

Annual Report and Accounts 2024-2025 and Strategic Plan 2025-2026





Nursing and Midwifery Council

Annual Report and Accounts 2024–2025 and Strategic Plan 2025–2026

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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 with whom we interact: 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 – which was published in July 2024 and is referred to in the PSA review – 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.

Through the hard work and dedication of our colleagues, Council members and partners over the last year, we have been taking action to put things right.

In September 2024, we 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 appropriate support can be put in place for registrants where wellbeing concerns are identified.

To support culture transformation, we appointed Judge Peter Herbert OBE as an Independent Adviser to the Council from 1 January.

On 20 January, following Helen Herniman’s leadership as Acting Chief Executive and Registrar, Paul Rees MBE 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 February we 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.

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 March, oversight of the culture transformation work and required governance changes for Council and its committees was also agreed. Under the leadership of our new Chair, this will be folded into this plan over the 2025/26 year.

In April 2025, following the end of Sir David Warren’s term as Chair, Ron Barclay-Smith 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 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.

We are also improving fitness to practise processes and timelines.

In July 2023, at the start of the period covered by the PSA report, the monthly rolling average timeliness figure for completing cases end-to-end within 15 months was 60.8 percent, against a target of completing 80 percent of cases end-to-end within 15 months. As of May 2025, the timeliness figure had climbed to 69.8 percent, demonstrating real progress towards our target.

In the last few months, we have seen record numbers of decisions at screening, with 809 screening decisions made in May 2025 alone.

Since the period covered by the report, we have delivered an average of 624 screening decisions (closures or progressions) over the twelve months to May 2025 – compared to an average of 457 for the same period to May 2024.

We acknowledge the NMC allowed a poor culture to build up over time. However, thanks to the hard work and dedication of our colleagues, Council members and partners over the last year, 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



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).

The overarching aim of the Council is the protection of the public by:

- a. Protecting, promoting and maintaining the health, safety and wellbeing of the public
- b. Promoting and maintaining public confidence in the professions regulated under the Order
- c. 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.

Our governing body is the Council, which comprises six lay people and six professionals on our register. Our work is overseen by the Professional Standards Authority for Health and Social Care (PSA), 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 is why we are 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 are 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.



Performance review 2024-2025



Priority outcome 1: Progress fitness to practise referrals in a safe and timely way.

We know that we are taking too long to progress fitness to practise cases which has a profound impact on everyone involved: referrers, professionals, witnesses and NMC colleagues. We implemented some key initiatives across fitness to practise in 2024–2025 and are beginning to see some meaningful progress, but a challenging context has meant less progress than we had hoped for. We responded to this by adjusting our Fitness to Practise Plan. We recognise there is still much more to do and will build on the work within the plan, and our wider improvement activities in 2025–2026, to deliver a sustainable service that is more timely, fair and effective for everyone involved.

Improving our fitness to practise processes

In April 2024, we launched our Fitness to Practise Plan, which sets out how we will deliver fairer, faster and more effective processes so that we resolve cases as early as possible and improve the experience for people involved. We know that this is a long-term effort that requires significant changes in how we work and improvements to our systems. 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.

Whilst we made progress in delivering the plan in 2024–2025, challenges emerged that meant we have not made the progress we had initially planned.

Our screening teams received higher than expected volumes of referrals (21 percent higher than our planned assumptions), which put pressure on our systems and ability to deliver change. To manage this increase, we increased the capacity of our screening teams and began to see improved performance in this area in the second half of the year. The Independent Culture Review also highlighted areas of our operational performance that required immediate action.

As a result, in January 2025, we realigned our plan to ensure we are responding effectively to the changing landscape, prioritising the most critical areas and acting with increased pace to deliver regulatory practices that are timely, fair and effective for everyone involved. We also brought in specialist support from PwC to help progress some of our lower-risk cases at screening and explored with PwC different interventions and ways of working to accelerate the delivery of our plan.

Whilst we have not met our key performance indicators, we have made significant improvements.

- We made significant progress in reducing delays in decision-making. In March 2025, we achieved our highest number of screening decisions (806) in a single month in five years, ensuring cases are addressed more promptly. Timely decisions mean fewer people experience unnecessary worry while waiting for an outcome.

- We increased operational efficiency through new tools and targeted changes to our processes. We introduced a case-weighting tool to assess cases based on complexity and risk, helping us to handle each case appropriately whilst providing a fair distribution of work to our teams.
- We improved hearing capacity and experience. We have increased the number of in-person hearings and are scheduling events to full capacity at our London and Edinburgh Offices. We know that some people prefer to attend in-person and others to join remotely, so, where appropriate, we provide a hybrid meeting option where individuals can join from somewhere they feel comfortable. Members of our panel meet in-person to speed up their decision-making.

We know we need to improve at pace and resolve concerns as early as possible whilst not overburdening our colleagues. Taking steps to deliver a more compassionate service is making a difference – we are seeing progress towards our targets of reaching quicker decisions for people and closing 80 percent of cases within 15 months. However, we recognise that it will take time for people to feel a difference.

Listening to the views of professionals and stakeholders about their experiences has been critical to shaping our work, including the Chief Nursing Officers of the four UK nations and other senior nursing and midwifery leaders. We also benefitted from the insight of two seconded executive advisers: Anthony Omo, General Counsel and Director of Fitness to Practise at the General Medical Council and Professor Donna O’Boyle, registered nurse and former

Professional Regulatory Adviser at the Scottish Government. As a result, we are adjusting how we assess referrals at the screening stage to enable a more proportionate and robust approach and looking at how we can enhance clinical input into our processes.

A full statistical summary of our fitness to practise work in 2024–2025 can be found in our [Annual Fitness to Practise Report 2024–2025](#).

How we have supported people involved in fitness to practise

We understand that being involved in a fitness to practise investigation can be highly emotional and stressful, whether someone is a member of the public or a nursing and midwifery professional. That is why we aim to put people at the heart of our work, offering a range of support to help them navigate the process and get the support they need.

Public Support Service: For members of the public, our trained public support officers offer information, listen to concerns, and support people who may be finding the process particularly difficult. For those with complex or additional needs, we also offer enhanced services such as advocacy and intermediaries, including speech and language support, to ensure everyone can engage fully and fairly. In 2024–2025, 261 inbound calls took place between members of the public and our support helpline (no comparable data for 2023–2024).

Fitness to Practise Careline:

To support professionals, we partner with CiC, a leading employee assistance provider, to provide an independent Fitness to Practise Careline which provides emotional support and practical advice. In 2024-2025 we received 1,047 calls (2023-2024: 735). We also assess referrals for potential safeguarding concerns and, where needed, make onward referrals to external support services. You can read more about this work in our section on safeguarding.

Health pilot: In January 2025, we launched a health pilot at the investigations stage to improve support to individuals whose fitness to practise case relates to a physical or mental health need. For example, providing bespoke, compassionate support for professionals experiencing conditions like dementia or substance misuse. Over the coming year, we will expand the pilot and use real-time feedback to ensure people receive the right support.

Employer advice line: Our employer advice line helps us support employers who may have 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 and unnecessary stress for the professional. In 2024-2025 we received 1,152 calls requesting advice about an individual's fitness to practise (2023-2024: 1,162). Of the 1,152 requests for advice, 38 percent of the calls resulted in employers being advised they did not need to make a referral about a professional on our register at the time of the call.

Referrals helpline: Our referrals helpline is a valuable tool for those who are thinking about raising a concern with us and in 2024-2025 we received 5,294 calls (2023-2024: 5,925).

Early conversations can help us better understand the nature of the concerns and ensure we investigate them appropriately, by:

- Explaining who we are and what our role is
- Exploring how we can help people and what support we can offer through the process
- Identifying whether we are the correct organisation to deal with a concern and signposting to other organisations. This helps avoid unnecessary referrals to fitness to practise and unnecessary stress for the professional.

“We receive a wide range of calls, and whatever the scenario, the key thing we're able to provide is reassurance. The people we speak to have often had difficult experiences and want to know how their voices can be heard. We're here to listen to their concerns and either guide them on making a complete referral or steer them towards another organisation better placed to help.”



Sophie Holland,
Call Handler

Looking ahead

In 2025–2026 we will do more to ensure that people involved are supported to engage in fitness to practise, because we know that this achieves better outcomes. We are going to be more proactive in supporting people to engage with us in a way that supports their

preferences and will consider how our correspondence and communication approaches can be strengthened to deliver a more compassionate service. As part of this work, in 2025–2026 we have established a Professional Support and Engagement function. Its initial focus will be to review and develop how we support professionals going through our fitness to practise processes.

Improving our processes to make sure they are fair and effective for everyone

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, and that bias is not present in our decision-making. It also means holding people to account and working with our partners to tackle inequalities that cut across the health and social care sector.

To better understand why certain groups of nursing and midwifery professionals progress further in our fitness to practise processes and receive more severe outcomes, we commissioned the University of Greenwich to review more than 200 of our closed cases as part of our Ambitious for Change research. 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 practise 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.

Performance dashboard as at 31 March 2025

Overall
RAG
Rating

Outcome 1: Progress fitness to practise referrals in a safe and timely way

KPIs and Indicators

65.8%

Percentage of interim orders (IOs) imposed within 28 days of opening the case (target: 80 percent) (12 month rolling)

6,357

Volume of the overall fitness to practise caseload (monitor only)

68.4%

Percentage of fitness to practise cases concluded within 15 months of being opened (target: 80 percent) (12 month rolling)

Strategic risks addressed by this priority outcome

Strategic Risk REG18/02: We fail to take appropriate action to address a regulatory concern about a professional on our register, in a timely or person-centred way.

Q1
20

Q4
20

Performance indicator key

On or above target.

Up to 8% below target.

More than 8% below target.

Monitor only.

Risk Scores key

1-8

9-15

16-25

Priority outcome 2: Build an inclusive, high performance, learning culture

We want the NMC to be a place where all colleagues grow, thrive and embrace the same professional integrity that we expect nursing and midwifery professionals to demonstrate. 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 EDI strategic objectives, including launching a new behaviour framework and an Empowered to Speak Up initiative.

Transforming our culture

In July 2024, an independent review into the NMC's culture, led by Nazir Afzal OBE and Rise Associates, was published. We commissioned the report in response to allegations of racism, bullying and a culture in which colleagues were afraid to speak up and voice their concerns.

More than 1,000 current and former NMC colleagues, and more than 200 panel members who sit on fitness to practise hearings, shared their lived experiences. We thank them for doing so. The Independent Culture Review found a link between our regulatory performance and our culture.

In particular, the continuing challenges with the fitness to practise caseload have put some of our people under immense pressure, as well as contributing to the stress of those caught up in these processes.

The report also found that two NMC colleagues might pass each other in a corridor with experiences that are worlds apart: one may be on an upward career trajectory, highly motivated and satisfied with their work; whilst the other may be subjected to racism, discrimination and bullying. When these issues have been raised in the past, we have not taken enough action to address them and hold people to account. Racism, discrimination and bullying have no place at the NMC.

We accepted all the Report's recommendations and made additional commitments. We have started to make changes to transform colleagues' experience at work, such as introducing a behaviour framework, providing psychological safety development training to senior leadership in key directorates, giving people on fixed term contracts more certainty with permanent contracts and offering extended decompression support to colleagues working on sensitive casework.

These immediate actions have enabled us to set a solid foundation upon which to build transformational change. We want colleagues to enjoy work and create an environment where they can thrive and have a positive impact on our goals. We are embarking on a journey to build a working environment with innovation, learning and continuous improvement at the heart of our approach.

After joining the NMC in January 2025, Paul Rees MBE, Interim Chief Executive and Registrar, hosted seven listening events attended by 770 of our 1,300 colleagues. The feedback from staff has helped shape our comprehensive three-year Culture Transformation Plan designed to bring about a root-and-branch change in our organisational culture. We want to build a culture that is positive, empowering and inclusive for all colleagues, regardless of their background or characteristics – with everyone feeling that they belong.

The Culture Transformation Plan is based on six pillars:

1. Strong and effective leadership
2. Values-based decision-making
3. Embedding EDI
4. Ensuring psychological safety
5. Enjoying work
6. Regulatory fairness.

We will implement our plan in an iterative way, evaluating, learning and improving as we go.

We also commissioned Ijeoma Omambala KC in July 2024 to undertake two reviews of aspects of our work: one on some specific fitness to practise cases, and the other on our handling of whistleblowing. The timeline for delivery of these reviews has shifted for a range of reasons, but it is expected that we will now receive them in summer 2025. We will digest the findings and incorporate relevant actions arising into our improvement plans in the current year.

“When I joined the NMC in January 2025, I committed to delivering a clear vision and plan in March 2025 that would create a positive, empowering and inclusive culture for everyone. I’m delighted that we’re now taking this plan forward, underpinned by a strong anti-racist ethos and a commitment to improve the regulatory experience for the public and nursing and midwifery professionals.”



Paul Rees MBE
NMC Interim Chief Executive and Registrar

People strategic objectives

Our people strategic objectives are key to building a positive, empowering and inclusive culture at the NMC. A largely new executive team and a clear coaching approach across the organisational leadership will drive change by equipping our managers to be great leaders. This will help us deliver a transformation of our culture, with EDI best practice at the heart of all we do.

In 2024-2025 we:

- Launched revised inclusive recruitment training and corporate induction programme to strengthen our processes. This helps ensure we hire and retain the best people and talent for our roles and are fair and transparent at every step.
 - Introduced a new behaviour framework to underpin our expectations of colleagues at each stage of their career. The framework will be rolled out over two years and be embedded in everything from recruitment to appraisals. In 2025, we will refresh it so that it aligns with any new values we introduce.
 - Doubled our training budget to support colleagues and address the behaviours and experiences reported in the Independent Culture Review.
- Introduced 360 feedback for our Executive team, which we will roll out to all leaders in 2025-2026. Combined with feedback from our annual staff survey, this will provide our colleagues with robust and achievable objectives.
 - Developed our Management Essentials training into a leadership programme with a strong focus on coaching that will be rolled out in 2025.
 - Continued our Rising Together and Rising Higher programme which is now in its fifth year. Through direct mentoring and learning the programme aims to support colleagues' development, confidence, and opportunities for promotion. We have excellent representation on the programme from across the NMC and the feedback has been excellent. We have seen a year-on-year increase with more than 50 colleagues now on the programme. Of the 2024 cohort, one in five has so far had a promotion or a senior secondment within the NMC.

Our staff networks continue to go from strength to strength, and 2025 saw the newly-formed Women's Network launch. Our networks play a key stakeholder role, having input into policy and consultations.

Equality, diversity and inclusion strategic objectives

Our EDI plan was reviewed in light of the Independent Culture Review recommendations, to make sure we are taking actions in the areas most needed. We have appointed EDI experts to review our EDI learning and policies to make sure that anti-racist values and behaviours are deeply embedded in our culture. This includes:

- Cultural competency training for our Executive Board to build awareness and leadership accountability
- EDI learning at all levels, designed to equip colleagues with the knowledge and skills needed to foster an inclusive and anti-racist workforce, which will be rolled out in 2025-2026
- A learning suite where anti-racism is woven throughout, ensuring it is not a one-time intervention but a continuous process of growth and reflection
- Committing to and embedding UNISON's anti-racist charter, which we signed up to in April 2025

- Committing to provision of bespoke and appropriate development learning over 2025-2026 on EDI for Council and its committee membership. This will further bolster the insights for governance over the delivery of the culture transformation plan.

We also launched our Empowered to Speak Up initiative in June 2024 which provides a space for colleagues to share concerns with a trained colleague outside of their team, who can provide impartial guidance and listening. We are embedding this ethos of listening, speaking and being curious throughout the organisation through our mandatory training programmes.

To support how we move from commitment to action, we are developing a comprehensive anti-racist approach that focuses on engagement and accountability, embedding anti-racism into policy and processes and measurable goals that steer systemic change. As part of this work, in July 2025, we agreed five EDI strategic objectives that set out how we will achieve positive change in our EDI ambitions, both for our colleagues and those with whom we work.

“As a nurse, the Mid Staffordshire NHS Foundation Trust Inquiry still sticks in my mind, and I understand how important it is to be supported when people have concerns. I wanted to be able to support colleagues here at the NMC and be part of providing a safe and supportive place for anyone to talk about issues or concerns in confidence.”



Becky Garnet,
NMC colleague and Empowered to Speak Up ambassador

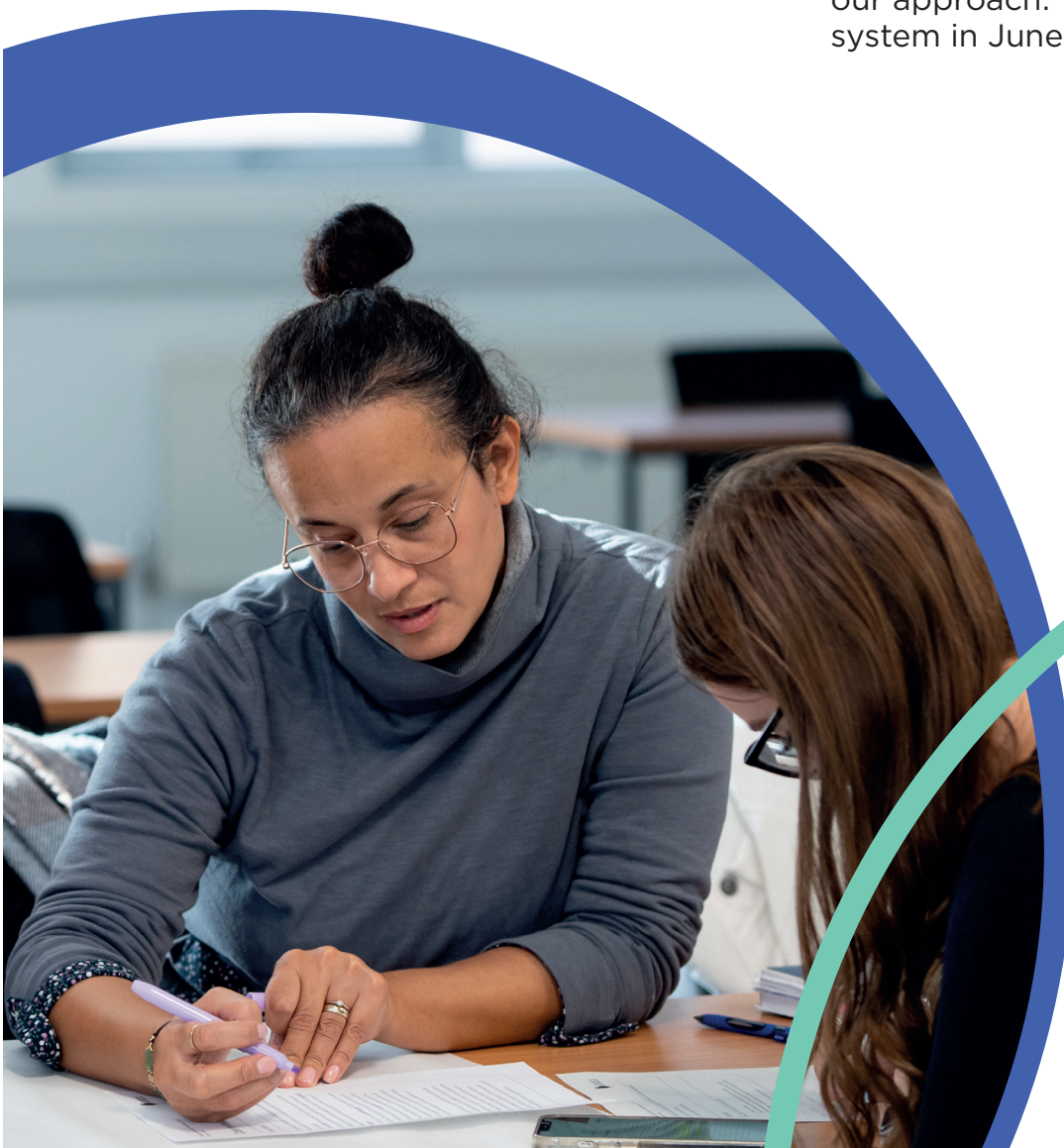
We are committed to facilitating the use of the Welsh language and ensuring that the Welsh language is not treated any less favourably than English. Each year we publish a Welsh

Language Standards Regulations Annual Monitoring Report, you can read the report for 2023-2024 [here](#). The report for 2024-2025 will be published later in the year.

Strengthening our approach to corporate learning

We have many sources of corporate learning, and we know that we need to utilise them more effectively to make improvements. To help achieve this, our quality assurance team now analyses information from across the NMC every six months and produces a report with key themes and risks. This report is scrutinised by the Executive Board and Audit and Risk Committee to inform their decision-making and ensure we are embedding learning effectively. We will continue to develop and refine the approach in 2025-2026.

We have also invested in a new incident reporting process, policy and system that simplifies the categorisation of incidents and uses language that encourages greater reporting and creates a culture of open learning. As well as helping us to learn more effectively from individual events, it will also help us to identify new emerging trends and risks so that we can take quick and appropriate action. Unfortunately, the launch was delayed due to a number of reasons, including delays in agreeing specifications for the system. We are undertaking a lessons learned exercise to strengthen our approach. We launched the new system in June 2025.



Performance dashboard as at 31 March 2025

Overall
RAG
Rating

Priority outcome 2: Build an inclusive, high performance, learning culture

KPIs and Indicators

+0.9%	Gap in hire rate ¹ between white and Black, Asian and ethnic minority applicants (target: +-0.5 percent)
26.3%	Percentage of Black, Asian and ethnic minority colleagues represented in grades 6 and above (No RAG rating as we are monitoring)
9.5%	Percentage turnover (target: 0.1 percent to 12.5 percent)
10.6	Average number of days of sickness absence per person (target: 6.5)
45%	Percentage of serious event review ² (SER) incident reports completed within eight weeks (target: 100 percent)
97%	Percentage of overall eligible colleagues who completed Ambitious Appraisals (our appraisal process for colleagues) quarterly check-ins (target: 95 percent)

¹ Hire rate is the likelihood of a candidate being hired when applying. We want the difference in hire rate between white and Black, Asian and ethnic minority candidates to be as close to 0 percent as possible.

² Further information on our SER process can be found in the Annual Governance Statement.

Performance indicator key

On or above target.

Up to 8% below target.

More than 8% below target.

Monitor only.

Risk Scores key

1-8

9-15

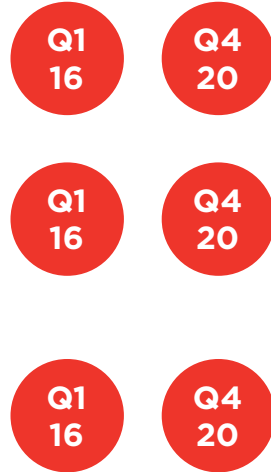
16-25

Strategic risks addressed by this priority outcome

Strategic risk PEO24/01: Risk that our organisational culture impacts on the productivity, performance, learning and morale of the organisation.

Strategic risk: GOV24/01: We may not effectively prioritise, monitor and manage our portfolio of activity and keep pace with the high level of change (and resources required) to achieve our five Priority Outcomes.

Strategic risk: PEO24/05: Risk of low morale, engagement, and increased turnover due to the challenges of the last year and planned changes this year. The volume of turnover within the Executive Board may create a feeling of instability, continual changes to priorities and direction, as well as the loss of talent, expertise and corporate knowledge.



Performance indicator key

- On or above target.
- Up to 8% below target.
- More than 8% below target.
- Monitor only.

Risk Scores key

- 1-8
- 9-15
- 16-25

Priority outcome 3: Modernise our internal systems, tools, policies and processes

Some of our key internal systems and policies require modernisation to ensure better, safer regulation for the benefit of the public. Successes during 2024–2025 included launching our safeguarding hub and transferring the registration and personal details of registered nurses, midwives and nursing associates from an ageing legacy system to a more modern, sustainable system.

Strengthening our safeguarding process to support people at risk of harm

Improving our safeguarding arrangements was a significant focus for the NMC in 2024–2025. Whilst 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.

Launch of our safeguarding hub: In September 2024 we launched our multi-disciplinary safeguarding hub which reviews all cases that are referred to 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 and 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 the case to external agencies.

Enhancing our safeguarding referrals processes: 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 support the management and analysis of safeguarding data. This enables our teams better to track any safeguarding advice and support given throughout the lifetime of our involvement with any individuals concerned.

Strengthening safeguarding governance: We have strengthened our governance arrangements by establishing a cross-organisational safeguarding board and working group. This helps ensure we are managing safeguarding risks effectively and delivering on our safeguarding priorities. In addition, a new process has been adopted for safeguarding-related referrals to the Charity Commission.

Other improvements include:

- The roll-out of Disclosure and Barring Checks (DBS) for a wider proportion of the organisation and mechanisms to ensure safe recruitment
- Collaboration with our communications team to ensure there is a safeguarding approach for concerns identified on social media
- Reviewing our technology systems to assess how we can better support colleagues to identify and flag safeguarding concerns
- Establishing new roles in the safeguarding team to support the delivery of team priorities and hub work.

Modernisation of technology services

The Modernisation of Technology Services programme is reducing our reliance on ageing technology, which will help us to automate more of our processes, use data more effectively and update our systems more quickly in line with changes to legislation. Ultimately, this makes it easier for people to connect with us and for NMC colleagues to do their jobs, supporting nursing and midwifery professionals to deliver safe, person-centred care.

The programme has had its most successful year to date. Most notably we have completed the transition of our register from an aged legacy system onto a more secure, modern and sustainable platform. This improves how we store and retrieve data and have more confidence that crucial information held on the register will always be accessible to the public.

We have also:

- Launched a new concerns management solution which enables more effective triaging of incoming concerns from the public. A new triage team was established and trained to use the system, and this reduced the number of referrals being considered by the screening team
- Developed a new solution to identify the availability of panel members more efficiently and effectively, and a new interface for panel members to manage their availability and bookings
- Developed the project scope to replace NMC Online, which is the system registered professionals use to submit applications and revalidate their registration
- Established a standard set of EDI data elements that are consistently applied across all systems, revalidation processes and referral forms. Consistent data will strengthen our insight and help us make sure our processes are fair and accessible to all.

Regulatory reform

It is important that our guiding legislation supports modern, effective professional regulation which benefits nurses, midwives and nursing associates and supports people and communities receiving care. We continue to work with UK and devolved governments on a reform agenda for regulation in the longer term which will remove legal barriers that limit our ability to improve and innovate.

Currently, all our regulatory rules must be approved by the Privy Council. In future it is proposed that we will be able to approve our own regulatory rules, which will enable us to modernise our regulatory processes more quickly and respond to changes in the environment in which nurses, midwives and nursing associates work. The reforms will increase our accountability across the four UK nations.

Legislation for the regulation of anaesthesia associates and physician associates has been passed into law. This legislation will act as a template for the future regulation of all health and care professionals.

Environmental sustainability plan

We recognise the serious impact of the climate and ecological crisis, and its effects on public health in the UK and worldwide. We are committed to acting in an environmentally sustainable way, and supporting those working in the health and care sector to do the same, particularly in reducing the greenhouse gas emissions which drive climate change.

We launched our first environmental sustainability plan in 2024 and have made important progress.

We have:

- Moved all our electricity to net zero suppliers
- Embedded sustainability into our estates strategy so that any major changes in the future are implemented sustainably
- Built sustainability into our procurement policy
- Made sure that the carbon impact of our investments is built more explicitly into our investment policy
- Moved our colleague pension scheme to a provider that provides strong environmental credentials and options to its members
- Incorporated sustainable practice for registered professionals into wider reviews of our standards and the Code to support those working in the health and care sector.

Key carbon targets in our environmental sustainability plan include being carbon neutral across all emissions by 2030, being net zero for scope one and two emissions on all sites by 2035 and being net zero for all emissions by 2040.

Our carbon impact, which is fairly standard for an organisation of our type and size, is set out in the following table.

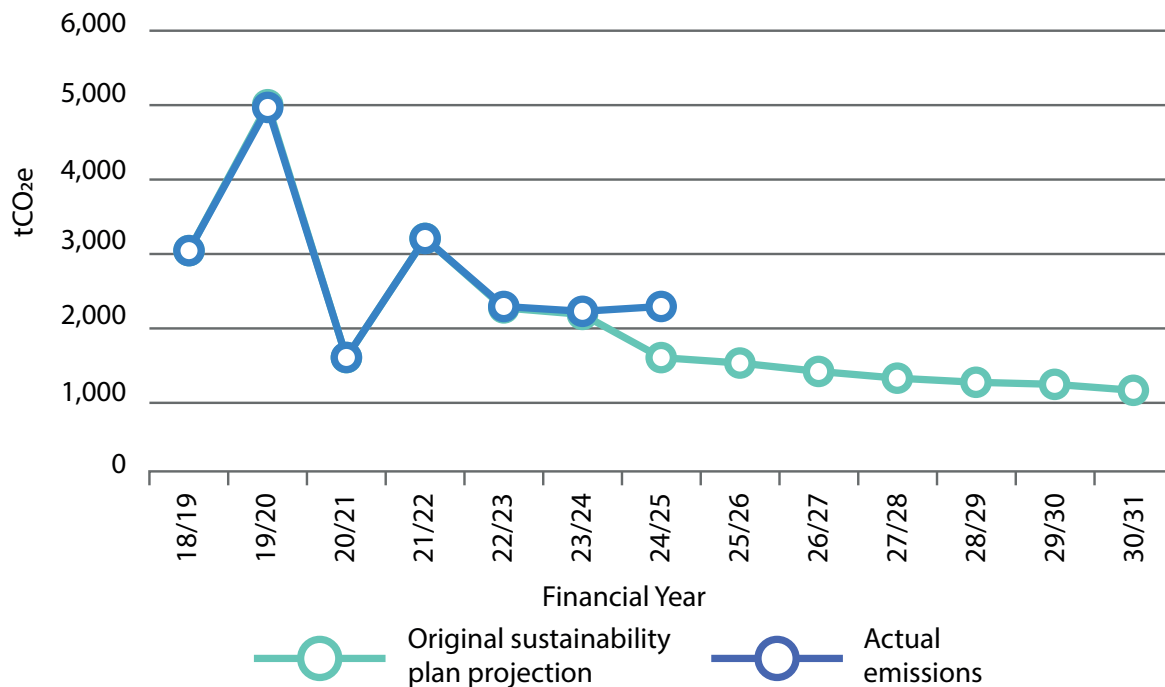
Table 1

Tonnes of carbon dioxide equivalent (tCO ₂ e)	2022-2023	2023-2024	2024-2025
Scope 1 (direct emissions for example gas heating)	155	135	159
Scope 2 (purchased electricity emissions)	45	33	0
Scope 3 (indirect emissions by suppliers)	2,005	1,915	2,034
Total	2,205	2,083	2,193

Whilst we have eliminated scope two emissions and reduced some areas of scope three emissions, overall emissions are above the net-zero trajectory range due to the delay in refurbishing our London office at 23 Portland Place and rising emissions

in areas such as homeworking and business travel. Looking forward, given the impact of the delay to refurbishing 23 Portland Place, a key driver will be decisions around our estate, which will be taken over the next two to three years.

Actual emissions (all scopes) against net zero trajectory



Ethical and sustainable investment

Our investments must be consistent with our values and our commitment to environmental sustainability. We reviewed our investment policy in 2024-2025, and made the following changes to strengthen our approach:

- Our revised policy introduces a broader and more nuanced approach to carbon, by measuring and working to reduce the carbon intensity of our investments overall, while also applying a selective ban on the worst offending fossil fuel companies

- Our policy now explains more fully our thinking and approach to companies selling infant formula milk and the concern that some companies are deviating from an approach based on UK law. This aims to protect breastfeeding, as well as safe and appropriate formula feeding, in line with our Code
- We now seek to avoid investment in companies with significant exposure to high interest lending, in addition to existing exclusions on tobacco, gambling, pornography and armaments
- We now seek to apply an ethical filter to all our investments (including selection of banks for cash deposits) rather than just long-term investments.

Performance dashboard as at 31 March 2025

Overall
RAG
Rating

Priority outcome 3: Modernise our internal systems, tools, policies and processes

KPIs and Indicators

729

Volume of DBS checks completed (12 month rolling)
(target: 900)

0 hours

Unplanned downtime of service availability for NMC website and NMC online (target: less than five hours monthly)

91%

Top desk tickets completed in 50 working hours
(target: 90 percent)

Performance indicator key

On or above target.

Up to 8% below target.

More than 8% below target.

Monitor only.

Risk Scores key

1-8

9-15

16-25

Strategic risks addressed by this priority outcome

Strategic risk REG 24/05: We fail to meet our statutory safeguarding responsibilities to protect people who come into contact with the NMC through our work from abuse or mistreatment.

Q1
20

Q4
25

Strategic risk TECH 24/01: Unauthorised access to sensitive information and records, or the failure of key business technologies, leading to the loss of confidentiality, integrity, or availability of our information, data, or information systems.

Q1
15

Q4
16

Strategic risk STR24/07: Risk that we fail to mature our process and culture around data and insights which could potentially impair our progress.

Q1
N/A

Q4
16

Strategic risk FIN21/02: The risk that we may not have the financial resources to invest in activities in our corporate plan, resulting in us failing to achieve our strategic ambitions and priority outcomes.

Q1
12

Q4
12

Strategic risk 22/04: The risk that external impacts such as climate change, natural disasters, pandemic and national security will have an impact on our ability to be an effective regulator, or to deliver our core regulatory functions.

Q1
12

Q4
12

Performance indicator key

On or above target.

Up to 8% below target.

More than 8% below target.

Monitor only.

Risk Scores key

1-8

9-15

16-25

Priority outcome 4: Contribute to the workforce strategies and support professionals in the four nations

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 and they are currently under considerable pressure. We want our partners to benefit from our insight and be able to use it to inform and implement plans to address workforce challenges and improve care for people. We also want the way we regulate to support nursing and midwifery professionals adapt to future challenges, including the changing needs of people who use services.

To help achieve these aims, during the year, we shared our insights to influence national workforce priorities and reviewed how we can strengthen our approach to practice learning and advanced practice.

Contributing to workforce strategies to improve care for people

By sharing our insights and working with partners we are committed to playing our part in addressing workforce challenges, improving the experiences of professionals and the care that people receive.

We contribute in several ways:

- What we do: Our suite of annual reports provide valuable data and insight on the UK workforce and experiences of care that informs workforce strategies and plans
- Example: Our annual insight report, Spotlight, focused on public expectations and experiences of health and care, and of regulation. This helped us improve our own processes but also provided valuable insight for others in the sector too. You can read the report [here](#)
- What we do: We influence workforce policy by participating in government and NHS steering groups and boards
- Example: During 2024-2025, we participated in the Welsh Government's Band Four Programme Board which has overseen preparations to introduce regulated nursing associates in Wales. We were also members of the group developing an adult social care workforce strategy for England, convened by Skills for Care.

Supporting students to develop the skills and knowledge to deliver the best possible care for people

Nursing and midwifery students undertake practice learning placements as part of their education. It helps them to develop professional behaviours and gain the experiences they need to deliver safe, kind and effective care when they qualify. In 2024, we commissioned independent research to understand what contributes to effective practice learning across the UK and in other countries. This will enable us to recognise and acknowledge innovation and ensure that our requirements continue to equip students with the knowledge and skills to deliver the best possible care for people across a diverse range of care settings.

In January 2025, our Council considered the findings of the first phase and approved five key lines of enquiry for the next phase of the pre-registration practice learning review. The findings from this second phase will be presented to Council in July 2026.

To make sure the voices of all stakeholders are considered, the review is being guided by an external steering group, consisting of key partners in UK health and social care, as well as a public advisory group and student advisory group.

EDI considerations were embedded from the outset and remain a prominent focus of the project. For example, one of the key lines of enquiry is to examine the practice learning experiences of students with protected characteristics (including those who require reasonable adjustments) to understand how these are taken into account as part of students' learning, and whether they impact student retention.

Supporting advanced practitioners to meet complex needs within health and care

Experienced nurses and midwives across the UK are increasingly taking on complex, autonomous and expert roles commonly referred to as 'advanced practice'. These roles are beneficial for the public: professionals in these roles demonstrate advanced communications skills, make timely person-centred decisions and support people to seamlessly receive care across different specialities and settings. To make sure risk is being managed effectively, we are undertaking a comprehensive review of advanced practice. Phase one of our review found that while advanced practitioners play an important role in the health and care system, a lack of consistency in education and training, qualifications, responsibilities and governance processes can create a risk to the public that additional regulation can help mitigate.

To best meet this need, through phase two of our review, we are developing a combination of approaches to additional regulation. We made good progress in key areas of this work in 2024–2025:

- We developed potential options for recognising existing advanced practice qualifications. This will ensure proportionate transition arrangements for existing advanced practitioners. In developing these options, we have engaged in conversations with professionals internationally and across the UK to learn lessons from their experience, as well as engaging with professional bodies
- In collaboration with stakeholders across the UK, we introduced advanced practice principles to help develop a shared, consistent approach to advanced practice. These principles will support the public to understand the role of an advanced practitioner, support professionals by setting clear expectations for their practice and help employers develop and sustain systems in which advanced practice can thrive. You can read more about how we collaborated with people later in this report.

EDI considerations have been central throughout this work, including the need to recognise the unique barriers that internationally-educated professionals face in accessing opportunities to develop their careers in advanced practice.

We had intended to progress other workstreams in this programme during 2024–2025. However, we re-sequenced this work to make sure we could collaborate widely and corporately focus on cultural transformation.

Working in partnership to shape our work

Engaging with and empowering members of the public, the professionals on our register and our partners is key to delivering our work and helping drive improvement in health and social care for people and communities.

“As a lay person, my experience with advanced practitioners is that they are absolutely brilliant, but I would now be expecting that kind of brilliance from anybody who’s saying they’re an advanced practitioner. That this might not be the case concerns me.”



Member of public,
explaining why they think regulation will be beneficial

One way we do that is through our Public Voice Forum, which enables members of the public to shape our strategic work. Members are from all four UK countries and from diverse walks of life and communities. Some live with long-term conditions, meaning they interact regularly with professionals on the register. Making sure we are hearing these voices is critical in developing, fine tuning and embedding our standards, and in improving people's experiences of services through people's lived experience of health and social care.

You can learn more about the work of the Public Voice Forum by watching the video in English [here](#) and in Welsh [here](#).

We have also continued close, regular engagement with the professionals on our register, employers, educators, health and care leaders and other regulators.

Case study:

When developing principles for advanced practice, we wanted to ensure that diverse voices and experiences shaped our understanding. To achieve this, we engaged with more than 3,000 individuals, through:

- An independent steering group which consists of key professional strategic stakeholders from across the four nations and those with expertise in advanced practice across the breadth of settings and sectors
- A standing public advisory group, comprising both members of the public with lived experience of being cared for by advanced practitioners and representatives of charities and advocacy organisations representing those people
- A joint regulatory working group including all UK health and care professional regulators and four nation system regulators
- Discussions with the Public Voice Forum
- Extensive engagement with nursing and midwifery professionals, through webinars and roundtables, to test assumptions and emerging themes
- Working groups focused on each of the four UK nations to ensure alignment with the existing advanced practice framework in each country. The working groups consisted of strategic colleagues, representing a range of advanced practice level nurses and midwives, including commissioning and workforce leads.

Supporting professionals to join our register

Our register is a key tool for protecting the public, ensuring that only those who meet rigorous standards of character and practice, contributing to improved health and wellbeing, are allowed to join. We aim to make this process as quick and supportive as possible for those applying or re-applying. In 2024-2025, we exceeded our KPIs in this area: 99.9 percent of UK initial registration applications were completed within one day against our target of 97 percent (2023-2024: 99.4 percent) and 99.0 percent of internationally-trained professionals' applications were assessed within 30 days against our target of 95 percent (2023-2024: 99.1 percent).

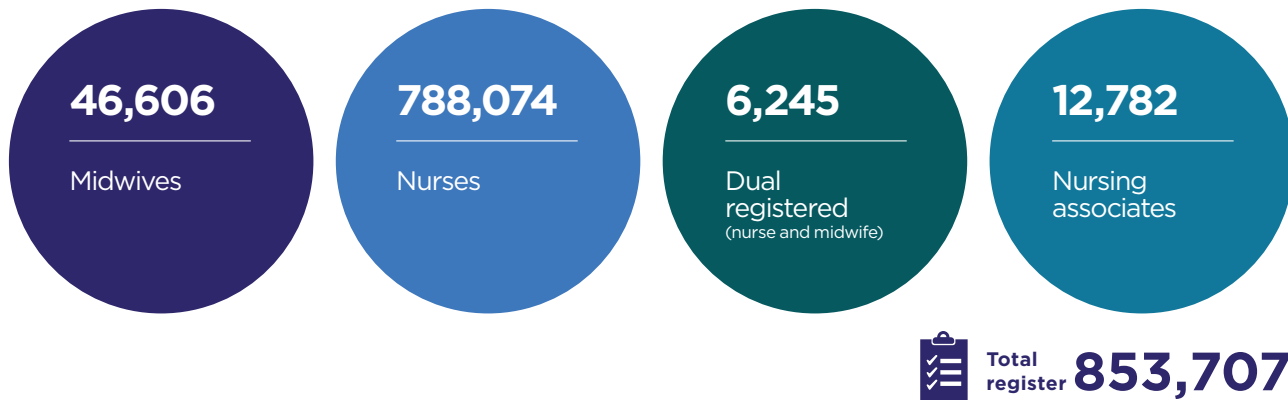
Our contact centre plays an important role in supporting professionals. In 2024-2025 there were 215,203 calls to the contact centre (2023-2024: 222,905) and 108,845 emails. Our contact centre strives for excellent customer service and, on average for the year, 94.2 percent of people who got in touch with the contact centre and answered our survey said we treated them kindly (2023-2024: 95 percent) and 74.3 percent said we answered their question or query first time (2023-2024: 70.4 percent).

We know that applying to register in a new country can be daunting, especially in situations where people have been forced to move across borders. This can make meeting our requirements in the usual way particularly difficult. In 2023-2024, we launched our [forcibly displaced persons policy](#) to support people through this process, and during 2024-2025 we worked with stakeholders to increase awareness of the policy.

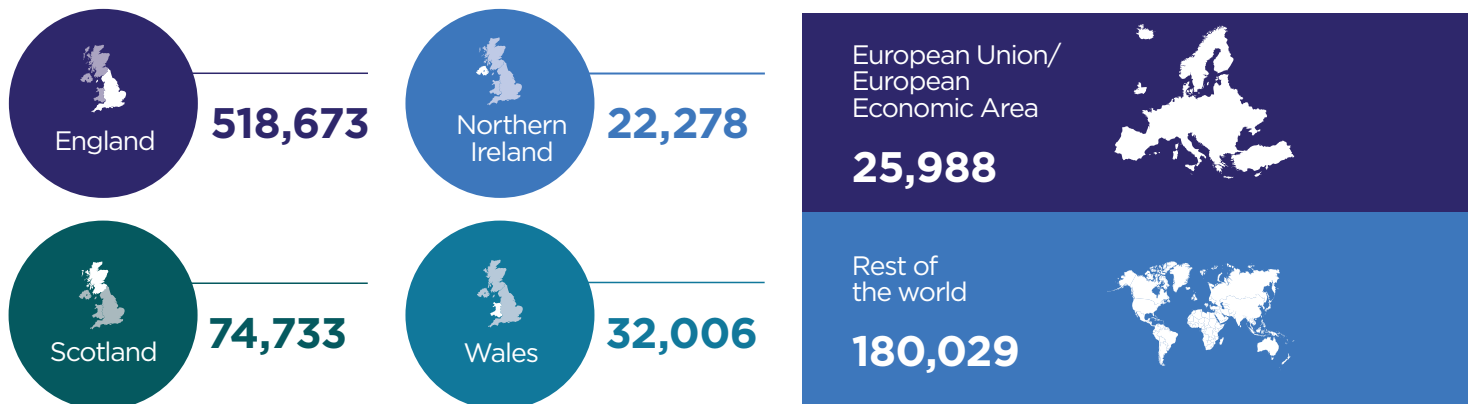
Revalidation gives the NMC and the public the confidence that the professionals on our register continue to meet the requirements of safe and effective practice. This year we have reviewed and amended all our revalidation email templates to make the process clearer, reducing the potential for errors in professionals' submissions and to help ensure our data is accurate.

On 31 March 2025, there were 853,707 professionals on our register; an increase of 3.3 percent on the previous year (2023-2024: 826,418).

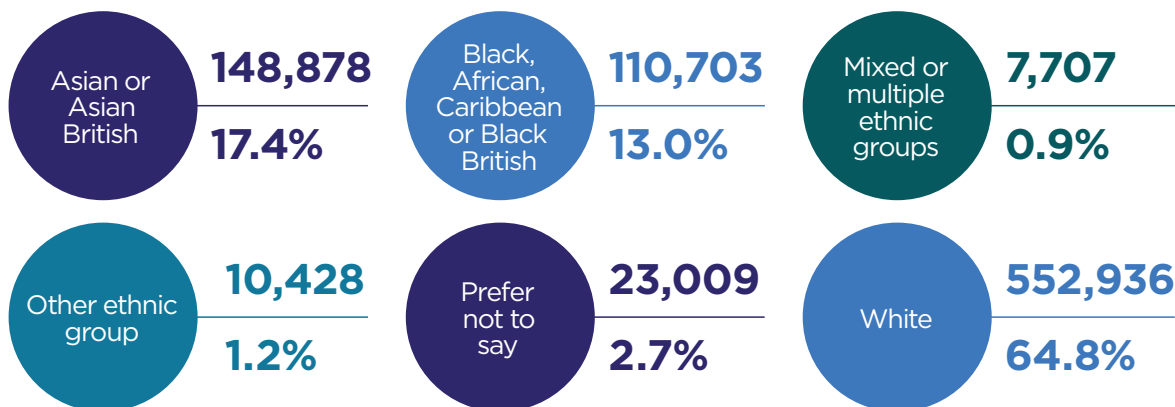
Number of professionals on our register by registration type at 31 March 2025:



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:



Performance dashboard as at 31 March 2025

Overall
RAG
Rating

Priority outcome 4: Contribute to the workforce strategies and support professionals in the four nations

KPIs and Indicators

99.9%

Percentage of UK initial registrations applications with no concerns completed within one day (target: 97 percent) (12 month rolling)

93.6%

Percentage of UK registrations requiring additional scrutiny completed within 60 days (target: 90 percent) (12 month rolling)

99.0%

Percentage of overseas registration applications assessed within 30 days (target: 95 percent) (12 month rolling)

97.5%

Percentage of readmissions applications completed within 21 days (target: 95 percent)

2,122

Total objective structured clinical examination (OSCE) tests offered per month across our five test centres (volume) (target: more than 3,000)

Performance indicator key

On or above target.

Up to 8% below target.

More than 8% below target.

Monitor only.

Risk Scores key

1-8

9-15

16-25

KPIs and Indicators

- 99.2%** Percentage of customers who agreed that the OSCE test centre treated them with 'respect and dignity' throughout the examination process. (target: 95 percent)
- 92.6%** Percentage of contact centre call attempts handled (target: 90 percent)
- 4.5** Email response rate (days) (target: less than five working days)
- 94.2%** Percentage of customers reporting that the contact centre handled their calls with kindness (target: 95 percent) (12 month rolling)

Strategic risks addressed by this priority outcome

Strategic risk REG18/01: We fail to maintain an accurate register of people who meet our standards (including timeliness of registrations)

Strategic risk REG 19/03: Failure to ensure that educational standards are fit for purpose (including processes to ensure compliance with standards are met).



Performance indicator key

- On or above target.
- Up to 8% below target.
- More than 8% below target.
- Monitor only.

Risk Scores key

- 1-8
- 9-15
- 16-25

Priority outcome 5: Strengthen the integrity of the register

People receiving care in the UK must have confidence in the quality of education, skills and competency of registered nurses, midwives and nursing associates. In 2024-2025, we have focused on improving our international registration processes and controls and our approach to education quality assurance.

Strengthening our international registration processes

In order to join our register, internationally-educated professionals must provide evidence that they meet our standards to provide safe, kind and effective care and meet the character requirements for registration. It is essential for the NMC to maintain the safety and integrity of the register. That is why we investigate thoroughly when concerns are raised with us about possible fraud occurring in the application process.

As reported in last year's annual report, our investigation into Computer-Based Test fraud at the Yunnik test centre in Nigeria found there was evidence of widespread fraudulent activity. To ensure the integrity of the register, all tests were invalidated, and in each case a carefully considered decision is being made about whether or not to remove those individuals from our register, or whether or not to refuse their application to join it. More recently we have investigated potential fraud concerns from an English language test centre in India.

In this case our investigation concluded that there was insufficient evidence of fraud and we would close the case once a new test had been taken.

To make sure we learned from these incidents, we commissioned our internal auditors, RSM, to review our existing counter-fraud measures to help identify any system gaps. In most respects, the audit found processes to be soundly designed. However, it did identify some areas where controls could be strengthened and arrangements revisited, for instance developing a more extensive fraud policy that extends beyond financial fraud and clarifying roles and responsibilities for managing fraud. We used this learning, along with our own insight, to develop clear protocols for action when fraud is suspected to help us take swift action as quickly as possible.

As well as taking robust, swift action to protect the public, we recognise that internationally-educated professionals face unique safeguarding risks and can be especially vulnerable to exploitation and coercion. To make sure we are providing appropriate support, our policy now includes consultation with professional groups and networks so that we provide enhanced, tailored support that meets our safeguarding responsibilities and mitigates potential mental health impacts on individuals.

Following the introduction of our revised processes we have seen an increase in the number of fraudulent cases identified by our processes.

Whilst this is encouraging, we know that fraud is constantly evolving and hard to address due to new technology and links with criminal activity such as modern slavery and human trafficking. Given these challenges, we are working closely with our partners across the UK to share information to improve our processes and identify and address fraud.

Strengthening our approach to education quality assurance

We monitor education institutions to ensure that they are delivering programmes that prepare knowledgeable and skilled professionals to meet the complex health and care needs of people and communities. We do this by approving education programmes that meet our standards and by monitoring their compliance.

We recognise there is more we need to do to strengthen our education quality assurance function to make sure we are proactively identifying issues and working collaboratively with key stakeholders.

To strengthen our approach, during 2024-2025, we took the following action:

- We partnered with a new education quality assurance service provider and moved to a new service model focused on agility and flexibility, supported by specific intelligence. This will help us to take action in a timely and proportionate way, reducing the potential impact on students and supporting them to develop the right skills and knowledge to deliver high-quality care throughout their careers.

The onboarding of the new partner has been slower than anticipated and we are identifying learning for similar processes in the future

- We have increased capacity and expertise within our teams to strengthen monitoring of programmes and develop a more regional approach to working with approved education institutions (AEIs). This will help build stronger working relationships with AEIs, form greater collaboration and ultimately, identify and manage risks more effectively. We will continue to review our resourcing in 2025-2026 to support us proactively to identify risks
- We reviewed our IT systems and are developing proposals to strengthen the integrity of our data to help us identify and act on risks.

As reported in last year's annual report, in May 2023, we withdrew approval of the midwifery programme at Canterbury Christ Church University. This was the first time we had withdrawn approval of a programme. We took this decision due to the lack of assurance that students would be able to provide safe and effective care to women, babies and families at the point of registration. To capture and embed learning from this experience, we undertook a lessons learned review in 2024-2025, including external feedback. This has provided valuable insight that we will use to strengthen our approach.

In 2025-2026, we will build on these foundations by further embedding and developing our approach to identify and manage risks more effectively for the benefit of students and the public.

Approving quality programmes

Over the past year we approved one new education institution to run a nursing or midwifery programme, increasing the number to 99 (2023-2024: 98) and covering more than 2,527 undergraduate degree programmes and post-registration programmes serving more than 115,000 students. This means more opportunities for students to enter the workforce and extending the provision of care to people across the UK.

Monitoring approved programmes to ensure public trust and confidence in the quality of education

When a concern is raised about a programme, we assess and categorise the concern so that we can make the appropriate regulatory intervention. During 2024-2025 we received 150 new concerns, with 65 categorised as minor, 74 as major and 11 as critical. With all critical concerns we have been working closely with the AEs to make sure robust action plans and mitigations are in place and outcomes are monitored. At the end of this reporting year, two of the 11 critical concerns remain to be resolved.

In spring 2024, our work to monitor AEs highlighted themes affecting some approved education institutions. To manage this risk, we asked all AEs to assure us that programmes were being delivered in line with our standards in these key areas: use of simulated practice learning, reflective practice, and satellite sites. Our subsequent review of 1,128 pre-registration programmes showed that in most cases our standards in

these areas were met but that there was some variance. It also identified learning that we are using to strengthen our approach to education quality assurance, its role in protecting the public, and students on programmes.

Supporting midwives to deliver safe, kind and effective care

We have continued to focus on maternity safety, informed by our own insight and insights from external reports such as the CQC National Review of Maternity Services in England (2022 to 2024) and Enabling Safe Quality Midwifery Services and Care in Northern Ireland (2024).

We have engaged with midwives across the UK to reinforce the role our standards play in ensuring safe, kind and effective care in their own practice and in providing effective supervision and assessment of student midwives.

The standards of proficiency for midwives were published in 2019. Since then, two maternity enquiries have been published, Ockenden (interim and final) (2020; 2022) and Kirkup (2022). The midwifery team mapped the standards to the key recommendations of the reports and shared this with directors and heads of midwifery. This was to demonstrate that adopting the standards in full would play a part in demonstrating that the recommendations were being met. In January 2025, we engaged with directors and heads of midwifery to understand how effective the mapping tool had been. The response rate was disappointingly low, so we are considering what more we can do in this area to collaborate with our partners.

Performance dashboard as at 31 March 2025

Overall
RAG
Rating

Outcome 5: Strengthen the integrity of the register

KPIs and Indicators

99

Number of Approved Education Institutions

2,527

Number of approved programmes

1

Number of monitoring events completed in last quarter

Minor: 85

Major: 106

Critical: 2

Number of concerns

25

Volume of fraudulent applications identified within our processes (detected before entry to register)

3

Volume of incorrect and fraudulent entries to the register

Performance indicator key

On or above target.

Up to 8% below target.

More than 8% below target.

Monitor only.

Risk Scores key

1-8

9-15

16-25

Volume: 105

Individual: 67

Non Fraud: 38

Volume of registration concerns under Assistant Registrar and/or Registration Investigation team review. (Individual fraud concerns, non-fraud concerns and large-scale fraud concerns (for example computer based test /occupational English test))

71 days

Median age of caseload for applications under review with Assistant Registrar and/or RIT

28%

Percentage of decisions overturned at appeal

3

Volume of cases removed/broken down between registration fraud, and those removed from the register due to failing to meet revalidation requirements

Strategic risks addressed by this priority outcome

Strategic risk REG18/01: We fail to maintain an accurate register of people who meet our standards (including timeliness of registrations).



Strategic risk REG 22/04: We fail to take appropriate or timely action to address a regulatory concern regarding the quality of nursing or midwifery education.

Performance indicator key

- On or above target.
- Up to 8% below target.
- More than 8% below target.
- Monitor only.

Risk Scores key

- 1-8
- 9-15
- 16-25



Environmental, social and governance review



Environmental

We recognise the serious impact of the climate and ecological crisis, and its effects on public health in the UK and worldwide. We are committed to acting in an environmentally sustainable way and supporting those working in the health and care sector to do the same, particularly in reducing the greenhouse gas emissions which drive climate change.

You can read more about the action we have taken in 2024-2025 on page 26.

Social

As the regulator of nursing and midwifery professionals, our core purpose benefits society: we exist to protect, promote and maintain the health and wellbeing of the public. In doing so, our work impacts people across society: people receiving care and their families, the professionals on our register and our colleagues. We are committed to supporting those we work with and to playing our part in tackling society's social challenges. The Independent Culture Review made clear that we have not always met that commitment. In the performance review we set out the action we have taken to improve our culture, as well as the positive impact we have had in 2024-2025.

You can read more about:

- Improving our fitness to practise processes so they are more timely, fair and effective for everyone involved on pages 12-13
- Supporting people involved in fitness to practise on page 14

- Transforming our culture to build a positive, empowering and inclusive culture for NMC colleagues and everyone involved in our regulatory processes on pages 17-18
- Delivering our people and EDI strategic objectives, including work to reduce our pay gaps on pages 19-20
- Strengthening our safeguarding process to support people at risk of harm on pages 24-25
- Contributing to workforce strategies to improve care for people on page 30
- Supporting students to develop the skills and knowledge to deliver the best possible care for people on page 31
- Supporting advanced practitioners to meet complex needs within health and care on pages 31-32
- Strengthening our international registration processes on pages 38-39
- Strengthening our approach to education quality assurance on page 39
- Enabling people and communities to shape what we do, so we can make sure the way we regulate is rooted in people's needs and experiences on pages 32-33
- Ensuring our investments are consistent with our values on page 27
- The approach to widening diversity of thought and other diversity aspects through the recruitment practices for the independent Council committee membership on pages 87-88.

Governance

Effective, transparent governance is critical to ensuring positive long-term impact: an organisation must have clear accountability; diversity of perspectives and insights; strong organisational ethics and risk management. In our annual governance statement we set out how we have ensured good governance practices, including through testing our practices through our programme of internal audits.

You can read more about:

- Corporate ethics on page 85
- Board diversity on pages 62-63
- Reviewing and developing governance arrangements for the Culture Transformation Plan on page 91
- Introduction of the Adviser to Council on page 88
- Executive pay on pages 67-71
- Anti-fraud policies on page 104
- Modern slavery on page 104
- Risk management processes on pages 96-101
- The findings of our internal audit programme on pages 109-110.





Strategic plan for 2025-2026

04



Our context

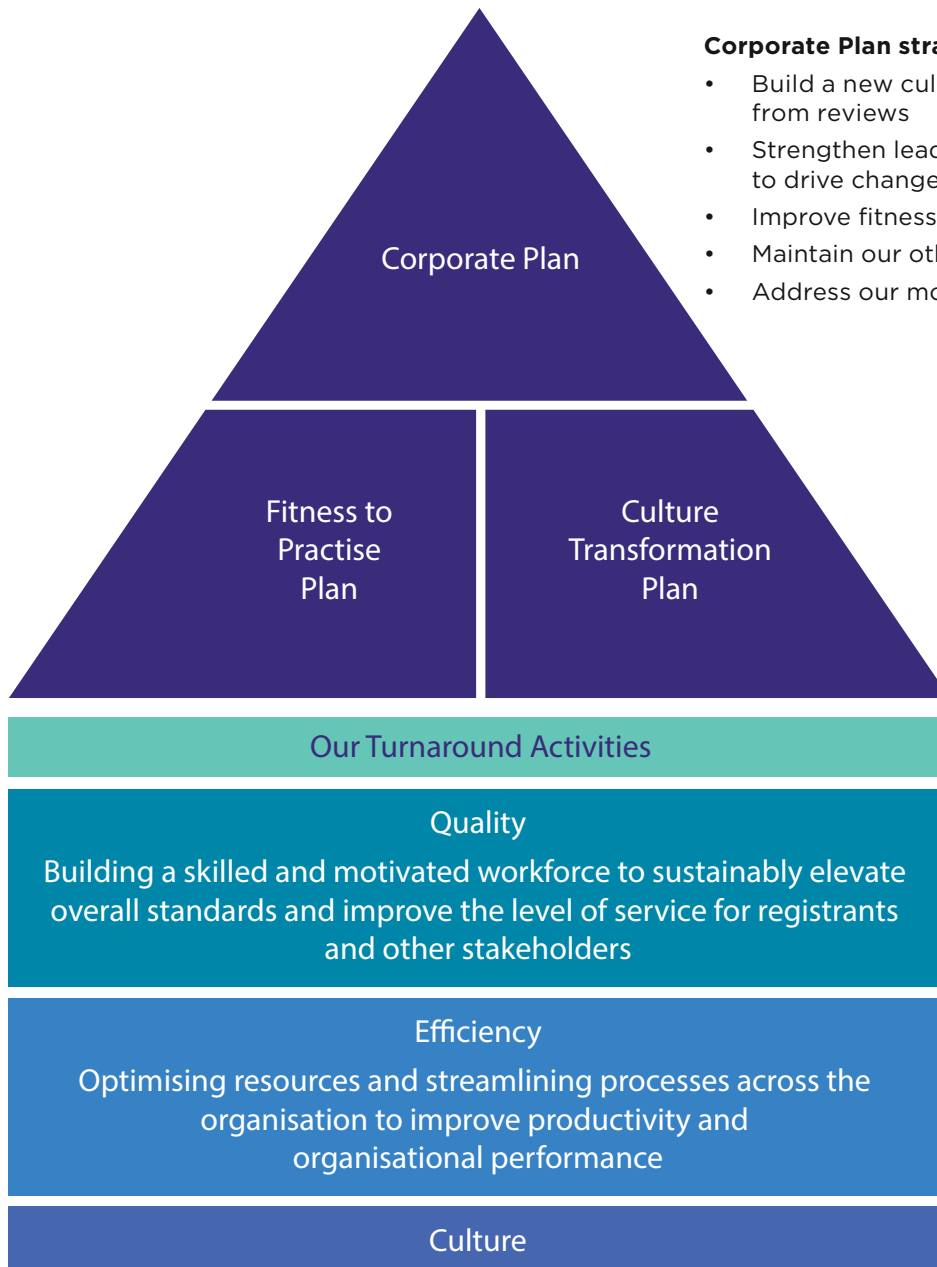
Following a series of challenges, such as the problems with our culture highlighted by the review last year by Nazir Afzal OBE, we are starting to turn the NMC around – and working to win back confidence in our ability to protect the public through the effective regulation of nurses, midwives and nursing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

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 recover, stabilise and enhance the NMC as a fit-for-the-future organisation, underpinned by a clear programme of cultural transformation and our Fitness to Practise Plan.





Corporate Plan strategic priorities:

- Build a new culture and implement learning from reviews
- Strengthen leadership at the organisation to drive change
- Improve fitness to practise
- Maintain our other core regulatory functions
- Address our most significant challenges.

The turnaround activities provide some of the foundations to enable and accelerate successful delivery of the Corporate Plan and the Fitness to Practise and Culture Transformation plans.

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.



Our strategic roadmap

We are determined to achieve the changes we need in our culture and regulatory processes, but it will not be easy. We are committed to being transparent about our choices and progress, and to taking a phased approach to what we can do. This does not mean losing sight of longer-term projects, plans and activity not covered here, but does mean making tough and realistic decisions about the sequencing of our work, so that we can do it well.

We have split our improvement journey into three phases:

1. Phase one: Recover
2. Phase two: Stabilise and rebuild
3. Phase three: Enhance and improve

We will set clear markers to help us decide when we can move from one phase to the next, and every quarter we will review and refine for the next cycle. We will report transparently on our progress and any adjustments needed. We will publish an updated plan in autumn 2025, which will provide more detail on the activities we are prioritising within our strategic roadmap, following the receipt of anticipated reviews and their recommendations.

Phase one

Recover: ensuring a focus on our core regulatory functions

We will focus on our core regulatory functions. Our approach will be responsive to our changing context, feedback and recommendations

from our stakeholders: nursing and midwifery professionals, the public and NMC colleagues.

We will need to collate, rationalise and prioritise any further recommendations that come from anticipated external reviews into our work.

Starting in 2025-2026, we will focus on the most critical areas of recovery, as follows:

1. Build a new culture and implement the learning from reviews

Since the publication of the Independent Culture Review, we have been laying the foundations for culture and performance transformation.

This transformation will enable us to deliver our regulatory work to an improved standard. To deliver this well, we will strive to create a culture that is positive, empowering and inclusive – enabling colleagues to thrive regardless of their characteristics or background.

Our Culture Transformation Plan is based on six pillars:

- Effective leadership
- Values-based decision-making
- Embedding EDI best practice
- Psychological safety
- Ensuring enjoyment at work
- Regulatory fairness.

2. Strengthen leadership at the NMC to drive change

A largely new executive team and a clear coaching approach across the organisational leadership will drive change by equipping our managers to be great leaders.

This will help us deliver a transformation of our culture, with equality, diversity, and inclusion (EDI) best practice at the heart of all we do. Our leaders will inspire and enable their teams to consistently perform at a consistently high level.

3. Improve fitness to practise

The focus of our Fitness to Practise Plan is on delivering faster, fairer and more effective outcomes that consider everyone involved. We will empower our people and use technology to make sure our processes support the people who depend on us. We know we need to improve at pace and resolve concerns as early as possible whilst not overburdening our colleagues. We are seeing progress towards our targets of reaching quicker decisions for people and closing cases within 15 months.

We are making a difference already by taking steps to deliver a more compassionate service, but we recognise that it will take time for people to feel the effects in practice.

4. Maintain our other core regulatory functions, including developing our standards to support nursing and midwifery professionals and protect the public

We will maintain our focus on setting and evolving our standards to meet the needs of today's workforce, whilst ensuring the standards remain fit for the future.

Our other core regulatory functions are education quality assurance, registration (domestic and international) and revalidation.

We will also progress four key areas of work that are fundamental to nursing and midwifery professional practice: the Code, revalidation, practice learning and advanced practice.

To ensure we protect the public through modernised standards, we are sequencing our work to make sure we can collaborate widely and effectively with our stakeholders and the public:

- We will start work to modernise the Code and revalidation in 2025–2026. We will aim to consult between July and October 2026. The modernised Code and revalidation process will come into effect in October 2027
- We will consult on changes to our practice learning requirements between February and March 2026, with a view to transitioning to the new standards from September 2026
- We will publish Principles for Advanced Practice in May 2025. We will develop standards for advanced practice for consultation later than planned, in the 2027–2028 financial year
- We will consider requirements for advanced practitioners as part of the Code and revalidation reviews.

5. Address our most significant challenges

We will also manage any risks to our business operations as an employer and regulator. These include our financial position, the integrity of our register, safeguarding and education quality assurance.

We will continue to direct our resources and efforts to where they are most needed and where they can have the most impact for the benefit of the public. This will also require us to actively consider if we have the resources we need to deliver effective regulation.

Our current professional retention fee is £120 per year, with the fee being reviewed yearly. We have kept the fee at the same level for the last decade, despite a period of substantial inflation, to minimise the impact on the professionals on our register. However, this has meant our income has reduced by 26 percent in real terms. This position is not sustainable in the long term. Any future proposal to increase the fee will be subject to a consultation, in line with our guiding legislation.

Phase two

Stabilise and rebuild: setting the stage for sustainable growth

Stabilising our regulatory functions, and with a new leadership team in place, we will be able to build a sustainable and effective future. We acknowledge that our plans may be impacted by upcoming reviews and recommendations – for example, we have commissioned Ijeoma Omambala KC to investigate our handling of whistleblowing concerns, as well as some fitness to practise cases.

There are likely to be some adjustments to our plans, and some resequencing of activity within phase one or into phase two, to make sure we prioritise on a continuous basis.

In our current plan, priorities will include:

- **Strengthening our workforce and culture:** embedding, reviewing and enhancing our initiatives – building on the foundational people and culture work in phase one, to ensure we maintain a positive and inclusive workplace for the long term
- **Implementing priority actions:** we will continue to take forward learning and actions following external reviews and inquiries which make any recommendations for our regulatory work, focusing on those with the biggest impact on regulation and public protection
- **Developing our standards:** the modernised Code and revalidation process will come into effect in October 2027. If the outcome of our review of practice learning indicates the need to update our practice learning standards, we will transition to new standards from September 2026. We will develop standards of proficiency and associated programme standards for Advance Practice for consultation in the 2027–2028 financial year.

Phase three

Enhance and improve: being the best regulator we can be

Once we have stabilised, we will shift our focus to harnessing data and technology to ensure we regulate as effectively as possible. We will seek to enhance our regulatory performance, prioritising improvements which have the greatest positive impact on public safety.

Our priorities will include the following:

- **Fulfilling our data roadmap:** providing accurate and accessible data to our regulatory teams and partners to provide better use of insight that enhances regulation and strategic workforce planning
- **Modernising our legislation:** we will seek opportunities to modernise our legislation by engaging with the UK government or devolved governments on their regulatory reform agendas, for example the introduction of nursing associates across the devolved nations. Additionally, we also hope to improve the efficiency and fairness of our regulatory work

- **Leveraging new technologies:** we will make use of advanced technology to increase operational efficiency and improve the experience of NMC staff and the public who engage with our regulatory processes
- **Concluding work on our standards:** with a refreshed Code and revalidation guidance coming into effect in October 2027, we will also continue to finalise draft standards in preparation for consultation on advanced practice. Standards and any transitional arrangements will be finalised during 2027-2028 and, if required, new practice learning standards will be implemented.



Financial Review

05



Income and expenditure

Our total income for 2024–2025 was £108.6 million (2023–2024: £107.2 million) and total expenditure was £130.4 million (2023–2024: £108.3 million). This has resulted in a net deficit of expenditure over income of £21.8 million (2023–2024: £1.1 million deficit) before the gains on our investments and the net movement on the actuarial gain and asset ceiling adjustment on the defined benefit pension scheme. After taking these into account, our total funds were £59.7 million (2023–2024: £78.9 million).

We had planned for a £17.7 million deficit in 2024–2025 before gains or losses on investments, but over the past year we have taken decisions that led to higher deficit outturn than budgeted. These reflect the longer-than-planned fitness to practise investment and the Independent Culture Review and the commitments we have made publicly about our culture transformation journey. Meeting the costs of additional specialist support (£2.9 million), a provision (£3.1 million) for potential additional costs related to ongoing employment tribunal cases, and lower than expected income from overseas professionals are the main contributing factors of reporting higher than budgeted net deficit this year.

Income from registration and application fees was £105.3 million, marginally below the budget, but a 2.0 percent increase on the previous year (2023–2024: £103.3 million). This was driven by the number of nurses, midwives and nursing associates on our permanent register growing by 3.3 percent, to 853,707 at 31 March 2025.

However, our income expectation is now broadly flat in cash terms due to the steady reduction in the applications volume from internationally trained professionals. Income from this source was, therefore, £1.6 million below budget for the year. A reduction in overseas applications would negatively impact our main registration income in future years due to substantial time lag between internationally trained professionals applying to join the register and joining the register. We now anticipate overall increase in the register volume to reduce from an originally expected 3.3 percent to 1.8 percent from 2026–2027.

Our total expenditure of £130.4 million was £2.9 million (2.4 percent) higher than we had budgeted and £22 million (20 percent) higher than the previous year. The year-on-year increase in expenditure was largely due to several significant cost drivers including additional investment, particularly to fund fitness to practise improvement and cost of immediate actions post the Independent Culture Review report, and the provision for potential additional costs related to ongoing employment tribunal cases.

Note 5 to the accounts sets out our fully-allocated costs for each charitable activity as required by the Charities Statement of Recommended Practice (SORP). This separates out the direct costs of each activity alongside the associated support costs that have been allocated using headcount or overhead usage. The commentary that follows is based on the direct cost column before allocation of support costs.

Direct costs of fitness to practise were £69.0 million, a significant increase on £53.2 million in 2023-2024. This has been driven by additional investment in this area required to improve the timeliness in dealing with cases safely and swiftly under a revised Fitness to Practise Plan.

This protects the public by delivering a greater volume of more timely and more proportionate decisions, and minimises the distress for those involved, and remains our key priority. It also creates significant financial demands as we move to improving further the timeliness in dealing with cases. This is the key driver behind our planned further investment in fitness to practise during 2025-2026 and 2026-2027. Lower-than-expected spend on external legal services for both core (case investigations) and non-core activities (Hight Court Interim Order extensions, legal reviews and witness statements) and some recruitment challenges have meant that investment in this area has been slower than anticipated and some costs have been deferred to later years.

As a result, we have indicatively budgeted for deficits in the next two years in line with our Financial Strategy as we work to reduce the time taken to complete cases, which requires a significant additional investment. This is made possible by our strong level of reserves.

The direct costs of maintaining the register were £6.2 million in 2024-2025 (2023-2024: £5.6 million).

Overall support costs (including facilities, finance, people and technology) were £39.5 million (2023-2024: £35.6 million).



Pensions

The NMC has two pension schemes: a defined benefit scheme, which was closed to new entrants in November 2013 and closed to future accrual of benefits with effect from 1 July 2021; and a defined contribution scheme, into which all new employees are auto-enrolled.

NMC contributions to the defined contribution scheme are expensed in the year they are due.

The assets of the defined contribution scheme are attributable to individual employees and are not, therefore, shown in our accounts.

With respect to the defined benefit pension scheme for the purposes of our accounts and in line with FRS 102, its assets are revalued to market value and independent actuaries update their estimate of the value of the liability each year. The liability is estimated as the discounted present value of the pension benefits due to members of the scheme. The estimate of the liability depends on a number of standardised actuarial assumptions including expected mortality rates, inflation and yields on corporate bonds over a number of years into the future.

During the year, the market value of the defined benefit scheme assets reduced by £5.3 million and the liability reduced by £5.1 million, resulting in the scheme showing a net surplus of £14.3 million at the end of the year.

For a number of years up to and including 2020–2021 the net position on the defined benefit scheme shown in our balance sheet was a deficit, being the difference between the value of the scheme assets and the higher value of the pension liability. However, FRS 102 valuations since then (31 March 2022, 2023, 2024 and 2025) have shown a surplus with the value of the scheme assets being higher than the estimated liability. Legal advice has confirmed that recovery of the surplus by the NMC from the pension scheme is a very remote possibility. It could only happen once all the liabilities of the scheme have been discharged. FRS 102 states that “an entity shall recognise a plan surplus as a defined benefit plan asset only to the extent that it is able to recover the surplus”. As a result, an asset ceiling adjustment has been applied to bring the net position to neither a surplus nor a deficit on the balance sheet.

This treatment of the surplus is only for the purposes of our accounts. The pension trustees, who are independent of the NMC, retain control over the scheme’s assets and any surplus, however calculated, that relates to them.

During 2022–2023 a triennial review of the defined benefit scheme was also completed by the pension scheme trustees, based on its position at 31 March 2022. This was carried out by the actuary reporting to the trustees and was for the purpose of defining whether the NMC still needs to contribute recovery payments to the scheme to ensure that it has sufficient funds to meet expected liabilities. As required, this was done according to actuarial and The Pensions Regulator standards rather than in line with the FRS 102 requirements used for the accounts.

The result of this valuation also showed a surplus – even under very cautious assumptions designed to ensure the scheme has ‘low dependency’ on the employer.

As a result of this triennial review also showing a surplus, the independent pension trustees have agreed with us that recovery plan payments are no longer required. Under the previous recovery plan agreed with the pension scheme trustees, we paid £1.9 million in 2022–2023. This position will be reviewed at the next triennial review as at 31 March 2025.

Investments

Nurses, midwives and nursing associates pay their registration fee either annually or quarterly in advance. Taken together with our reserves, this means that we hold significant cash balances.

In line with Council’s investment policy, we have some £41.6 million invested in stock markets for the long term.

We regularly review and update our investment policy, including its ethical and sustainability dimensions. Our current investment policy, reviewed and amended in January 2025, is available on our website and includes a reduction in the target rate of return on the investment from three percent above the consumer price index (CPI) measure of inflation (CPI+3 percent) net of investment management costs to CPI+1 percent net of investment management costs.

The target rate of return was reduced in order to de-risk the investment, reducing volatility as we prepare to draw down on the amount invested to fund activity.

Whilst we recognise that investing in equities, funds and bonds carries risk, by investing through expert investment managers – whose performance is overseen and scrutinised by our Investment Committee – we expect that such investment will deliver an above-inflation return over the long term and thereby help to avoid or mitigate the need to increase our fees.

In 2024–2025, dividend and interest income from the portfolio, which is reinvested, was £1.0 million (2023–2024: £0.9 million), with an unrealised gain on investments of £2.2 million (2023–2024: £3.1 million) at the year end. The statement of financial activities shows investment management costs of £0.18 million (2023–2024: £0.17 million). The total value of the investment fund at the year end is £41.6 million.

This is the same as the £41.6 million we have invested in total since inception in July 2020, being £33.0 million of capital invested and £8.6 million dividend and interest income reinvested.

As the unrealised gain shows, the return on the investment this year was lower than last year, mainly reflecting the reduction in the target rate of return and de-risking that took place during the year. The annualised growth rate since inception has been 6.41 percent. Returns since the target rate of return was reduced have been ahead of the new target.

The interest earned on our bank deposits, plus the interest and unrealised gain on our short term investments during the year was £2.6 million (2023-2024: £2.9 million). The decrease compared to the previous year is because both interest rates and cash balances have been lower in 2024-2025 than they were in 2023-2024. We have also been active in ensuring our cash is placed in high-yielding accounts at low-risk institutions.

Reserves

In a change from previous years, we are not setting a target level for 'free reserves' (defined as Total Funds less the net book value of our tangible and intangible fixed assets). This is since such a measure potentially results in us holding an unnecessarily high level of cash and liquid investments that could be better used to invest in delivering improvements to the service we provide to the public.

Instead, Council has approved a year end reserves level of cash and other liquid investments in a range of £30 million to £60 million. In addition to setting a free reserves range, our approach in previous years was to set a minimum cash level to ensure liquidity. This has been set at £20 million for several years, which is also in line with the conclusions of our recent externally-supported review of investment policy. This enables us both to manage in-year fluctuations, and some limited degree of unexpected cost.

Measured against our annual budget plan and indicative budgets, and given the typical £10 million drop in cash between March and August each year

(mainly caused by fluctuating levels of receipts from the professionals on our register), this means we need to be targeting about £30 million as the absolute minimum reserve level at the end of March each year.

In terms of the maximum reserves we should target, the previous range between upper and lower limits of £25 million is probably a reasonable indicator, as is a fairly typical level for charities of six months' spend. Both point to an indicative upper limit of about £60 million beyond which it is difficult to justify holding reserves unless we have specific investment plans in mind.

The Council reviews the target range of reserves at least annually.

**Ron
Barclay-Smith**
Chair
8 July 2025

Paul Rees MBE
Interim Chief
Executive and
Registrar
8 July 2025



Remuneration Report



The publication of the Independent Culture Review was a humbling moment for the NMC. Colleagues spoke up about racism and other forms of discrimination, bullying and harassment. These are substantial challenges, but we are going to create an environment where our people can thrive, with values-driven leadership that's underpinned by collaboration and teamwork.

The People and Culture Committee plays an important role in achieving this change: its remit is to ensure there are appropriate systems in place for remuneration and succession planning at the NMC, as well as oversight of both the people and equality, diversity and inclusion (EDI) strategic objectives.

The findings from the Independent Culture Review have informed all aspects of the Committee's work, including remuneration and succession planning. The Committee has also scrutinised delivery of the recommendations from the

Independent Culture Review and progress on our people and EDI strategic objectives to ensure the NMC is making sustainable changes to its culture. The Committee was pleased to welcome an independent member, Bola Ogundeji, from 1 February 2025, who brings further HR and culture change expertise. The Committee is also including more sessions that bring in the voice of colleagues to help inform the Committee's decisions and work.

In reaching decisions on remuneration, the Committee considered a range of factors, including sector benchmarking, overall affordability and the need to ensure our approach to pay attracts and retains colleagues fairly and effectively. These decisions have been taken using benchmarking data and insight from reward consultants.

The National Audit Office (NAO) audits the aspects of this report marked "subject to audit".

Council allowances and expenses

The Council is the governing body of the NMC and has ultimate decision-making authority as described in the annual governance statement. The Council members are the charity trustees.

Under the Nursing and Midwifery Order 2001, the Council is responsible for determining the allowances to be paid to the Chair of Council, Council members, Associates and Independent members (known as Partner members in our Standing Orders).

To manage conflicts of interest, the Council has put in place arrangements for an Independent Panel made up of external experts to assess the

appropriate level of allowances. The Council has agreed that it will not exceed the level of allowance recommended by the Panel.

The People and Culture Committee is responsible for overseeing the establishment of the Independent Panel and reviewing its findings for consideration by Council. The most recent review was considered by Council in July 2022. In line with the findings of that review, Council agreed a three percent uplift to the Council member annual allowance (from £14,724 to £15,166), Independent member daily rate (from £286 to £295) and Associate annual allowance (from £10,296 to £10,605).

This was the first increase since 2017. The Chair's allowance remained at £78,000. In recognition of the additional responsibility and time commitment for Committee Chairs, it was agreed that these roles could receive additional allowances. These allowances are determined by the Chair of Council, in line with a process agreed by the People and Culture Committee.

For 2024-2025, Chair of the Audit and Risk Committee and the Chair of the People and Culture Committee each received an additional annual allowance of £2,000 and the Chair of the Investment Committee and the Accommodation Committee each received an additional annual allowance of £250. Allowances paid to Council members and Associates in 2024-2025 amounted to £263,911 (2023-2024: £263,837). No extra-contractual payments were made to any Council, Associate or Partner member in 2024-2025.

Allowance payments to Council members, Associates and Independent members are made through payroll, with deductions for income tax and National Insurance. Expenses directly incurred in the performance of duties are reimbursed in accordance with the Council's Travel, Accommodation and Expenses policy.

Expenses are made up of travel, accommodation, meals and subsistence, and are incurred when members are carrying out their duties.

The expenses received by members vary widely due to the costs of travel and accommodation for attending meetings from home locations across the UK, including travel from Wales, Scotland, Northern Ireland and parts of England which necessitate overnight stays, and the cost of reasonable adjustments. They also vary because some members undertake more activities that require travel, whereas others undertake more activities that can be undertaken virtually. Where any meetings are held in London, expenses are considered to be a taxable benefit in kind. The NMC pays the income tax and National Insurance arising through a PAYE settlement agreement with HMRC. All expenses incurred by Council members and Associates are included in table 1. Taxable expenses for 2024-2025 were £76,800, compared to £47,800 in 2023-2024. This increase was due to additional in-person activity compared to the previous year, primarily related to overseeing culture transformation and improving our fitness to practise process.

When Council meetings are in London, members attend evening meals with members of the Executive and those meals are considered to be a taxable benefit in kind. The NMC pays the income tax arising through a PAYE settlement agreement with HMRC. The value of the benefit is shown gross, including the attributable income tax.

Method used to assess performance

The Council regularly reviews its own effectiveness. It also has an agreed policy and process in place for reviewing performance of Council, Associates and Independent members.

The performance review of the Chair of the Council is undertaken by the Vice-Chairs and includes a self-assessment by the Chair, peer assessment by Council colleagues and input from the Chief Executive and Registrar. A similar process is in place for individual Council and Associate members led by the Chair, and by the Committee Chair for Independent members.

Diversity of our Council members, Associates and Partner members

Diversity data, on 31 March 2025, for our Council members, Associates and Partner members is shown below.

At 31 March 2025, in total there were 12 Council members, zero Associates and eight Independent members (31 March 2024: 12 Council members, two Associates, six Independent members).

Age



(at 31 March 2024: 41-50: 4, 51-60: 9, 61 and over: 7)

Disability



(at 31 March 2024: No disability: 18, Declared disability: 1, Prefer not to say: 1)

Sexual orientation



(at 31 March 2024: Heterosexual or straight: 17, Gay or lesbian: 2, Prefer not to say: 1)

Ethnicity



(at 31 March 2024: White - British: 14, Asian - Indian: 2, Asian - Bangladeshi: 1, Black - African: 1, Black - Caribbean: 1, White - Irish: 1)

Religion or belief



(at 31 March 2024: Christian: 12, No religion: 5, Muslim: 1, Prefer not to say: 1, Sikh: 1)

Gender



(at 31 March 2024: Woman 14, Man 6)

Socio-economic background

What was the occupation of your main household earner when you were about aged 14?



(no comparable data for 2023-2024)

We changed our diversity monitoring categories from 1 April 2024, and so there are some instances where the categories do not match.

Table 1: Council allowances and expenses (subject to audit by the NAO)

	2024-2025				2023-2024			
	Allowance (bands of £5,000) £'000	Taxable expenses (to nearest £100)	Total remuneration (bands of £5,000) £'000	Other expenses (to nearest £100)	Allowance (bands of £5,000) £'000	Taxable expenses (to nearest £100)	Total remuneration (bands of £5,000) £'000	Other expenses (to nearest £100)
Sir David Warren (Chair)	75-80	2,700	80-85	0	75-80	2,100	80-85	1,300
Sir Hugh Bayley (to 30 April 2023)	0	0	0	0	0-5 FYE 15-20	0	0-5	200
Rhiannon Beaumont-Wood (from 1 June 2024)	10-15 FYE 15-20	8,700	20-25	0	0	0	0	0
Professor Karen Cox (to 30 April 2023)	0	0	0	0	0-5 FYE 15-20	0	0-5	100
Lindsay Foyster (from 1 May 2023)	15-20	6,900	20-25	300	10-15 FYE 15-20	6,800	20-25	400
Deborah Harris-Ugbomah FCA (from 1 May 2024)	15-20 FYE 15-20	9,800	25-30	0	0	0	0	0
Claire Johnston	15-20	2,100	15-20	100	15-20	2,500	15-20	700
Eileen McEaneyey MBE	15-20	9,800	25-30	300	15-20	5,100	20-25	600
Dr Margaret McGuire OBE	15-20	7,300	20-25	300	15-20	4,500	15-20	1,400
Flo Panel-Coates (from 1 November 2023)	15-20	5,500	20-25	0	5-10 FYE 15-20	800	5-10	0

	2024-2025				2023-2024			
	Allowance (bands of £5,000) £'000	Taxable expenses (to nearest £100)	Total remuneration (bands of £5,000) £'000	Other expenses (to nearest £100)	Allowance (bands of £5,000) £'000	Taxable expenses (to nearest £100)	Total remuneration (bands of £5,000) £'000	Other expenses (to nearest £100)
Nadine Pemberton Jn Baptiste (from 1 May 2023)	15-20	8,100	20-25	0	10-15 FYE 15-20	6,100	15-20	0
Marta Phillips OBE (to 30 April 2023)	0	0	0	0	0-5 FYE 15-20	0	0-5	100
Derek Pretty (to 30 April 2024)	0-5 FYE 15-20	600	0-5	100	15-20	3,700	20-25	700
Anna Walker CB	15-20	700	15-20	0	15-20	700	15-20	400
Ruth Walker MBE (to 30 April 2024)	0-5 FYE 15-20	0	0-5	300	15-20	4,600	20-25	500
Sue Whelan Tracy	15-20	5,700	20-25	200	15-20	4,700	15-20	300
Dr Lynne Wiggins OBE	15-20	5,900	20-25	100	15-20	3,400	15-20	600
Associates								
Jabulani Chikore (to 28 February 2025)	5-10 FYE 10-15	0	5-10	0	10-15	500	10-15	700
Navjot Kaur Virk (to 15 November 2024)	5-10 FYE 10-15	3,000	5-10	300	10-15	2,500	10-15	700
Totals	263.9	76,800	340.8	2,000	263.8	47,800	311.7	8,500

Totals subject to rounding.

Senior management team remuneration and performance assessment

The Executive is the senior management team and comprises the Chief Executive and Registrar (Chief Executive) and Executive Directors, including those in acting or interim roles. All Executive Directors report directly to the Chief Executive. No Executive Directors are members of the Council or trustees of the NMC. Remuneration details are disclosed in full for all these individuals in table 2.

The Chief Executive and Registrar is the only employee appointed directly by and accountable to the Council. The Council has delegated authority to the Chief Executive to the extent described in the Scheme of Delegation (Annexe 1 to Standing Orders, paragraphs 6-11) and reflected in the annual governance statement later in this report.

Executive performance assessment

The People and Culture Committee reviews the performance of all members of the Executive annually.

The Committee reviews reports from the Chair on the performance of the Chief Executive and Registrar. The Committee also reviews reports from the Chief Executive and Registrar on the performance of the Executive Directors.



Executive remuneration 2024-2025

The remuneration of the Executive is approved by the People and Culture Committee in line with the Executive pay framework approved in 2016 and updated in 2020 to reflect the new organisational structure and Executive Director roles within this.

The Executive's remuneration for 2024-2025 was agreed by the People and Culture Committee in February 2024. In line with advice from independent executive pay advisers, the People and Culture Committee concluded that for 2024-2025 the Executive should receive a 1.5 percent pay award.

This was a lower pay award than for other employees, which was an average of 5.1 percent including pay progression.

The remuneration of the Executive team is set out in table 2. In total the Executive team (including Interim Executive Directors and Acting Executive Directors) were paid £1.643 million in 2024-2025 (2023-2024 £1.408 million).

As set out earlier in this report, when Council meetings are in London, members of the Executive team attend evening meals with Council and those meals are considered to be a taxable benefit in kind. The NMC pays the income tax arising through a PAYE settlement agreement with HMRC, and the value of the benefit is shown gross including the attributable income tax. The Executive team do not receive any other taxable benefits. In line with the limits and processes outlined in our policy for colleagues' expenses, Executive members can claim travel, accommodation and subsistence when undertaking business trips.

The NMC did not operate any performance-related pay or bonus arrangements for 2024-2025 remuneration. None of the Executive therefore received any performance bonuses as part of their 2024-2025 remuneration.

During 2024-2025, we were due to implement a stronger link between base pay and performance, based on Ambitious Appraisal results, which would have informed remuneration for 2025-2026. This was delayed to allow us to further embed Ambitious Appraisals and link appraisals to our behaviour framework.

The link between performance and pay was implemented for Executive Directors, with Executive Directors receiving no pay increase for 2025-2026 (see section on Executive Remuneration 2025-2026 for further information). In line with our total reward strategy across the organisation, to better reflect our commitments to the public and our registrants, a stronger link between base pay and performance is being implemented in 2025-2026.

Andrea Sutcliffe's CBE and Paul Rees' MBE employment contracts require notice of six months to be given by either party to terminate the contract. For Executive Directors the period is three months.

Table 2: Executive team remuneration (subject to audit by the NAO)

	2024-2025					2023-2024				
	Salary (bands of £5,000) £'000	Taxable expenses (to nearest £100)	Pension benefits (to nearest £'000)	Total remuneration (bands of £5,000) £'000	Other expenses (to nearest £100)	Salary (bands of £5,000) £'000	Taxable expenses (to nearest £100)	Pension benefits (to nearest £'000)	Total remuneration (bands of £5,000) £'000	Other expenses (to nearest £100)
Paul Rees MBE Interim Chief Executive and Registrar from 20 January 2025	40-45 FYE 200-205	100	5,000	45-50	1,200	0	0	0	0	0
Andrea Sutcliffe CBE ¹ Chief Executive and Registrar to 7 October 2024	200-205 FYE 185-190	200	8,000	210-215	300	185-190	700	15,000	200-205	5,200
Ruth Bailey ² Executive Director of People and Organisational Effectiveness (job share) to 6 January 2025	70-75 FYE 95-100	500	0	70-75	100	90-95 FYE 155-160	500	(1,000)	90-95	300
Lise-Anne Boissiere ² Executive Director of People and Organisational Effectiveness (job share) to 6 January 2025	75-80 FYE 105-110	0	8,000	85-90	0	105-110	200	15,000	120-125	200
Sam Donohue ³ Acting Executive Director, Professional Practice from 2 December 2024	50-55 FYE 145-150	0	4,000	50-55	2,300	0	0	0	0	0
Kuljit Dhillon ⁴ Interim Executive Director of Strategy and Insight from 23 September 2024	75-80 FYE 150-155	300	11,000	85-90	400	0	0	0	0	0
Sam Foster Executive Nurse Director of Professional Practice	185-190	200	26,000	210-215	15,200	175-180	700	23,000	200-205	20,300



	2024-2025					2023-2024				
	Salary (bands of £5,000) £'000	Taxable expenses (to nearest £100)	Pension benefits (to nearest £'000)	Total remuneration (bands of £5,000) £'000	Other expenses (to nearest £100)	Salary (bands of £5,000) £'000	Taxable expenses (to nearest £100)	Pension benefits (to nearest £'000)	Total remuneration (bands of £5,000) £'000	Other expenses (to nearest £100)
Helen Herniman ⁵ Executive Director of Resources and Technology Services to 4 July 2024, Acting Chief Executive and Registrar 5 July 2024 to 19 January 2025, Executive Director of Resources and Technology Services from 20 January 2025	190-195	600	17,000	205-210	14,800	160-165 FYE 155-160	500	21,000	180-185	7,900
Gavin Kennedy Interim Executive Director of People and Organisational Effectiveness from 6 January 2025	30-35 FYE 145-150	100	5,000	35-40	0	0	0	0	0	0
Lesley Maslen Executive Director of Professional Regulation	170-175	500	24,000	190-195	3,000	165-170	700	24,000	190-195	1,700
Matthew McClelland Executive Director of Strategy and Insight to 30 September 2024	75-80 FYE 155-160	200	11,000	90-95	400	160-165 FYE 155-160	500	22,000	180-185	1,500
Tom Moore Interim Executive Director of Resources and Technology Services from 13 May 2024 to 19 January 2025	105-110 FYE 145-150	0	11,000	115-120	500	0	0	0	0	0





	2024-2025					2023-2024				
	Salary (bands of £5,000) £'000	Taxable expenses (to nearest £100)	Pension benefits (to nearest £'000)	Total remuneration (bands of £5,000) £'000	Other expenses (to nearest £100)	Salary (bands of £5,000) £'000	Taxable expenses (to nearest £100)	Pension benefits (to nearest £'000)	Total remuneration (bands of £5,000) £'000	Other expenses (to nearest £100)
Miles Wallace Acting Executive Director of Communications and Engagement to 30 September 2023 ⁶ and from 18 December 2024	40-45 FYE 145-150	100	6,000	45-50	0	60-65 FYE 125-130	500	9,000	70-75	1,200
Edward Welsh Executive Director of Communications and Engagement	125-130	0	17,000	140-145	400	135-140 FYE 155-160	0	17,000	150-155	700
Emma Westcott ⁷ Executive Director of Strategy and Insight from 7 February 2025	20-25 FYE 145-150	0	3,000	20-25	0	0	0	0	0	0
Totals	1,485	3,127	154,557	1,643	38,600	1,259	4,451	144,515	1,408	39,000

1. Andrea Sutcliffe CBE was paid 6 months' pay in lieu of notice, covering 8 October 2024 to 7 April 2025, meaning she received more (an extra 7 days) than a full year's salary in the financial year. That, together with annual leave Andrea was paid for, explains why her salary band is higher than her full year equivalent.
2. Ruth Bailey and Lise-Anne Boissiere job-shared the role of Executive Director of People and Organisational Effectiveness between 7 November 2022 and 6 January 2025. Ruth Bailey worked 0.6 full time equivalent (FTE) for the whole period.

Lise-Anne Boissiere worked 0.6 FTE until August 2023, 0.8 FTE from September 2023 to June 2024 and 0.6 FTE from July 2024 to January 2025. Lise-Anne Boissiere was on secondment from the Ministry of Housing, Communities and Local Government (formerly the Department for Levelling Up, Housing and Communities).

3. Sam Donohue was appointed Acting Executive Director of Professional Practice to cover Sam Foster's absence from work.



4. Khuljit Dhillon was on secondment from the General Medical Council.
5. Helen Herniman was appointed Acting Chief Executive and Registrar between 5 July 2024 and 7 October 2024 to cover Andrea Sutcliffe's leave due to ill health and between 8 October 2024 and 19 January 2025 to cover the vacant post, before Paul Rees MBE joined the NMC on 20 January 2025.
6. Miles Wallace was appointed Acting Executive Director of Communications and Engagement from 13 December 2021 to cover Edward Welsh's leave due to ill health. Edward returned to work in December 2022 on a phased return to work. Miles returned to his substantive post in October 2023. Miles was appointed Acting Executive Director of Communications again on 18 December 2024, again to cover Edward's leave due to ill health.
7. Emma Westcott was appointed Acting Executive Director of Strategy and Insight on 7 February 2025 due to Kuljit being on leave ahead of leaving the organisation on 21 April 2025.
8. Current directors are members of the defined contribution pension scheme.
9. The value of directors' pension benefits is the employer contributions made into their pension funds. In regard to Lise-Anne Boissiere, whose pension is a defined benefit civil service pension, the NMC has made an accounting policy choice, in line with the SORP, to report the pension benefits as the employer contributions made into their pension funds.
10. Totals subject to rounding.

Executive remuneration for 2025-2026

The People and Culture Committee considered Executive remuneration for 2025-2026 in February 2025. The Committee's consideration was informed by external benchmarking evidence, overall affordability and the Executive's Ambitious Appraisal results. The Committee decided there would be no pay increase for Executive Directors, with effect from 1 April 2025.

This reflects the Executive receiving "not met" on their Ambitious Appraisal shared objectives, but the Committee acknowledged the very difficult context, and commitment of the Executive Board in 2024-2025 in delivering learning and improvement following the Independent Culture Review.

Off payroll engagements and exit packages

In line with HM Treasury requirements, information must be published on highly paid and/or senior off payroll engagements at the year end, and the number and cost of exit packages agreed and paid during the year and the prior year.

None of the Council or the Executive team is engaged off payroll. All off payroll engagements are assessed using the Government's employment status for tax calculator to identify the correct method of engagement.

Table 3: Off payroll engagements

Off payroll engagements as of 31 March 2025, for more than £245 per day and that last for longer than six months	
Number of existing engagements as of 31 March 2025	7
Of which:	
Number that have existed for less than one year at time of reporting	4
Number that have existed for between one and two years at time of reporting	3
Number that have existed for between two and three years at time of reporting	0
Number that have existed for between three and four years at time of reporting	0
For all new off payroll engagements, or those that reached six months in duration, between 1 April 2024 and 31 March 2025, for more than £245 per day and that last for longer than six months	
Number of new engagements, or those that reached six months in duration, between 1 April 2024 and 31 March 2025	5
Of which:	
Number assessed as within IR35	0
Number assessed as outside IR35	5
Number engaged directly and are on the payroll	0
Number of engagements reassessed for consistency/assurance purposes during the year	0
Number of engagements that saw a change to IR35 status following the consistency review	0

Table 4: Exit packages (subject to audit by the NAO)

Exit package cost band	Number of compulsory redundancies		Number of other departures agreed		Total number of exit packages by cost band		Number of departures where special payments have been made	
	Year ended 31 March 2025	Year ended 31 March 2024	Year ended 31 March 2025	Year ended 31 March 2024	Year ended 31 March 2025	Year ended 31 March 2024	Year ended 31 March 2025	Year ended 31 March 2024
Less than £10,000	18	7	1	3	19	10	0	0
£10,001 - £25,000	0	0	2	3	2	3	0	2
£25,001 - £50,000	0	0	0	0	0	0	0	0
£50,001 - £100,000	0	1	1	0	1	1	0	0
£100,000 - £150,000	0	0	0	0	0	0	0	0
Greater than £150,000	0	0	0	0	0	0	0	0
Total number of exit packages	18	8	4	6	22	14	0	2
Total cost £	48,926	137,761	145,441	39,641	194,368	177,402	0	23,500

1. Totals subject to rounding.

Remuneration and performance assessment of other employees

All employees have a six-month probation period on commencing employment and a notice period of one to three months, depending on their grade.

The remuneration of all employees is reviewed annually taking into account a range of information including employee turnover, recruitment activity, pay gaps and retention trends, benchmarking data and overall affordability.

April 2024 represents the second year of the new structures and pay policy. The standard rate increase varied based on which pay grade, with lower grades receiving a higher standard rate increase of 2.5 percent and higher-graded colleagues receiving a standard rate increase of 1.5 percent. The overall cost of the standard rate increase will be 2.2 percent of salary budget, and the progression increase will be a 2.9 percent increase of salary budget meaning a total increase budget of 5.1 percent.

In 2023 we transitioned to a new performance and development review process (Ambitious Appraisals), moving to quarterly reviews and a cycle that ends in December each year. To enable full moderation and consistency checking of outcomes ahead of linking appraisals to pay outcomes, 2023 was a transition year and the process was not linked to pay for 2023–2024. In January 2024 we moved to our new appraisal and objectives setting process, which was going to be linked to pay progression from April 2025. Executive board and People and Culture Committee have agreed that for April 2025 annual

pay review we will further delay the link between progression pay and Ambitious Appraisals until April 2026. This period would be used to further embed Ambitious Appraisals and link appraisal to our behaviour framework.

April 2025 represents the third year of the new structures and pay policy. The standard rate increase varied based on which pay grade, with lower grades receiving a higher standard rate increase of 2.5 percent, median grades receiving 1.5 percent and higher-graded colleagues receiving a standard rate increase of 1.0 percent. The overall cost of the standard rate increase will be 1.9 percent of salary budget, and the progression increase will be a 2.7 percent increase of salary budget, meaning a total increase budget of 4.6 percent.

UNISON is the recognised trade union with which we engage on agreed matters, including pay, terms and conditions of employment and ways of working.

Pension arrangements

Up until 30 June 2021, we had two active pension schemes: a defined benefit pension scheme and a defined contribution scheme.

Employees who joined the NMC before November 2013 were able to join the defined benefit pension scheme. The scheme was closed to employees joining the NMC after 1 November 2013. On 23 March 2021, following a consultation, the Council approved closure of the defined benefit scheme to future accrual of benefits with effect from 1 July 2021.

This achieved the objectives of harmonising benefits for all colleagues, reducing the NMC's exposure to financial risk and enabling costs to be redirected to other expenditure.

Our current active pension scheme is a defined contribution pension scheme. Employees can opt to contribute to this scheme by salary sacrifice. Employees in the scheme contribute a minimum one per cent of their salary which is matched by the NMC contributing eight percent (2023-2024: eight percent). From 1 April 2021, the NMC matched additional employee contributions up to a maximum total employer contribution of 14 percent.

To receive an employer contribution of 14 percent, an employee would need to contribute at least seven percent. We encourage and support colleagues to reflect on how to best plan for their retirement and ensure they are taking full advantage of our pension scheme. At 31 March 2025, 1,166 employees (91.5 percent) were members of the defined contribution scheme (31 March 2024: 1,069, 92.2 percent). The slight decrease in employee percentage in the pension scheme is at least partly due to more new starters still being in their opt-out period at 31 March 2024.

Further information about remuneration and pensions is contained in notes 9 and 18 to the accounts.

NMC grading structure and pay differentials

Table 5: Employees by grade and gender on 31 March 2025

Pay Level	Male	Female	Male	Female	Male	Female
	Number of colleagues		As a percentage of all colleagues		As a percentage of pay level	
1-4	167	438	13.0%	34.1%	27.6%	72.4%
5-7	169	359	13.2%	27.9%	32.0%	68.0%
8-11	42	101	3.3%	7.9%	29.4%	70.6%
Executive Directors, including Interim/Acting	3	5	0.2%	0.4%	37.5%	62.5%
Interim Chief Executive and Registrar	1	0	0.1%	0.0%	100.0%	0.0%
Total employees	382	903	29.7%	70.3%	29.7%	70.3%

Table 6: Employees by grade and ethnicity on 31 March 2025

Pay Level	White	Black, Asian and ethnic minority	Undisclosed or prefer not to answer	White	Black, Asian and ethnic minority	Undisclosed or prefer not to answer	White	Black, Asian and ethnic minority	Undisclosed or prefer not to answer
	Number of colleagues			As a percentage of all colleagues			As a percentage of pay level		
1-4	178	338	89	13.9%	26.3%	6.9%	29.4%	55.9%	14.7%
5-7	280	181	67	21.8%	14.1%	5.2%	53.0%	34.3%	12.7%
8-11	103	29	11	8.0%	2.3%	0.9%	72.0%	20.3%	7.7%
Executive Directors, including Interim/ Acting	6	0	2	0.5%	0.0%	0.2%	75.0%	0.0%	25.0%
Interim Chief Executive and Registrar	0	1	0	0.0%	0.1%	0.0%	0.0%	100.0%	0.0%
Total employees	567	549	169	44.1%	42.7%	13.1%	44.1%	42.7%	13.1%

Fair pay disclosures (subject to audit by the NAO)

Remuneration in the following calculation is based on annualised, full-time equivalent salary of all staff (not including contractor and agency staff) as at the reporting date. It does not include paid annual leave, employer pension contributions, taxable expenses or the cash equivalent transfer value of pensions.

The highest salary in 2024-2025 was £202,000 (2023-2024: £185,120). The change in average salary from 2023-2024 to 2024-2025 was an increase of 5.2 percent due to the salary increase for all eligible employees – as part of the April 2024 pay review. No employees received performance pay or bonuses in either the current or previous financial year. On 31 March 2025 the range of remuneration at the NMC was £22,103 to £202,000 (on 31 March 2024: £21,564 to £185,120).

In 2024-2025, the highest remuneration was 4.70 times the median remuneration of NMC employees, which was £42,990. In 2023-2024, the highest remuneration was 4.41 times the median remuneration of NMC employees, which was £41,942. This represents a 0.09 increase in the median remuneration gap, year on year. The median remuneration salary has increased because of the annual pay review and progression increase agreed in April 2024.

However the pay gap increased because the highest salary has increased (2024-2025: £202,000, 2023-2024: £185,120).

In 2024-2025, the highest remuneration was 5.97 times the lower quartile remuneration of NMC employees, which was £33,830. In 2023-2024, the highest remuneration was 5.61 times the lower quartile remuneration of NMC employees, which was £33,004. This is a 0.36 increase in the lower quartile remuneration gap year on year. This increase was primarily because of the increase in the highest salary (2024-2025: £202,000, 2023-2024: £185,120).

In 2024-2025, the highest remuneration was 3.28 times the upper quartile remuneration of NMC employees, which was £61,590. In 2023-2024, the highest remuneration was 3.11 times the upper quartile remuneration of NMC employees, which was £59,531. This represents an increase in the upper quartile remuneration gap of 0.17, year on year. This increase was because of the increase in the highest salary (2024-2025: £202,000, 2023-2024: £185,120).

Pay gap reporting

Since 2017, legislation has required us to publish our gender pay gap data; in addition, since 2020 we have also published our ethnicity and disability pay gap data. This data provides insight into where we need to improve in order to offer inclusive employment opportunities regardless of gender, ethnicity and disability.

We have used the same methodology used for gender pay calculations to calculate both our ethnicity and disability pay gaps.

Our 2025 pay gap data is shown in the table below with 2024 data for comparison. Our 2024 results can also be found in our [pay gap reports](#).

Pay gap	As at 5 April 2025	As at 5 April 2024	UK average for 2024 ³
Gender - Median	7.8%	9.6%	12.1%
Gender - Mean	5.2%	6.5%	13.1%
Ethnicity - Median	32.3%	30.9%	Insufficient declarations to calculate accurate figures
Ethnicity - Mean	21.5%	21.6%	
Disability - Median	-12.8%	-10.6%	
Disability - Mean	-12.6%	-9.4%	

We recognise that this data highlights the need for improvement. Over the past year we have made some progress, but we know we have much more to do. We have also learned from the past about the importance of aligning our ambitions with our resources, ensuring realistic and impactful goals. To that end we will prioritise the delivery of the actions from the Independent Culture Review and implementing our Culture Transformation Plan to help address the issues that colleagues have clearly told us need to improve.

In the following section we set out high-level analysis of our pay gap data and what we are doing in response. A more detailed account will be published in our pay gap reports.

³ Ethnicity pay reporting: guidance for employers - GOV.UK (www.gov.uk)

Gender pay gap

Our mean gender pay gap on 5 April 2024 was 6.5 percent. On 5 April 2025 this decreased to 5.2 percent.

This decrease reflects an increase in female colleagues in our upper quartile and upper middle quartile (1.4 and 3.2 percentage increase in females compared to April 2024), and an increase in male colleagues working in our lower quartile (1.0 percent more males in our lower quartile compared to April 2024).

Ethnicity pay gap

Our mean ethnicity pay gap as of 5 April 2024 was 21.6 percent. Our 2025 figures show a decrease to 21.5 percent. This decrease has mainly been due to our new CER being Black, Minority Ethnic, replacing our previous white CER. Our median ethnicity pay gap as of 5 April 2024 was 30.9 percent. Our 2025 figures show that this has increased to 32.3 percent, an increase of 1.4 percentage. The increase was mainly due to an increase in Black, Asian and ethnic minority colleagues in our lower quartile.

We are aiming to narrow the ethnicity pay gap via NMC-wide and local interventions including creating targets.

These targets include increasing the hire rate for Black, Asian and ethnic minority applicants at Grade six and above and increasing representation of Black, Asian and ethnic minority colleagues at the shortlisted stage in roles at grade eight and above. As of April 2025, the percentage of Black, Asian and ethnic minority colleagues working at grade six and above increased by 0.8 percent to 26.3 percent (25.5 percent March 2024).

This has been supported by the development of inclusive recruitment training and targeted training and support for colleagues on building their careers and completing job applications.

Disability pay gap

Our mean disability pay gap on 5 April 2024 was -9.4 percent, and on 5 April 2025, it stands at -12.6 percent. This means that colleagues who have told us they are disabled are on average paid more than people who have not. This is a 2.3 percent increase in favour of disabled colleagues compared to April 2024. The main reason for this is there has been an increase in colleagues declaring a disability in our upper quartile and upper middle quartiles, with 31 more colleagues declaring a disability compared to in our lower and lower middle quartile where the number of colleagues declaring a disability increased by 17.

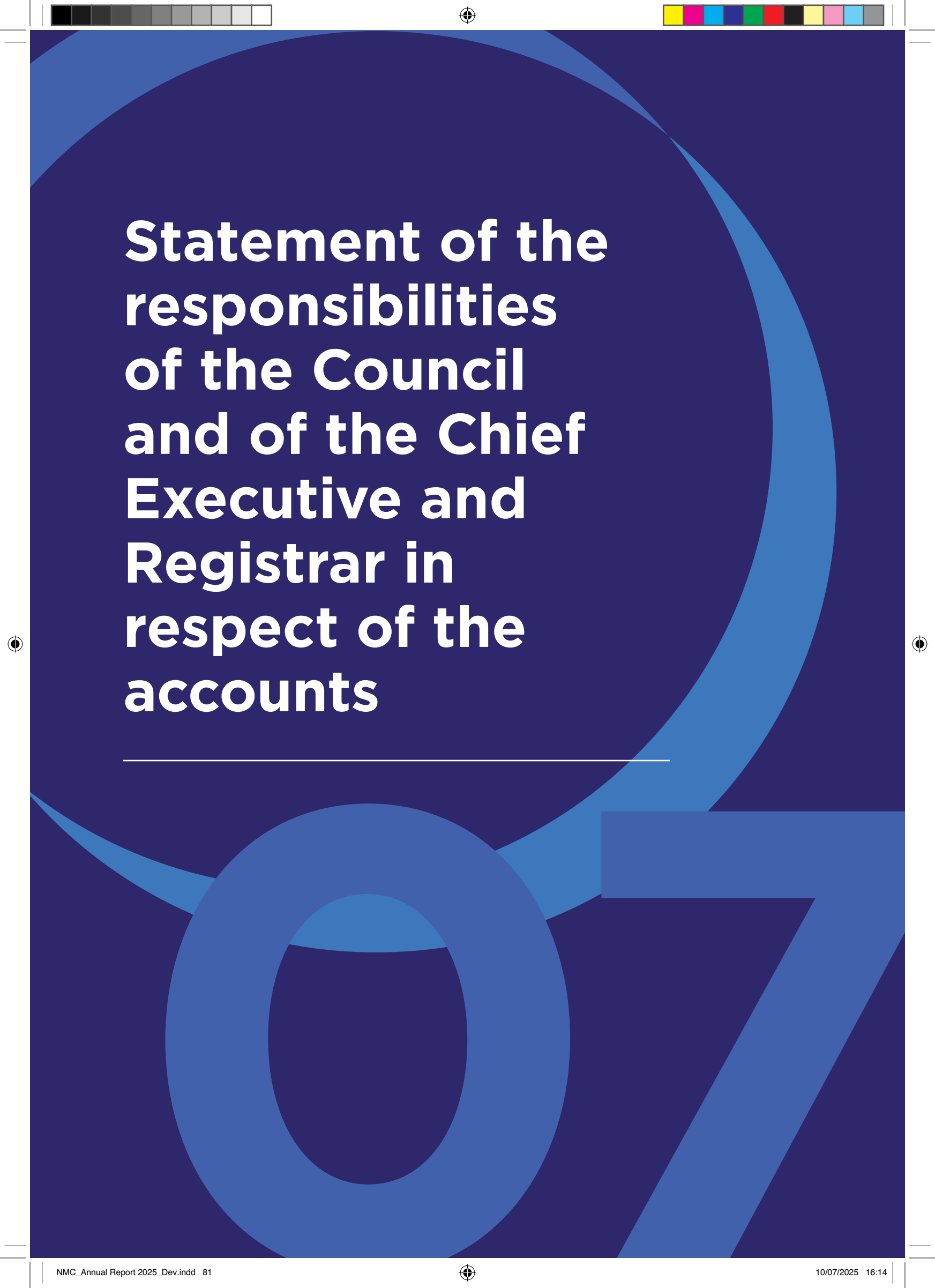
Overall colleagues declaring a disability increased to 12.6 percent from 9.8 percent in 2024 meaning an increase of 2.8 percent. We recognise despite this increase that under-reporting of disability in the workforce may be a cause of the inverse disability pay gap here, as our data shows that people in our top pay quartile are more likely to tell us they are disabled than colleagues in our bottom pay quartile.

21.0 percent of our lowest paid colleagues have not shared any monitoring data about whether they are disabled or not, compared to 9 percent of our highest paid colleagues. Overall, non-declaration has reduced by 0.7 percentage points compared to April 2024. We are pleased that non-declaration has reduced and will continue to take steps to reduce it further in 2025-2026.

We have taken steps, with the support of our Workaround network, to increase the number of colleagues sharing diversity monitoring data with a particular focus on disability.

Ron Barclay-Smith
Chair
8 July 2025

Paul Rees MBE
Interim Chief Executive and Registrar
8 July 2025



**Statement of the
responsibilities
of the Council
and of the Chief
Executive and
Registrar in
respect of the
accounts**

The Nursing and Midwifery Order 2001 requires that annual accounts are prepared and audited. The Council and its Chief Executive and Registrar (as Accounting Officer) handle the preparation and approval of the accounts.

The accounts are prepared following the determination received from the Privy Council which requires the accounts to be prepared in accordance with the Charities Statement of Recommended Practice Accounting and Reporting (SORP) revised 2019, and that the accounts also comply with the applicable law and accounting standards issued (Appendix 1).

Under these requirements, and the separate legal requirements applying to charities registered in England and Wales, and to those registered in Scotland, the NMC must prepare accounts for each financial year which give a true and fair view of the state of the NMC's affairs and of its net movement in funds for that period. In preparing these accounts they must:

- Observe the applicable accounts determination issued by the Privy Council
- Select suitable accounting policies and then apply them consistently
- Observe the methods and principles in the Charities SORP
- Make judgements and estimates on a reasonable basis
- Prepare the accounts on a going concern basis unless it is inappropriate to presume the NMC will continue in operation
- State whether applicable accounting standards have been followed and disclose and explain any material departures in the accounts.

The Council and its Chief Executive and Registrar are responsible for keeping proper accounting records, which disclose with reasonable accuracy at any time the financial position of the NMC and enable them to ensure that the accounts comply with the Charities Act 2011, the Charities and Trustee Investment (Scotland) Act 2005, the Charities Accounts (Scotland) Regulations 2006 and the Nursing and Midwifery Order 2001. They are also responsible for safeguarding the assets of the NMC and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The Privy Council has appointed the Chief Executive and Registrar as Accounting Officer for the Nursing and Midwifery Council. In his capacity as Accounting Officer, he is responsible for the execution of the Council's obligations under section 52 of the Nursing and Midwifery Order (as amended). In doing so, he is asked to consider the principles set out in Chapter 3 relating to the responsibilities of Accounting Officers and wider guidance contained in Managing Public Money (HM Treasury, 2013, with annexes revised March 2018).

So far as we know, there is no relevant audit information of which the NMC's auditors are unaware. We have taken all steps that we ought to have taken to make ourselves aware of any relevant audit information and to establish that the NMC's auditors are aware of that information. The Accounting Officer confirms that the annual report and accounts is fair, balanced and understandable and takes personal responsibility for the annual report and accounts and the judgements required for determining that it is fair, balanced and understandable.

Principal place of business

The NMC works across England, Northern Ireland, Scotland and Wales. Its principal place of business is:

23 Portland Place,
London W1B 1PZ

Advisers

Bankers:

HSBC Bank Plc
1 Centenary Square,
Birmingham, B1 1HQ

Statutory auditor

Comptroller and Auditor General,
National Audit Office,
157-197 Buckingham Palace Road,
Victoria, London SW1W 9SP

Investment managers

Sarasin & Partners LLP
Juxon House,
100 St Paul's Churchyard,
London EC4M 8BU

Internal auditor

RSM Risk Assurance Services LLP
25 Farringdon Street,
London EC4A 4AB

Solicitors

Addleshaw Goddard LLP
60 Chiswell Street,
London EC1Y 4AG

Bates Wells
10 Queen Street Place,
London EC4R 1BE

Capsticks Solicitors LLP
1 St Georges Road,
London SW19 4DR

Mills & Reeve LLP
24 King William Street,
London EC4R 9AT

Trowers & Hamblins LLP
3 Bunhill Row,
London EC1Y 8YZ

Shepherd and Wedderburn LLP
9 Haymarket Square,
Edinburgh, EH3 8FY

Shean Dickson Merrick Solicitors
38-42 Hill Street,
Belfast, BT1 2LB

Weightmans
The Hallmark Building,
105 Fenchurch St,
London EC3M 5JG



Annual governance statement



We are an independent statutory body. Our statutory objectives and responsibilities are set out in the Nursing and Midwifery Order 2001, as amended (SI 2002/253), (the Order).

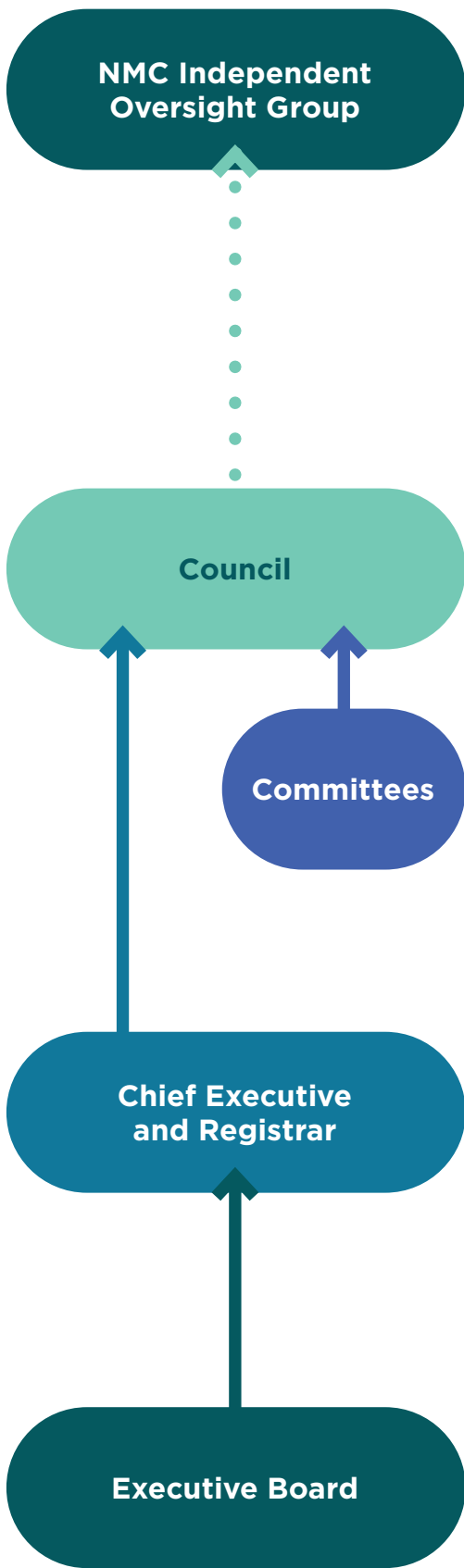
We are also a registered charity; registered in England and Wales (1091434) and in Scotland (SC038362). Our charitable object reflects our overarching statutory objective: to protect and safeguard the health and wellbeing of the public. The Council takes account of Charity Commission (CC) and Office of the Scottish Charity Regulator (OSCR) guidance in making decisions; throughout this report we explain how our work demonstrates public benefit.

As a regulator, we expect the professionals on our register to uphold the highest professional standards and values. It is only right and proper that we hold ourselves equally accountable to maintain the highest standards of governance and uphold our values. We strive to meet the principles and recommended practice contained in the Charity Governance Code and the National Council for Voluntary Organisations Charity Ethical Principles, and our practice complies with the Cabinet Office Corporate Governance Code of Good Practice for central government departments to the extent that it is applicable.

The Council conducts its business in accordance with the seven principles of public life – selflessness, integrity, objectivity, accountability, openness, honesty and leadership (Nolan Principles) – and we are committed to ensuring all our work is guided by our organisational values.

The Independent Culture Review made clear that we have work to do to ensure our culture aligns with these principles and embodies our values. We are committed to creating a positive, empowering and inclusive workplace culture so that we can realise our vision: safe, effective and kind nursing and midwifery practice that improves everyone’s health and wellbeing. During the year, we have made changes to our governance arrangements to ensure it provides effective oversight and scrutiny of our culture transformation work and fosters the culture we want to create.

Governance structure



In response to the findings of the Independent Culture Review, the Government asked the PSA to establish the **NMC Independent Oversight Group** (IOG) to oversee improvements to our culture and performance. The group includes representation from the professions across the four nation, Unison and other experts. Its role is to review, scrutinise and challenge, rather than deliver change itself. It is not the purpose of the group to duplicate the role of the Council. The IOG provides external assurance alongside our internal governance, which is focused on delivering positive and sustainable outcomes.

The Council is our governing body and the Council members are the charity trustees. Members of the Council are collectively responsible for ensuring that the NMC is well-run, solvent and delivers public benefit.

Committees support Council by fulfilling specific functions delegated by Council and set out in their terms of reference. These include providing additional scrutiny, advising on strategic development and overseeing implementation of strategies.

The Chief Executive and Registrar's role is to lead and manage the NMC's regulatory, professional, business and financial affairs within the strategic framework established by the Council. As the Accounting Officer, the Chief Executive and Registrar has personal responsibility for matters relating to financial propriety and regularity; keeping proper account of financial affairs; avoidance of waste and extravagance; and the effective use of resources.

The Executive Board is the key management decision-making body. The Board works with the Chief Executive and Registrar to develop and implement strategies, policies, business plans and budgets; ensure effective and efficient use of resources, finance and people; and identify and manage risk.

The Council

The Council is our governing body. Its remit is to (a) set our strategic direction and corporate objectives, in line with our core purpose; (b) ensure effective systems are in place for managing performance and risk; and (c) maintain probity in, and public accountability for, the exercise of our functions and the use of funds.

Our Scheme of Delegation sets out which matters can only be decided by the Council.

In accordance with good governance, the Council undertakes regular reviews of its own effectiveness, including externally facilitated reviews. The most recent review took place in 2023–2024 and was undertaken by Campbell Tickell.

Overall, the review found that there is generally a good framework for the governance of the NMC. The review recommended some changes to develop a more strategic approach and ensure the Council is making best use of its time. Of the 19 recommendations, 15 have been completed so far. This includes formally extending the scope of the Remuneration Committee (now People and Culture Committee) to reflect its wider people and EDI focus, as well as amending the Council's meeting schedule to support more focused discussions. Work is underway to complete the outstanding four recommendations. This includes establishing a Finance and Resources Committee, which will incorporate the work of Investment and Accommodation Committees and provide wider assurance on financial and resource management to the Council. The first initial meeting of this Committee took place in June 2025 to consider its terms of reference.

Separate to this work, we are also strengthening our approach to escalating matters to Council by developing a formal escalation policy. This has been delayed but will be in place by the end of the summer.

Membership

The Council is made up of 12 members of which half must be professionals on our register and half must be lay members, as set out in the [Nursing and Midwifery Council \(Constitution\) \(Amendment\) Order 2008 \(SI 2008/2553\)](#). Lay members are people who have never been a registered nurse, midwife or nursing associate. As a UK-wide regulator, the Council's membership must include at least one member who lives or works wholly or mainly in each of England, Wales, Scotland and Northern Ireland.

The Chair and members of the Council are appointed by the Privy Council, following open and competitive selection processes. The Privy Council receives assurance from the Professional Standards Authority for Health and Social Care (PSA) on the robustness of our appointment or reappointment processes.

Council members receive a full induction on appointment and undertake individual appraisals annually. These inform future individual and collective development, as well as consideration of reappointments.

Council Associate scheme

The Council established an Associate scheme in July 2020 (Standing Orders, paragraph 3.7) to provide opportunities for individuals with the potential to develop the skills and expertise needed to be Non-Executive Directors, similar to a Non-Executive Director apprenticeship. Associates are involved in all aspects of the Council's work in a similar way to appointed Council members but are not trustees. The majority of Council decisions are made by consensus but on the rare occasion of a decision by formal vote, Associates do not participate. Associates receive a full induction on appointment and undertake individual appraisals annually. During the year there were two Associates, Jabulani Chikore and Navjot Kaur Virk. A decision will be taken on recruitment of new Associates in the early part of 2025-2026.

Adviser to Council

To support culture transformation at the NMC, Judge Peter Herbert OBE was appointed as an Independent Adviser to the Council from 1 January 2025 for a one year term. In this role, he provides oversight and challenge to Council and provides assurance to the public and stakeholders that the NMC is delivering on its commitment to culture transformation. As an Independent Adviser, he is not a trustee of the organisation, but does take part in Council and Committee meetings and has access to any information, colleagues and stakeholders required.

Meetings

The Council is committed to openness and transparency and seeks to conduct as much business as possible at open meetings which members of the public can attend. Matters can only be considered in confidential meetings if they fall within an exemption set out in the Council's Standing Orders (paragraph 5.2.5). In addition to formal meetings, Council members and Associates attend seminars, hold video conferences and participate in a wide range of other activities. These activities help ensure Council members have the insight they need to hold the Executive to account and make informed decisions.



Council member attendance 2024-2025

Member	Council attendance	
	Number of sessions eligible to attend*	Percentage of sessions attended
Sir David Warren (Chair)	18/18	100
Rhiannon Beaumont-Wood (from 1 June 2024)	16/16	100
Lindsay Foyster	17/18	94
Deborah Harris-Ugbomah FCA (from 1 May 2024)	16/18	89
Claire Johnston	16/18	89
Eileen McEaneyey MBE	18/18	100
Dr Margaret McGuire OBE	17/18	94
Flo Panel-Coates	18/18	100
Nadine Pemberton Jn Baptiste	15/18	83
Derek Pretty (to 30 April 2024)	0/0	N/A
Anna Walker CB	16/18	89
Ruth Walker MBE (to 30 April 2024)	0/0	N/A
Sue Whelan Tracy	15/18	83
Dr Lynne Wiggins OBE	16/18	89

*Includes public and confidential meetings that members were eligible to attend. Members also attend seminars and other meetings for information, which are not included.

Council committees

Under Article 3 (12) of the Order, the Council may establish discretionary committees in connection with the discharge of its functions and delegate any of its functions to them, other than the power to make rules. As set out in the Standing Orders, the Council may appoint Independent members to the committees. These are members that are not Council members and are known as Partner members in the Standing Orders.

To strengthen our governance arrangements, during the year the following improvements were implemented:

- **Audit and Risk Committee:** The Committee made changes to its workplan and approach to provide specific oversight and challenge on the implementation of recommendations (from internal audit, external audit and other external experts), greater oversight of how strategic corporate risks are being managed and specific assurances on the robustness of the NMC's systems and internal controls. The Committee was renamed Audit and Risk Committee (previously known as Audit Committee) to reflect the revised approach. Following a competitive process, two Independent members have joined the Committee to provide additional diversity of thought, as well as financial and technology expertise: Joyce Sarpong on 1 October 2024 for a term of three years and Clare Minchington on 1 April 2025 for a term of three years.

- **People and Culture Committee:** From 1 April 2024, the scope of Remuneration Committee (now called People and Culture Committee) was extended to reflect its wider people and EDI focus. Following a competitive recruitment process, Bola Ogundeji joined the Committee on 1 February 2025 as an Independent member for a term of three years, to provide additional diversity of thought and HR and culture change expertise.
- **Risk:** To strengthen risk oversight, the terms of reference for committees were updated to explicitly include scrutinising the risk register of its area of work and sharing any potential gaps with Council.

The remit, membership and attendance record for each Committee is set out below. Committees also made a number of decisions by correspondence outside of the meetings identified below, where necessary and in accordance with Standing Orders.

Appointment of Council members to the Audit and Risk, People and Culture, Investment and Accommodation Committees is governed by the Council's Standing Orders and Scheme of Delegation, together with a set of principles adopted by the Council in 2015. Council committee membership is reviewed regularly. The Chair is an ex-officio member of all the Council committees, except Audit and Risk Committee and Appointments Board.

Audit and Risk Committee

Remit	<p>The remit of the Audit and Risk Committee is to support the Council and management by reviewing the comprehensiveness and reliability of assurances on governance, risk management, the control environment and the integrity of the financial statements and the annual report, recommending to Council amendments to the strategic risk register identified through the course of the Committee's work.</p>													
Key activities	<p>Providing the Council with regular assurances as to the effectiveness of the systems and controls by:</p> <p>Commissioning and scrutinising assurances on quality within fitness to practise.</p> <p>Scrutinising proposed governance arrangements for the Culture Transformation Plan to ensure clear roles and responsibilities and robust oversight.</p> <p>Reviewing the narrative only in the Annual Report and Accounts, reviewing the Annual Fitness to Practise Report and recommending to the Council the approval of those reports. The Committee also reviewed the reports from the NAO, and the Executive's responses to recommendations made by the internal and external auditors.</p> <p>Reviewing the accounting policies for the year to 31 March 2025.</p> <p>Reviewing risk management and assurance arrangements, including undertaking comprehensive reviews of the risks, mitigations and sources of assurance about core work.</p> <p>Approving the internal audit work plan for 2024-2025, reviewing internal audit report outcomes and overseeing action to progress closure of outstanding internal audit recommendations.</p> <p>Reviewing serious events and data breaches, to ensure organisational sharing and implementing learning to prevent recurrence.</p> <p>Reviewing single tender actions and seeking assurance that proper procurement processes are being adhered to by the Executive and that any single tender actions are justifiable.</p> <p>Monitoring the implementation and use of the internal Whistleblowing and Anti-Fraud, Modern Slavery, Bribery, and Corruption policies to be assured that any issues raised are comprehensively investigated and any action and learning is taken forward.</p>													
Membership	<table border="1"> <thead> <tr> <th data-bbox="453 1627 1147 1697">Member</th> <th data-bbox="1147 1627 1505 1697">Attendance</th> </tr> </thead> <tbody> <tr> <td data-bbox="453 1697 1147 1791">Deborah Harris-Ugbomah FCA (Chair from 1 May 2024)</td> <td data-bbox="1147 1697 1505 1791">5 of 5</td> </tr> <tr> <td data-bbox="453 1791 1147 1861">Derek Pretty (Chair to 30 April 2024)</td> <td data-bbox="1147 1791 1505 1861">1 of 1</td> </tr> <tr> <td data-bbox="453 1861 1147 1931">Eileen McEaney MBE</td> <td data-bbox="1147 1861 1505 1931">5 of 6</td> </tr> <tr> <td data-bbox="453 1931 1147 2025">Joyce Sarpong (from 1 October 2024) (Independent member)</td> <td data-bbox="1147 1931 1505 2025">2 of 2</td> </tr> <tr> <td data-bbox="453 2025 1147 2087">Sue Whelan Tracy</td> <td data-bbox="1147 2025 1505 2087">4 of 6</td> </tr> </tbody> </table>	Member	Attendance	Deborah Harris-Ugbomah FCA (Chair from 1 May 2024)	5 of 5	Derek Pretty (Chair to 30 April 2024)	1 of 1	Eileen McEaney MBE	5 of 6	Joyce Sarpong (from 1 October 2024) (Independent member)	2 of 2	Sue Whelan Tracy	4 of 6	
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Sue Whelan Tracy	4 of 6													

People and Culture Committee

Remit	Ensure that there are appropriate systems in place for Executive remuneration and succession planning, considering annual pay review for all employees, as well as progress against the people and EDI strategic objectives, and any significant changes to the employee pay and grading structure or pension schemes.	
Key activities	<p>Approving selection processes for the Chair of Council and Committee Independent members.</p> <p>Agreeing to recommend to Council the annual pay award for 2025-2026 and reviewing the total reward proposal.</p> <p>Reviewing Executive reward.</p> <p>Reviewing progress on delivery of the culture review recommendations, the people strategic objectives and internal aspects of the EDI strategic objectives.</p>	
Membership	Member	Attendance
	Ruth Walker MBE (Chair to 30 April 2024)	1 of 1
	Dr Lynne Wiggins OBE (Chair from 1 May 2024)	11 of 11
	Lindsay Foyster	10 of 11
	Dr Margaret McGuire OBE	11 of 11
	Bola Ogundeji (from 1 February 2025) (Independent member)	2 of 2
	Anna Walker CB	10 of 11

Investment Committee

Remit	The remit of the Investment Committee is to oversee the implementation of the Council's investment strategy; determine the allocation and movement of funds in accordance with the investment strategy; and monitor the NMC's investment portfolio. Decision-making and implementation of the investment strategy is delegated to the Investment Committee.	
Key activities	<p>Undertaking a review of our approach to investments, resulting in a revised policy that will support the NMC to achieve its financial strategy.</p> <p>Working with our investment managers to ensure environmental, social and governance issues are appropriately considered when managing the portfolio.</p>	
Membership	Member	Attendance
	Derek Pretty (Chair to 30 April 2024)	1 of 1
	Sue Whelan Tracy (Chair from 1 May 2024 to 31 December 2024)	4 of 4
	Sir David Warren (Chair from 1 January 2025 to 31 March 2025)	5 of 5
	Rhiannon Beaumont Wood (from 1 June 2025)	4 of 4
	Thomasina Findlay (Independent member)	4 of 5
	Claire Johnston	5 of 5
Nick McLeod-Clarke (Independent member)	5 of 5	

Accommodation Committee

Remit	To oversee the implementation of the Council's Accommodation Plan within the financial and other parameters set by the Council.	
Key activities	Considering how to progress plans to refurbish 23 Portland Place, particularly in light of Council's decision to pause the refurbishment to support the NMC to safely and swiftly reduce the fitness to practise caseload.	
Membership	Member	Attendance
	Sue Whelan Tracy (Chair to 31 December 2024)	1 of 1
	Nadine Pemberton Jn Baptise (Chair from 29 January 2025)	0 of 0
	Anna Walker CB	1 of 1
Flo Panel-Coates	1 of 1	

Appointments Board

Remit	The remit of the Appointments Board is to assist the Council in connection with the exercise of any function relating to the appointment of Fitness to Practise panel Chairs and members and Legal Assessors to the Practice Committees (the Investigating Committee and the Fitness to Practise Committee) and the appointment of Fitness to Practise panel members to the Registration Appeals panel.	
Key activities	<p>Overseeing the selection process for new Panel Members and Chairs which resulted in over 150 appointments and overseeing reappointment of 65 Panel Members.</p> <p>Reviewing progress on implementing three-year plan for delivering high quality panels.</p> <p>Reviewing and approving the revised Panel Member Services Agreement.</p>	
Membership The Appointments Board is made up entirely of non-Council (Independent) members, appointed following open and competitive recruitment processes.	Member	Attendance
	Jane Slatter (Chair to 5 August 2024)	2 of 2
	Surinder Birdi (Chair from 6 August 2024)	7 of 7
	Robert Allan (to 30 September 2024)	2 of 3
	Ken Batty (from 1 August 2024)	5 of 5
	Amanda Rawlings (to 9 July 2024)	1 of 1
	Yasmin Ullah	7 of 7
	Susan Young (from 6 August 2024)	5 of 5

The Chief Executive and Registrar

The Chief Executive and Registrar is appointed by, and accountable to, the Council. The Chief Executive and Registrar's role is to lead and manage the NMC's regulatory, professional, business and financial affairs within the strategic framework established by the Council.

As the Accounting Officer, the Chief Executive and Registrar has personal responsibility for matters relating to financial propriety and regularity; keeping proper account of financial affairs; avoidance of waste and extravagance; and the effective use of resources.

After five years as Chief Executive and Registrar, Andrea Sutcliffe stepped down on 3 July 2024 due to ill health. The initial recruitment process to appoint the Interim Chief Executive and Registrar was unsuccessful. Helen Herniman was appointed Acting Chief Executive and Registrar from 4 July 2024 to 19 January 2025 while a revised process was run. Paul Rees MBE was appointed Interim Chief Executive and Registrar from 20 January 2025 for a period of one year. Recruitment for a permanent Chief Executive and Registrar was launched in May 2025.

Executive Board

The Executive Board is the key management decision-making body. The Board's membership comprises the Chief Executive and Registrar, Executive Directors, General Counsel and Chief of Staff.

The Executive Directors are Key Management Personnel as defined by FRS 102. The Board works with the Chief Executive and Registrar to develop and implement strategies, policies, business plans and budgets; ensure effective and efficient use of resources, finance and people; and identify and manage risk. The Board advises or makes recommendations to Council on those matters which are ultimately for the Council to decide.

The Executive Board regularly reflects on its own operation and how business is conducted.

To support the Board to have visibility and focus on the key risks and issues facing the organisation, from December 2023 to January 2025, the Board met three times a month in different modes. These modes were focused on Learning, Fitness to Practise and Core business. Whilst this approach supported the Board to focus on key themes, in January 2025, the Board reflected and agreed that it also restricted agile agenda planning and the different modes were ceased. The Board currently meets weekly.

During 2024-2025, there was significant turnover in membership of the Executive team and the Independent Culture Review identified the need to strengthen how the Executive works together as a team. Strengthening Executive ways of working, and leadership within the NMC more widely, is a key focus of the Culture Transformation Plan.

Performance monitoring and data quality

The Council monitors our progress against our corporate plan and budget through quarterly performance reports presented at public meetings. These reports were refreshed for 2024-2025 to reflect the priority outcomes we sought to achieve within our corporate plan.

The reports provide updates against our strategic projects and programmes, key performance indicators (KPIs), our budget and investments and corporate risk exposure.

These quarterly reviews give Executive Board and Council the opportunity to assess progress and adapt activity within the plan to ensure the most effective use of resources and mitigation of risks. Over the course of 2024-2025, we have continued to streamline our monthly reporting to the Executive Board, drawing attention to the most important discussion points on budget, performance and risk.

Risk management and internal control

The Council is responsible for establishing and maintaining a sound system of risk management and internal control, which is designed to identify and manage rather than eliminate risk and provide reasonable assurance of effectiveness.

In 2024–2025 we refreshed our approach to risk management, differentiating strategic risks (those that threaten our ability to deliver expected outcomes and harm our ability to grow and prosper) from operational risks (those that may impact the work we carry out on a day-to-day basis) with clear links between them. The risks continue to be overseen and regularly reviewed by the Executive Board and Council committees best placed to advise on how we manage each risk.

Our risk management framework sets out a clear structure and process for embedding risk management into our day-to-day work across all levels of the organisation. It includes the use of risk registers, performance dashboards and the role of risk coordinators to champion risk management within a directorate and maintain operational risk registers to identify compound risks. This ensures we have the best oversight and management of risks with multiple review points and that we are responding to risk appropriately.

The Audit and Risk Committee provides assurance to the Council about the operation of the system of internal control and risk management.

This includes overseeing the internal audit workplan and its findings, as well as undertaking regular targeted comprehensive assurance reviews to delve deeper into specific risk problems or assurance mechanisms. At each Audit and Risk Committee meeting strategic risks are reviewed with suggested amendments to scores or content discussed. The Council considers strategic risk exposure and the register at Open meetings on a quarterly basis and updates to our risk appetites once a year.

The Chief Executive and Registrar is responsible for enabling an effective system of risk management and internal control, and together with the Executive Directors, for ensuring that the system is effective across the organisation. The Executive is responsible for identifying and evaluating risks, putting in place appropriate mitigations and monitoring and reporting progress. The Executive Board reviews strategic risk exposure monthly.

The effectiveness of our risk management and internal control processes

We undertake an annual review of the effectiveness of our internal control environment and risk management, assessing each directorate against a set of key criteria and reviewing sample evidence to ensure our internal control environment reflected the standards set out in our policy and guidance.

The 2024-2025 review concluded that we have substantial assurance across three of our directorates, partial assurance across two directorates and reasonable assurance for one directorate. Results were similar to last year, with the exception of Professional Regulation, which has improved from partial to reasonable assurance this year. The areas of weakness for those that only attained 'partial' assurance were mostly for low eLearning completion rates. All directorates have put into place additional checks and sessions to help to manage risk.

The directorates that were weakest in this area last year have improved.

The review also highlighted the need for more detailed analysis on progressing EDI improvements and ensuring risk scores reflected the controls in place. We have since published metrics for our revised EDI strategic objectives and are developing metrics for our Culture Transformation Plan and people strategic objectives. Once established this will provide a cohesive set of metrics that provide assurance on progress in building a culture that is positive, empowering and inclusive for all colleagues, regardless of their background or characteristics.

Whilst overall we have reasonable assurance in our risk management and internal control processes, we recognise there is important work to strengthen our approach further. We will also be strengthening our review process to help us identify areas of further development, including looking at controls related to the delivery of the corporate plan.

Key issues and risks

In the following table, we provide an account of the highest rated risks we managed during 2024–2025, the action we have taken and the action we plan to take next year.

Risk: We fail to meet our statutory safeguarding responsibilities to protect people who come into contact with the NMC through our work, from abuse or mistreatment.

Potential impact: Impacts to life or serious harm to individuals.

What we have done to manage the risk during 2024–2025

As part of the new strategic risk register for 2024–2025, we included a risk relating to our statutory safeguarding responsibilities to protect people who come into contact with the NMC through our work from abuse or mistreatment. This was previously a risk factor of our legal risk in 2023–2024, but we decided to create a separate risk to ensure that safeguarding is managed appropriately with the focus and visibility that it needs. This is now our highest rated risk on the register with multiple controls in place that will help reduce the likelihood and impact of the risk over time.

We have launched our Safeguarding Hub and increased the number of people focussed on safeguarding. We have also implemented a new safeguarding review learning process and revised policy guidance. We have conducted an initial analysis to identify training needs and introduced safeguarding level one online training for all colleagues.

What we are doing going forward

We will produce a Safeguarding Framework with further mitigations and controls. We will triangulate data received from audits, reviews and reports to form a workplan to provide assurance on addressing learning and develop an audit programme to provide assurance on embedded safeguarding good practice across all areas.

Risk: We fail to take appropriate action to address a regulatory concern about a professional on our register in a timely or person-centred way.

Potential impact: This could lead to compromised public safety and poor experience for those involved in our processes.

What we have done to manage the risk during 2024–2025

We launched our Fitness to Practise Plan in April 2024. Since then, to support the plan, we have increased capacity across teams to support case progression, with a focus at Screening and strengthened decision-making guidance on concerns outside professional practice. We have developed a quality dashboard to enable better reporting against the plan and created robust governance to deliver it. The plan has been re-prioritised where needed in light of recommendations from the Independent Culture Review. Towards the end of the year we announced a strategic partnership with PwC to review our casework processes and support us to co-design new ways of working that support timely, safe case progression and are sustainable for the future.

What we are doing going forward

We are continuing to work on improving the quality and availability of operational data. We will also continue to provide additional capacity across all teams to support case progression. The outputs of the work with PwC will be considered and where appropriate, implemented in 2025–2026. Initial discussions identified the need to enhance quality assurance within our processes, which will be taken forward.

Risk: We may not effectively prioritise, monitor and manage our portfolio activity and keep pace with the high level of change (and resources required) to achieve our five priority outcomes.

Potential impact: Resources are not utilised to best effect, leading to capacity issues for our colleagues, slow decision-making and unrealised benefits for professionals on our register and the public.

What we have done to manage the risk during 2024–2025

We increased our risk score in this area in June 2024 to recognise increasing pressures and materialised issues relevant to the delivery of Priority Outcomes one (fitness to practise), two (Learning Culture), and five (Integrity of the Register). We have used our annual business planning and budgeting process and quarterly progress reporting to inform where we may need to make changes to our planned activity. We have six-monthly strategic review points with Council to consider the internal and external context and adjust our plans and regular prioritisation informed by performance reporting.

What we are doing going forward

We are planning to revisit our corporate plan and budget during the first part of the 2025–2026, updating them to reflect choices we need to make around a number of areas of learning. For instance, from Ijeoma Omambala KC's report; and from our work on accelerated improvement that we have been undertaking with PwC. We will strengthen the link between relevant internal performance reports to spot emerging risks and the impact on our portfolio landscape. Our Change and Continuous Improvement team will become part of the Resources and Technology Services directorate to support more streamlined and effective ways of working.

Risk: Risk that our organisational culture impacts on the productivity, performance, learning and morale of the organisation

Potential impact: Our ability to learn and improve to deliver better outcomes for our people, registrants, and the public.

What we have done to manage the risk during 2024–2025

The Independent Culture Review emphasised that this risk has materialised, resulting in an increased risk score following the report publication in June 2024. We have produced an implementation plan setting out how we will deliver against the 36 recommendations in the report. We have strengthened the link between the EDI and people strategic objectives and the Culture Transformation plan with clear accountability, milestones and achievements to communicate to colleagues with regular reporting through our People and Culture Committee. We have also introduced the Empowered to Speak Up guardian service and Empowered to Speak Up ambassadors to help us raise awareness of issues and develop a listening culture, enabling swift action to be taken where we have evidence of bullying, harassment or discrimination.

What we are doing going forward

Establishing a new Culture Steering Group chaired by the Interim Chief Executive and Registrar, with expert coaches as members to focus on improving culture and performance. We will also implement our Culture Transformation Plan that will include cultural competence training, coaching for leaders and psychological safety coaching for managers, as well as updating our behaviour framework and embedding our new values. This plan has also been aligned with our EDI and people strategic objectives.

Risk: We fail to take appropriate or timely action to address a regulatory concern regarding the quality of nursing or midwifery education.

Potential impact: This could lead to poor student experiences and students lacking the proficiencies to provide safe, kind and effective care.

What we have done to manage the risk during 2024-2025

We increased our risk score in June 2024 due to a lack of resource to manage a new education quality assurance (EdQA) contract transition along with core business due to a shortage of staff in key areas. Since that time we have partnered with a new EdQA service provider and moved to a new service model focused on agility and flexibility. We have worked collaboratively with education institutions and other partners to discuss and reduce identified risks, and we have increased capacity and expertise within our team to strengthen systematic monitoring of programmes.

What we are doing going forward

We are revising our project in collaboration with key stakeholders, reviewing resource constraints and intended deliverables. We are developing an improvement plan to review processes and centralise gathered data to generate intelligence which will inform EdQA activity areas of focus. We plan to establish a Strategic Advisory Committee with joint external chairmanship to provide oversight, scrutiny and an opportunity for increased co-production. We will hold a summer conference for all Official Correspondents and Lead Midwives for Education as a forum for information sharing and a feedback platform to improve collaborative working.

Risk: Risk of low morale and engagement, contributing to a loss of talent, expertise, corporate knowledge, and key relationships in parts of the business as this is a challenging time for the organisation, coupled with instability at the Executive level of the organisation.

Potential impact: Organisational instability, loss of existing talent with the inability to attract new candidates impacting on the delivery of our work. Loss of Corporate knowledge, increased turnover, changing priorities and approach from frequent changes at senior levels.

What we have done to manage the risk during 2024-2025

We included a new strategic risk in June 2024 focusing on the impact of high turnover at the Executive levels and the risk of instability that this brings to the organisation. During 2024-2025, our Chief Executive and Registrar (CE&R), Chair of Council and four Executive Directors left the organisation. We also welcomed an Interim CE&R in January 2025 and a new Chair, Ron Barclay-Smith, in April 2025. Mitigations in place are:

- Appointment of Interim Chief Executive and Registrar who started on 20 January 2025
- People and Organisational Effectiveness (POE) portfolio has been reviewed to focus on People and Culture
- Recruitment of senior roles brought forward to secure a permanent leadership team
- Successful recruitment for Chair of Council who joined us in April 2025
- Succession planning for Deputy Directors (DDs), Assistant Directors (ADs), and Heads in critical delivery roles
- Identification of knowledge gaps across the Executive and devising a plan to address them
- The Executive have positively engaged in the 360-feedback process, leadership training and offered coaching to ensure a consistent corporate learning
- Behaviour framework in place
- Embedding our ambitious appraisals process
- Recruitment training as a requirement for those who sit on recruitment panels
- Investment in psychological safety to support colleagues across NMC.

What we are doing going forward

- Engaging the workforce on the recruitment of all posts
- Use of appropriate recruitment agencies to source an inclusive, experienced and skilled pool of candidates for roles
- Revision of our recruitment due diligence process for high profile and senior roles
- Engaging network chairs in Executive Board meeting decisions to close the corporate learning loop.

Public interest (whistleblowing)

Our policy on whistleblowing encourages colleagues and others who work for, or with us, to speak up if they see something wrong. We review the policy regularly and have continued to raise awareness of the policy and associated guidance by promoting it through the Chief Executive and Registrar’s weekly message and other internal communications.

The Independent Culture Review highlighted that there is more we need to do to ensure that all colleagues feel able to raise concerns. To strengthen our approach to whistleblowing we are reviewing our policy with support from an external law firm and learning from Protect, a leading whistleblowing charity. We will also incorporate learning from Ijeoma Omambala KC’s investigation into how we handled a recent whistleblowing case.

The Audit and Risk Committee receives a report on whistleblowing at every meeting. During 2024–2025, the Committee received updates on three sets of whistleblowing concerns, two that were raised in 2024–2025 and one that was raised in 2023–2024.

The first set of concerns related to aspects of our regulatory casework and our workplace culture. As reported in our Performance Review, we commissioned Nazir Afzal and Ijeoma Omambala to investigate these concerns and are committed to implementing transformational change.

The second set of concerns was about a number of areas within the NMC, including safeguarding and the role of registrants within the NMC, as well as raising concerns about our workplace culture, in particular, some aspects of leadership.

These concerns were investigated and recommendations made to improve our approach. Our Culture Transformation Plan sets out a detailed, quarter by quarter plan for addressing some of the challenges within the organisation, and we have commissioned a piece of work on the role of registrants within the NMC and expect to act on the recommendations in the year ahead. You can read more about the work to strengthen our safeguarding approach in the Performance Review.

The third set of concerns related to the standard of case preparation. The investigation found that there were assurance mechanisms in place that ensure the quality of the service, and while there were areas for improvement, there were plans in place to take action.

The whistleblowing policy was also used to raise other concerns that were found to not be whistleblowing. These were then considered through other processes, such as our complaints or grievance processes.

The NMC is a ‘prescribed person’ in law. This means that concerns may be raised with us by nurses, midwives, nursing associates, students or other healthcare professionals who identify wrongdoing in their workplaces or practice placements. Each year we publish a joint report with other health and social care regulators on how we handled whistleblowing disclosures. The joint report on whistleblowing disclosures for 2023–2024 can be found on our website here [Whistleblowing disclosures: The action we took in 2023–24 - The Nursing and Midwifery Council](#). The joint report for 2024–2025 will be published later this year.

Safeguarding and protecting people

Through our work we engage with a wide range of people, including those involved with our regulatory processes, our stakeholders, and our colleagues. We recognise that many people engaging with us may have complex needs or be at risk of harm and we are committed to putting the appropriate support in place for them.

Our policy on safeguarding and protecting people sets out our responsibilities and the actions we will take when we identify a safeguarding concern, including establishing a tailored approach to support the individual concerned.

Improving our safeguarding arrangements has been a significant focus for the NMC in 2024-2025. You can read more about the work to strengthen our safeguarding approach in the Performance Review.

Information governance and lapses in protective security

Incidents are reported, managed and investigated in line with our Serious Event Review (SER) process through which learning and recommendations for improvement are identified. The table below provides a breakdown of the number of information security incidents reported internally in 2024-2025, with 2023-2024 figures shown for comparison.

Information security incidents include unauthorised disclosure of data (data breaches) and other types of information security incidents such as loss of IT equipment. Of the 72 information security incidents recorded in 2024-2025 (75 in 2023-2024), 65 were unauthorised disclosure of data (data breaches).

	2024-2025	2023-2024
Critical	0	1
Major	1	2
Moderate	10	14
Minor	61	58
Total	72	75

In 2024-2025 we reported four personal data breaches to the Information Commissioner's Office (ICO) (three in 2023-2024). It has not taken any regulatory action in relation to the breaches.

Anti-fraud, bribery and corruption

During 2024-2025 there has been one instance of fraud, relating to bank mandate fraud. This took place in August 2024 when we mistakenly paid nearly £4,600 into a fraudster's bank account. The incident was identified and reported quickly with immediate steps taken to prevent recurrence. Details of the fraud were provided to the police and the banks concerned and to the Audit and Risk Committee.

Following the suspected fraud in our overseas registration processes, we have also introduced robust anti-fraud policies covering overseas registrations to reduce the risk of similar fraud in the future. You can read more about this work in the Performance Review section of this report.

Otherwise, we continue to have policies in place for colleagues on anti-fraud and bribery, personal interests and outside appointments, whistleblowing, claiming expenses and gifts and hospitality. The gifts and hospitality policy is in place for Council members, Associates, Independent members and colleagues and a register of all gifts and hospitality accepted or declined is maintained.

No modern slavery issues have been identified during the year (2023-2024: none). In accordance with the Modern Slavery Act 2015 we updated and published our Modern Slavery Statement on our website in September 2024. This year's statement will be published during 2025-2026.

Through our regulatory processes, we were made aware of five modern slavery concerns outside of the NMC. We shared information on these cases with appropriate bodies, including the Care Quality Commission, Gangmasters and Labour Abuse Authority, Employment Agency Standards Inspectorate and the immigration department of the Home Office.

As reported in last year's annual report, our investigation into Computer-Based Test fraud at the Yunnik test centre in Nigeria found there was evidence of widespread fraudulent activity at the test centre. When we began receiving admissions and testimony from Yunnik test takers, some individuals mentioned feeling pressured or coerced into using a proxy. There is no evidence so far which indicates the Yunnik centre was involved in human trafficking, however, we approached the Human Trafficking Foundation to share for advice and guidance. We passed on information about the proxies to the National Crime Office.

Serious Event Review process

Through our Serious Event Review (SER) process, we investigate incidents and near misses so that we can learn from them and improve the way we work. Under our incident reporting process, we distinguish between Adverse Incidents (AIs) and Serious Events (SEs) based on the severity of the incident.

Incidents are classified as AIs when they have minimal impact on our organisation and our work, although they still provide valuable learning. SEs are incidents that impact, actually or potentially, more seriously our organisation and our work. Learning from SERs is reported to the Executive Board and Audit and Risk Committee every six months.

During 2024-2025, a total of 173 corporate incidents and near-misses were reported compared with 169 for 2023-2024. Of the 173 corporate incidents reported in 2024-2025, 66 were classified as SEs (compared with 61 in 2023-2024), and the remaining 108 were AIs (compared with 108 in 2023-2024). The majority of Serious Events (84 percent for 2024-2025) occurred within the Professional Regulation directorate. We review the incidents and near-misses each quarter to categorise them by type, for example, information security incidents, and to identify key themes which in turn are graded high, medium or low level risk.

High risk themes in 2024-2025 included delayed or inadequate response to information suggesting a wellbeing concern, including a risk of suicide or self-harm. The most commonly occurring theme was information security breach in emailing third parties (75 incidents relating to emails sent to third parties in 2024-2025). This is higher than the number of data breaches (65) recorded in the information governance section of this report because the SER process captures the lowest level of incident.

Reporting incidents and learning from them is key to improving our performance as a regulator. We recognise we need to strengthen our approach and have invested in a new incident reporting process, policy and system that simplifies the categorisation of incidents and uses language that encourages greater reporting and creates a culture of open learning. As well as helping us to learn more effectively from individual events, it will also help us to identify new emerging trends and risks so that we can take quick and appropriate action. Unfortunately, the launch was delayed due to a number of reasons, including delays in agreeing specifications for the system. We are undertaking a lessons learned exercise to strengthen our approach. We launched the new system in June 2025 and are implementing a robust change management plan to ensure it is embedded effectively and helps create a culture of open learning.

Learning from complaints about our work

Complaints matter to us. Each time an issue is raised by a person using our services it provides us with an important opportunity to foster a learning culture and continuously improve.

We identified 251 learning points from complaints made to us in 2024-2025 (2023-2024: 154) which we used to improve our services.

In 2024-2025, we received 1,400 formal complaints (2023-2024: 1,634). We responded to 92.5 percent of these within 20 working days (2023-2024: 92 percent within 20 working days).

Of the overall 1,400 complaints, 208 were related to open applications to our register. We also received 505 complaints from people who were associated with an open fitness to practise case.

We received 59 (2023-2024: 49) complaints from parliamentarians, including members of the UK Parliament and devolved legislatures in Scotland, Wales and Northern Ireland.

Of these 59 complaints we received in 2024-2025, we responded to 50 (85 percent) of these within 20 working days (2023-2024: 90 percent).

We aim to handle any complaints about the service we have provided in a fair and timely way, treating those who raise complaints with respect and listening to their concerns. Following our response, 60 people remained unhappy (2023-2024: 38). We reviewed our handling of these in an average of 14 working days (2023-2024: 17 working days).

We continue to focus on improving the performance of our Enquiries and Complaints function. We carried out an end-to-end review of our handling of complex complaints relating to fitness to practise in 2023-2024. The initial findings are that the team responds in a professional and empathetic way and manages expectations clearly. It found that we need to make improvements to our quality assurance and Customer Relationship Management system. We will implement the final recommendations from the review during 2025-2026.

Freedom of information

We are committed to being as open and transparent as possible, while adhering to our legal obligations under freedom of information and data protection legislation. This includes people's right to access their personal information, and the right to challenge the way we use and process their personal data. We also respond to third-party disclosure

requests from organisations such as the Disclosure and Barring Service and Disclosure Scotland, with whom we can share personal information if there is a legal basis for disclosure.

415 freedom of information requests were received and 80 percent were responded to within the statutory deadline of 20 working days.

This compares with 90 percent of 373 requests for 2023-2024. The 10 percent decrease in performance was due to staffing changes and capacity issues within the Management Information team.

1,112 third-party requests were received and 96 percent were responded to within the statutory deadline of one calendar month. This compares with 95 percent of 1,176 requests for 2023-2024.

399 General Data Protection Regulation requests were received and 92 percent were responded to within the statutory deadline of one calendar month. This compares with 93 percent of 420 requests for 2023-2024.

The total number of information requests responded to on time this year was 1,770 out of 1,962, which is 92 percent (2023-2024: 1,872 out of 1,969; 95 percent).

If someone is unhappy with how their request for information has been handled, they can request an internal review.

We received a total of 22 requests for internal reviews during 2024-2025 (2023-2024: 20 requests). This is proportionately very low: only one percent of cases.

Where people remain dissatisfied following the outcome of their internal review, they can refer us to the Information Commissioner's Office (ICO). When the ICO chooses to investigate beyond initial enquiries they will seek further information from us, and, in 2024-2025, there were five cases (2023-2024: no cases). Out of the five cases, the ICO issued a decision notice in respect of one case, and we worked with the requester to provide additional information.

Serious incident/notifiable event reporting

Issues which require reporting to the Charity Commission are identified through several routes, including our policies and processes for Serious Event Reviews; Whistleblowing; Anti-Fraud, Bribery and Corruption; and Safeguarding. In accordance with guidance from the Charity Commission and the Office of the Scottish Charity Register (OSCR), where we identify an issue, permission is sought from the Council, as trustees, to report to the Charity Commission. If more urgent reporting is needed, we seek permission from the Chair and Council is informed at the earliest opportunity.

As reported in last year's annual report, we informed the Charity Commission of concerns about aspects of our regulatory casework and our workplace culture, including the investigations we commissioned, and actions taken in response. The Charity Commission's regulatory compliance case remains open and we have kept it updated on progress throughout the year and will continue to do so.

During 2024-2025, we informed the Charity Commission of two serious incidents. One of the cases arose from a safeguarding matter.

As noted in the safeguarding section of this report, we are taking forward action to further strengthen our approach to safeguarding. The other case related to the failure to appoint an Interim Chief Executive and Registrar in July 2024. We have taken forward learning from this incident to inform future recruitment.

As we are registered with the Charity Commission, we are not required to report incidents to the OSCR as well. However, in line with our commitment to four country accountability, we report all relevant incidents to both the OSCR and the Charity Commission.

Professional Standards Authority oversight

The Professional Standards Authority (PSA) oversees and reports to Parliament on the work of health and social care professional regulators, including the NMC.

PSA Annual Review of Performance July 2023–December 2024

The PSA's annual review of the NMC's performance for July 2023–December 2024 was published in June 2025. You can read the full report [here](#). The report reflects the conditions and context of a particularly challenging year for the organisation and found that we did not meet seven of the standards. These relate to education quality assurance, maintaining the register, fitness to practise, and general standards relating to addressing performance concerns, clarity of purpose and EDI. In line with their process, the PSA escalated their concerns to the Secretary of State and ministers in the devolved administrations.

We take this very seriously. Given the challenges we faced, we had anticipated not meeting these standards and are well underway with improvements – ensuring that we focus on, and deliver against, our core purpose of protecting the public. These improvements are being delivered under new leadership, with Paul Rees MBE as Interim Chief Executive and Registrar and Ron Barclay Smith as our new Chair of Council. As noted in the performance review, we have significant turnaround activities in place to create an inclusive organisation and modernise how we regulate, including our Fitness to Practise Plan, a three-year Culture Transformation Plan and ambitious EDI strategic objectives. We are reviewing the PSA's recommendations to ensure our improvement plans address them, and will adjust our plans where needed.

Alongside the positive impact these plans are now starting to have, it is reassuring to have met several other key PSA Standards. These include maintaining up-to-date standards for registrants, which are kept under review and prioritise service user safety; and ensuring that our fitness to practise decisions are proportionate, consistent and fair.

We remain committed to upholding our regulatory duty of protecting the public. As we have set out in the strategic plan section of this report, we are ensuring a focus on delivering our core regulatory functions: setting standards, education quality assurance, registration, revalidation and fitness to practise to ensure safe and effective nursing and midwifery care for everyone.

Independent Oversight Group

In response to the findings of the Independent Culture Review, the Government asked the PSA to establish the NMC Independent Oversight Group to oversee improvements to our culture and performance. The group includes representation from the professions across the four nation, Unison and other experts. The group has received regular updates on our progress and provided insight and advice to support our progress. You can read more about the work [here](#).

Internal audit annual opinion 2024-2025

Our risk-based annual internal audit programme is agreed and overseen by our Audit and Risk Committee. The programme for 2024-2025 consisted of six internal audits. During the year it was agreed that an internal audit on Strategy - Customer Satisfaction and Experience would be replaced with an internal audit on Data Quality.

Internal Audit Assignment	Assessment
Financial controls, including registration fees	Substantial assurance
New panel members - recruitment and EDI arrangements	Reasonable assurance
Business Continuity Plans	
Contract management and outsourced arrangements and assurance mechanisms	
People and Culture - Recruitment	
Data quality	Partial Assurance

As noted in the table, one audit received an assessment of partial assurance, the data quality audit.

The purpose of the review was to consider the policies and procedures in place around data quality and whether these provide a standardised approach to the entry of data.

The review considered a selection of four data sets and found that while the overall caseload KPI is guided by a methodology and guidance, there were other areas that needed strengthening, for example the NMC does not have an established suite of policies, procedures and operational guidance which detail the required processes to source, validate and report on data. The review also found scope for improving the current data governance process by establishing a data quality framework and resuming meetings of the appropriate oversight group. The Executive is taking forward work to strengthen the approach.

Our internal auditor reviews the implementation of audit recommendations and provides regular updates to the Audit and Risk Committee. Nine actions from prior year reports were overdue and not implemented.

The majority of these (seven) relate to the Serious Event Review audit and were delayed due to the delays in the implementation of the new Log and Learn system. Ensuring the implementation of the system is an area of focus for the Executive. All other recommendations from audits, where action has fallen due in the period, have been implemented or were superseded.

The Head of Internal Audit's overall annual opinion is that:

“The organisation has an adequate and effective framework for risk management, governance and internal control. However, our work has identified further enhancements to the framework of risk management, governance and internal control to ensure that it remains adequate and effective.”

Overall assessment of effectiveness of governance and assurance

As Chair of the Council and Accounting Officer, we have reviewed the effectiveness of governance, risk management and internal controls.

In reaching our assessment, we have relied upon a range of evidence, including the opinion and report of the Head of Internal Audit, assurances from Helen Herniman, Executive Director of Resources and Technology Services, who was Acting Chief Executive and Registrar from 5 July 2024 to 19 January 2025, the corporate assessment of the quality of controls and assurance in place in directorates and the annual review of the effectiveness of risk management.

We have also relied on the Opinion and Audit Findings Report of the National Audit Office.

Overall, we consider that there is reasonable assurance that there are adequate arrangements in place for governance, risk management and control.

Notwithstanding this assessment, we recognise there is a need to strengthen our arrangements. We have plans to achieve this but we need to ensure we implement these effectively by maintaining a high level of scrutiny over:

- The implementation of the Culture Transformation Plan, Fitness to Practise Plan, people strategic objectives and EDI strategic objectives
- Strengthening risk management, enhancing quality assurance and ensuring we embed our revised whistleblowing policy and escalation policy
- The stability of senior leadership
- Safeguarding, recognising this is an area where policy and process has been given significant attention during the year with an expectation that this area shows significant improvement in 2025-2026
- The implementation of the new Log and Learn process, underpinned by a change management plan that embeds the new approach and creates a culture of open learning
- The progression of the Modernisation of Technology Services programme and strengthening of data quality controls.

**Ron
Barclay-Smith**
Chair
8 July 2025

Paul Rees MBE
Interim Chief
Executive and
Registrar
8 July 2025

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Independent auditor's report to the trustees of the Nursing and Midwifery Council



Opinion on financial statements

I have audited the financial statements of the Nursing and Midwifery Council for the year ended 31 March 2025.

The financial statements comprise: the Nursing and Midwifery Council's:

- Balance Sheet as at 31 March 2025;
- Statement of Financial Activities, Statement of Cash Flows for the year then ended; and
- the related notes including the significant accounting policies.

The financial reporting framework that has been applied in the preparation of the financial statements is applicable law and United Kingdom accounting standards including Financial Reporting Standards (FRS) 102, the Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In my opinion, the financial statements:

- give a true and fair view of the state of the Nursing and Midwifery Council's affairs as at 31 March 2025 and their net expenditure before net gains/(losses) for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice;
- have been properly prepared in accordance with the Nursing and Midwifery Order 2001 and the determination of the Privy Council thereunder; and
- have been properly prepared in accordance with the Charities and Trustee Investment (Scotland) Act 2005 and regulations [6 and 8] of the Charities Accounts (Scotland) Regulations 2006, and in accordance with the Charities Act 2011.

Basis for opinions

I conducted my audit in accordance with International Standards on Auditing (UK) (ISAs (UK)), applicable law and Practice Note 10 *Audit of Financial Statements and Regularity of Public Sector Bodies in the United Kingdom (2024)*. My responsibilities under those standards are further described in the *Auditor's responsibilities for the audit of the financial statements section of my report*.

Those standards require me and my staff to comply with the Financial Reporting Council's *Revised Ethical Standard 2024*. I am independent of the Nursing and Midwifery Council in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK. My staff and I have fulfilled our other ethical responsibilities in accordance with these requirements.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Conclusions relating to going concern

In auditing the financial statements, I have concluded that the Nursing and Midwifery Council's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant

doubt on the Nursing and Midwifery Council's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

My responsibilities and the responsibilities of the Council and Chief Executive and Registrar with respect to going concern are described in the relevant sections of this report.

Other information

The other information comprises information included in the Annual Report but does not include the financial statements and my auditor's report thereafter. The Council and Chief Executive and Registrar are responsible for the other information.

My opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in my report, I do not express any form of assurance conclusion thereon.

My responsibility is to read the other information and, in doing so, consider whether the other information is

materially inconsistent with the financial statements, or my knowledge obtained in the audit, or otherwise appears to be materially misstated.

If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact.

I have nothing to report in this regard.

Opinion on other matters

In my opinion the part of the Remuneration Report to be audited has been properly prepared in accordance with the determination made by the Privy Council under the Nursing and Midwifery Order 2001.

In my opinion, based on the work undertaken in the course of the audit, the information given in the Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements and is in accordance with the applicable legal requirements.

Matters on which I report by exception

In the light of the knowledge and understanding of the Nursing and Midwifery Council and its environment obtained in the course of the audit, I have not identified material misstatements in the Annual Report.

I have nothing to report in respect of the following matters which I report to you if, in my opinion:

- adequate accounting records have not been kept by the Nursing and Midwifery Council or returns adequate for my audit have not been received from branches not visited by my staff; or
- I have not received all of the information and explanations I require for my audit; or
- the financial statements audit are not in agreement with the accounting records and returns; or
- certain disclosures of remuneration specified by the Charities Act 2011 and the Charities and Trustee Investment (Scotland) Act 2005 and regulations [6 and 8] of the Charities Accounts (Scotland) Regulations 2006 have not been made or parts of the Remuneration Report to be audited is not in agreement with the accounting records and returns;
- the Governance Statement does not reflect compliance with determinations by the Privy Council.

Responsibilities of the Council and of the Chief Executive and Registrar for the financial statements

As explained more fully in the Statement of Responsibilities of the Council, and of the Chief Executive and the Registrar, the Council and its Chief Executive and Registrar is responsible for:

- maintaining proper accounting records;
- providing the C&AG with access to all information of which management is aware that is relevant to the preparation of the financial statements such as records, documentation and other matters;
- providing the C&AG with additional information and explanations needed for his audit;
- providing the C&AG with unrestricted access to persons within the Nursing and Midwifery Council from whom the auditor determines it necessary to obtain audit evidence;
- ensuring such internal controls are in place as deemed necessary to enable the preparation of financial statements to be free from material misstatement, whether due to fraud or error; and

- preparing financial statements which give a true and fair view and are in accordance with the Nursing and Midwifery Order 2001 and the determination of the Privy Council thereunder as well as the Charities Act 2011 and the Charities and Trustee Investment (Scotland) Act 2005 and regulations [6 and 8] of the Charities Accounts (Scotland) Regulations 2006
- preparing the Annual Report which includes the Remuneration Report, in accordance with the Nursing and Midwifery Order 2001 and the determination of the Privy Council thereunder as well as the Charities Act 2011 and the Charities and Trustee Investment (Scotland) Act 2005 and regulations [6 and 8] of the Charities Accounts (Scotland) Regulations 2006
- assessing the Nursing and Midwifery Council's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Council and the Chief Executive and Registrar anticipates that the services provided by the Nursing and Midwifery Council will not continue to be provided in the future.

Auditor's responsibilities for the audit of the financial statements

My responsibility is to audit and report on the financial statements in accordance with applicable law and International Standards on Auditing (ISAs (UK)).

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue a report that includes my opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Extent to which the audit was considered capable of detecting non-compliance with laws and regulations including fraud

I design procedures in line with my responsibilities, outlined above, to detect material misstatements in respect of non-compliance with laws and regulations, including fraud. The extent to which my procedures are capable of detecting non-compliance with laws and regulations, including fraud is detailed below.

Identifying and assessing potential risks related to non-compliance with laws and regulations, including fraud.

In identifying and assessing risks of material misstatement in respect of non-compliance with laws and regulations, including fraud, I:

- considered the nature of the sector, control environment and operational performance including the design of the Nursing and Midwifery Council's accounting policies, key performance indicators and performance incentives.
- inquired of management, internal audit and those charged with governance, including obtaining and reviewing supporting documentation relating to the Nursing and Midwifery Council's policies and procedures on:
 - identifying, evaluating and complying with laws and regulations;
 - detecting and responding to the risks of fraud; and
 - the internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations including the Nursing and Midwifery Council's controls relating to the Nursing and Midwifery Council's compliance with the Charities Act 2011, and the Charities and Trustee Investment (Scotland) Act 2005 and regulations [6 and 8] of the Charities Accounts (Scotland) Regulations 2006

- inquired of management, internal audit and those charged with governance whether:
 - they were aware of any instances of non-compliance with laws and regulations;
 - they had knowledge of any actual, suspected, or alleged fraud;
- discussed with the engagement team and the relevant external specialists, including actuarial experts where relevant, regarding how and where fraud might occur in the financial statements and any potential indicators of fraud.

As a result of these procedures, I considered the opportunities and incentives that may exist within the Nursing and Midwifery Council for fraud and identified the greatest potential for fraud in the following areas: revenue recognition, posting of unusual journals, complex transactions, bias in management estimates. In common with all audits under ISAs (UK), I am required to perform specific procedures to respond to the risk of management override.

I obtained an understanding of the Nursing and Midwifery Council's framework of authority and other legal and regulatory frameworks in which the Nursing and Midwifery Council operates. I focused on those laws and regulations that had a direct effect on material amounts and disclosures in the financial statements or that had a fundamental effect on the operations of the Nursing and Midwifery Council.

The key laws and regulations I considered in this context included the Nursing and Midwifery Order 2001 and the determination of the Privy Council thereunder as well as the Charities Act 2011 and the Charities and Trustee Investment (Scotland) Act 2005 and regulations [6 and 8] of the Charities Accounts (Scotland) Regulations 2006, employment law, pensions legislation and tax legislation.

Audit response to identified risk

To respond to the identified risks resulting from the above procedures:

- I reviewed the financial statement disclosures and testing to supporting documentation to assess compliance with provisions of relevant laws and regulations described above as having direct effect on the financial statements;
- I enquired of management, the Audit and Risk Committee and in house legal counsel concerning actual and potential litigation and claims;
- I reviewed minutes of meetings of those charged with governance and the Board and internal audit reports;
- I addressed the risk of fraud through management override of controls by testing the appropriateness of journal entries and other adjustments; assessing whether the judgements on estimates are indicative of a potential bias; and evaluating the business rationale of any significant transactions that are unusual or outside the normal course of business; and
- I addressed the risk of fraud in revenue recognition by testing unusual adjustments to revenue.

I communicated relevant identified laws and regulations and potential risks of fraud to all engagement team members and remained alert to any indications of fraud or non-compliance with laws and regulations throughout the audit.

A further description of my responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of my report.

Other auditor's responsibilities


I communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control I identify during my audit.

Rachel Nugent (Senior Statutory Auditor)

For and on behalf of the

Comptroller and Auditor General (Statutory Auditor)

National Audit Office
157-197 Buckingham Palace Road
Victoria



**The Certificate
and Report of the
Comptroller and
Auditor General
to the trustees of
the Nursing and
Midwifery Council
and the Houses of
Parliament**

Opinion on financial statements

I certify that I have audited the financial statements of the Nursing and Midwifery Council for the year ended 31 March 2025 under the Nursing and Midwifery Order 2001.

The financial statements comprise: the Nursing and Midwifery Council's:

- Balance Sheet as at 31 March 2025;
- Statement of Financial Activities, Statement of Cash Flows for the year then ended; and
- the related notes including the significant accounting policies.

The financial reporting framework that has been applied in the preparation of the financial statements is applicable law and United Kingdom accounting standards including Financial Reporting Standards (FRS) 102, the Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In my opinion, the financial statements:

- give a true and fair view of the state of the Nursing and Midwifery Council's affairs as at 31 March 2025 and their net expenditure before net gains/(losses) for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice;
- have been properly prepared in accordance with the Nursing and Midwifery Order 2001 and the determination of the Privy Council thereunder; and
- have been properly prepared in accordance with the Charities and Trustee Investment (Scotland) Act 2005 and regulations [6 and 8] of the Charities Accounts (Scotland) Regulations 2006, and in accordance with the Charities Act 2011.

Opinion on regularity

In my opinion, in all material respects, the income and expenditure recorded in the financial statements have been applied to the purposes intended by Parliament and the financial

transactions recorded in the financial statements conform to the authorities which govern them.

Basis for opinions

I conducted my audit in accordance with International Standards on Auditing (UK) (ISAs (UK)), applicable law and Practice Note 10 *Audit of Financial Statements and Regularity of Public Sector Bodies in the United Kingdom (2024)*. My responsibilities under those standards are further described in the *Auditor's responsibilities for the audit of the financial statements* section of my certificate.

Those standards require me and my staff to comply with the Financial Reporting Council's *Revised Ethical Standard 2024*. I am independent of the Nursing and Midwifery Council in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK. My staff and I have fulfilled our other ethical responsibilities in accordance with these requirements.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Conclusions relating to going concern

In auditing the financial statements, I have concluded that the Nursing and Midwifery Council's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt

on the Nursing and Midwifery Council's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

My responsibilities and the responsibilities of the Council and Chief Executive and Registrar with respect to going concern are described in the relevant sections of this certificate.

Other information

The other information comprises information included in the Annual Report but does not include the financial statements and my auditor's certificate thereafter. The Council and Chief Executive and Registrar are responsible for the other information.

My opinion on the financial statements does not cover the other information and, except to the extent otherwise

explicitly stated in my certificate, I do not express any form of assurance conclusion thereon.

My responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements, or my knowledge obtained in the audit, or otherwise appears to be materially misstated.

If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on

the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact.

I have nothing to report in this regard.

Opinion on other matters

In my opinion the part of the Remuneration Report to be audited has been properly prepared in accordance with the determination made by the Privy Council under the Nursing and Midwifery Order 2001.

In my opinion, based on the work undertaken in the course of the audit, the information given in the Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements and is in accordance with the applicable legal requirements.

Matters on which I report by exception

In the light of the knowledge and understanding of the Nursing and Midwifery Council and its environment obtained in the course of the audit, I have not identified material misstatements in the Annual Report.

I have nothing to report in respect of the following matters which I report to you if, in my opinion:

- adequate accounting records have not been kept by the Nursing and Midwifery Council or returns adequate for my audit have not been received from branches not visited by my staff; or
- I have not received all of the information and explanations I require for my audit; or
- the financial statements audit are not in agreement with the accounting records and returns; or
- certain disclosures of remuneration specified by the Charities Act 2011 and the Charities and Trustee Investment (Scotland) Act 2005 and regulations [6 and 8] of the Charities Accounts (Scotland) Regulations 2006 have not been made or parts of the Remuneration Report to be audited is not in agreement with the accounting records and returns;
- the Governance Statement does not reflect compliance with determinations by the Privy Council.

Responsibilities of the Council and of the Chief Executive and Registrar for the financial statements

As explained more fully in the Statement of Responsibilities of the Council, and of the Chief Executive and the Registrar, the Council and its Chief Executive and Registrar is responsible for:

- maintaining proper accounting records;
- providing the C&AG with access to all information of which management is aware that is relevant to the preparation of the financial statements such as records, documentation and other matters;
- providing the C&AG with additional information and explanations needed for his audit;
- providing the C&AG with unrestricted access to persons within the Nursing and Midwifery Council from whom the auditor determines it necessary to obtain audit evidence;
- ensuring such internal controls are in place as deemed necessary to enable the preparation of financial statements to be free from material misstatement, whether due to fraud or error; and
- preparing financial statements which give a true and fair view and are in accordance with the Nursing and Midwifery Order 2001 and the determination of the Privy Council thereunder as well as the Charities Act 2011 and the Charities and Trustee Investment (Scotland) Act 2005 and regulations [6 and 8] of the Charities Accounts (Scotland) Regulations 2006
- preparing the Annual Report which includes the Remuneration Report, in accordance with the Nursing and Midwifery Order 2001 and the determination of the Privy Council thereunder as well as the Charities Act 2011 and the Charities and Trustee Investment (Scotland) Act 2005 and regulations [6 and 8] of the Charities Accounts (Scotland) Regulations 2006
- assessing the Nursing and Midwifery Council's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Council and the Chief Executive and Registrar anticipates that the services provided by the Nursing and Midwifery Council will not continue to be provided in the future.

Auditor's responsibilities for the audit of the financial statements

My responsibility is to audit, certify and report on the financial statements in accordance with the Nursing and Midwifery Order 2001 and the determination of the Privy Council thereunder as well as the Charities Act 2011 and the Charities and Trustee Investment (Scotland) Act 2005 and regulations [6 and 8] of the Charities Accounts (Scotland) Regulations 2006.

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue a certificate that includes my opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Extent to which the audit was considered capable of detecting non-compliance with laws and regulations including fraud

I design procedures in line with my responsibilities, outlined above, to detect material misstatements in respect of non-compliance with laws and regulations, including fraud.

The extent to which my procedures are capable of detecting non-compliance with laws and regulations, including fraud is detailed below.

Identifying and assessing potential risks related to non-compliance with laws and regulations, including fraud

In identifying and assessing risks of material misstatement in respect of non-compliance with laws and regulations, including fraud, I:

- considered the nature of the sector, control environment and operational performance including the design of the Nursing and Midwifery Council's accounting policies, key performance indicators and performance incentives.
- inquired of management, internal audit and those charged with governance, including obtaining and reviewing supporting documentation relating to the Nursing and Midwifery Council's policies and procedures on:
 - identifying, evaluating and complying with laws and regulations;
 - detecting and responding to the risks of fraud; and
 - the internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations including the Nursing

and Midwifery Council's controls relating to the Nursing and Midwifery Council's compliance with the Charities Act 2011, and the Charities and Trustee Investment (Scotland) Act 2005 and regulations [6 and 8] of the Charities Accounts (Scotland) Regulations 2006

- inquired of management, internal audit, and those charged with governance whether:
 - they were aware of any instances of non-compliance with laws and regulations;
 - they had knowledge of any actual, suspected, or alleged fraud;
- discussed with the engagement team and the relevant external specialists, including actuarial experts where relevant regarding how and where fraud might occur in the financial statements and any potential indicators of fraud.

As a result of these procedures, I considered the opportunities and incentives that may exist within the Nursing and Midwifery Council for fraud and identified the greatest potential for fraud in the following areas: revenue recognition, posting of unusual journals, complex transactions, bias in management estimates. In common with all audits under ISAs (UK), I am required to perform specific procedures to respond to the risk of management override.

I obtained an understanding of the Nursing and Midwifery Council's framework of authority and other legal and regulatory frameworks in which the Nursing and Midwifery Council operates. I focused on those laws and regulations that had a direct effect on material amounts and disclosures in the financial statements or that had a

fundamental effect on the operations of the Nursing and Midwifery Council. The key laws and regulations I considered in this context included the Nursing and Midwifery Order 2001 and the determination of the Privy Council thereunder as well as the Charities Act 2011 and the Charities and Trustee Investment (Scotland) Act 2005 and regulations [6 and 8] of the Charities Accounts (Scotland) Regulations 2006, employment law, pensions legislation and tax legislation.

Audit response to identified risk

To respond to the identified risks resulting from the above procedures:

- I reviewed the financial statement disclosures and testing to supporting documentation to assess compliance with provisions of relevant laws and regulations described above as having direct effect on the financial statements;
- I enquired of management, the Audit and Risk Committee and in house legal counsel concerning actual and potential litigation and claims;
- I reviewed minutes of meetings of those charged with governance and the Board and internal audit reports;
- I addressed the risk of fraud through management override of controls by testing the appropriateness of journal entries and other adjustments; assessing whether the judgements on estimates are indicative of a potential bias; and evaluating the business rationale of any significant transactions that are unusual or outside the normal course of business; and

- I addressed the risk of fraud in revenue recognition by testing unusual adjustments to revenue.

I communicated relevant identified laws and regulations and potential risks of fraud to all engagement team members and remained alert to any indications of fraud or non-compliance with laws and regulations throughout the audit.

A further description of my responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of my certificate.

Other auditor's responsibilities

I am required to obtain sufficient appropriate audit evidence to give reasonable assurance that the expenditure and income recorded in the financial statements have been applied to the purposes intended by Parliament and the financial transactions recorded in the financial statements conform to the authorities which govern them.

I communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control I identify during my audit.

Report

I have no observations to make on these financial statements.

Gareth Davies
Comptroller and Auditor General

National Audit Office
157-197 Buckingham Palace Road
Victoria
London
SW1W 9SP



Financial statements for the year ended 31 March 2025



**Statement of financial activities
for the year ended 31 March 2025**

**Year ended
31 March 2025**

**Year ended
31 March 2024**

	Note	£'000	£'000
Income from:			
Charitable activities:			
Fees	2	105,316	103,338
Other income	3	158	114
Total		105,474	103,452
Investment income:	3	3,195	3,763
Total income		108,669	107,215
Expenditure on:			
Raising funds	4	(177)	(173)
Charitable activities	5	(130,256)	(108,160)
Total		(130,433)	(108,333)
Net expenditure before net gains/(losses)		(21,764)	(1,118)
Gain/(loss) on investments	14	2,585	3,204
Net expenditure		(19,179)	2,086
Net movement in funds		(19,179)	2,086
Reconciliation of funds:			
Total funds brought forward		78,868	76,782
Total funds carried forward		59,689	78,868

All funds brought and carried forward are unrestricted in the current and previous financial years. All activities reflected in the above two periods were derived from continuing operations. All recognised gains and losses are included in the above statement.

The notes on pages 132 to 161 form part of these accounts.

Balance sheet as at 31 March 2025

		As at 31 March 2025	As at 31 March 2024 ¹
	Note	£'000	£'000
Fixed assets			
Intangible assets	11	25,239	20,193
Tangible assets	12	15,206	16,632
Investments	14	41,606	38,557
Total fixed assets		82,051	75,382
Current assets			
Debtors	15	4,426	4,519
Investments	14	7,405	16,585
Cash at bank and in hand		34,326	46,088
Total current assets		46,157	67,192
Liabilities:			
Creditors: amounts falling due within one year	16	(63,977)	(58,979)
Total current liabilities		(63,977)	(58,979)
Net current assets		(17,820)	8,213
Total assets less current liabilities		64,231	83,595
Creditors: amounts falling due after more than one year	17	(647)	(874)
Provisions for liabilities	18	(3,895)	(3,853)
Net assets excluding pension liability		59,689	78,868
Defined benefit pension scheme liability	19	-	-
Total net assets		59,689	78,868
The funds of the NMC			
Unrestricted funds		59,689	78,868
Total funds		59,689	78,868

The Board of Trustees approved the accounts on 02 July 2025 and it is signed on their behalf by:

**Ron
Barclay-Smith**
Chair
8 July 2025

Paul Rees MBE
Interim Chief Executive and Registrar
8 July 2025

The notes on pages 132 to 161 form part of these accounts.

¹ For the year ending 31 March 2024, £874k of lease premium has been reclassified from 'Creditors: amounts falling due within one year' to Creditors: amounts falling due after more than one year.

Statement of cash flows for the year ended 31 March 2025

		Year ended 31 March 2025	Year ended 31 March 2024
	Note	£'000	£'000
Cash flows from operating activities			
Net cash provided by operating activities (see note A)		(16,663)	932
Cash flows from investing activities			
Interest earned from bank deposits	3	2,211	2,851
Cash withdrawal - short and long-term deposits	14	9,523	13,027
Purchase of tangible and intangible assets	11 & 12	(6,833)	(8,353)
Net cash provided by/(used in) investing activities		4,901	7,525
Change in cash and cash equivalents in the reporting period		(11,762)	8,457
Cash and cash equivalents at the beginning of the year		46,088	37,631
Cash and cash equivalents at the end of the year		34,326	46,088

There were no financing activities in the year.

The notes on pages 132 to 161 form part of these accounts.

Note A: Reconciliation of net income to net cash flow from operating activities

		Year ended 31 March 2025	Year ended 31 March 2024
	Note	£'000	£'000
Net income from the reporting period (as per the statement of financial activities)		(19,179)	2,086
Interest earned from bank deposits	3	(2,211)	(2,851)
Dividends and interest earned on fixed asset investment portfolio	3	(984)	(908)
(Gain)/loss on investments	14	(2,585)	(3,146)
Investment management charge	14	177	173
Depreciation and amortisation charges	11 & 12	4,052	3,793
Loss on capital work in progress disposal		-	56
(Gain)/Loss on disposal		39	-
(Increase) in debtors		93	(749)
Increase in creditors and provisions		4,813	2,478
Less capital accruals		(878)	-
Net cash inflow from operating activities		(16,663)	932

Analysis of cash and cash equivalents

	Year ended 31 March 2025	Year ended 31 March 2024
	£'000	£'000
Cash at bank and in hand	12,216	7,888
Short term investments	22,110	38,200
	34,326	46,088

Analysis of changes in net debt

The NMC had no debt during the year.

In accordance with the Charities SORP, FRS 102:

In the balance sheet, cash at bank and in hand means bank accounts with instant access or investments maturing within three months of the balance sheet date. Investments with maturities of between three and twelve months are classified as current asset investments.

In the above 'Analysis of cash and cash equivalents', cash at bank and in hand means bank accounts with instant access while investments maturing within three months of the balance sheet date are classified as short-term investments.

In note 14, investments with maturities of between three and 12 months have been classified as short-term deposits.

The NMC does not hold any physical cash.

1. Notes to the accounts

1. Basis of preparation and accounting policies

We prepare our accounts in accordance with the Charities Statement of Recommended Practice (SORP 2019) applicable to charities preparing their accounts in accordance with the Financial Reporting Standard (FRS102). As set out in our Accounts Direction from the Privy Council, which is reproduced at Appendix 1, we also have regard to the Government Financial Reporting Manual (FReM), to the extent that the requirements of the FReM clarify or build on the requirements of the Charities SORP.

We meet the definition of a public benefit entity under FRS102.

Under the Government Resources and Accounts Act 2000 (Estimates and Accounts) Order 2024, the ONS has designated the NMC for consolidation into the DHSC. Copies of the departments accounts can be obtained from their website.

The principal accounting policies adopted, judgements and key sources of estimation uncertainty in the preparation of the accounts are as follows:

a. Going concern

The accounts are prepared on the going concern basis.

Our objective is to protect the public by regulating nurses and midwives in England, Wales, Scotland and Northern Ireland, and nursing associates in England. We are funded by the registration fees paid by nurses, midwives and nursing associates.

Taking into account our relatively secure source of income and our significant reserves, the Council has reviewed our circumstances, work plans, budgets, cash flow forecasts and our current and forecast reserves levels and is comfortable with deficit budgets in the short term (1–2 years) as we fund significant investment programmes. With our significant deficit in 2024–2025 and a planned deficit of £24 million in 2025–2026, we are necessarily still developing plans for 2026–2027.

However, even if we assume continued spend and income in 2026–2027 were to be in line with 2025–2026, we would still have reserves of around £20 million at 31 March 2027. This would mean we are still viable 12 months after the accounts are signed but would be below the lower end of our approved year end reserves of cash and other liquid investments of £30 million.

Consultation exercises by the Department of Health and Social Care on the UK model of regulation for healthcare professionals, and the passing of the ‘Anaesthesia Associates and Physician Associates Order 2024’ make clear the presumption of the continued future need for our regulatory functions.

Given the continued need for our regulatory functions and our financial position outlined above, the Council considers that adequate resources continue to be available to fund our activities for the foreseeable future and there are no material uncertainties about the NMC’s ability to continue as a going concern.

b. Accounting convention

We prepare our accounts under the historical cost convention. Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated on the relevant accounting policy notes.

c. Critical accounting judgements and estimates and key sources of estimation uncertainty

In the application of these accounting policies, we are required to make judgements, estimates and assumptions about the carrying value of assets and liabilities that are not readily apparent from other sources.

Estimates and judgements are based on historical experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances. Actual outcomes may ultimately differ from those estimates. The significant areas subject to estimation and judgement are:

- Depreciation/amortisation

The useful economic lives and depreciation/amortisation method (straight line - equal instalments) of fixed assets are based on management's judgement and experience.

- Pensions

The principal assumptions used to calculate the surplus in the defined benefit pension scheme are those as set out in note 19. An asset ceiling has been applied to bring the net position to nil, recognising that the NMC does not have an unconditional right to a surplus.

- Employment Tribunal provision

The provision for employment tribunal represents our best estimate of the potential costs of ongoing cases. These are reviewed annually and increased where additional costs may arise following the outcome of an employment tribunal. Costs that can be accurately measured and are due to be paid in the next financial year have been transferred to accruals.

d. Income

All income is recognised once the NMC has entitlement to the income, it is probable that the income will be received and the amount can be reliably measured.

- Income from charitable activities

Nurses, midwives and nursing associates must pay an annual registration fee to be registered with the NMC and able to practise. Registration fees are paid either annually in advance or quarterly in advance. We recognise the fees as income on a monthly basis across the year to which the registration fee applies. The deferred income amount within our creditors is the value of fees that we have received at each balance sheet date that relate to a future financial year. Other fees including verification fees are credited to income on the day of receipt.

- Investment and interest income

Investment and interest income is accounted for when receivable.

e. Expenditure

- Charitable activities

Expenditure on charitable activities includes all expenditure related to the objects of the charity which comprise: standards promotion and policy development, education, maintaining the register, fitness to practise, and communication and public engagement. See note 5.

- Support costs

Support costs are the costs of our corporate functions including premises, IT, finance and human resources. They are apportioned to the regulatory functions on the basis of the employee numbers in the regulatory functions.

f. Fund accounting

All currently held funds are unrestricted and reported as such in the accounts. They are available for use at the discretion of the Council to support the general objectives of the NMC.

Restricted grant funding that has previously been received has been used in accordance with the specific restrictions imposed and fully utilised.

g. Leased assets

Rentals applicable to operating leases, where substantially all the benefits and risks of ownership remain with the lessor, are charged to the statement of financial activities (SoFA) in equal amounts over the periods of the leases.

h. Employee benefits

- Holiday pay

Holiday pay is recognised as an expense in the period in which the service is received.

- Termination benefits

Termination benefits are recognised immediately as an expense when the charity is demonstrably committed to terminate the employment of an employee or to provide termination benefits.

- Pension costs

Retirement benefits are provided by a defined benefit scheme and a defined contribution scheme. Payments are made to pension trusts, which are financially separate from the NMC.

The defined benefit scheme was closed to future accrual of benefits with effect from 1 July 2021 and, as a result of the triennial review as at 31 March 2022 showing a surplus, even under very cautious assumptions designed to ensure the scheme has 'low dependency' on the employer, no recovery plan payments are currently required.

The difference between the market value of the assets of the pension fund and the present value of accrued pension liabilities is shown as an asset or liability on the balance sheet, except that an asset is only recognised where the Charity has an unconditional right to that surplus. As the NMC does not have an unconditional right to a surplus, an asset ceiling adjustment has been applied to bring the net position on the balance sheet to nil, with the

actuarial gain and the asset ceiling adjustment both charged to the SoFA.

The service cost of pension provision relating to the period, together with the costs of any benefits relating to past service and the pension finance cost, which is a charge equal to the increase in the present value of the Pension Fund's liabilities at the previous year end, less a credit equivalent to the Pension Fund's long-term expected return on assets are allocated to the SoFA.

Payments to the defined contribution scheme are made on the basis of set percentage contributions by the NMC and employees, and the costs are charged to the SoFA as incurred. The NMC has no obligation to pay further contributions.

i. Fixed assets

Expenditure is only capitalised where the cost of the asset or group of assets acquired exceeds £5,000 and when they are ready for use. Assets are initially measured at cost and are depreciated/amortised to write them down over their estimated useful lives in equal instalments as follows:

Long leasehold premises - 23 Portland Place ²	50 years
Office fit out and refurbishment	Period of the lease or the useful economic life of the asset
Furniture	10 years
Internally developed software	3-10 years
Software	3-5 years
Equipment	3-5 years

² See Note 12.1.

We revalued 23 Portland Place during 2013-14 and on first adoption of FRS102 opted to use this valuation as deemed cost going forward.

Fixed Assets are assessed at each reporting date for any indicators of impairment. If any such indication exists, the recoverable amount of the asset is estimated. When a fixed asset is disposed of the NMC recognises a gain or loss on the disposal in the SoFA.

Internal costs such as staff wages that are directly incurred on software development are capitalised as part of the project they relate to.

j. Investments

Fixed asset investments are initially capitalised at cost and subsequently recognised at market value at the balance sheet date.

Gains and losses on investments are calculated as the difference between sales proceeds and their market value at the start of the year, or their cost if acquired during the year, and are charged or credited to the statement of financial activities in the year of disposal.

The movement in market values during the year for assets held at the year-end is credited or charged to the statement of financial activities based on the market value at the year-end.

Current asset investments are investments with maturities of between three and 12 months and are recognised at market value at the balance sheet date.

k. Debtors

Debtors and accrued income are recognised at the amount due at year-end. Prepayments are valued at the amount prepaid.

l. Cash at bank and in hand

Cash at bank and cash in hand includes cash and short-term highly liquid investments with a maturity of three months or less at the balance sheet date.

m. Creditors

Creditors are recognised where we have a present obligation resulting from a past event that will probably result in the transfer of funds to a third party and the amount due to settle the obligation can be measured or estimated reliably. Creditors are normally recognised at their settlement amount after allowing for any trade discounts due.

n. Provisions

Provisions are recognised where we have a present legal or constructive obligation as a result of a past event that will probably result in the transfer of funds to a third party and the amount due to settle the obligation can be measured or estimated reliably.

o. Financial instruments

The NMC has elected to apply the provisions of Section 11 'Basic Financial Instruments' and Section 12 'Other Financial Instruments Issues' of FRS102 to all of its financial instruments.

Basic financial instruments are initially recognised at transaction value and subsequently measured at amortised cost. Financial assets held at amortised cost consist of cash balances, investments, trade and other debtors. Investments in the stock market are held at market value. Financial liabilities held at amortised cost comprise trade creditors, other creditors and accruals.

2. Fee income

	Year ended 31 March 2025	Year ended 31 March 2024
	£'000	£'000
Registration fees	101,116	96,060
Other fees paid by registrants	4,200	7,278
Total	105,316	103,338

3. Investment, grant and other income

	Year ended 31 March 2025	Year ended 31 March 2024
	£'000	£'000
Interest earned from bank deposits	2,211	2,851
Dividends and interest earned in our fixed asset investment portfolio	984	912
Investment income total	3,195	3,763
Other income	158	114
Total	158	114

In the prior year 2023–2024, £70,000 of other income was received under a contract with the Department of Health and Social Care for work undertaken by the NMC to set up a temporary register to support nursing resources in response to the Coronavirus pandemic. No such income was received from the Department of Health and Social Care in 2024–2025.

4. Analysis of expenditure on raising funds

	Year ended 31 March 2025	Year ended 31 March 2024
	£'000	£'000
Investment management charge	177	173

The investment management charge for the year includes £168k (2023–2024: £173k) from our fixed asset investment and £9k (2023–2024: £nil) from our current asset investment.

5. Analysis of expenditure on charitable activities

	Standards promotion and policy development	Education	Maintaining the register	Fitness to practise	Comms and public engagement	Total 2024-2025
Year ended 31 March 2025	£'000	£'000	£'000	£'000	£'000	£'000
Activities undertaken directly						
Employee costs	8,082	1,385	6,076	36,470	2,740	54,753
Other costs	2,647	61	163	32,509	667	36,047
Support costs						
Employee costs	1,926	271	2,424	11,820	669	17,110
Other costs	2,112	297	2,658	16,545	734	22,346
Total	14,767	2,014	11,321	97,344	4,810	130,256
	Standards promotion and policy development	Education	Maintaining the register	Fitness to practise	Comms and public engagement	Total 2023-2024
Year ended 31 March 2024	£'000	£'000	£'000	£'000	£'000	£'000
Activities undertaken directly						
Employee costs	7,405	1,162	5,476	31,314	2,810	48,167
Other costs	1,914	25	119	21,836	544	24,438
Support costs						
Employee costs	1,683	251	2,223	10,573	724	15,454
Other costs	1,771	265	2,340	14,963	762	20,101
Total	12,773	1,703	10,158	78,686	4,840	108,160

6. Analysis of support costs

	Standards promotion and policy development	Education	Maintaining the register	Fitness to practise	Comms and public engagement	Total 2024-2025
Year ended 31 March 2025	£'000	£'000	£'000	£'000	£'000	£'000
Facilities	241	34	303	5,056	84	5,718
Finance and procurement	394	55	495	2,417	137	3,498
HR	948	133	1,194	5,821	329	8,425
ICT	1,148	162	1,444	7,044	399	10,197
Governance	495	70	623	3,037	172	4,397
Legal	223	31	281	1,370	78	1,983
Depreciation	456	64	574	2,800	158	4,052
Corporate Improvement	133	19	168	820	46	1,186
Total	4,038	568	5,082	28,365	1,403	39,456

Support costs are the costs of our corporate functions including premises, IT, finance and human resources.

They are apportioned to the regulatory functions on the basis of the employee numbers in the regulatory functions.



	Standards promotion and policy development	Education	Maintaining the register	Fitness to practise	Comms and public engagement	Total 2023-2024
Year ended 31 March 2024	£'000	£'000	£'000	£'000	£'000	£'000
Facilities	207	31	273	5,111	89	5,711
Finance and procurement	440	66	581	2,768	189	4,044
HR	785	117	1,036	4,933	338	7,209
ICT	999	149	1,321	6,286	430	9,185
Governance	433	65	571	2,721	185	3,975
Legal	177	27	235	1,122	77	1,638
Depreciation	413	61	546	2,595	178	3,793
Total	3,454	516	4,563	25,536	1,486	35,555



7. Governance Costs

The breakdown of governance costs (included within support costs) is:

	Year ended 31 March 2025	Year ended 31 March 2024
	£'000	£'000
Council members' allowances, national insurance, travel and subsistence	529	601
Auditors' remuneration for audit services: HW Fisher LLP	-	80
Auditors' remuneration for audit services: NAO	101	17
Professional Standards Authority annual fee	2,120	2,059
Operating costs (including salaries)	1,647	1,218
Total	4,397	3,975

In order to correctly show the prior year fee paid to the Professional Standards Authority, £136k has been reclassified from Professional Standards Authority annual fee to Operating costs in the year ended 31 March 2024.

Of the £101,000 NAO audit fee for the year ended 31 March 2025, only £98,000 of this fee includes VAT. The remaining £3,000 relates to the second-tier audit and this statutory appointment does not attract VAT.

8. Total resources expended by cost category

	Year ended 31 March 2025	Year ended 31 March 2024
	£'000	£'000
Salaries and associated costs	71,863	63,621
Fitness to practise related costs	32,509	21,836
IT development and support	5,679	5,125
Professional fees	5,929	4,277
Rent payable on office leases	2,137	1,922
Other premises costs	2,680	3,001
Other employee-related costs	2,166	1,644
Quality assurance of education	1,813	1,310
Depreciation/amortisation	4,052	3,793
Printing, postage and stationery	111	117
Finance and insurance costs ³	981	1,191
Council and committee costs	513	496
Total	130,433	108,333

Expenditure on consultancy

The definition of consultancy is the provision to management of objective advice relating to strategy, structure, management or operations of an organisation, in pursuit of its purposes and objectives. Such advice will be provided outside the 'business-as-usual' environment when in-house

skills are not available and will be time-limited. Consultancy may include the identification of options with recommendations, or assistance with (but not the delivery of) the implementation of solutions. On this basis consultancy costs have been identified as below. These costs are included mainly in the Professional fees category, and also in the IT development and support category.

	Year ended 31 March 2025	Year ended 31 March 2024
	£'000	£'000
Consultancy	3,549	916

The year on year increase to consultancy fees is due to a corporate improvement programme including work to support the culture review and fitness to practice.

³ Includes trustees' indemnity insurance.

9. Information regarding employees

Salaries and associated costs	Executive	Other employees	Year ended 31 March 2025	Year ended 31 March 2024
	£'000	£'000	£'000	£'000
Wages and salaries	1,391	57,281	58,672	51,935
Social security costs (Employer's NI contributions and Apprenticeship levy)	170	6,079	6,249	5,486
Defined contribution pension costs - present employees ⁴	154	5,706	5,860	5,269
Temporary and contract workers	-	3,673	3,673	3,242
Termination payments ⁵	94	100	194	143
Total	1,809	72,839	74,648	66,075
Capitalised staff costs	-	(2,785)	(2,785)	(2,454)
Total	1,809	70,054	71,863	63,621

⁴ Further information about the NMC's employee pension schemes can be found in Note 19.

⁵ This includes £182,000 of payments in lieu of notice and £12,000 of redundancy payments. There were no extra-contractual payments in the year. (2023-2024: extra contractual payments of £39,000, redundancy payments of £66,000 and payments in lieu of notice of £38,000).

Information relating to higher-paid employees (including the Executive)

There were 304 (2023-2024: 242) employees (including members of Executive for the period) whose remuneration fell in the following bands:

Remuneration bands (£)	Year ended 31 March 2025	Year ended 31 March 2024
	Number of employees	Number of employees
60,001 - 70,000	148	115
70,001 - 80,000	62	57
80,001 - 90,000	53	37
90,001 - 100,000	14	12
100,001 - 110,000	10	5
110,001 - 120,000	5	6
120,001 - 130,000	5	2
130,001 - 140,000	1	3
140,001 - 150,000	2	-
150,001 - 160,000	-	-
160,001 - 170,000	-	3
170,001 - 180,000	1	1
180,001 - 190,000	1	1
190,001 - 200,000	1	-
200,001 - 210,000	1	-
Total	304	242

Key management is made up of the Chief Executive and Registrar and the Executive directors. The total benefits of the key management, including employers national insurance and pension contributions were £1,809,000 (2023-2024: £1,562,000). The above table includes ten Executive directors who received more than £60,000 in the year. For more information on Executive remuneration in the year, see the Remuneration report.

In 2024-2025, one director with remuneration in the £200,000-£210,000 band included an exit package of £94,000.

All other movement in bandings was through the 2024-2025 standard annual pay increase.

The total benefits of the Trustees, including employers national insurance were £283,000 (2023-2024: £266,000). For more information on Trustee remuneration in the year, see the remuneration report.



	Year ended 31 March 2025	Year ended 31 March 2024
	Number of employees	Number of employees
Average number of permanent and fixed-term contract employees during the year:		
Executive	9	9
Other employees	1,164	1,068
Average number of agency temporary staff and contractors during the year	78	73
Total	1,251	1,150

10. Charitable status

We are registered as a charity in England and Wales with the Charity Commission (charity no. 1091434) and in Scotland with the Office of the Scottish Charity Regulator (charity no. SC038362).

Due to our charitable status we are not liable to corporation tax on our charitable activities or on our investment income and gains. We also receive charitable rate relief from the City of Westminster, London Borough of Newham and Edinburgh City Council.



Financial statements for the year ended 31 March 2025



11. Intangible fixed assets for use by the charity

	Software	Internally developed software	Capital work in progress	Total
	£'000	£'000	£'000	£'000
Cost:				
01 April 2024	2,109	26,163	6,697	34,969
Additions	-	2,158	5,374	7,532
Disposals	-	(590)	-	(590)
Transfers	-	4,794	(4,794)	-
31 March 2025	2,109	32,525	7,277	41,911
Amortisation:				
01 April 2024	2,109	12,667	-	14,776
Amortisation charge for the year	-	2,449	-	2,449
Disposals	-	(553)	-	(553)
31 March 2025	2,109	14,563	-	16,672
Net Book Value:				
31 March 2024	-	13,496	6,697	20,193
31 March 2025	-	17,962	7,277	25,239

Capital work in progress projects are assets that are not yet ready for use. They are added to the fixed asset register when ready for use at cost and amortised in equal instalments.

Fixed Assets are assessed at each reporting date for any indicators of impairment. If any such indication exists, the recoverable amount of the asset is estimated. When a fixed asset is disposed of, the NMC recognises a gain or loss on the disposal in the SoFA.

In 2024–2025, £4.738 million of work in progress relating to our Modernisation of Technology Services programme (MoTS) and £0.056 million relating to our Test of Competence Management programme (ToC) were brought into use. A further £1.984 million of additions relating to the MoTS and £0.174 million relating to the ToC programmes was also capitalised during the year.

Carrying value of material intangible assets

Year ended 31 March 2025	Gross book Value	Net book value	Remaining life
	£'000	£'000	(months)
Application processes of the register database	8,135	2,500	65
Improvements to NMC Register	3,398	2,115	80
Register of Registrants of England and Wales	5,641	5,385	114
Structured data in the registrant database	2,095	1,781	101
Total	19,269	11,781	

Year ended 31 March 2024	Gross book Value	Net book value	Remaining life
	£'000	£'000	(months)
Application processes of the register database	8,135	2,962	77
Improvements to NMC Register	3,398	2,430	92
Structured data in the registrant database	2,095	1,990	113
Total	13,628	7,382	

11.1 Capital work in progress

These are projects to create capital assets for use in the business where expenditure has been incurred at the period end but the assets have not yet been completed or brought into use. These include the Modernisation of Technology project and the Test of Competence management project.

12. Tangible fixed assets for use by the charity

	23 Portland Place long leasehold premises ⁶	Building refurbishment	Furniture	Equipment	Capital work in progress ⁷	Total
	£'000	£'000	£'000	£'000	£'000	£'000
Cost:						
01 April 2024	15,448	13,619	181	2,497	-	31,745
Additions	-	-	-	130	49	179
Disposals	-	-	-	(11)	-	(11)
31 March 2025	15,448	13,619	181	2,616	49	31,913
Depreciation:						
01 April 2024	3,486	9,790	158	1,679	-	15,113
Depreciation charge for the year	354	654	11	584	-	1,603
Disposals	-	-	-	(9)	-	(9)
31 March 2025	3,840	10,444	169	2,254	-	16,707
Net Book Value:						
31 March 2024	11,962	3,829	23	818	-	16,632
31 March 2025	11,608	3,175	12	362	49	15,206

⁶ See Note 12.1.

⁷ See Note 12.2.

Capital work in progress projects are assets that are not yet ready for use. They are added to the fixed asset register when ready for use at cost and depreciated in equal instalments.

Fixed assets are assessed at each reporting date for any indicators of impairment. If any such indication exists, the recoverable amount of the asset is estimated. When a fixed asset is disposed of the NMC recognises a gain or loss on the disposal in the SoFA.

In 2024-2025, £130k of additions relating to technology improvements was capitalised in the year (2023-2024: £247k). There were disposals of £11k in the year also relating to technology improvements.

12.1 Long leasehold premises

The UKCC (the NMC's predecessor body) acquired the leasehold interest in 23 Portland Place, London W1B 1PZ from the General Nursing Council for England and Wales at nil cost. The lease has a peppercorn rent of £250 a year and expires in the year 2933. The lease was valued as at 31 March 2014 on an existing use basis, by external valuers Carter Jonas, at £17.185 million. There is a restrictive covenant on the lease which restricts the use and occupation of the property to the NMC.

12.2 Capital work in progress

These are projects to create capital assets for use in the business where expenditure has been incurred at the period end but the assets are not yet ready for use.

13. Related party transactions

We are accountable to Parliament through the Privy Council. The Nursing and Midwifery Order 2001 sets out the nature of our relationship with the Privy Council and the reporting mechanisms required. While not accountable to the Department of Health and Social Care, we have regular contact with the Department on policy and other matters.

During the period 1 April 2024 to 31 March 2025, the total allowance paid to the Chair was £78,000 (2023-2024: £78,000), and allowances, travel and subsistence and training expenses paid to, or incurred in relation to, members of the Council (Trustees) were £339,047 (2023-2024: £311,686). Council members are paid directly via the NMC payroll.

Details of amounts paid to individual Council and Executive members are set out in the Remuneration report.

During the year, the NMC engaged IT services from Gartner U.K. Limited. The partner of Matthew McClelland, Executive Director of Strategy and Insight up to September 2024, is the Regional Vice President of Business Development at Gartner U.K. Limited. The NMC paid Gartner U.K. Limited a total of £55,440 during the year (2023-2024: £37,280).

During the year, the NMC engaged facilitation and coaching services from Aim Higher Leadership Ltd.

John Welsh, the brother of Edward Welsh, Director of Communications and Engagement, is an external associate sub-contractor of Aim Higher Leadership Network.

The NMC paid Aim Higher Leadership Network a total of £8,546 during the year (2023-2024: £nil).

There were no balances outstanding with related parties at year-end.

14. Investments

Fixed asset investments	As at	As at
	31 March 2025	31 March 2024
	£'000	£'000
Market value at 1 April	38,557	34,676
New capital invested	-	-
Dividends and interest received and retained in fund	984	908
Management fees charged at source	(168)	(173)
Net gain/(loss) on revaluation	2,233	3,146
Market value at 31 March	41,606	38,557
Comprising the following:		
Fixed income securities	21,634	5,190
Equities	7,894	28,476
Property funds	1,143	1,301
Alternative investment funds	4,407	2,471
	35,078	37,438
Cash	6,528	1,119
Market value at 31 March	41,606	38,557
Current asset investments		
	As at	As at
	31 March 2025	31 March 2024
	£'000	£'000
Market value at 1 April	7,062	-
New capital invested	-	7,000
Interest received and retained in fund	-	4
Management fees charged at source	(9)	-
Net gain/(loss) on revaluation	352	58
Market value at 31 March	7,405	7,062
Short-term deposits (maturity of more than 3 months but less than 12 months)	-	9,523
	7,405	16,585

15. Debtors

	As at 31 March 2025	As at 31 March 2024
	£'000	£'000
Debtors	297	64
Prepayments and accrued income	4,129	4,455
Total	4,426	4,519

16. Creditors (amounts falling due within one year)

	As at 31 March 2025	As at 31 March 2024
	£'000	£'000
Creditors and accruals	20,255	15,478
Other taxes and social security	1,747	1,573
Deferred income	41,975	41,928
Total	63,977	58,979

Deferred income is the value of Registrant fees received at each balance sheet date that relate to a future financial year. £41,928,000 deferred as at 31 March 2024 was released in the year and £41,975,000 was deferred as at 31 March 2025.

The creditors and accruals figure for 31 March 2024 has been reduced due to a transfer of £874,000 to 'Lease premium' under 'Creditors (amounts falling due after more than one year)', note 17.

17. Creditors (amounts falling due after more than one year)

	As at 31 March 2025	As at 31 March 2024 ⁸
	£'000	£'000
Lease premium	647	874
Total	647	874

18. Provisions

	Dilapidations ⁹	Employment tribunal ¹⁰	Total
	£'000	£'000	£'000
At 1 April 2024	(753)	(3,100)	(3,853)
Additions	(92)	(3,050)	(3,142)
Utilised in the year	-	1,675	1,675
Releases	-	-	-
Transfer to accruals	-	1,425	1,425
At 31 March 2025	(845)	(3,050)	(3,895)

⁸ For the year ending 31 March 2024, £874k of lease premium has been reclassified from 'Creditors (amounts falling due within one year)' to 'Creditors (amounts falling due after more than one year)'.

⁹ The provision for dilapidations represents our best estimate of the costs of putting our leased properties back into the condition they were in prior to the start of our leases.

¹⁰ The provision for employment tribunal represents our best estimate of the potential costs of ongoing legal cases. In 2024-2025, we increased the provision to reflect additional costs that may arise following the outcome of an employment tribunal. The outcome may have implications for a wider group of individuals and is still outstanding in the financial year. Costs that can be accurately measured and are due to be paid in the next financial year have been transferred to accruals.

19. Pension commitments

We operate two pension schemes: a defined contribution scheme and a defined benefit scheme.

The defined contribution scheme

Having transferred from The Peoples Pension during the financial year, our main pension scheme is a defined contribution scheme now operated by Aviva. The minimum contribution level is that employees contribute one percent of their pensionable salary and the NMC contributes eight percent (2023-2024: eight percent).

Employees may make additional contributions which are matched by the NMC up to a maximum employer contribution of 14 percent.

As at 31 March 2025, 92 percent of employees were members of the defined contribution pension scheme. Employees also have the option of making their contributions through a salary sacrifice scheme introduced at the beginning of 2021-2022.

	Year ended 31 March 2025	Year ended 31 March 2024
	£'000	£'000
NMC's (employer's) defined contribution scheme contributions made in year	5,860	5,269
	%	%
NMC's (employer's) basic contribution defined contribution scheme	8.00%	8.00%
Employees' basic contribution defined contribution scheme	1.00%	1.00%

The defined benefit scheme

Employees who joined the NMC before November 2013 were able to join our defined benefit pension scheme, The Nursing and Midwifery Council and Associated Employers Pension Scheme, scheme registration number 101652586. It is a funded, multi-employer scheme with the Department of Health and Social Care, administered by Isio. The National Assembly for Wales and NHS Education for Scotland, the previous participants, withdrew from the scheme during 2013 and 2015 respectively. In March 2021, following a

consultation with the active members of the Scheme, Council decided to close the defined benefit scheme to future accrual of benefits with effect from 1 July 2021. Therefore, at 31 March 2025 no employees are active members of the scheme.

Contributions to the scheme are determined by a qualified actuary on the basis of triennial valuations. Contributions have been charged to the Statement of Financial Activities (SoFA) so as to spread the cost of pensions over employees' working lives.

The latest completed valuation of the scheme was carried out on behalf of the pension trustees by Premier Pensions Management Limited as at 31 March 2022, using a full yield curve approach. At the date of the valuation, the value of the NMC section of the scheme assets on a low dependency basis was £74.4 million. The value of the assets represented 107 percent of the value of the benefits, which had accrued to members after allowing for expected future increases in earnings and pensions.

If the scheme had been wound up on the valuation date (31 March 2022), the assets would have been approximately 86 percent of the amount necessary to purchase insurance contracts to meet the accrued benefits for active members and past leavers and the current benefits for pensioners. The estimated deficit would have been £12.4 million.

As a result of the triennial review showing a surplus, the independent pension trustees have agreed that recovery plan payments are no longer required. The value of Recovery Plan payments in the year ended 31 March 2025 was £nil (31 March 2024: £nil). The value of other, non-recovery plan payments in the year was £nil (2023-2024: £nil).

The next triennial valuation will be as at 31 March 2025.

The FRS 102 valuation is based on a full assessment of the liabilities of the scheme as at 31 March 2025.

Although this valuation shows a surplus, legal advice has confirmed that the NMC does not have an unconditional right to that surplus. This is because the NMC, as one of two scheme employers, does not have unilateral power to direct

the scheme towards a scenario that would produce a surplus and because, even at the point at which any surplus could be distributed, how to distribute that surplus between the scheme employers rests solely with the Trustees, acting on actuarial advice. FRS 102 states that “an entity shall recognise a plan surplus as a defined benefit plan asset only to the extent that it is able to recover the surplus” and therefore an asset ceiling adjustment has been applied to bring the net position to nil.

In June 2023, the High Court judged that amendments made to Virgin Media’s pension scheme were invalid because the scheme’s actuary did not provide the associated Section 37 certificate necessary. The High Court’s decision has wide ranging implications, affecting other schemes that were contracted-out on a salary-related basis, and made amendments between April 1997 and April 2016.

The Nursing and Midwifery Council and Associated Employers Pension Scheme was contracted out and amendments were made during the relevant period. As such, the ruling could have implications for the Scheme.

The Court of Appeal upheld the 2023 High Court ruling in July 2024. Detailed investigations into any potential impact for the Scheme have not yet commenced, but the Nursing and Midwifery Council and the Trustees of the Scheme will continue to seek advice on the matter and act accordingly. As there is a potential for additional liabilities to be identified in due course, we are disclosing this issue as an unquantified contingent liability at the 2025 year-end. We will continue to review the position and this issue and update further at the 2026 year-end when we expect further clarity to be available.

Amounts recognised in Balance Sheet

	As at 31 March 2025	As at 31 March 2024
	£'000	£'000
Assets at fair value	68,224	73,573
Present value of defined benefit obligation	(53,912)	(59,031)
Surplus/(Deficit)	14,312	14,542
Asset ceiling adjustment	(14,312)	(14,542)
Net liability	-	-

Amounts recognised in SoFA

	As at 31 March 2025	As at 31 March 2024
	£'000	£'000
Current service cost	-	-
Past service cost	-	-
Expected return on plan assets	3,479	3,514
Curtailment	-	-
Interest on pension obligation	(3,479)	(3,514)
Net amount recognised in SoFA	-	-

Amounts recognised in Other Comprehensive Income

	As at 31 March 2025	As at 31 March 2024
	£'000	£'000
Return on plan assets in excess of interest income	6,634	3,727
Actuarial loss/(gain) on demographic assumptions	(51)	(778)
Actuarial loss/(gain) on financial assumptions	(5,347)	(2,529)
Actuarial loss/(gain) on experience adjustment	(308)	1,011
Change in the asset ceiling excluding interest	(928)	(1,431)
Total loss/(Gain)	-	-
	%	%
NMC's (employer's) contribution defined benefit scheme	0.00%	0.00%
Employees' contribution defined benefit scheme	0.00%	0.00%

Reconciliation of present value of defined benefit obligation

	As at 31 March 2025	As at 31 March 2024
	£'000	£'000
Opening balance at 1 April 2024	59,031	60,450
Current service cost	-	-
Curtailment	-	-
Interest cost	2,781	2,797
Employee contribution	-	-
Actuarial (gain)/losses	(5,706)	(2,296)
Benefits paid	(2,194)	(1,920)
Closing balance at 31 March 2025	53,912	59,031

Reconciliation of fair value of plan assets

	Year ended 31 March 2025	Year ended 31 March 2024
	£'000	£'000
Opening balance at 1 April 2024	73,573	75,706
Expected return on assets	3,479	3,514
Actuarial gain/(losses)	(6,634)	(3,727)
Employer contribution	-	-
Employee contribution	-	-
Benefits paid	(2,194)	(1,920)
Closing balance at 31 March 2025	68,224	73,573

	Year ended 31 March 2025	Year ended 31 March 2024
	£'000	£'000
Asset ceiling at start of period	(14,542)	(15,256)
Interest on the asset ceiling	(698)	(717)
Change in asset ceiling not included in income statement	928	1,431
Asset ceiling at end of period	(14,312)	(14,542)

Reconciliation of change in funded status

	Year ended 31 March 2025	Year ended 31 March 2024
	£'000	£'000
Opening balance at 1 April 2024	-	-
Pension expense	-	-
Actuarial gain/(losses)	(928)	(1,431)
Employer contribution	-	-
Asset ceiling adjustment	928	1,431
Closing balance at 31 March 2025	-	-
Actual return on plan assets	(3,155)	(213)

History of experience adjustments

	Year ended 31 March 2025	Year ended 31 March 2024	Year ended 31 March 2023	Year ended 31 March 2022
	£'000	£'000	£'000	£'000
Defined benefit obligation	(53,912)	(59,031)	(60,450)	(96,036)
Plan assets	68,224	73,573	75,706	101,836
Surplus/(Deficit)	14,312	14,542	15,256	5,800
Experience adjustments on scheme liability - gain/(loss)	308	(1,011)	(1,332)	(4,347)
Experience adjustments on scheme assets	(6,634)	(3,727)	(29,384)	2,845

Expected contribution in following period

	As at 31 March 2025
	£'000
Employer (including fees)	-
Employee	-
Total	-

Principal assumptions

	As at 31 March 2025	As at 31 March 2024
	%	%
Discount rate	5.65%	4.80%
Retail price inflation	3.10%	3.15%
Consumer price inflation	2.50%	2.50%
Pension increases	2.95%	2.95%
Expected return on assets	5.65%	4.80%
Life expectancy at age 60	Years	Years
Males born 1962	25.7	25.8
Females born 1962	28.6	28.6
Males born 1982	27.0	27.0
Females born 1982	29.8	29.7

Scheme assets

	As at 31 March 2025	As at 31 March 2024
	£'000	£'000
Growth funds	14,208	22,111
Bonds	23,818	16,407
Gilts	-	-
Liability driven investments	12,958	17,466
Cash	3,038	2,899
Insured annuities	14,202	14,690
Total	68,224	73,573

20. Capital commitments

At 31 March 2025, £18,000 for office machinery capital expenditure relating to tangible assets had been contracted for but not provided for in the accounts.

There has been no capital expenditure relating to intangible assets that had been contracted for but not provided for in the accounts.

The capital commitments table included in prior years annual accounts, showing amounts approved but not contracted for, does not meet the definition of an contractual commitment per Charities SORP (FRS 102) as the NMC are able to withdraw from approved spend. As such, the table has been removed as it is not a requirement according to the SORP (FRS 102) framework.

21. Operating lease commitments

At 31 March 2025 we had the following future minimum operating lease payments:

Land and buildings	As at 31 March 2025	As at 31 March 2024
	£'000	£'000
Leases which expire:		
Within one year	2,131	2,034
Between one and five years	2,924	5,027
Total	5,055	7,061

We lease premises at 2 Stratford Place, London, for the period until 21 July 2028 with a break clause at 21 July 2026; 1 Westfield Avenue, London, for the period until 6 February 2029 and 10 George Street, Edinburgh for the period until 14 November 2034 with a break clause at 17 May 2026.

22. Financial instruments

Financial instruments play a more limited role in creating and managing risk than would apply to a commercial organisation.

	As at 31 March 2025	As at 31 March 2024
	£'000	£'000
Financial assets	87,763	105,749
Financial liabilities	(22,002)	(17,925)

Financial assets consist of cash balances £34.326 million (2023-2024: £46.088 million), investments in fixed term bank deposits £7.405 million (2023-2024: £16.585 million) and debtors £4.426 million (2023-2024: £4.519 million) held at amortised cost and investments in the stock market (via investment managers) £41.606 million (2023-2024: £38.557 million) held at market value.

Financial liabilities held at amortised cost comprise creditors and accruals £20.902 million (2023-2024: £16.352 million) and other taxes and social security £1.747 million (2023-2024: £1.573 million).

23. Comparative statement of financial activities

In the year ended 31 March 2024, all income and expenditure was unrestricted with no brought forward restricted balance.

24. Extra-contractual payments

There were no extra-contractual payments in the period ended 31 March 2025: £nil (31 March 2024: £38,894). Further detail can be found in the Remuneration report.

25. Contingent assets and contingent liabilities

In June 2023, the High Court judged that amendments made to Virgin Media's pension scheme were invalid because the scheme's actuary did not provide the associated Section 37 certificate necessary.

The High Court's decision has wide ranging implications, affecting other schemes that were contracted-out on a salary-related basis, and made amendments between April 1997 and April 2016.

The Nursing and Midwifery Council and Associated Employers Pension Scheme was contracted out and amendments were made during the relevant period.

As such the ruling could have implications for the Scheme. The Court of Appeal upheld the 2023 High Court ruling in July 2024. Detailed investigations into any potential impact for the Scheme have not yet commenced but the Nursing and Midwifery Council and the Trustees of the Scheme will continue to seek advice on the matter and act accordingly. As there is a potential for additional liabilities to be identified in due course we are disclosing this issue as an unquantified contingent liability at the 2025 year-end. We will continue to review the position and this issue and update further at the 2026 year-end when we expect further clarity to be available.

26. Post-balance sheet events

There have been no events after the balance sheet date requiring adjustment or disclosure in these accounts.

The annual report and accounts have been authorised for issue on the date the accounts were certified by the Comptroller and Auditor General.



Appendix

The Nursing and Midwifery Order 2001 (Form of Accounts) Determination 2010

Their Lordships make the following determination in exercise of powers conferred by article 52(1) of the Nursing and Midwifery Order 2001.

This determination has effect from 23rd February 2010.

Interpretation

1. In this Determination-

“the accounts” means the accounts which it is the Council’s duty to keep and prepare under article 52(1) of the Nursing and Midwifery Order 2001 in respect of the financial year ending on 31st March 2010 and subsequent financial years;

“the Charities’ SoRP” means the “Accounting and Reporting by Charities: Statement of Recommended Practice 2005” prepared by the Charities Commission or any updated edition in force for the relevant financial year.

“the Council” means the Nursing and Midwifery Council;

“the FReM” means the Government Financial Reporting Manual issued by HM Treasury which is in force for the relevant financial year.

Determination

2. The accounts must-

a. be prepared so as to give a true and fair view of the Council’s state of affairs as at 31st March of the financial year in question and of the incoming resources and application of resources of the Council for that financial year; and

b. disclose any material incoming or outgoing resources that have not been applied to the purposes intended by Parliament or material transactions that have not conformed to the authorities which govern them.



- 3.** Subject to paragraph 4, in order to comply with paragraph 2(a), the accounts must be prepared-
 - a.** in compliance with the accounting principles and disclosure requirements contained in the Charities' SORP; and
 - b.** having regard to the requirements of the FReM to the extent that those requirements clarify, or build on, the requirements of the Charities' SORP.
- 4.** Where the presence of exceptional circumstances means that compliance with the requirements of the Charities SORP or the FReM would give rise to the preparation of accounts which were inconsistent with the requirement in paragraph 2(b), those requirements should be departed from only to the extent necessary to give a true and fair view of that state of affairs.
- 5.** In cases referred to in paragraph 4, informed and unbiased judgement should be used to devise an appropriate alternative treatment which is consistent with both the economic characteristics of the circumstances concerned and the spirit of the Charities' SORP and the FReM.
- 6.** This determination shall be reproduced as an appendix to the published accounts.

Signed by the authority of the Privy Council

Dated: 18th July 2011



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