concerns are not serious enough to meet our regulatory threshold and so we do not go on to identify someone on our register.

Concerns by country of the register

The following diagram is a breakdown of the country of registered address in the 3,821 cases where we were able to identify a nurse, midwife or nursing associate.

Northern Ireland	102 cases	3% of total concerns	4% of the register
Scotland	411 cases	11% of total concerns	10% of the register
England	3,057 cases	80% of total concerns	80% of the register
Wales	198 cases	5% of total concerns	5% of the register
EU and Overseas	53 cases	1% of total concerns	1% of the register

Concerns by registration type

An individual can be registered with us as a nurse or a midwife, as both a nurse and a midwife (known as dual registration), or as a nursing associate.

Table 2 shows the number of new referrals broken down by registration type. There has been no material change in the proportion of referrals by registration type compared to the previous two years.

Table 2: New referrals by registration type

Registration type	2020–21		2019–20	2018–19
	Number of new referrals	Percentage of total referrals (percentage of register)	Percentage of total referrals	Percentage of total referrals
Nurse	3,628	95% (93%)	94%	95%
Midwife	176	5% (5%)	5%	5%
Dual registration	4	<1% (<1%)	<1%	<1%
Nursing associate	13	<1% (<1%)	<1%	0%
Total	**3,821**	**100%**	**100%**	**100%**

Initial assessment outcomes

In 2020–2021, we decided not to investigate 2,788 cases after initial assessment - either because we concluded the concerns did not require regulatory action, or because we were unable to identify a nurse, midwife or nursing associate on our register as outlined earlier in this report.

This equates to 68 percent of referrals, which is a slight (4 percent) increase on rates over the last three years, continuing an upward trend. In 2019–2020 we decided not to investigate 64 percent of referrals and in 2018–2019 it was 63 percent.

In 211 cases we referred the complaint to another regulatory body.

These figures represent a clear opportunity to improve the way in which potential referrers can better understand what we can and cannot do and what may or may not constitute a serious concern regarding a registrant's ability to meet our standards. Equally, we recognise that each concern that is raised has been done so for a reason and we would hope to better support those individuals to secure an appropriate resolution to their concern through the appropriate channel.

Interim orders

In 2020–2021, our panels imposed interim orders to protect the public while our investigations were ongoing in 549 cases (2019–2020: 561 and 2018–2019: 506). Table 3 shows the breakdown between the two types of interim orders.

Table 3: Interim orders imposed

Interim order decisions	2020–21		2019–20		2018–19	
	Number of interim orders	Percentage of interim orders	Number of interim orders	Percentage of interim orders	Number of interim orders	Percentage of interim orders
Interim conditions of practice	309	56%	316	56%	268	53%
Interim suspension	240	44%	245	44%	238	47%
Total	**549**	**100%**	**561**	**100%**	**506**	**100%**

Table 4 breaks down the number of interim orders imposed by registration type. There has been no material change in the proportion of interim orders imposed by registration type over the last three years.

Table 4: Interim orders imposed by registration type

Interim order decisions	2020–21				2019–20				2018–19			
	Nurse	Midwife	Nursing Associate	Dual	Nurse	Midwife	Nursing Associate	Dual	Nurse	Midwife	Nursing Associate	Dual
Interim conditions of practice	293 (56%)	15 (68%)	0 (0%)	1 (25%)	303 (56%)	13 (57%)	0 (0%)	0 (0%)	251 (53%)	16 (58%)	0 (0%)	1 (<1%)
Interim suspension	230 (44%)	7 (32%)	(0%)	3 (75%)	204 (44%)	10 (43%)	0 (0%)	1 (100%)	225 (47%)	12 (42%)	0 (0%)	1 (<1%)
Total	**523**	**22**	**0**	**4**	**537**	**23**	**0**	**1**	**476**	**28**	**0**	**2**

Case Examiner outcomes

In 2020–2021, our Case Examiners took 1,083 decisions (2019–2020: 1,405) at the end of an investigation. In over half of all cases where a decision was reached, no further action was taken. This was slightly down on previous years, with more cases referred to a hearing or meeting.

We provide our decision makers, including Case Examiners, with clear guidance on what is required in a decision. The guidance helps to ensure that our decision-making is consistent, during a time when we have recruited additional Case Examiners to work through the current backlog of cases. In order to strengthen our approach we are recruiting additional manager roles to provide improved oversight and we are also embedding our new Quality of Decision Making team.

Table 5 breaks down the Case Examiner decisions by outcome. It is not possible to draw meaningful comparisons against previous years in most outcomes; however, 2020–2021 saw an expected increase in the number of warnings issued.

In 2019–2020 we had seen a significant drop in the number of cases where warnings were being issued. We saw that this was due to the way the policy principles in our new strategic approach had been applied in practice, and we recognised that new guidance was needed.

In January 2020 we issued new guidance around warnings, which has led to the expected increase in the number of cases where warnings were issued this year. This indicates more cases being resolved without the need for a hearing or further sanctions. We do not expect the number of warnings to return to 2018–2019 levels.

Table 5: Case Examiner outcomes 2020–2021

Case Examiner decisions	2020–21 Number of cases	2019–20 Number of cases	2018–19 Number of cases
Refer for hearing or meeting	435 (40%)	534 (38%)	520 (32%)
Advice	9 (<1%)	7 (<1%)	12 (<1%)
Warning	38 (4%)	6 (<1%)	102 (6%)
Undertaking	26 (2%)	46 (3%)	41 (3%)
No further action	575 (53%)	812 (58%)	963 (59%)
Total	**1,083**	**1,405**	**1,638**

Table 6 breaks down the number of Case Examiner decisions by registration type. As in 2019–2020, there was little difference in the outcomes for nurses compared to midwives, although midwives were more likely to receive a warning.

Table 6: Number of decisions by registration type

Case Examiner decision	2020–21			2019–20			2018–19		
	Nurse	Midwife	Dual	Nurse	Midwife	Dual	Nurse	Midwife	Dual
Refer for hearing or meeting	410 (40%)	22 (43%)	3 (43%)	514 (39%)	20 (24%)	0	490 (32%)	30 (37%)	0
Advice	9 (<1%)	0 (0%)	0	5 (<1%)	2 (2%)	0	12 (1%)	0	0
Warning	35 (4%)	3 (6%)	0	6 (<1%)	0	0	94 (6%)	7 (9%)	1 (20%)
Undertaking	25 (2%)	1 (2%)	0	41 (3%)	5 (6%)	0	37 (2%)	4 (5%)	0
No further action	546 (53%)	25 (49%)	4 (57%)	757 (57%)	55 (67%)	0	919 (59%)	40 (49%)	4 (80%)
Total	**1,025**	**51**	**7**	**1,323**	**82**	**0**	**1,552**	**81**	**5**

There have been no Case Examiner decisions on nursing associate cases since the nursing associate role was introduced in January 2019.

Case Examiners work in pairs. One is a registered nurse or midwife and one is a lay person. If the Case Examiners are unable to agree on an outcome, they must refer the case to an independent panel of the Investigating Committee for a decision. No cases have been referred to the Investigating Committee in the last three years.

Hearing and meeting outcomes

In 2020–2021, our panels reached 208 final decisions on cases (2019–2020: 452 and 2018–2019: 661) through meetings and hearings. Table 7 breaks down the panel decisions by type. The reduction in the number of hearing and meeting outcomes reflects the decision to pause hearings in response to Covid-19.

We continue to work with nurses, midwives and nursing associates and their representatives to resolve more cases at earlier stages in the fitness to practise process. Where cases are referred onwards by the Case Examiners we are encouraging remediation and engagement to resolve more cases at a meeting.

Table 7: Panel decisions

Panel decision	2020–21		2019–20		2018–19	
	Number	Percentage	Number	Percentage	Number	Percentage
Strike off	56	27%	127	28%	162	25%
Suspension	86	41%	142	32%	231	35%
Conditions of practice	27	13%	69	15%	99	15%
Caution	14	7%	42	9%	57	8%
Sub-total	**183**	**88%**	**380**	**84%**	**549**	**83%**
Facts not proved	6	3%	5	1%	17	3%
FtP not impaired	19	9%	67	15%	95	14%
Total panel decisions	**208**	**100%**	**452**	**100%**	**661**	**100%**

Table 8: Panel outcomes by registration type

Panel decision	2020–21			2019–20			2018–19		
	Nurse	Midwife	Dual	Nurse	Midwife	Dual	Nurse	Midwife	Dual
Strike off	55 (28%)	1 (9%)	0	123 (29%)	4 (14%)	0	155 (25%)	7 (24%)	0
Suspension	80 (41%)	5 (46%)	0	132 (31%)	10 (36%)	0	224 (35%)	7 (24%)	0
Conditions of practice	25 (13%)	2 (18%)	1 (50%)	62 (15%)	7 (25%)	0	92 (15%)	7 (24%)	0
Caution	14 (7%)	0	0	39 (9%)	3 (11%)	0	57 (9%)	0	0
Sub-total	**174**	**8**	**0**	**356**	**24**	**0**	**528**	**21**	**0**
Facts not proved	6 (3%)	0	0	4 (<1%)	3 (11%)	0	16 (2%)	1 (4%)	0
FtP not impaired	15 (8%)	3 (27%)	1 (50%)	64 (15%)	1 (3%)	0	88 (14%)	7 (24%)	0
Totals	**195**	**11**	**1**	**424**	**28**	**0**	**632**	**29**	**0**

Since the role was introduced three years ago, there have been no allegations against nursing associates that have come before a panel.

Allegations found proved at adjudication

In our 2018–2019 report we started publishing the most common types of allegations found proved at our hearings and meetings for the first time and the top three categories remained the same for 2019–2020.

In 2020–2021, the same three categories remained the most common types of allegation, but with prescribing and medicines management at the top, followed by patient care, and record keeping.

The table below shows the most common allegations within each of these categories. Level one is the headline allegation category and level two provides more detail about the allegation type.

Allegation level one (% of total allegations)	Allegation level two
Prescribing and medicines management (25%)	Patient or clinical records
	Drugs or medication records
	Other record keeping issues
	Care plan
Patient care (18%)	Not administering or refusing to administer medication
	Other drugs administration or medicines management errors
	Administered incorrect dosage
	Inappropriate or incorrect delivery of medication
Record keeping (12%)	Patient or clinical records
	Drugs or medication records
	Other record keeping issues
	Care plan

Fraudulent or incorrect register entries

Our panels consider allegations that a nurse, midwife or nursing associate has been added to the register incorrectly or fraudulently. If they find the allegation proved, the panel can direct the Registrar to remove or amend the entry on the register.

In 2020–2021, our panels directed the Registrar to remove a nurse or midwife from the register in 17 cases (2019–2020: 33 and 2018–2019: 34).

Voluntary removal

After a case has been referred for a hearing or meeting, nurses, midwives and nursing associates may apply to be voluntarily removed from the register. The Registrar will only approve applications where the nurse, midwife or nursing associate accepts the allegations and it is in the public interest for them to be removed from the register immediately. If the application is not accepted, the case will proceed to either a hearing or a meeting to be decided by a panel.

Table 9 shows the number of applications received and granted in the last three years. The figures do not balance in-year because some decisions are reached in the year after the request was received.

Table 9: Voluntary removal applications

Voluntary removals	2020–21	2019–20	2018–19
Number of applications	36	50	82
Applications granted	39	31	60
Applications rejected	6	20	41

Table 10: Voluntary removal decisions by registration type

Voluntary removals	2020–21		2019–20		2018–19	
	Nurse	Midwife	Nurse	Midwife	Nurse	Midwife
Applications granted	39	0	30	1	52	8
Applications rejected	5	1	19	1	38	3
Totals	**44**	**1**	**49**	**2**	**90**	**11**

Reviews and appeals

We have the power to review the Case Examiners' decisions, including advice, warnings and undertakings, and anyone can request that we do so.

Reviewing a decision under this process is done in two stages:

- We decide whether or not to carry out a review.
- If we carry out a review, we can decide either to uphold the original decision or that a new decision is required.

Table 11 shows the number of requests we received and the decisions we took during the year. The figures do not balance in the year because some reviews were not completed in the year the requests were received. The number of requests we received has remained broadly similar and represents less than three percent of all Case Examiner decisions.

Learning from reviews is used to inform training and other quality improvement activities for Case Examiners and investigators.

Table 11: Reviews of Case Examiner decisions

Power to review stage	2020–21	2019–20	2018–19
Total requests for review received	38	37	44
First stage: request closed	17	19	18
Second stage: fresh decision required	7	17	10
Second stage: original decision upheld	0	2	4

In the seven cases where the Registrar decided a fresh decision was required in 2020–2021, they gave the following reasons:

- In two cases because there was a material flaw in the original decision.
- In two cases new information became available.
- In three cases there was both a material flaw in the original decision and new information became available.

In all seven cases the outcome of the new decision was that the case was sent for a new hearing or meeting.

A nurse, midwife or nursing associate is able to appeal against a decision of our panels. They must lodge their appeal within 28 days of the decision to one of the following: the High Court in England and Wales, the High Court in Northern Ireland, the Court of Session in Scotland.

The Professional Standards Authority (PSA) can also refer a case to court if it considers that a panel decision does not protect the public.

Table 12 shows the total number of appeals – not all appeals lodged are concluded in 2020–2021 and outcomes include appeals lodged in previous reporting periods. This means the figures do not balance in-year because some decisions are not reached in the year the appeal was lodged. Learning from appeals is used to inform training for panel members and staff and other quality improvement activities.

Table 12: Outcomes of appeals of panel decisions

Outcome	2020–21	2019–20	2018–19
Total appeals lodged	13	23	28
Appeal upheld	6	13	18
Appeal dismissed	13	9	9

The table below shows the breakdown in this year's appeal of panel decisions by appeal type.

Table 13: Appeal of panel decisions by appeal type

Outcome	PSA	Registrant
Appeal upheld	6	0
Appeal dismissed	1	12

Restoration to the register

A nurse or midwife who has been struck off by a panel can apply to be restored to our register after five years. Before they can rejoin the register, they have to satisfy a panel that they are fit to practise. If their application is successful, they usually have to undergo a return to practice programme.

Table 14 shows the outcomes of restoration applications in 2020–2021. The figures do not balance in-year because some decisions are reached in the year after the appeal was made. There is some fluctuation in the number of restoration applications over the last few years; however, we have not identified any underlying trends.

Table 14: Restoration application outcomes

Outcome	2020–21	2019–20	2018–19
Total applications received	72	62	47
Application accepted	33	30	16
Application rejected	30	28	10

Table 15: Restoration decisions by registration type

	2020–2021 total	Nurse	Midwife
Application accepted	33	33	0
Application rejected	30	30	0

Equality, diversity and inclusion (EDI) and the fitness to practise process

> The NMC has been explicit in its commitment to equality, diversity and inclusion (EDI) and meeting our public sector equality duty under the Equality Act 2010. We are committed to EDI being at the heart of everything we do, whether it is how we work with each other as colleagues, how we work with our partners and people on our register or how we make decisions as part of our fitness to practise hearings. We will be working to gain an understanding of, and addressing, any gaps which prevent and/or inhibit EDI and/or our values and behaviours being truly lived within the Panel Member and Legal Assessor group. We will reinforce our zero tolerance policy in respect of discrimination of any form and provide all parties with training, guidance and positive role-modelling to embed best practice.

Our past research has shown that there are differences by diversity characteristics both in the risk of referral to us, and in fitness to practise outcomes, and we have used this knowledge to develop new ways of working in fitness to practise, beginning in September 2017 in response to the Greenwich report.

When considering changes to our policies or processes, we carry out an Equality Impact Assessment (EQIA) to ensure that the change does not discriminate against or disadvantage any groups. For example, the EQIA conducted in relation to our response to the Covid-19 pandemic concluded that our response did not disadvantage or discriminate against any groups.

In October 2020, we published our *Ambitious for change* research, which shows that sometimes people with certain diversity characteristics, like gender, ethnicity and sexual orientation, have different outcomes from our fitness to practise processes.

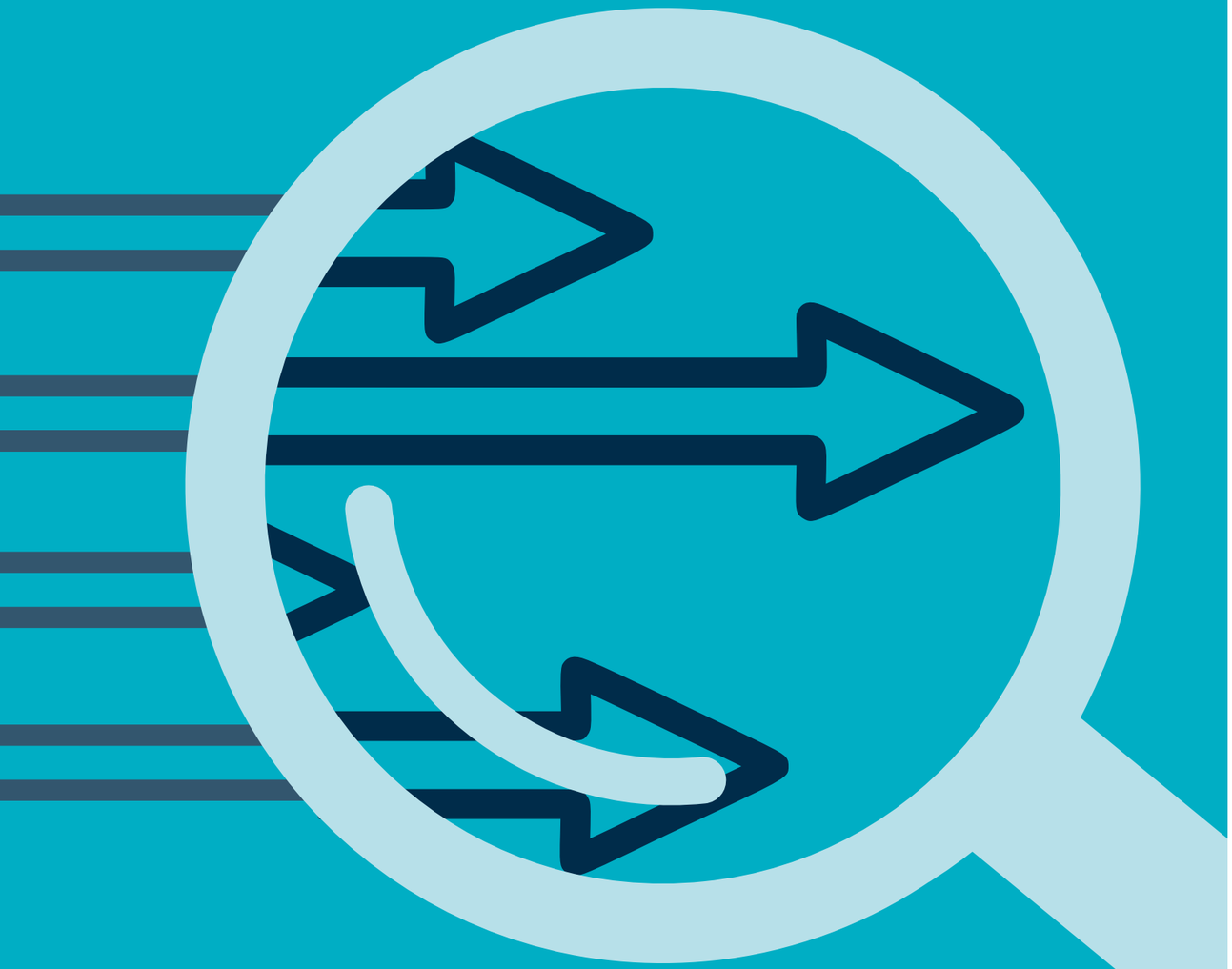
This research found that certain groups of professionals are more likely to be referred to us. We have commissioned research to speak to professionals with experience of being referred, and employers and members of the public who have made referrals to us, to understand their experiences of our processes and to hear what they think we and others can do to tackle any unfairness.

The research also found that there continue to be differences for some groups in how far they progress through our fitness to practise process and the outcome they receive. We are commissioning an independent review to ensure that our decision-making is fair and consistent. The research will be used to identify further improvements we can make to the way we work and our processes to maximise fairness and consistency.

We recognise that there is more to do and will continue to consider the data to help identify where we can work with our stakeholders to plan further actions in the future as our understanding of the causes of these differences becomes clearer.

Statistical summary

Future focus: 2021–2022



> During 2021–2022 we will continue to focus on improving our efficiency and effectiveness, ensuring our fitness to practise processes are proportionate and do not involve unnecessary duplication or scrutiny.

We are committed to reducing the caseload that has built up during 2020–2021, and will be tracking and measuring our decision making at each key stage of the process, while ensuring a consistently high quality of decisions.

We will continue to work with employers to ensure that, wherever possible, local resolution solutions are explored.

We will fully embed the principle of only holding contested hearings where there is a matter in dispute that only a panel can resolve.

We are committed to continuing with virtual hearings where they are appropriate. However, when we establish our new Edinburgh offices in August 2021, these will include a second space to hold physical hearings.

We will implement a more systematic, methodical and consistent approach to taking account of context. This means that when we look at concerns made about someone's practice, we will have a more structured way of considering the circumstances in which they were working at the time and will use this information to help us make our decisions. We also aim to share more broadly our insight into the full range of root causes for errors that may lead to harm so that these can be addressed appropriately.

We have begun our shift from "remediation" to "strengthening practice", particularly at the early stage of our process, so that we learn about registrants' current practice as early as possible in the life of any referral. This can be a key component in ensuring decisions are reached as early as possible where no further action is identified.

The common thread running through all our improvement work is the drive to become more person-centred, with the aim of better supporting everyone involved – both people who raise concerns with us and those referred to us at each stage of the process and treating them in line with our values of being kind and fair at all times.

Nursing & Midwifery Council

ISBN 978-1-5286-2786-3
CCS0721891100