

Annual Fitness to Practise Report 2024–2025





Nursing and Midwifery Council

Annual Fitness to Practise Report 2024-2025

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Nursing and Midwifery (Amendment) Order 2008





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Foreword

The 2024–2025 business year was a difficult one for the Nursing and Midwifery Council (NMC) and many of the people we interact with: our colleagues, the professionals on our register and the public for whom they care. The latest Professional Standards Authority (PSA) annual review of the NMC’s performance – which covers the period 1 July 2023 to 31 December 2024 – reflects some of these significant challenges.

The Independent Culture Review by Nazir Afzal OBE – published in July 2024 – found that some NMC colleagues had experienced poor behaviours including racism and other forms of discrimination, as well as bullying and harassment. These behaviours are unacceptable.

The report also said that the NMC’s troubled culture negatively affected its work on fitness to practise and other areas. Too many cases were being caught up in the organisation’s fitness to practise process for too long, resulting in additional stress and anxiety for everyone involved.

During the year, concerns were also raised that the NMC was failing to recognise, respond to and deal appropriately with safeguarding issues within the fitness to practise process. This led to concerns that we were failing to recognise where registrants, members of the public and others involved in our processes were at risk.

We acknowledge that our performance, during this period, was not good enough and that we let many people down – members of the public making referrals, nursing and midwifery professionals who are referred, and staff colleagues.

Since January 2025, we have been putting things right at pace.

On 20 January, Paul was appointed as Interim Chief Executive and Registrar, having turned around culture and performance at other organisations, including having embedded equality, diversity and inclusion. In April, Ron was appointed as Chair, having been Chief Executive of Lincolnshire Health Authority and of two barristers’ chambers and Chair of the British Transport Police Authority, among other roles. This followed a long and distinguished career in the Royal Air Force Regiment.

In March, we published our Culture Transformation Plan. This is a comprehensive three-year programme, broken down into quarter-by-quarter activities. These revolve around the pillars of strong and effective leadership, values-based decision making, embedding EDI, ensuring psychological safety, enabling enjoyment at work and regulatory fairness.

Through the plan, we are rolling out a coaching programme for all leaders and managers on how to help lead the turnaround of our culture – to become positive, empowering and inclusive.

In April 2025, we also signed up to the UNISON Anti-Racism Charter. This further underlines our determination to become an anti-racist organisation – an ambition which lies at the heart of the Culture Transformation Plan.

Meanwhile, we are also improving our fitness to practise processes and timelines.

In April 2024 we launched our Fitness to Practise Plan, which aims to ensure that we make swift and safe, proportionate decisions.

We have also strengthened our work on safeguarding by introducing a safeguarding hub, which reviews all new referrals so that safeguarding risks in cases are identified straight away, and support can be put in place for registrants where wellbeing concerns are identified.

To improve the experience of vulnerable registrants, our new Professionals Support and Engagement team are leading work to progress cases in a more compassionate, person-centred way. This includes trauma-informed and unconscious bias training, and a bespoke approach to cases involving health concerns like dementia or substance misuse.

By the end of the financial year, we were starting to see green shoots of improvement, particularly around the timeliness of case management and the volume of decisions we make:

- The proportion of cases resolved within our 15-month target reached an average of 68.4 percent – up from 61.1 percent in March 2024
- We've made 10,405 decisions across all fitness to practise stages – an average of 867 per month (up from the previous 12-month average of 780)
- We delivered a record 806 decisions at screening (the initial assessment stage of the process) in March 2025 – 92 percent more than we made in March 2024 (419 decisions).

We are continuing to see a positive trajectory from our data – as of May 2025, the timeliness figure had climbed to 69.8 percent – and we will continue to monitor and report transparently on our progress.

We want a fitness to practise process that is sustainable and fit for the future. With investment in our own people and systems, we are confident that we are making the change that will have the right impact on everyone involved over the long-term and we will continue to monitor and report transparently on our progress.

Looking to the future – in February we also announced a programme of work to enhance education and standards for nursing and midwifery professionals. This includes modernising the Code and revalidation, progressing a review of practice learning and developing standards for advanced practice. This will ensure our work on education and standards meet the needs of the modern workforce, are fit for the future and protect the public.

We acknowledge the NMC allowed a poor culture to build up over time. However, we are now turning the organisation around and looking forward to a brighter future – for the benefit of the public we protect, the professionals we regulate, and our staff.

Ron Barclay-Smith
Chair
8 July 2025

Paul Rees MBE
Interim Chief Executive and Registrar
8 July 2025



Our role

Our role



We are the independent regulator for nurses and midwives in the UK and nursing associates in England. Our objectives are set out in the Nursing and Midwifery Order 2001 (as amended).

We are governed by our Council which sets our strategic direction and take key decisions to ensure we fulfil our overarching duty to protect the public. It does this by:

- Protecting, promoting and maintaining the health, safety and wellbeing of the public
- Promoting and maintaining public confidence in the professions that we regulate
- Promoting and maintaining proper professional standards and conduct for members of those professions.

Our regulatory responsibilities are to:

- Maintain the register of nurses and midwives who meet the requirements for registration in the UK and nursing associates who meet the requirements for registration in England (the register)
- Set the requirements for the professional education that supports people to develop the knowledge, skills and behaviours required for entry to, or annotation on, our register
- Shape the practice of the professionals on our register by developing and promoting standards including our Code, and promoting lifelong learning through revalidation
- Investigate and, if needed, take action where serious concerns are raised about a nurse, midwife or nursing associate's fitness to practise.

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The Council is made up of 12 members from across the four nations of the UK: six lay people and six people who are nurses or midwives.

Our work is overseen by the Professional Standards Authority for Health and Social Care, which reviews the work of regulators of health and care professions. We are accountable to Parliament through the Privy Council. We are also a registered charity and seek to ensure that all our work delivers public benefit.

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 853,000 nurses and midwives in the UK and nursing associates in England, we have an important role to play in making this vision a reality.

We are here to protect the public by upholding high professional nursing and midwifery standards, which the public has a right to expect. That's why we're improving the way we regulate, enhancing our support for colleagues, professionals and the public, and working with our partners to influence the future of health and social care.



Our core role is to **regulate**. We set and promote high education and professional standards for nurses and midwives across the UK, and nursing associates in England and quality assure their education programmes. We maintain the integrity of the register of those eligible to practise. And we investigate concerns about professionals – something that affects very few people on our register every year.

To regulate well, we **support** nursing and midwifery professionals and the public. We create resources and guidance that are useful throughout professionals' careers, helping them to deliver our standards in practice and address challenges they face. We work collaboratively so everyone feels engaged and empowered to shape our work.

We work with our partners to address common concerns, share our data, insight and learning, to **influence** and inform decision-making and help drive improvement in health and social care for people and communities.

Our values underpin everything we do. They shape how we think and act.

We are fair

We treat everyone fairly. Fairness is at the heart of our role as a trusted, transparent regulator and employer.

We are kind

We act with kindness and in a way that values people, their insights, situations and experiences.

We are collaborative

We value our relationships (both within and outside of the NMC) and recognise that we're at our best when we work well with others.

We are ambitious

We take pride in our work. We're open to new ways of working and always aim to do our best for the professionals on our register, the public we serve and each other.

Our context

Following a series of challenges, such as the problems with our culture highlighted by the review last year by Nazir Afzal OBE, we are starting to turn the NMC around – and working to win back confidence in our ability to protect the public through the effective regulation of nurses, midwives and nursing associates.

Our context is challenging. We know the journey to establish faster, fairer and more effective regulation that upholds good nursing and midwifery practice will be complex, considering the pressure the wider health and care system is under.

The professionals we regulate form the largest part of the health workforce and a critical part of the social care workforce. They are vital to people and communities across the UK. They are currently under considerable pressure and need effective professional regulation.

We have set out a plan to turn the NMC around as a fit-for-the-future organisation, underpinned by our Culture Transformation Plan, our Fitness to Practise Plan and other turnaround activities. This will enable us to become a trusted regulator that supports professionals to uphold high standards of practice to protect the public and maintain confidence in the professions.

About this report

This report covers one of our core roles of regulating nursing and midwifery professionals – investigating concerns about their fitness to practise. We determine whether the skills, knowledge, education or behaviour of professionals fall below the standards needed to deliver safe, effective and kind care. If they do, we will take steps to keep the public safe.

In this report, we will explain what we do when we hear about concerns and we have summarised our performance during 2024–2025, including a review of the progress we have made in delivering our plan to improve our fitness to practise processes.

Throughout the report we have provided statistics to illustrate our activity. We recommend reading this report together with our NMC Annual Report and Accounts, which provides a wider look at our work.

In December 2024, we published our first [Insight into Fitness to Practise Report](#), which provided a range of insights into the themes and patterns of the cases we receive.



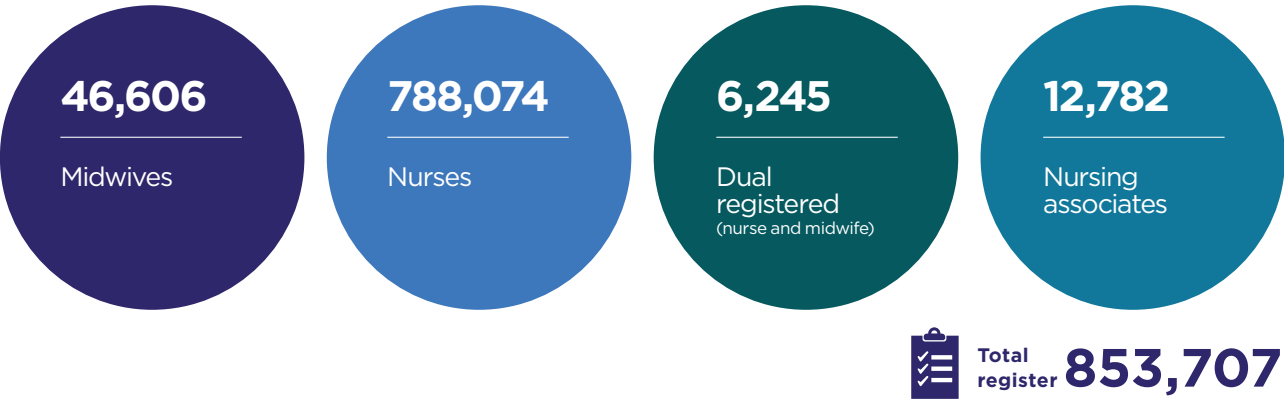
Our register

Anyone who wishes to practise as a nurse or midwife in the UK, or as a nursing associate in England, must join our register. This protects the public by ensuring that only those who can demonstrate our standards for safe, kind and effective care are able to practise.

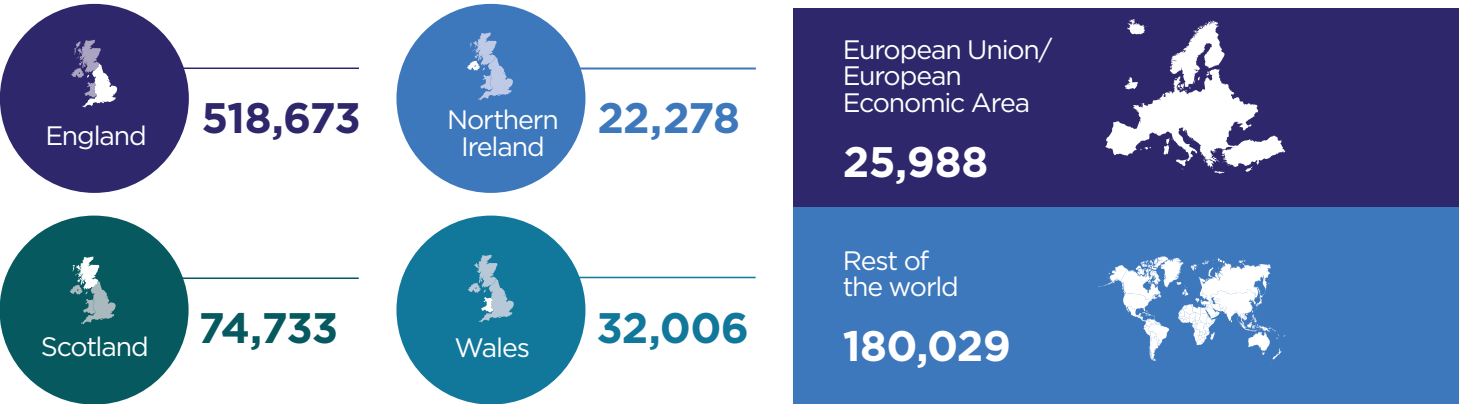


On 31 March 2025, there were 853,707 professionals on our register – an increase of 3.3 percent from the previous year (2023–2024: 826,418). Our [registration data reports](#) provide a full breakdown of the make-up of our register.

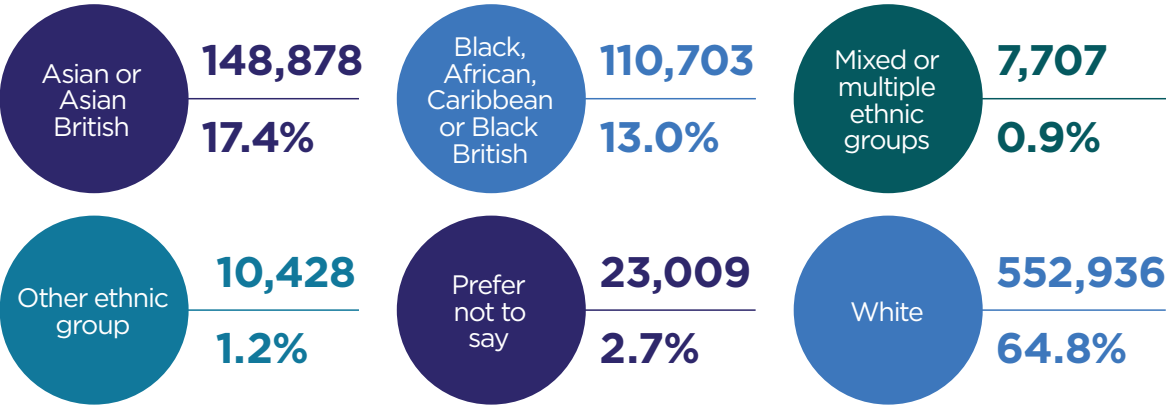
Number of professionals on our register by registration type at 31 March 2025:



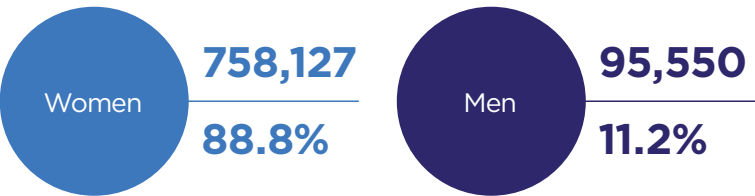
Number of registered professionals by country or region of training at 31 March 2025:



Professionals on the register by ethnicity:



Professionals on the register by gender:





What is fitness to practise?

03



A nurse, midwife or nursing associate is fit to practise if they have the skills, knowledge, good health and character to deliver safe, effective and kind care for their patients and people who need or use health and social care services.

The NMC Code sets out the standards we, and the public, expect nursing and midwifery professionals to uphold to be on our register and maintain their registration in the UK. You can read the Code: Professional Standards of Practice and Behaviour for Nurses, Midwives and Nursing Associates on our website [here](#).

We require every nurse, midwife and nursing associate to show us every three years that they are practising safely and live up to the standards set out in the Code. This process is called revalidation and professionals on our register must complete it to maintain their registration with us.

If someone has concerns about a nurse, midwife or nursing associate's fitness to practise, we encourage people to speak first to the employer about the concerns to determine whether these can be resolved at a local level.

Where concerns cannot be resolved locally, or if someone believes them to be serious enough to require immediate regulatory action from us, they should raise the concerns directly with us. We will then decide if we need to take action to protect the public. In every case we will try to reach a quality and safe decision at the earliest opportunity.

If we find that someone registered with us presents a risk to people who use healthcare services, the public, their colleagues or themselves, we can restrict their practice or remove their right to work as a nurse, midwife or nursing associate.

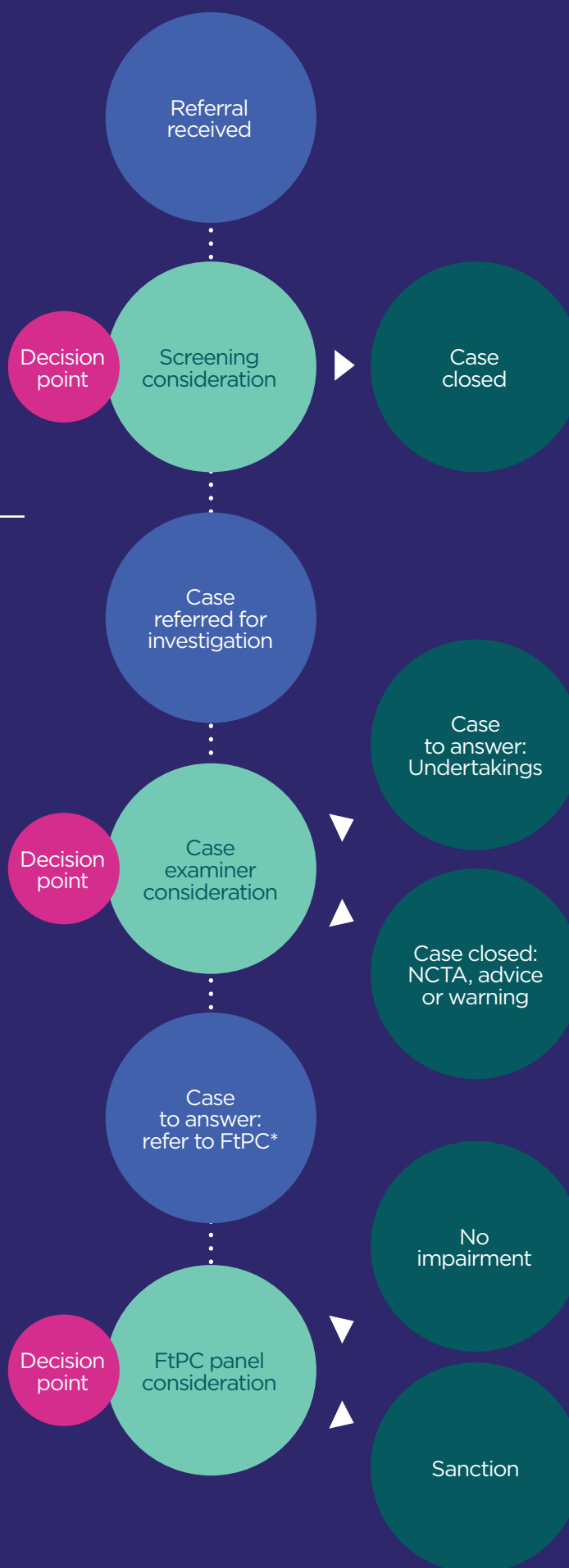


Fitness to practise process

This is a simplified illustration of the potential routes of a case through our fitness to practise process in 2024-2025. Not all processes are included.

The need for an interim order can be considered at any point in the process.

Agreed removal can be requested at any time during these stages



NCTA: no case to answer

FtPC: Fitness to Practise Committee

* This step involves preparation of the case for the FtPC to consider and where required, further investigation.

How people raise concerns with us

Anyone can tell us if they have concerns about a nurse, midwife or nursing associate's fitness to practise, at any time. Or, if we consider it necessary, we are able to open cases ourselves.

The most common groups of people we receive concerns from are:

- A patient or person receiving the services of a nurse, midwife or nursing associate
- A member of the public

- The employer or manager of the nurse, midwife or nursing associate
- The police
- A nurse, midwife or nursing associate referring themselves
- Other health and social care regulators.

You can find more information about how to raise concerns on our [website](#).

Concerns we can and cannot consider

We can only consider concerns that are about a nurse, midwife or nursing associate currently on our register. If the concerns are about other health or social care workers, we will refer them to the relevant regulator or the police, if appropriate.

Our role is to decide whether any concerns about a nurse, midwife or nursing associate's fitness to practise requires us to take action to protect the public.

We can look at several types of concern, including:

- Misconduct (including clinical misconduct)
- Lack of competence
- Criminal convictions
- Serious ill-health
- Not having the necessary knowledge of the English language.

We will also investigate cases where it appears that someone has gained access to our register fraudulently or incorrectly.



How we deal with concerns raised with us

When we receive a concern about someone's fitness to practise (often known as a 'referral'), we will look at it in detail to determine whether it requires regulatory action. This is known as screening, which is the first stage of our fitness to practise process and, to make this decision, we examine three key questions:

- Have we received a concern, in writing, about a nurse, midwife or nursing associate who is on our register?
- Is there evidence of a serious concern that could need us to take regulatory action to protect the public?
- Is there clear evidence to show that the nurse, midwife or nursing associate is currently fit to practise?

Some of the steps that we may take to help us assess concerns and decide whether any regulatory action is required can include:

- Considering the information we have received to understand if the concerns raised would merit regulatory action
- Asking for more information from the person who got in touch so we fully understand their concerns
- Checking our records to see whether concerns have been raised before about the nurse, midwife or nursing associate

- Gathering information from their employer
- Taking statements from others who may have witnessed events and gathering other evidence such as notes, reports or records
- Asking the nurse, midwife or nursing associate for their response to the concerns and what action they have taken to strengthen or change their practice since any event occurred.

Seriousness is an important concept that helps us decide if we should take action on concerns raised with us. To help us determine the seriousness of a concern, we look at the potential risks that could arise if the nurse, midwife or nursing associate did not address or put these concerns right. These risks could include risks to patients, people who use health and social care services and, in some cases, the public's confidence in all nurses, midwives and nursing associates.

We only take action if we believe the nurse, midwife or nursing associate currently poses a risk to the public, or if the concerns are so serious it would damage the public's trust and confidence in the nursing and midwifery professions.

You can read more about how we handle concerns on our [website](#).

Regulatory action we can take to protect the public

In the majority of cases we receive, we decide that there is no need for us to carry out further investigation into the concerns raised. This year, 72 percent of our decisions at the screening stage were to close the case. We provide more information about this in the statistical summary section of this report.

Where necessary, we can take urgent temporary action to protect the public while we investigate concerns. We do this by asking an independent panel to consider making an interim order.

There are two types of interim orders:

- An interim conditions of practice order, which imposes conditions with which the nurse, midwife or nursing associate must comply. An example of a condition might be the professional being supervised by another registered professional when practising.
- An interim suspension order that temporarily suspends the nurse, midwife or nursing associate's registration.

More information about interim orders can be found on our [website](#).

Once we have thoroughly investigated concerns, we will ask our case examiners to consider the case and they can decide to:

- Close the case with no further action if there are no public protection concerns
- Give advice to the nurse, midwife or nursing associate to remind them of the professional standards they must uphold
- Issue a warning to the nurse, midwife or nursing associate
- Agree undertakings with the nurse, midwife or nursing associate, which are a series of steps they must take to return to safe and effective practice
- Refer the case to the Fitness to Practise Committee where it will be heard at a hearing or meeting.

To read more about the work of our case examiners, visit our [website](#).

If the nurse, midwife or nursing associate does not dispute the facts of the case or does not want to attend a hearing, we can hold a meeting to find an agreed outcome. Meetings are held in private. The panel carefully considers the written evidence that we provide and any written evidence the nurse, midwife or nursing associate gives us in advance.



If the nurse, midwife or nursing associate does not accept the facts of the case, or if they request a hearing, or a meeting is otherwise not deemed appropriate, we will hold a hearing to consider the case. Hearings are normally held in public. At the hearing we explain what our regulatory concerns are and call witnesses to give evidence. The nurse, midwife or nursing associate can attend and be represented. They, or their representative, explain what their response is to our concerns and call witnesses to give evidence.

Hearings can be a stressful experience for those involved, but they are sometimes required in order to resolve differences in the evidence between the parties.

You can read more about how we decide whether to send a case to a hearing or a meeting on our [website](#).

At a hearing or meeting, an independent panel can do one of the following:

- Issue a caution order for up to five years
- Impose conditions of practice which must be complied with for up to three years
- Suspend from the register for up to one year
- Strike off the register
- Close the case with no further action.

More information about the action our independent panels can take is available on our [website](#).

Our agreed removals process allows a nurse, midwife or nursing associate to remove themselves from our register without the need for a hearing or meeting if we are satisfied it is in the public interest to do so. This can be agreed at any stage of the fitness to practise process and allows us to protect the public at the earliest opportunity whilst also reducing the impact on people of being involved in our regulatory processes. We provide details of the number of cases resolved by agreed removals further on in this report.

You can find more information on our agreed removals process on our [website](#).

Public information about our decisions

Information about forthcoming hearings and recent panel decisions is on our [website](#). When regulatory decisions are made about someone's fitness to practise, we explain the reasons to the person who raised the concerns with us and to the nurse, midwife or nursing associate concerned.

- If we decide to take regulatory action to protect the public, we publish information on our website so anyone can see the decisions we have taken and why
- When a panel imposes an interim order, we publish the outcome and note it on the nurse, midwife or nursing associate's entry on the register
- When case examiners issue a warning or agree undertakings, the allegations and the outcome are published with the nurse, midwife or nursing associate's entry on the register
- When a panel decides to issue a caution, conditions of practice, suspension, or a striking-off order, we publish the panel's full reasons and note the outcome on the nurse, midwife or nursing associate's entry on the register.

In cases that relate to an individual's health or have other sensitive personal information, we still publish information, usually in less detail. That way, we protect the public and respect the individual's privacy.

When we decide to close a case with no further action, we do not normally publish information because there is no reason to do so to protect the public and we have a responsibility to protect the privacy of those involved. More information on our publication guidance is available on our [website](#).

Our register of nurses, midwives and nursing associates is [online](#).





Fitness to practise: our work in 2024–2025



Improving the timeliness of our decision making in the fitness to practise process and reducing the number of cases in our fitness to practise caseload has been a priority for the NMC for a number of years. We know that making fair and safe decisions on our cases is a key part of our public protection duties. Making those decisions in a timely way eases the stress of the process on those involved.

We will always act if needed, including removing professionals from our register in the most serious cases. But, most of the time, the best way to keep people safe is to learn from incidents and stop similar things happening again in the future.

Our Fitness to Practise Plan

In March 2024, our Council approved the 18-month Fitness to Practise Plan which set out tactical interventions with structural changes to improve fitness to practise processes. As part of this, we have committed £30 million over three years to invest in the capacity and capabilities we need that will enable us to deliver the benefits we want to see.

This investment allowed us to utilise our external legal contracts in different ways and provide additional resources to support our adjudication operations. Tactical interventions focused on managing risk, supporting the workforce, and ensuring manageable caseloads, creating capacity for long-term changes. Key initiatives included improving referral quality, ensuring timely case progression, and strengthening decision-making processes to enhance public protection.

Key initiatives and outcomes included:

1. Referral quality and stakeholder support:

- Reviewing referral criteria and educating employers and the public to reduce inappropriate referrals

- Strengthening Interim Order guidance to ensure timely restrictions on professional practice where necessary
- Expanding clinical and safeguarding expertise to improve decision-making and case progression
- Identifying and supporting vulnerable professionals involved in fitness to practise processes.

2. Efficient case progression at screening and investigations:

- Expanding screening teams to reduce delays and ensure timely risk assessments
- Evaluating the introduction of a dedicated screening team for public referrals
- Allocating cases based on complexity to ensure investigators with the right expertise manage them.

3. Capacity building and sustainable change in investigations and hearings:

- Increasing outsourcing of legal work to manage caseloads effectively
- Streamlining legal reviews and case presentation standards for efficiency
- Improving management oversight and reporting tools to enhance case progression
- Enhancing panel allocation, training and hearing coordination to improve the quality and timeliness of decisions.

4. Investment in people and systems:

- Recruiting and retaining skilled professionals to handle complex caseloads effectively. We recruited nearly 80 additional roles to support the delivery of our plan
- Enhancing training, contracts and support for panel members and legal assessors
- Strengthening data use and performance monitoring to support decision-making
- Preparing for the implementation of a new case management system in 2025.

A year into the plan, we have begun to see meaningful progress in several critical areas:

- Reducing the median age of open cases across several stages of our processes. This progress has been particularly meaningful for individuals who previously experienced prolonged delays in the process.

Faster case resolution has helped reduce uncertainty for both professionals and the public. It has enabled nurses and midwives to move forward with confidence while ensuring that those who raise concerns receive timely outcomes

- We have made significant progress in reducing delays in decision-making. Times to assign a referral to a case handler have improved with a substantial reduction in the number of cases waiting to be assigned. At the adjudication stage, focused efforts have also led to a significant decrease in the number of cases awaiting legal review.

In March 2025, we achieved our highest number of screening decisions in a single month in five years, ensuring cases are addressed more promptly. Timely decisions mean fewer people experience unnecessary worry whilst waiting for an outcome.

- New tools and process improvements have streamlined case management, enhancing fairness and efficiency, with:
 - Case-weighting tools now assessing cases based on complexity and risk, ensuring appropriate handling and a fairer workload distribution. These tools have been introduced in key areas and will be expanded further.
 - Process improvements strengthening the consistency and quality of decisions, benefitting both those involved in cases and our teams.

These changes support staff wellbeing and enhance overall service delivery.

- We have improved hearing capacity and experience, with significant improvements to both in-person and virtual hearings to ensure cases are heard more efficiently, with:
- Investment in our hearing centres will enable a greater proportion of hearings to take place in person, starting in London and Edinburgh. This is expected to improve efficiency.
- More cases now have an allocated hearing date, providing greater certainty for those involved
- A balanced approach to in-person, virtual and hybrid hearings allows us to make quicker decisions and conclude cases more effectively whilst managing costs.

These changes help us respond more effectively to people's needs while ensuring the best possible impact.

Independent Culture Review findings

The publication of the Independent Culture Review of our culture in July 2024 resulted in, understandably, increased scrutiny of our fitness to practise casework. The review made a number of recommendations to improve the management of our fitness to practise cases.

The review also identified unacceptable experiences of racism, discrimination and harassment; these instances must not be tolerated. It also highlighted the impact that pressurised environments can have on behaviours, performance and wellbeing. Our people are central to the successful delivery of the Fitness to Practise Plan and to get the outcomes we want to see from it, our culture must also change.

We are investing in our leaders and managers and investing in the psychological safety of our teams to improve the wellbeing and satisfaction of our people and the performance of our teams.

We took steps to stabilise our workforce by converting more than 140 people from fixed term contracts to permanent contracts. For future recruitment to fitness to practise

roles we have moved to focusing on permanent recruitment where possible. Additionally, we implemented the use of waiting lists to help fill vacancies more quickly and reduce the need for multiple recruitment campaigns. At the end of 2024-2025, the turnover rate within Professional Regulation had fallen to 8.3 percent which is below the organisation's target.

One of the recommendations from the Independent Culture Review was to reduce the caseload at our screening stage by half; we have begun to see success in this area as the improved performance has begun to keep pace with the high referral rate. We increased our capacity within the screening teams by recruiting additional case officers and screening decision makers, and redeploying resource to meet the demand.

In January 2025 we brought in specialist support from PwC to help us quicken this work. Alongside providing caseload support to help us progress some of our lower-risk cases at screening, PwC worked alongside us to explore different interventions and ways of working to accelerate the delivery of our Fitness to Practise Plan.

The Independent Culture Review also recommended we seek external expertise to provide insight, support and advice on our Fitness to Practise Plan. In October 2024, Anthony Omo, General Counsel and Director of Fitness to Practise at the General Medical Council, joined us on a three-month secondment, to provide advisory support on further improvements to the progression of our cases in a more timely way.

In January 2025 we were pleased to welcome Professor Donna O'Boyle from the Scottish Government on a 12-month secondment to further support the improvements to our fitness to practise process.

A registered nurse by background and most recently as a Professional Regulatory Adviser at the Scottish Government, we have been grateful for her expert senior clinical regulatory advice and guidance on our fitness to practise process. We are pleased that in May 2025 she was appointed to the role of Acting Executive Director for Professional Practice so that the NMC can benefit more widely from her expertise. The external clinical and registrant insight and advice are important to us, and we have valued Professor O'Boyle's support. We are considering how best to continue this following the end of her secondment.

Realigning the plan

The Fitness to Practise Plan has driven positive change, but new challenges require ongoing adjustments. While targeted interventions have improved outcomes, increasing pressures highlighted the need for more decisive action to sustain progress and maximise impact.

The number of new referrals into the process consistently exceeded initial forecasts, putting pressure on the system. Managing this sustained increase effectively is critical to the maintenance of efficiency and service quality. Not taking bold action would risk us failing to keep pace with the caseload, reversing the progress we had made.

The plan initially focused on timeliness and safety, with later phases addressing quality, person-centred service, and cost efficiency.

However, additional priorities such as safeguarding, data improvements, and cultural change have stretched resources. The need to refocus efforts on the most pressing areas will ensure meaningful improvements for the public, registrants and staff.

Some of the challenges to delivering large-scale change include slower than expected productivity gains, historic underinvestment in staff development, and the need for clear priorities. The Independent Culture Review reinforced the urgency of addressing our caseload, managing complex cases more effectively and improving the experiences of our stakeholders.

Whilst we have made progress as highlighted above, the system remains under pressure. In January 2025 we presented to Council a realigned plan, which identified interventions that could be:

- Closed because they had been delivered and work was now embedded within operations or where it had become apparent that they would not deliver expected benefits and we could optimise resource utilisation
- Refocused in line with learning from the first six months of the plan to deliver anticipated outcomes
- Introduced to address recommendations from the Independent Culture Review, leverage learning from the first six months of the plan or because we had identified them to be delivered at no additional cost and deliver positive impact in the short term.

We also outlined our plans to undertake a series of immediate actions to address immediate pressures, improve efficiency and establish a foundation for sustained progress.

However, we must act decisively to accelerate improvement, support our teams and deliver the transformational change needed to protect the public effectively. This involves fostering a cultural shift within our process to uphold expectations and deliver a fair and efficient system.

We plan to accelerate change and improve processes in the following ways:

We are refining how we **manage referrals** to reduce delays and focus resources where they are most needed. Key improvements include:

- Thresholds and screening - ensuring only appropriate cases progress to investigation
- Early decision-making - acting swiftly to prevent unnecessary delays and backlogs.

These changes will help manage increasing referrals whilst maintaining public confidence and safety.

We are improving how we **engage with stakeholders** by:

- Using clearer, more accessible messaging
- Engaging proactively to build trust and address concerns
- Balancing short-term stabilisation with long-term transformation.

We have introduced a new scoping tool to prioritise and assess **equality considerations** earlier, ensuring fairer decision-making and better risk management.

By taking bold action, we will make fitness to practise processes more efficient, transparent, and responsive to public and professional needs.

Concerns in relation to our handling of fitness to practise cases

In 2023 a whistleblower raised concerns about the approach we took in some of our fitness to practise cases that involved allegations of discrimination, sexual misconduct, domestic abuse or safeguarding.

We appointed Ijeoma Omambala KC in November 2023 to carry out two investigations into the concerns, focusing on:

- The specific cases raised as part of the concerns about our regulatory casework
- Our handling of the whistleblowing concerns.

The timeline for delivery of these reviews has been extended for a range of reasons, but it is expected that we will now receive them in summer 2025.

Our caseload

We began this year with a caseload of 5,994, which was at risk of continuing to grow as we saw high numbers of concerns referred to us every month, often exceeding our monthly forecast levels. In September 2024, we received 611 concerns which is the highest number received in a single month in the past five years.

Year	Referrals received	Cases concluded	Year-end closing caseload	Yearly change in caseload	
				Actual	Percent
2021-2022	5,291	5,170	6,469	+112	+2%
2022-2023	5,068	5,832	5,577	-892	-14%
2023-2024	5,774	5,559	5,994	+417	+7%
2024-2025	6,539	6,234	6,357	+363	+6%

With the planned interventions from the Fitness to Practise Plan we have been able to make significant investment in our screening stage and in the second half of the year improve performance that has seen higher numbers of decisions that kept pace with the number of new concerns being received each month.

However, we know that we need to take bolder action as outlined earlier in this report to continue to improve the quality of referrals received and continue making progress to reduce our overall caseload.

Our statistical summary section in this report provides more detail on new concerns received throughout the year.

Ensuring people are at the core of our work

Fitness to practise investigations can be an incredibly emotive and stressful experience for many people involved. Members of the public who may have experienced or witnessed a distressing episode of care can be left feeling vulnerable or angry. For professionals for whom being subject to an investigation can lead to anxiety, stress and fear for the future of their career.

That is why we put people at the core of our work. We offer a range of resources to people that aim to support them through the fitness to practise process.

For the **public**, our support helpline and Public Support Service are available. The Public Support Service works across the fitness to practise process and can provide information on how the process works and can engage and listen to people who may be struggling with our processes. In 2024-2025, our staff referred 809 people to the Public Support Service to help them access better support through the process. In 2024-2025, 261 inbound calls took place between members of the public and our support helpline (no comparable data for 2023-2024).

We know that some people may require enhanced levels of support because they have complex additional needs. We offer an advocacy service for people involved in our fitness to practise process, which also offers the use of intermediaries (who can support people who may require speech and language services for witness statements or support at a hearing).

In 2024-2025, there were seven cases of people using our intermediary service (six in 2023-2024) and 16 referrals to the independent advocacy service.

Professionals who are subject to an investigation can contact the Fitness to Practise Careline. We have worked closer with our Careline provider to provide training for call handlers and therapists so that they better understand the fitness to practise process.

We know that half of the professionals who are under a fitness to practise investigation do not have representation. This year we have improved our signposting to unions, representative bodies and organisations that can support professionals through the fitness to practise process. We have also strengthened our signposting to organisations that support international nurses and midwives by including international nursing and midwifery associations on our support pages. We have also included more organisations which can support professionals with their wellbeing.

For **employers** of professionals on our register, we provide a direct link to our Employer Link Service to discuss concerns about a professional's performance, and where appropriate, we can provide advice about local management of those concerns. This early intervention can avoid unnecessary referrals to fitness to practise. In 2024-2025 we received 1,152 requests for advice on someone's fitness to practise.

Our referrals helpline is available to anyone considering making a fitness to practise referral. We can talk to people and explain who we are and what our role is. We will help determine whether we are the correct organisation to deal with their concerns and if they do wish to make a referral, how we can help and what support we can offer through the process.

These early conversations with people can help us better understand the nature of their concerns and ensure we investigate them appropriately.

In 2024-2025 we received 5,294 calls via the referrals helpline.

Supporting and safeguarding professionals

Improving our safeguarding arrangements was a significant focus for the NMC in 2024-2025. While our risk register rating for safeguarding remains high, a number of steps have been taken to strengthen how we support people at risk of harm.

We review all referrals to identify whether any individuals involved may require additional support in response to safeguarding concerns. Where appropriate we will make referrals to external organisations. We have established a new referral pathway for all safeguarding concerns alongside a new phone line which will be available for colleagues to use in the event of an immediate safeguarding emergency.

In September 2024 we launched our multi-disciplinary safeguarding hub which reviews all cases that are referred into Professional Regulation. The hub includes colleagues from our safeguarding team, mental health clinical advisers, the public support service and professional support and engagement team. This helps us to identify safeguarding risks at an early stage and support people at risk as quickly as possible.

Between September 2024 to March 2025, the hub reviewed 764 cases with a safeguarding element.

The hub focuses on three key areas: information sharing with agencies responsible for safeguarding, management of any safeguarding risks and support to obtain relevant evidence to understand risk. Typically, the most common forms of outcome are providing advice to teams handling the cases or referring to external agencies.

In addition to safeguarding hub cases, 644 requests for safeguarding advice have been made to the Safeguarding team. To manage these requests effectively, the team has adopted a new system of reporting and logging concerns to better support the management and analysis of safeguarding data. This enables our teams to better track any safeguarding advice and support given throughout the lifetime of our involvement with any individuals concerned.

We record cases where we learn that a professional has sadly taken their own life during our fitness to practise proceedings. In 2024-2025 there were two recorded deaths and we are awaiting a confirmed cause of death in a further three cases (2023-2024: five recorded deaths).

All cases are reviewed at a senior level to ensure that we identify any learning to improve our processes. Professionals are routinely signposted to our independent Fitness to Practise Careline, which offers confidential emotional and practical advice to nurses, midwives and nursing associates.

Promoting equality, diversity and inclusion

We are committed to ensuring that our regulatory processes are fair for everyone and no one is being disadvantaged because of who they are.

The Independent Culture Review told us that we need to do a lot more to eliminate discrimination and build a positive, empowering and inclusive culture for NMC colleagues and everyone involved in our regulatory processes. To help achieve this, during 2024-2025, we developed a three-year Culture Transformation Plan and continued to make progress on our people strategic objectives and equality diversity and inclusion strategic objectives, including launching a new behaviour framework and an Empowered to Speak Up initiative.

Within our Fitness to Practise Plan we have made changes to improve the quality and impact of our Equality Impact Assessments (EQIAs). Initially, EQIAs were consolidated into a single document, but a review has identified the need for a more tailored approach.

Where necessary some of the workstreams require a standalone EQIA for an earlier and more robust identification of EQIA considerations so that these can be incorporated into the design and delivery of workstreams. We have developed a new 'pre-EQIA' scoping tool that assesses proposed work against protected characteristic criteria, whilst also supporting the identification and prioritisation of those workstreams which may require additional research and evidence gathering – in particular those that have potential legal risks or significant impacts on protected characteristics.

In February 2025 we launched a pilot of a new survey to collect data about the experiences of people within the fitness to practise process. This will support us in obtaining regular data on whether the improvements we are making are having the intended impact, including how we engage and communicate with people. We anticipate being able to start reporting results later in 2025-2026.

In 2024-2025 we ran a recruitment campaign for independent panel members to sit on our Investigating Committee and the Fitness to Practise Committee. Increasing the diversity pool of our appointed panel members has been a key aim of our recent recruitment campaigns. Our panel members play a crucial role in making fair decisions on our fitness to practise cases, so it is fundamental that they reflect the diversity of professionals on our register and the wider public.

Following our latest recruitment campaign, we appointed 149 new panel members, 67 of which were registrant members, including the first nursing associate to be appointed as a panel member since the profession was introduced in 2019.

These appointments succeeded in further diversifying our panel member pool:

- 24 percent of lay panel members come from Black, Asian and ethnic minority backgrounds (exceeding the 18.3 percent reflected in the UK population)
- 23 percent of registrant panel members are now from Black, Asian and ethnic minority backgrounds – an increase of eight percent. This takes us closer to our aim of reflecting the 31.7 percent of professionals on the register who are from Black, Asian and ethnic minority backgrounds.
- Our data shows that registrant panel members are as, or more, diverse than the make-up of the register in regard to disability, sexual orientation, sex and gender diversity
- Lay panel members are more diverse than the wider UK population when it comes to sexual orientation and disability.

Full diversity data from our panel members, alongside NMC employees, Council members and the professionals on our register can be found in our equality, diversity and inclusion data tables on our [website](#).

As a regulator, it is our responsibility to tackle inequality and promote diversity and inclusion in everything we do. That starts with scrutinising our own processes to make sure they are fair and accessible. It also means holding people to account and working with our partners to tackle inequalities that cut across the health and social care sector.

We are committed to ensuring our fitness to practise processes are fair and unbiased.

We want to better understand why certain groups of professionals progress further in our fitness to practise processes and receive more severe outcomes. As a result, we commissioned the University of Greenwich to review cases that closed between September 2019 and September 2023 as part of our Ambitious for Change programme of work to look at whether there are any potential biases in our fitness to practise process.

The research was published in June 2025 and we will use the findings to help us focus our efforts on ensuring the principles of equality, diversity and inclusion (EDI) are embedded across our fitness to practise process and help us ensure that inequalities of treatment are tackled. To support us to deliver this, one of our five flagship EDI targets, agreed in July 2025, is to eliminate ethnicity and gender disparities in the Fitness to Practice processes by 2030.

We also know some employers appear to refer a higher proportion of male and/or Black professionals compared to the number on our register and sometimes compared to their own workforce demographics. We are using our data, alongside discussions with a select group of employers, to better understand and analyse this. We will work closely with them to monitor and improve their approach.

Alongside this, we are already taking forward a range of actions through our Fitness to Practise Plan to address the issues highlighted in the research:

- Updating our Equality Impact Assessment for the FtP plan to ensure our actions are informed, thoughtful and inclusive
- Increasing diversity among our panel members so they better reflect the workforce and wider UK population
- Embedding equality, diversity and inclusion expertise in case discussions early on, to help shape fair decisions from the outset

- Investing in ongoing training for our people to build understanding of unconscious bias and best practice in inclusive regulation
- Remaining committed to transparency by regularly publishing data, setting clear goals, and reporting on our progress to hold ourselves accountable.

We will use the findings to help us focus our efforts on ensuring EDI principles are embedded across our fitness to practise process and help ensure that inequalities of treatment are tackled.





Statistical summary 2024–2025

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Our key performance indicators

While we have remained focused on reducing our caseload this year and delivering the Fitness to Practise Plan, our priority in every case is always to achieve an outcome that best protects the public as swiftly as possible.

We track our performance in this area through our two key performance indicators (KPIs) which we report on publicly throughout the year. In 2024-2025, we did not meet our targets for either of the KPIs.

Interim orders imposed

Where we consider there is need to ask a panel to impose an interim order (IO) on a professional's practice, we aim to impose 80 percent within 28 days of receiving the concerns. In 2024-2025, we imposed 65.8 percent of interim order within 28 days of receiving the concern. This is a fall in performance level compared to the previous year (2023-2024: 67 percent).

Although higher referral numbers have placed additional pressure on our interim order teams, the demand is driven by the increased complexity of the concerns we are receiving, such as criminal proceedings, conduct outside of clinical practice and safeguarding matters.

Changes to our guidance documents in recent years, including person-centred casework, context, strengthened practice, discrimination and behaviours outside of professional practice, have increased the amount of information we are required to gather before we can send a case to a panel for interim order consideration.

To manage capacity in this area better we have temporarily moved resources from lower-risk cases.

Timeliness in concluding cases

We aim to complete 80 percent of our cases within 15 months of receiving concerns. In 2024-2025, we completed 68.4 percent of cases within 15 months of receiving concerns which is an increase on the previous year (2023-2024: 61 percent).

Continued high numbers of referrals throughout this year mean we did not expect to meet this target this year – however as highlighted earlier in this report, we are pleased to begin to see improvements in timeliness at all stages of the fitness to practise process as a result of initiatives from the Fitness to Practise Plan.

Failing to meet this KPI this year has also meant that we have not met the Professional Standards Authority's Standard of Good Regulation for timeliness of case progression.

Fitness to practise activity 2024-2025

Concerns received

In 2024-2025, we received 6,539 new concerns, an increase (13.2 percent) from last year (2023-2024: 5,774). Our register has continued to grow this year, increasing to 853,707 nurses, midwives and nursing associates on our register as of 31 March 2025.

	2024-2025	2023-2024	2022-2023
Number of concerns received	6,539	5,774	5,068
Percentage of the register	0.77%	0.69%	0.64%

Source of concerns

Table 1 provides a breakdown of those from whom we received concerns in 2024-2025. There have been no significant changes in the proportion of referrals from any sources this year.

Table 1

Who referred concerns to us	2024-2025		2023-2024	2022-2023
	Number of new concerns	Percentage of new concerns	Percentage of new concerns	Percentage of new concerns
Patient/public	2,252	34%	35%	33%
Self-referral	521	8%	7%	9%
Employer	1,984	30%	30%	26%
Opened by the NMC	232	4%	6%	4%
Another professional on the register	652	10%	7%	9%
Other regulator	20	<1%	<1%	<1%
Referrer unknown	485	7%	8%	12%
Any other informant	393	6%	6%	6%
Totals	6,539	100%	100%	100%

We assess all new concerns raised with us to make sure that we are the right organisation to take action and whether the concerns are serious enough that regulatory action needs to be taken.

Our screening guidance sets out the questions we ask to determine whether the concerns are for us, including whether the person the concerns are about is a registered nurse, midwife or nursing associate. If we are unable to, or do not, identify the person of concern as someone on our register, we will close the case.

In 2024-2025 we did not proceed with 1,594 cases where we either could not identify a nurse, midwife or nursing associate, or the allegation could never amount to a serious concern (such as where an individual has received a fixed penalty notice for a parking offence), so we therefore did not take additional steps to establish whether the individual referred is on our register (2023-2024: 1,328 and 2022-2023: 1,323).

Concerns by country of registered address

Northern Ireland

152 Number of concerns

3% Percentage of total concerns

4% Country as a proportion of the register

Wales

234 Number of concerns

5% Percentage of total concerns

5% Country as a proportion of the register

Overseas/EU

135 Number of concerns

3% Percentage of total concerns

6% Area as a proportion of the register

Scotland

416 Number of concerns

9% Percentage of total concerns

9% Country as a proportion of the register

England

3,812 Number of concerns

80% Percentage of total concerns

77% Country as a proportion of the register

Concerns by registration type

People can be on more than one part of our register, for example as a nurse and a midwife. This is known as dual registration. Table 2 shows the new concerns received in 2024-2025 broken down by registration type.

Table 2: Concerns by registration type

Registration type	2024-2025		2023-2024	2022-2023
	Number of new referrals	Percentage of total referrals (Percentage of professionals on the register)	Percentage of total referrals	Percentage of total referrals
Nurse	4,432	93%	93%	94%
Midwife	252	5%	6%	5%
Dual registration	19	<1%	<1%	<1%
Nursing associate	46	1%	<1%	<1%
Totals	4,749	100%	100%	100%

Initial assessment outcomes

In 2024-2025, we decided not to investigate 5,074 concerns after we concluded our initial assessment either because we did not believe the concerns required regulatory action or because we were unable to identify a nurse, midwife or nursing associate on our register as mentioned earlier in this report.

This equates to 72 percent of initial assessment outcomes being deemed to require no further investigation.

This is the same as 2023-2024 when we also closed 72 percent after initial assessment.

We shared 506 intelligence reports with another regulatory body or organisation (the intelligence shared originates from various sources including fitness to practise cases, education exceptional reports and whistleblowing).

Interim orders

In 2024–2025, our panels imposed interim orders in 691 cases to protect the public while our investigations were ongoing, which is an 11 percent increase from the previous year (2023–2024: 622, 2022–2023: 688). Table 3 shows the breakdown of the two types of interim orders that our panels can impose.

Table 3: Interim orders imposed

Interim order decisions	2024–2025		2023–2024		2022–2023	
	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	373	54%	337	54%	364	53%
Interim suspension	318	46%	285	46%	324	47%
Total	691	100%	622	100%	688	100%

Table 4 breaks down the number of interim orders imposed by registration type.

Table 4: Interim orders imposed by registration type

Interim order decisions	2024–2025				2023–2024				2022–2023			
	Nurse	Midwife	Nursing associate	Dual	Nurse	Midwife	Nursing associate	Dual	Nurse	Midwife	Nursing associate	Dual
Interim conditions of practice	354 (54%)	15 (63%)	4 (50%)	0 (0%)	320 (54%)	16 (67%)	1 (25%)	0 (0%)	343 (53%)	18 (62%)	3 (50%)	0 (0%)
Interim suspension	305 (46%)	9 (38%)	4 (50%)	0 (0%)	274 (46%)	8 (33%)	3 (75%)	0 (0%)	310 (47%)	11 (38%)	3 (50%)	0 (0%)
Totals	659	24	8	0	594	24	4	0	653	29	6	0

Case examiners

In 2024-2025 our case examiners made 1,171 decisions (2023-2024: 1,588 and 2022-2023: 1,210) at the end of an investigation.

The lower number of decisions by our case examiners this year reflects the lower throughput of cases from the investigation stage in the first three quarters of the year. In the last quarter of the year the lower volumes reflected a strategic allocation of resources to strengthen screening decision-making and effectively reduce the caseload in this area. This targeted support is scheduled to conclude in the first half of 2025-2026, positioning us to resume full operational capacity at the case examiner stage.

We provide our decision-makers, including our case examiners, with clear guidance on what is required in a decision. The guidance helps ensure that our decision-making is consistent.

Table 5 shows the outcome of the case examiners' decisions by outcome.

Undertakings can enable a professional to address concerns in their practice that may present a risk, provided there are no attitudinal barriers. They indicate that we believe a professional has the potential to demonstrate their ability to practise safely without restrictions and are designed to support them in doing so.

Undertakings do not equate to case closures but represent a case to answer decision that allows a full hearing to be avoided. We publish all agreed undertakings in accordance with our publication guidance and continually review outcomes.

If a professional does not comply with the terms of their undertaking, case examiners will reassess the undertaking and, if necessary, escalate the matter to a hearing before a panel of the Fitness to Practise Committee.

Table 5: Case examiner decisions by outcome

Case examiner decisions	2024-2025	2023-2024	2022-2023
	Number of cases	Number of cases	Number of cases
Refer for hearing or meeting	658 (56%)	800 (50%)	666 (55%)
Advice	2 (<1%)	9 (<1%)	6 (<1%)
Warning	74 (6%)	110 (7%)	69 (6%)
Undertaking	116 (10%)	111 (7%)	58 (5%)
No further action	321 (27%)	558 (35%)	411 (34%)
Totals	1,171	1,588	1,210

Table 6 breaks down the number of case examiner decisions by registration type.

Table 6: Number of decisions by registration type

Case examiner decision	2024-2025				2023-2024				2022-2023		
	Nurse	Midwife	Nursing associate	Dual	Nurse	Midwife	Nursing associate	Dual	Nurse	Midwife	Dual
Refer for hearing or meeting	634 (57%)	21 (46%)	3 (60%)	0 (0%)	766 (51%)	31 (49%)	3 (38%)	0 (0%)	632 (55%)	33 (55%)	1 (50%)
Advice	2 (<1%)	0 (0%)	0 (0%)	0 (0%)	7 (<1%)	2 (3%)	0 (0%)	0 (0%)	5 (<1%)	1 (2%)	0 (0%)
Warning	72 (6%)	1 (2%)	1 (20%)	0 (0%)	105 (7%)	4 (6%)	1 (13%)	0 (0%)	66 (6%)	3 (5%)	0 (0%)
Undertaking	109 (10%)	7 (15%)	0 (0%)	0 (0%)	105 (7%)	4 (6%)	1 (13%)	1 (100%)	54 (5%)	3 (5%)	1 (50%)
No further action	303 (27%)	17 (37%)	1 (20%)	0 (0%)	533 (35%)	22 (35%)	3 (38%)	0 (0%)	391 (34%)	20 (33%)	0 (0%)
Totals	1,120	46	5	0	1,516	63	8	1	1,148	60	2

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 such cases were referred to the Investigating Committee in 2024-2025.

Hearing and meeting outcomes

In 2024-2025, our panels reached 647 final decisions on cases (2023-2024: 620 and 2022-2023: 553) through meetings and hearings. Table 7 breaks down the panel decisions by type of outcome.

We are committed to finding ways to resolve cases at the earliest appropriate stage of the fitness to practise process. This ensures public protection while allowing professionals to continue practising safely, minimising the stress and uncertainty of the fitness to practise process by avoiding full hearings. We achieve this through constructive engagement with professionals and their representatives. When a case must proceed to a full hearing following a case examiner’s decision, we focus on managing it in the most timely and effective way possible.

Table 7: Panel outcomes

Panel decision	2024-2025		2023-2024		2022-2023	
	Number	Percentage	Number	Percentage	Number	Percentage
Strike off	289	45%	214	35%	191	35%
Suspension	156	24%	158	25%	155	28%
Conditions of practice	60	9%	85	14%	65	12%
Caution	21	3%	31	5%	31	6%
Sub-total	526	81%	488	79%	442	80%
Facts not proved	27	4%	38	6%	41	7%
FtP not impaired	94	15%	94	15%	67	12%
Proceedings stayed	0	0%	0	0%	3	<1%
Total panel decisions	647	100%	620	100%	553	100%

Table 8: Panel outcomes by registration type

Panel decision	2024-2025				2023-2024				2022-2023			
	Nurse	Midwife	Dual	Nursing associate	Nurse	Midwife	Dual	Nursing associate	Nurse	Midwife	Dual	Nursing associate
Strike off	278 (45%)	10 (30%)	0 (0%)	1 (50%)	210 (35%)	4 (18%)	0 (0%)	0 (0%)	181 (34%)	6 (29%)	2 (67%)	2 (100%)
Suspension	144 (24%)	11 (33%)	0 (0%)	1 (50%)	152 (26%)	6 (27%)	0 (0%)	0 (0%)	151 (29%)	4 (19%)	0 (0%)	0 (0%)
Conditions of practice	58 (9%)	2 (6%)	0 (0%)	0 (0%)	80 (13%)	4 (18%)	0 (0%)	1 (100%)	60 (11%)	5 (24%)	0 (0%)	0 (0%)
Caution	21 (3%)	0 (0%)	0 (0%)	0 (0%)	31 (5%)	0 (0%)	0 (0%)	0 (0%)	28 (5%)	2 (10%)	1 (33%)	0 (0%)
Sub-total	501	23	0	2	473	14	0	1	420	17	3	2
Facts not proved	21 (3%)	6 (18%)	0 (0%)	0 (0%)	37 (6%)	1 (5%)	0 (0%)	0 (0%)	40 (8%)	1 (5%)	0 (0%)	0 (0%)
FtP not impaired	90 (15%)	4 (12%)	0 (0%)	0 (0%)	85 (14%)	7 (32%)	2 (100%)	0 (0%)	64 (12%)	3 (14%)	0 (0%)	0 (0%)
Proceedings stayed	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	3 (<1%)	0 (0%)	0 (0%)	0 (0%)
Overall totals	612	33	0	2	595	22	2	1	527	21	3	2

Substantive order reviews

Last year, our panels made 468 total decisions (2023–2024: 432 and 2022–2023: 486) at substantive order review hearings and meetings on cases for registrants who were originally subject to either a suspension or conditions of practice. Of these, the panel decided to remove the professional from the register in 67 cases (2023–2024: 46 and 2022–2023: 73).

Allegations found proved at adjudication

The top three categories of allegations found proved remains the same as the previous years. In 2024–2025, patient care remained the most common category, followed by prescribing and medicines management, then record keeping. Allegations found proved slightly decreased in prescribing and medicines management, while record keeping saw a small increase.

The table below shows the most common allegation themes (level one) and more detailed categories within each theme (level two).

Allegations level one (% of total allegations)	Allegation level two
Patient care (19%)	Diagnosis, observation, assessment
	Inappropriate or delayed response to negative signs, deterioration, or incidents
Prescribing and medicines management (15%)	Not administering or refusing to administer medication
	Inappropriate storage, transportation, preparation or disposal
Record keeping (13%)	Patient or clinical records
	Drugs or medication records

Fraudulent or incorrect register entries

Our panels will consider allegations that a nurse, midwife or nursing associate has been added to the 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 2024–2025, our panels directed the Registrar to remove a nurse, midwife or nursing associate from the register in 18 cases (2023–2024: 35 and 2022–2023: 54).

Concerns about computer-based testing

Internationally educated professionals who wish to join our register in the UK must complete a two-part test to demonstrate they have the right knowledge and skills to provide high-quality care in the UK. The test comprises of a computer-based test (CBT), which they usually sit in their home country, and a practical test (OSCE) undertaken in the UK.

In 2023, we became aware of anomalies in the data of a third-party testing centre, the Yunnik Technologies Test Centre in Nigeria. Investigations determined that the overall pattern of test-taking was statistically significantly quicker than at other test sites. We invalidated all tests taken at the site (affecting 1,995 individuals) and where we had concerns that someone had achieved their test score fraudulently, we took the following action:

- We referred 49 professionals on our register to an independent panel to decide whether they gained fraudulent entry to the register.

To date, 10 individuals have been removed from the register following the panel's finding that they gained entry to the register through fraudulent means. Two individuals were found to have incorrect entries but permitted to remain on the register.

We expect the remaining hearings to be completed by the end of 2025.

- We referred 669 applicants to an Assistant Registrar. So far, 209¹ applications have been refused on the basis that the character requirements are not met. The Assistant Registrar will only consider an application once it has been completed.

Agreed removal

In some fitness to practise cases, the nurse, midwife or nursing associate at the heart of the case can ask to be considered for removal from the register without the need for a substantive hearing. Agreed removal can support our aim to reach an outcome that best protects the public at the earliest opportunity. Requests for removal can be made at any stage of the fitness to practise process.

Our [guidance](#) on agreed removals sets out how our decision-makers will consider a request for agreed removal and circumstances where agreed removal would not be appropriate.

In every case, we will consider carefully whether it is in the public interest to keep someone on our register so that we can continue with our fitness to practise process – for example where there are very serious concerns which will always need to be fully investigated and put before an independent panel.

(Prior to April 2023 the process was called voluntary removal.)

Table 9 shows the number of applications received and granted in the last three years for agreed removal (2024-2025 and 2023-2024 only) and voluntary removal (2022-2023) respectively. The figures do not balance in-year because some decisions are reached in the year after the request was received.

¹ As of May 2025

Table 9: Agreed/Voluntary removal applications

Agreed/Voluntary removals	2024-2025	2023-2024	2022-2023
Number of applications	221	339	108
Applications granted	105	154	60
Applications rejected	146	155	61

Table 10: Agreed/Voluntary removal decisions by registration type

Agreed/Voluntary removals	2024-2025			2023-2024		2022-2023	
	Nurse	Midwife	Nursing associate	Nurse	Midwife	Nurse	Midwife
Applications granted	99	6	0	141	13	53	7
Applications rejected	140	3	3	145	10	57	4
Totals	239	9	3	286	23	110	11

This year marked the first time since Nursing Associates were introduced to the register in 2019 that we received applications for agreed removal from individuals on this part of the register. There were no voluntary removal decisions made about dual-registered professionals.

Reviews and appeals

Reviewing case examiner decisions

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 is done in two stages:

- We decide whether 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-year because some reviews were not completed in the year the requests were received.

Learning from reviews informs training and other quality improvement activities for our investigators and decision makers.

Table 11: Power to review decisions

Power to review stage	2024-2025	2023-2024	2022-2023
Total requests for review received	24	37	41
First stage: request closed	12	6	13
Second stage: fresh decision required	17	17	18
Second stage: original decision upheld	8	3	2

In the 17 cases in 2024-2025 where the Registrar decided a fresh decision was required, they gave the following reasons:

- In 12 cases, there was a material flaw in the original decision. We regularly analyse these situations and ensure any learning is shared with all relevant decision-makers and the wider case examiner team.

- In one case, new information became available which would have led to a different original decision
- In four cases, there was both a material flaw in the original decision and new information became available.

Appeals against panel decisions

A nurse, midwife or nursing associate can 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 Justice in Northern Ireland, or the Court of Session in Scotland. The court may decide that there are exceptional circumstances to justify extending the time period. 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 during 2024-2025. Not all appeals lodged were concluded in the same year and the outcomes include appeals lodged in previous reporting periods. This means the figures do not balance in-year. Learning from appeals is used to inform training for panel members and colleagues, and other quality improvement activities.

Table 12: Outcomes of appeals of panel decisions

Outcome	2024-2025	2023-2024	2022-2023
Total appeals lodged	34	28	16
Appeal upheld	22	7	7
Appeal dismissed	11	3	3

Table 13 shows the breakdown in this year’s appeal of panel decisions by appeal type.

Table 13: Appeal of panel decisions by appeal type

	PSA	Professional on the register
Appeal upheld	16	6
Appeal dismissed	2	9

Restoration to the register

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

Table 14 shows the outcomes of restoration applications in 2024–2025. The figures do not balance in-year because some decisions are reached in the year after the appeal was made. The number of restoration applications has fluctuated over the past few years; however, we have not identified any underlying trends.

Table 14: Restoration application outcomes

Outcome	2024–2025	2023–2024	2022–2023
Total applications received	40	53	60
Application accepted	20	17	15
Application rejected	10	15	17

Table 15 shows the breakdown of this year’s restoration decisions by registration type.

Table 15: Restoration decisions by registration type

	2024–2025 total	Nurse	Midwife	Dual
Application accepted	20	16	4	0
Application rejected	10	9	0	1



Future focus



We are continuing to transform fitness to practise so that it is faster, fairer and more person-centred – ensuring public protection whilst improving the experience of everyone involved. Over the past year, we have made meaningful progress. We have reduced our open caseload for the first time since May 2024, with six consecutive months of reductions at the screening stage.

Our teams have delivered 10,405 outcomes since April 2024 – an increase on the previous year – and we are seeing steady improvements in the timeliness of decisions. The proportion of cases concluded within 15 months has risen to 68.4 percent, up from 61 percent a year ago and we continue to see positive improvements in this area. We have also cleared a significant backlog of cases awaiting a legal review, enabling more than 470 cases to move forward to a panel decision quicker.

We have also refreshed our screening guidance to support more consistent, proportionate decision-making. The updates, developed with expert input and tested with staff, are helping our teams better focus on the concerns that most require regulatory action, while resolving others quickly and compassionately. Updates to the referral form used by members of the public have also made it easier to triage concerns, and we will keep monitoring the impact of these changes.

We are building on this momentum in the next phase of our work. Our Fitness to Practise Plan sets out how we will improve early-stage resolution, reduce unnecessary delays, and take proportionate action to protect the public.

We are also working closely with expert partners to co-develop solutions that streamline processes, enhance casework operations, and optimise use of our resources.

At the same time, we are continuing to evolve our approach to supporting vulnerable professionals – including through dedicated health and safeguarding pilots – and testing new ways to gather feedback from those going through the fitness to practise process.

Modernising our systems is central to delivering a better experience. We are preparing for a new case management system in 2026, that's designed to enable faster, more consistent and joined-up case progression. Recent changes to our current systems – including improvements to referral handling and panel scheduling – are already helping us work more efficiently, and we will continue to build on these foundations.

We will also respond openly and constructively to the independent reports from Ijeoma Omambala KC, which may offer further learnings as to how we should handle concerns and whistleblowing. The findings of those reports will help shape our plans; alongside everything we are hearing from those involved in our work.

We expect the findings of the Thirlwall Inquiry to be published in autumn 2025. The Inquiry was established to examine the events at the Countess of Chester Hospital and their implications, following the trial and convictions of former neonatal nurse Lucy Letby for the murder and attempted murder of babies in her care.

As we continue to build an inclusive, high-performance learning culture – one that supports speaking up, strengthens accountability and puts safety at the heart of care – we are committed to responding to the Inquiry’s findings in a way that drives lasting improvement and maintains public trust.

We remain firmly committed to fairness, inclusion and delivering equality of outcomes. We will use the findings from the third phase of our Ambitious for Change research, which examines potential bias in the fitness to practise process, to ensure our decisions are fair and equitable. We are also reflecting on the experiences of people within the process and will report on this new data during 2025–2026. Following the publication of the PSA’s performance review, we are reviewing the PSA’s recommendations to ensure our improvement plans address them, and will adjust our plans where needed.

These improvements are aligned with our wider [Culture Transformation Plan](#), which underpins how we work and how we support people across the NMC. Our cultural change work is helping us foster a regulatory environment where colleagues, professionals on the register and the public feel respected and heard.

The insight gained – from external reviews, stakeholder feedback, operational data and lived experience – will be used to strengthen our strategic plans and refine our approach to regulation. We know we still have work to do. But by continuing to listen, act and invest in meaningful change, we are building a better, fairer, more trusted fitness to practise process – one that protects the public, supports professionals, and reflects our values.



23 Portland Place, London W1B 1PZ

T +44 20 7333 9333

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