

# Supporting the nursing and midwifery workforce in challenging times

Summary of our work in 2020–2021

2020  
2021

# About us

Our vision is safe, effective and kind nursing and midwifery that improves everyone's health and wellbeing. As the professional regulator of almost 732,000 nursing and midwifery professionals, we have an important role to play in making this a reality.

Our core role is to **regulate**. First, we promote high education and professional standards for nurses and midwives across the UK, and nursing associates in England. Second, we maintain the register of professionals eligible to practise. Third, we investigate concerns about nurses, midwives and nursing associates – something that affects less than one percent of professionals each year. We believe in taking account of the context in which incidents occur and giving professionals the chance to address concerns, but we'll always take action when needed.

To regulate well, we **support** our professions and the public. We create resources and guidance that are useful throughout people's careers, helping them to deliver our standards in practice and address new challenges. We also support people involved in our investigations, and we're increasing our visibility so people feel engaged and empowered to shape our work.

Regulating and supporting our professions allows us to **influence** health and social care. We share intelligence from our regulatory activities and work with our partners to support workforce planning and sector-wide decision making. We use our voice to speak up for a healthy and inclusive working environment for our professions.

Our values and behaviours shape our culture, influencing the work we do and how we do it.

**We are fair**

**We are kind**

**We are collaborative**

**We are ambitious**



# Our register in numbers

Permanent register on 31 March 2021

681,527

Nurses

39,070

Midwives

6,968

Dual  
registrants

4,353

Nursing  
Associates



A total of

731,918

people

There were an additional 15,457 people on our Covid-19 temporary register.

## We value the diversity of our permanent register

21.7%

of the people on our register are from minority ethnic backgrounds.

0.7%

said their gender identity doesn't match the sex they were registered with at birth.

3.6%

have a disability.

11.4%

of nurses identify as male.

0.3%

of midwives identify as male.

13.7%

of nursing associates identify as male.

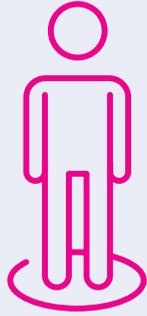
0.9%

of dual registrants identify as male.



Our  
impact  
in numbers

# Our impact in numbers



Between April 2020 and March 2021 we welcomed

**34,577**

professionals to our permanent register for the first time.



More than

**99%**

of UK initial registration applications were completed within one day.

(Our target was 97 percent)



**99.4%**

of overseas applications

+



**99.7%**

of EU/EEA applications

**completed within our goal of 30 days.**

(our target was 90 percent)

We changed our target from 60 days to 30 as a result of the system improvements introduced in October 2019.

## Revalidation

To help relieve pressure on the nursing and midwifery workforce during the pandemic, we extended the time that people had to complete their revalidation. We believe this was an effective and balanced measure that enabled professionals to focus on the pandemic and complete their revalidation when they were more able to do so.

In 2020–2021

**179,361\***

**professionals revalidated on time.**

This is lower than the [previous year](#) due to the revalidation extensions we gave during the pandemic.

\*80.7%



## Fitness to practise in numbers 2020–2021

In 2020–2021  
we received

**5,547**

**new concerns**

about nurses, midwives  
and nursing associates.

(3% less than the  
previous year)

We decided not  
to investigate

**2,788**

**cases**

after initial assessment.

Our impact in numbers

# Our impact in numbers

## Interim orders:

Our panels can apply temporary restrictions to someone's practice or suspend them while our investigations are ongoing.

(2019–2020: 561)

This happened in

# 549

cases this year.

In 2020–2021 we completed

# 1,083 investigations

(2019–2020: 1,405)



# 73

## cases

We gave advice, issued a warning, or agreed on measures that would address the problem.

# 435

## cases

were referred to fitness to practise panels.

# 573

## cases

No further action was needed.

Only 56 people who went through our fitness to practise process were removed from the register in 2020–2021. An additional 39 were voluntarily removed. That's 0.01 percent of the total number of people on our register.

## Our fitness to practise performance targets\*

\*See page 16 for context.

We closed

# 72%

of our cases within 15 months.

(Target: 80%)

We imposed

# 78%

of interim orders within 28 days of concerns being raised with us.

(Target: 80%)

## Equality, diversity and inclusion in fitness to practise

# 8.5%

of all new midwife referrals were about people from Black African ethnicity.  
(2.3 percent of midwives on the permanent register are Black African)

# 14.1%

of all new nurse referrals were about people from the Black African ethnic group.  
(7.5 percent of nurses on the permanent register are Black African)

# 23%

of new referrals were about men.  
(10.8 percent of people on the permanent register are men)

Our impact in numbers

## People at the NMC

### Employee Turnover

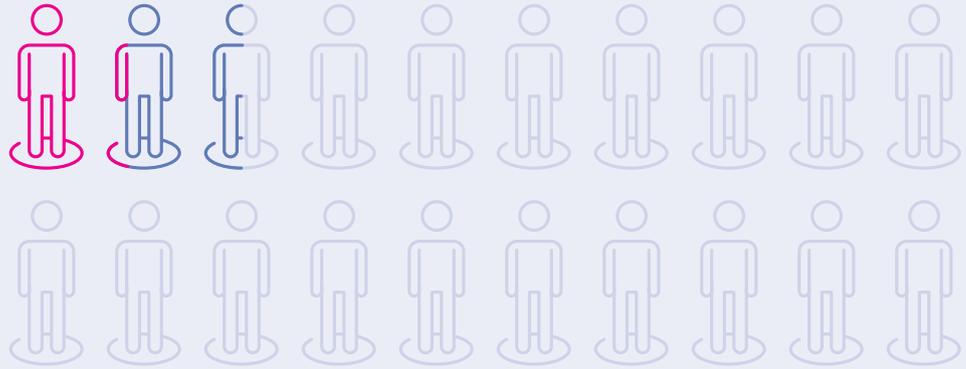
Fell to

**5.6%**

from

**13.5%**

the previous year.



### New Starters

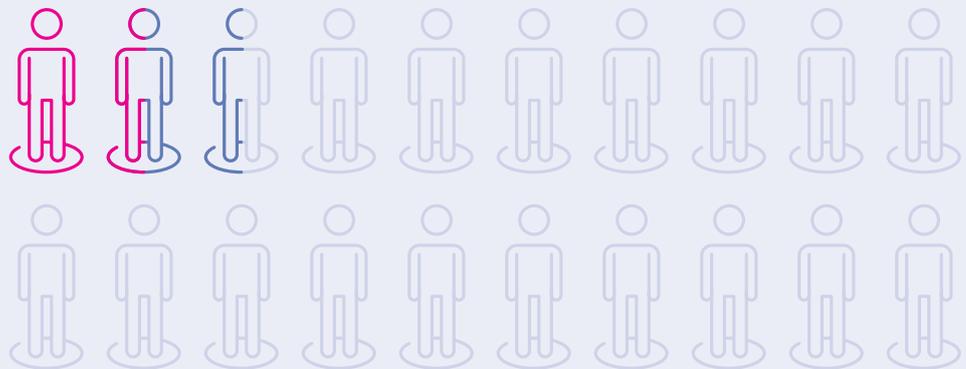
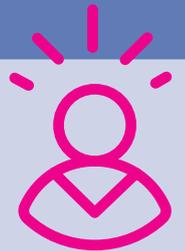
The number of new starters who left within six months fell to

**6.8%**

This was down from

**12.7%**

the previous year.





# What we spent

2020–2021

Our income was

£92 Million

We spent

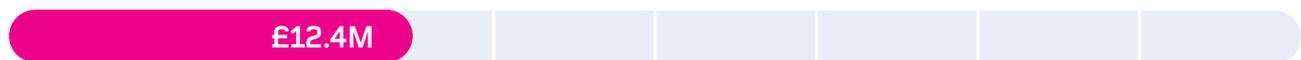
£81.6 Million

The diagram below shows a breakdown of how we spent this money.

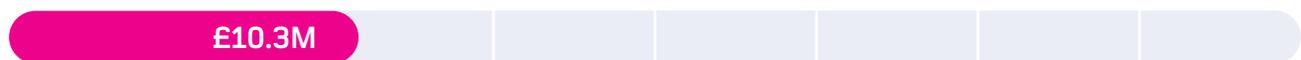
Fitness to practise



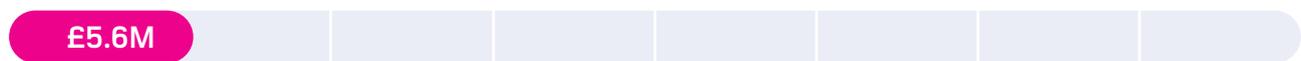
Estates, finance, people and organisational development



Information technology



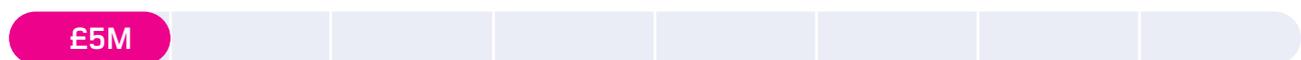
Maintaining the register



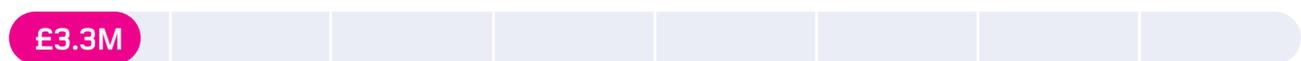
Governance, legal and PSA fee



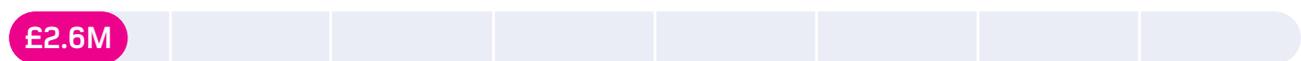
Education, standards and policy



Depreciation



Communications and engagement





2020–2021 has been one of the most challenging years in modern times for nursing and midwifery. The professionals on our register have been at the heart of the UK response to the Covid-19 pandemic. Covid-19 has also challenged us at the NMC. We learned just how adaptable, responsive and flexible we can be while continuing to regulate safely and effectively.

## Response to Covid-19 pandemic

Our Council approved our new strategy for 2020–2025 and our corporate plan for 2020–2021 in March 2020, just as the Covid-19 pandemic took hold. This meant we had to put some of our planned activities on hold and quickly refocus our strategic priorities.

### Covid-19 temporary register

Early in the pandemic we introduced a [Covid-19 temporary register](#) to help expand the nursing and midwifery workforce. In stages, we invited two broad groups of professionals to join the temporary register:

- nurses and midwives who had left our permanent register within the previous five years
- internationally trained professionals in the final stages of their applications to join the permanent register.

At the end of the year there were

# 15,457

people on the Covid-19 temporary register.



## Emergency and recovery standards

We put emergency education standards in place to ensure the continuity of nursing and midwifery education. These standards also allowed some students to contribute to the pandemic response through extended clinical placements.

Later on we replaced these emergency standards with recovery standards. These recovery standards supported students to return to as normal an education as possible. We reintroduced some of our emergency standards during the second wave of the pandemic.

## Revalidation extensions

We recognised that some professionals would have difficulties revalidating during the unprecedented Covid-19 emergency. To relieve the pressure and to reduce worry we used our emergency powers to extend the time that people had to complete their revalidation during both waves of the pandemic. We also published specific guidance around this.

## Fitness to Practice (FtP) backlog

The number of FtP concerns that we hadn't made a final decision about had started to increase by the end of 2019–2020. This was partly due to more person-centred ways of working, and vacancies in key teams. We'd started to address this before the pandemic.

When the pandemic unfolded, our response included a move to virtual hearings. We also paused all but the most serious cases, so that professionals and their employers could focus on the emergency. This meant our backlog continued to increase.

In January 2021 we launched our Fitness to Practice Improvement Programme – an ambitious range of improvements to our FtP processes and decision making. These changes will help us to reduce the backlog quickly and fairly.

Our improvements include a new, more consistent approach to taking account of context in our decision making. We've also developed a new web-based resource for employers, supporting them to act first to deal with concerns and enabling us to focus on the most serious cases.

## Updated test of competence

We had intended to launch an updated test of competence in summer 2020. This is the test that international professionals take to join our register, and that people take to rejoin after a long period away from practice. We wanted to develop the test to reflect our new standards for nurses and midwives, but the pandemic meant we had to postpone the implementation to August 2021.

In March 2021 we launched a [dedicated information hub](#) with key information and guidance for candidates, recruiters and employers about the updated test of competence ahead of the launch. It includes support and preparation for those preparing for the test as well as mock exams and handbooks.

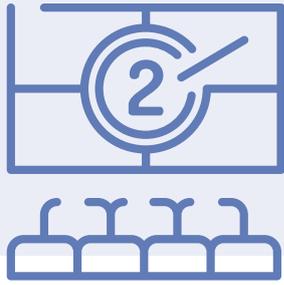
## Building on ambitions for community and public health nursing

In co-production with professionals and stakeholders, we developed draft post-registration education standards for consultation. These standards are for specialist community public health nursing (SCPHN) and specialist practice qualifications (SPQs).

We ran all our pre-consultation engagement activity online. This widened our reach, particularly to frontline practitioners, and helped us engage with more than 2,000 stakeholders across the UK. Due to the pandemic, we could not complete our public consultation and user testing before the end of 2020–2021 as planned. We launched the public consultation in early April 2021.

## Caring with Confidence

As part of our proactive support for our professions, we developed a series of animations called [Caring with Confidence: The Code in Action](#). These focus on key themes about nursing and midwifery professionals' roles, and how the Code can support them to uphold high standards, especially in difficult situations.



There were more than

**700,000**

views of the animations.

Of more than 450 people who responded to a feedback survey: 92 percent said the animations made them feel more confident about the topic and how it relates to their work as a registered professional. 92 percent said this type of resource helps them to uphold high standards during challenging circumstances.

## Equality, diversity and inclusion (EDI)

Our commitment to equality, diversity, and inclusion threads through all our work. In 2020–2021 we became the first professional health and care regulator to sign up to the NHS Workforce Race Equality Standard. We also published for the first time our disability and ethnicity pay gap reports alongside the annual gender pay gap report.

In October 2020 we shared our updated EDI priorities as part of our refreshed [EDI framework](#). We also shared the first report in our [Ambitious for Change](#) research project. This looked at the impact of our regulatory processes on professionals with different protected characteristics. We found that sometimes people can receive different outcomes from our processes based on who they are.

## Remote working

With our offices closed for most of 2020–2021, most of our work was done from home. We moved our internal and external meetings onto virtual videoconference. We gradually moved to virtual hearings, too. We enabled our contact centre to work remotely. We supported colleagues to work from home and to prepare to return to the office when the time is right.

What we achieved

2020  
2021

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