

Impact where it matters most

Summary of our work in 2022–2023

About us

Our vision is safe, effective and kind nursing and midwifery practice that improves everyone's health and wellbeing. As the independent regulator of more than 788,000 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 a tiny minority of professionals each year. We believe in 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 register in numbers

On 31 March 2023 there were:





Total register **788,638**

(compared to 758,303 the previous year)

In September 2022, the Government asked us to keep the Covid-19 temporary register open for a further two years. We reviewed our arrangements and made changes to ensure we maintain the register safely and fairly.



On 31 March 2023 there were 1,992 people on the Covid-19 temporary register.

We value the diversity of our register

27.7% are from ethnic minority backgrounds, compared to **24.7%** in the previous year.

3% told us they have a disability, compared to **3.2%** in the previous year.

89% told us they are women, compared to **89.1%** in the previous year.

11% told us they are men, compared to 10.9% in the previous year.

0.85% said their gender identity doesn't match the sex they were registered with at birth, compared to **0.8%** in the previous year.



Our impact in numbers

We completed

99%

of UK initial registration applications within one day, meeting our target of 97 percent

We completed

of applications from internationally trained professionals within our goal of 30 days, exceeding our target of 90 percent

Revalidation

To remain on the register, all professionals need to demonstrate that they are maintaining safe and effective practice by revalidating once every three years.

In 2022-2023,

227,351

professionals successfully revalidated



94%

of those who were due to do so

This year's figures bring revalidation rates back in line with pre-pandemic levels.

Fitness to practise

One way we regulate professionals and maintain public safety is to investigate concerns about nurses, midwives and nursing associates – something that affects a tiny minority of the professionals on our register every year. We determine whether their skills, knowledge or behaviour fall below the standards needed to deliver safe, effective and kind care. If they do, we then take steps to keep the public safe.

We will always take action if needed (including removing people from our register in the most serious cases). But most of the time the best way to keep people safe is for nursing and midwifery professionals to be open about what has happened and learn from incidents to stop similar things happening again in the future.

When deciding whether there is a risk, we take into account the context in which an incident took place and any steps professionals may have taken to strengthen their practice since the incident happened.

In 2022-2023 we received

5,068

new concerns

about nurses, midwives and nursing associates

(4 percent less than last year)

We decided **not to investigate**

4,639

cases after initial assessment

Interim orders: Our panels can apply temporary restrictions to someone's practice or suspend them while our investigations are ongoing if we believe this is necessary to protect the public. This happened in 688 cases this year.

We completed

1,210 investigations

In 133 cases we gave advice, issued a warning, or agreed on measures that would address the problem.

666 cases were referred to independent fitness to practise panels for a hearing or a meeting.

In 411 cases, no further action was needed.

191

professionals who went through our fitness to practise process were removed from the register In addition, 60 were granted agreed removal (where a professional has asked to be removed from the register). Also, 155 people were suspended from the register, 31 were given a caution and 65 people had conditions placed on their practice.

Our fitness to practise performance

Reducing our fitness to practise caseload safely and swiftly is our number one priority because we know the impact delays have on people.

We reduced our caseload from

6,469 cases at 31 March 2022

5,577 cases at 31 March 2023

This is short of our target to reach 5,000 but we have established a downward trend that we are confident we will continue into 2023-2024.



We imposed 65% of interim orders within 28 days of receiving concerns (Target 80 percent)



61%

We closed 61% of cases within 15 months of receiving concerns (Target 80 percent)



People at the NMC



Employee turnover increased to

12.8%

(Target: 12.5 percent)

Turnover of new starters who left within six months decreased to

9.4%

(Target: 12.5 percent)

We expected an increase in turnover after the easing of the Covid-19 pandemic led to a candidate-driven market. The London average turnover (where the majority of colleagues are based) is 12 percent so we are in line with this.

What we spent

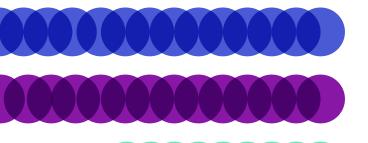
Our income was

£103

We spent

£98
million*

This is how we spent this money:



£48m

Fitness to practise

£16m

Estates, finance, people and organisational development

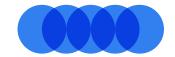


Education, standards and policy



£8m

Information technology



£5_m

Maintaining the register



£5_m

Governance, legal and Professional Standards Authority fee



£3m

Depreciation



£3m

Communications and engagement

We're mindful that the majority of our funding comes from those on our register, and we need to spend that money as effectively as possible.

*We finished 2022-2023 with a £5 million surplus. The surplus arose from several factors including slippage in recruitment to fill vacancies and some deferral in project and programme spend. The surplus will therefore be spent on recruitment and project and programme spend in future years.

The individual totals listed above don't add up to £98m due to rounding.

What we did this year

We reduced the number of open fitness to practise cases

Since the beginning of 2019-2020 we've had a high fitness to practise caseload due to challenges with progressing cases in a timely manner, in part caused by the impact of the pandemic. Reducing this caseload swiftly and safely is vitally important for everyone affected so it's our top corporate priority.

During 2022–2023, we reduced our caseload through increased efficiency, and kind and considerate regulation to all those involved in cases. The caseload went from 6,469 cases as of 31 March 2022 to 5,577 by the end of March 2023. Although short of our target of a 5,000 caseload total, we are confident of continuing this downward trend into 2023–2024.

We worked towards tackling discrimination and inequality

We have a responsibility as a regulator and an employer to do everything we can to tackle discrimination and inequality and to promote diversity and inclusion.

Last year we began to implement our EDI plan 2022–2025. This included publishing an anti-racism resource with NHS England and NHS Confederation that supports nursing and midwifery professionals working in the NHS to combat racism. We also published the findings from the second phase of our Ambitious for Change research, which examines the impact of our processes on professionals with different diversity characteristics. We used the findings to develop a targeted action plan.

By addressing these challenges internally, we are better able to use our leadership role and regulatory powers to tackle discrimination and inequality in the health and social care workforce which in turn negatively affects the health outcomes of people and communities.

We supported professionals while pressures remain high

The health and social care workforce is under significant pressure. We continued to play our part in helping to ease that pressure and supporting nursing and midwifery professionals to deliver the safe, effective and kind care that everyone has the right to expect.

Some of the ways we did this include revising our English language requirements to make sure that people with the right level of English language competence can work safely in the UK; expanding the number of Objective Structured Clinical Examination (OSCE) centres and significantly increasing test capacity; and continuing to maintain the Covid-19 temporary register after the Government asked us to keep it open for a further two years.

During the industrial action by nursing and midwifery professionals that has been taking place, we have highlighted the right of professionals on our register to take part in lawful industrial action, including strikes. We also emphasised that the Code of Conduct, which sets the professional standards of practice and behaviour for nurses, midwives and nursing associates continues to apply.

We worked with others to improve safety in health and social care

We supported professionals on our register to revalidate, introduced new approaches to education quality assurance, targeted our outreach activity and worked with partners to promote improvements.

Safety of maternity services was, and still is, a key focus. During 2022, two reports set out appalling, tragic and long-standing failings in maternity services: Donna Ockenden's report on Shrewsbury and Telford Hospital NHS Trust and Dr Bill Kirkup's East Kent report. Our thoughts are with the women, their babies and families who have been so terribly affected by these awful events and with those affected by issues at Nottingham University Hospitals NHS Trust as we await the outcome of an independent review into maternity services there.

This year we considered very carefully the findings of the Ockenden and East Kent reports to see what action we needed to take and where we could work with others to improve working environments to ensure sustainable improvements in maternity services. We know that collaboration among regulators and our partners is key to addressing some of the issues outlined in the reports.

"I think with everyone engaging and undertaking these conversations we can change for the better."

Professional Behaviours and Patient Safety workshop attendee

This year we:

- carried out an extraordinary review of the midwifery programme at Shrewsbury and Telford Hospital NHS Trust to provide assurance of the practice learning environment for students
- wrote to professionals to support their revalidation using our new standards and address any gaps in their knowledge as part of continuous professional development
- agreed a new pre-registration programme standard which will require midwifery students to have placement experiences at more than one maternity services provider so they experience a diverse range of teams and settings.

We set robust education and professional standards that benefit people who receive care

We delivered a new set of ambitious post-registration standards for specialist community public health nursing (SCPHN), and specialist community nursing qualifications (SPQs), and the programme standards which specify how courses leading to these qualifications should be delivered.

Our new standards set out the necessary knowledge and skills nurses and midwives need to provide specialist care and support for people, and the wider community. They make clear what professionals will need to know and be able to do to provide the highest standard of modern specialist community, and public health nursing practice, in a health and care landscape that is constantly evolving.

"We welcome these standards which set out the expectations for future health visitors and build on the advances in the evidence base for preventative public health for babies, children and families. We thank the NMC for engaging with so many groups and practitioners during their consultation and for taking on board so many of the comments from the Institute of Health Visiting."

Alison Morton, Executive Director, Institute of Health Visiting We also launched new standards for pre-registration education in the UK. Following the UK's exit from the EU, we made some changes to our education programme standards to enable a broader range of students to join our register with the knowledge and skills to provide safe, effective and kind care for people. The changes give educators the flexibility to deliver courses at the cutting edge of nursing and midwifery education.

More than 6,200 people and partners shared their initial views, followed by 2,500 responses to a public consultation. We're grateful to everyone who collaborated with us to reach this point and we're reassured by the support for our changes.

We also began exploring whether the regulation of advanced practice is needed and commissioned two independent research reviews.

There are many terms for 'advanced practice', but usually this refers to experienced nurses and midwives who are increasingly taking on complex, autonomous and expert roles commonly referred to as 'advanced practice'.

We prepared for regulatory reform to enable better, safer regulation for people and communities

We continued to work with the UK Government to develop a new legal framework that will modernise how we regulate. Benefits for people will include having a clearer register that is easier to understand; being able to act more rapidly to protect the public if someone can't meet the required standards of proficiency and conduct; and stronger and more proportionate quality assurance of education.

In February 2023 the UK Government launched a consultation on draft legislation that would bring anaesthesia associates and physicians associates into regulation. This legislation will act as the template for wider legislative reform, including our own. So we worked closely with the UK Government and other regulators to make sure the principles of this legislation would work for us.

We monitored nursing and midwifery education programmes in the best interest of people receiving care

We're moving to a more risk-based and data-driven approach. This helps us proactively identify issues and make interventions as quickly as we can in the best interests of students, and the people they'll care for once they've graduated.

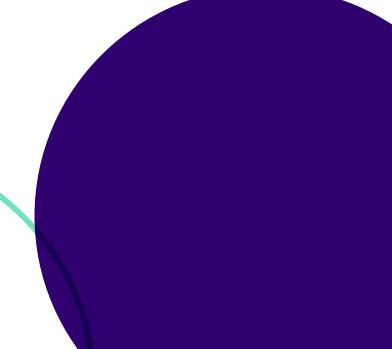
Last year our quality assurance work focused on carrying out approvals of pre-registration midwifery programmes against our new education standards. Canterbury Christ Church University was the only institution to be refused approval of its programme, due to concerns that the proposed programme did not meet our new standards. Due to the number of concerns identified there was insufficient time for the university to re-seek approval in time for the September cohort of students. We understand the impact of refusing approval and we have worked closely with NHS England Workforce, Training and Education (NHSE WTE) to support the university and the students affected.

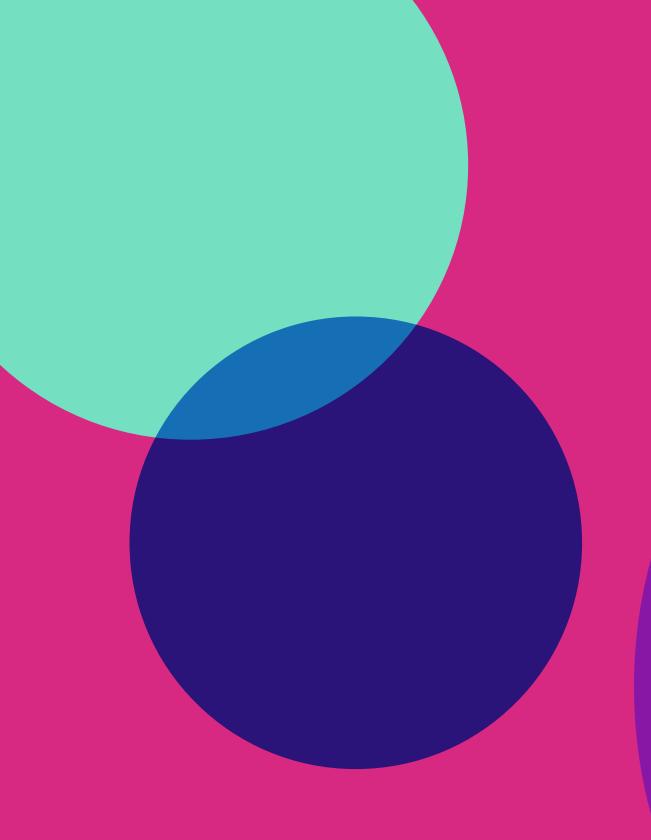
We improved the way we work

To ensure we're supporting our colleagues and have the capabilities to achieve our strategy which aims to improve everyone's health and wellbeing, we began implementing a People Plan. This will make us a more inclusive employer that attracts the best talent, develops colleagues and ensures everyone is appropriately rewarded.

We're also upgrading our digital tools and systems to make it easier for people to connect with us and for NMC colleagues to do their jobs well. We have updated our laptops and are now using Microsoft Teams which has allowed colleagues to be more efficient. We've also created workspaces that support wellbeing and collaboration.

While we do all this, we're mindful that our funding comes from people on our register and that we need to spend that money as effectively as possible, especially given the current economic climate.





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