Annual Report and Accounts 2025-26

and Business Plan 2026-27

Nursing and Midwifery Council

Annual Report and Accounts 2025–26 and Business Plan 2026–27

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Contents

Foreword

We are pleased to present the Nursing and Midwifery Council's (NMC's) *Annual Report for 2025-26*.

This Annual Report provides a sobering reflection of a year of significant transition for the NMC. While we continued to face significant operational and financial challenges, It was also a period of difficult decisions, renewed leadership and a stronger focus on building a fairer, stronger and more independent regulator.

Throughout the year, we focused on laying the foundations for long-term improvement, while continuing to protect the public, set standards, and maintain confidence in the nursing and midwifery professions across the four countries of the UK. This has included transforming our culture, strengthening regulatory performance and uncovering and addressing legacy issues.

During the reporting period, the NMC transitioned to new leadership. Ron took up his role as Chair in April 2025, and Paul became the substantive Chief Executive and Registrar (CER) in July 2025, having previously served as Interim CER. A virtually new Executive team was also assembled during 2025-26, bringing renewed focus and direction at a critical time for the organisation.

In March 2025, we published an ambitious three-year *Culture Transformation Plan*, designed to ensure improvements in both organisational culture and operational performance progress at pace. This sits alongside our Fitness to Practise improvement plan, which aims to steadily work towards a faster, fairer and more effective process for everyone involved.

In September 2025, we launched our new I-FREE values: **Integrity, Fairness, Respect, Equity and Effectiveness** – alongside a *Living out our values* behaviour guide. The guide sets out which behaviours we expect to see and which we don't, regardless of people's position within the organisation.

Together, these are helping shape how we work, make decisions and support one another. We have strengthened expectations around behaviour and accountability and are clear that bullying, harassment and racism have no place at the NMC. These changes provide an important foundation for rebuilding trust and confidence.

In September 2025, we introduced a new hybrid working model, with colleagues returning to the office for at least two days each week. This has been an important part of enabling us to build a sense of team, strengthen our culture and ways of working, and help rebuild connections and support more effective collaboration across the organisation.

We strengthened our governance by reintroducing a Finance and Resources Committee, and we are now in the process of setting up a new Planning and Performance Committee to assess the performance of our regulatory functions.

A key priority during 2025-26 was our ambition to become an anti-racist organisation, and we believe we have come a long way in turning that ambition into meaningful action.

During the year, we agreed a set of 84 concrete actions to eliminate bias based on ethnicity and gender from our Fitness to Practise process.

In May 2026, we co-designed anti-racism principles for midwifery and nursing education and practice.

In April 2025, we also signed the UNISON Anti-Racism Charter, underlining our commitment to creating a more inclusive workplace and regulatory environment.

This work builds on our *Culture Transformation Plan* and wider equity, diversity and inclusion commitments.

Alongside this work, we continued to strengthen our core regulatory functions, including registration, education quality assurance, safeguarding and Fitness to Practise. We developed a clear roadmap for the continuing improvement of our standards to ensure they remain fit for the future and responsive to the needs of the public and professions we regulate.

In June 2025, we introduced new principles for advanced practice, ahead of publishing standards for advanced practice by March 2028.

In July, we launched reviews of the Code and Revalidation, to ensure they reflect today's health and social care landscape. In April 2026, we launched a consultation on our practice learning review, to prompt a national conversation on how best to ensure high-quality student learning experiences in a changing care environment.

We have also improved our education quality assurance processes, developing a more effective approach to ensuring the quality of nursing and midwifery programmes. This has resulted in a more constructive relationship with educators and a more open dialogue with Approved Education Institutions.

Serious and persistent failures in maternity and neonatal services across the four countries of the UK have renewed focus on midwifery education, practice and regulation. In response, we published our *Midwifery Action Plan*, which strengthens assurance and improvement, with a clearer emphasis on anti-racism, bias awareness and cultural curiosity, safety and respect. We also developed a new midwifery data dashboard – drawing on Fitness to Practise statistics – to strengthen oversight and support improvement.

We continued to support important inquiries and reviews across health and care across the four countries of the UK, including providing evidence to the Muckamore Abbey Hospital and Thirlwall Inquiries and working closely with the Independent Review of maternity services at Nottingham University Hospitals NHS Trust, led by Donna Ockenden, alongside the Maternity and Neonatal National Assurance Assessment by Professor Sally Holland in Wales and the National Maternity and Neonatal Investigation led by Baroness Amos.

We know we have not always met the expectations of bereaved families in maternity settings, but during 2025-26 we listened to feedback to change our approach. In Nottingham, we attended family days to listen to and learn from bereaved families. As a result, we changed the way we do things. In Nottingham, we introduced case surgeries, so that concerns would be raised directly with us or jointly with the General Medical Council (GMC). We shared with families how many Fitness to Practise cases we were overseeing regarding care provided at Nottingham University Hospitals NHS Trust and told them the stages of current process cases. We published a new leaflet to highlight our role when something goes wrong in maternity settings and worked with local organisations to help them promote our role as the midwifery regulator. We ensured that one team within our Fitness to Practise process managed all cases regarding Nottingham, which helped speed up case handling. We also met with midwifery students in Nottingham to hear about their education and training and to see if there were any concerns.

We are encouraged by signs of progress across our regulatory work. The rolling average of Fitness to Practise cases resolved end-to-end within 15 months had increased to around 74% by April 2026 – the highest level since late 2020. This is despite the number of referrals we receive continuing to increase, reflecting trends seen across the healthcare regulatory sector and placing sustained pressure on our processes.

However, we recognise the impact that delays in Fitness to Practise can have on everyone involved, including members of the public who have experienced poor care, professionals whose practice is being scrutinised and employers working to address concerns and support improvement against the challenging backdrop of wider health services. We know there is more to do to deliver the timely, fair and person-centred service that people rightly expect from us.

We also established a new Transformation and Technology Services directorate to strengthen oversight, quality assurance and compliance across our regulatory functions.

We have continued to strengthen safeguarding within the organisation to protect vulnerable people from harm. Within Fitness to Practise alone, the dedicated Safeguarding Hub screened 4,838 new referrals into Fitness to Practise since April 2025 and identified 1,575 cases with potential safeguarding concerns.

We also recognise where improvement is still needed. The Professional Standards Authority for Health and Social Care (PSA) review covering the period from 1 July 2023 to 31 December 2024 said we had met only 11 of 18 *Standards of Good Regulation*. We fully accept this finding.

The subsequent PSA review covered the period 1 January 2025 to 31 December 2025. It was published in the aftermath of our having publicised the fact that we had uncovered a major historical failure in our registration process and concerns about health and character declarations were not consistently managed. This report found we only met nine out of the 18 *Standards of Good Regulation*. The review found that we did not meet a number of the Standards, including standards relating to equity, diversity and inclusion and aspects of our Fitness to Practise performance. In particular, the review highlighted our continuing challenges around the timeliness of the progression of cases, decision-making at certain stages of the process and aspects of our safeguarding arrangements.

However, the review recognised that, under new leadership, we have laid the foundations for future improvement – following a somewhat chequered organisational history and a number of highly critical external reports.

It is because of our transformation agenda, strengthened culture and renewed emphasis on integrity and raising concerns that the historical registration issue relating to health and character declarations was discovered.

A colleague raised concerns that we had not consistently been following the right process where registrants self-declared health and character when joining the Register, rejoining or having revalidated. Having investigated the issue through a rapid review, it turned out that this failure had been going on for 12 years. Having unearthed this issue, we reviewed all 18,060 cases where health and character concerns had been raised over the 12-year period. As a result, we established that we needed to request further information from 421 registrants to be assured that they were capable of delivering safe and effective care.

The historical registration failure was completely and utterly unacceptable. We apologise unreservedly for this failing. Under our new leadership, we are determined to turn over stones within the organisation and deal with any issues that emerge.

The year also brought significant financial challenges. Following more than a decade when we did not increase the registration fee in recognition of the cost-of-living crisis, it became clear that the sustainability of our reserves was under huge pressure. This is because we were using our reserves to fund our day-to-day activities and were posting substantial losses. Given the risk to the sustainability of our reserves and, therefore, our ability to perform our statutory duties, we took the difficult decision to remove around 10% of our roles and substantially reduce non-staff costs.

As a result of not increasing our fees for a decade, there had – by April 2026 – been a 28.8% loss in the real value of our fees, and a resultant loss of £186 million in income up to the end of March 2026. Our reserves had also fallen from £101 million in March 2024 to around £49.6 million, with a projected fall to £15.9 million by March 2027.

As a result of the serious risk to the sustainability of our reserves, in April 2026, following a public consultation, the Council decided to approve the first fee increase in 11 years, increasing the annual fee by £1.92 per month – or 19.2% – subject to Parliamentary approval.

Transforming an organisation that has been the subject of critical reports going back to 2008 takes time, and we still have two years of our three-year turnaround plan ahead of us. While 2025-26 was a demanding year and challenges remain, there are reasons for optimism. We are grateful to our Council members, colleagues and partners for their resilience, professionalism and commitment during a period of considerable change.

Ron Barclay-Smith
Chair
8 July 2026

Paul Rees MBE
Chief Executive and Registrar
8 July 2026

Our role

Our role

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

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

Protecting, promoting and maintaining the health, safety and wellbeing of the public

Promoting and maintaining public confidence in the professions regulated under the Order

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
- Set the **requirements for the professional education** that supports people to develop the knowledge, skills and behaviours needed 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, our Council, is made up of six lay people and six professionals on our Register appointed by the Privy Council. Our work is overseen by the PSA which has regulatory oversight of the 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 for safe and effective nursing and midwifery practice across the four countries of the UK – regulated and supported by the NMC – a fit for the future organisation, with fairness and equity at the heart of everything we do.

Our role is to **protect the public and maintain confidence** in the nursing and midwifery professions. As the largest independent regulator in Europe of more than 867,000 nursing and midwifery professionals, we have a crucial role in making this a reality.

We do this by **setting and promoting high educational and professional standards** for all future and registered nurses and midwives in the UK and nursing associates in England.

We also ensure that every nurse, midwife and nursing associate on our Register meets **clear standards of conduct** and practice, thereby protecting the public and the reputation of our professions.

We have a duty to **investigate concerns** and to take steps to **protect the public** in the relatively rare instances where we need to limit or restrict a nurse, midwife or nursing associate's right to practise.

We are building a new NMC with **Integrity, Fairness, Respect, Equity and Effectiveness** at its core.

We are determined to **improve and modernise our culture and ways of working**. This will ensure that the public and professionals feel confident in our work.

In September 2025, we launched our *Living out our values* behaviour guide, which describes how we adhere to our I-FREE values of **Integrity, Fairness, Respect, Equity and Effectiveness**.

These values shape how we treat one another, how we make decisions, and how we carry out our responsibilities both individually and collectively.

At the NMC, these values and behaviours are more than words on a page. They reflect the kind of organisation we aspire to be and the standards we uphold in how we work with each other to protect the public. The values guide responds directly to what colleagues have shared in the Independent Culture Review: that our values and behaviours need to be felt and lived, not just understood. It sets out what these values and behaviours look like in practice, and how we each play a part in making them real.

Integrity

We do what's right, take responsibility, and follow through on our commitments.

Fairness

We treat people consistently, explain decisions, and act without favouritism.

Respect

We act with dignity, care and courtesy, creating a positive, empowering and inclusive culture for everyone.

Equity

We are an anti-racist organisation, where everyone can thrive regardless of their background and characteristics.

Effectiveness

We focus on outcomes, use our time well, and strive to keep learning and improving.

Our year in summary

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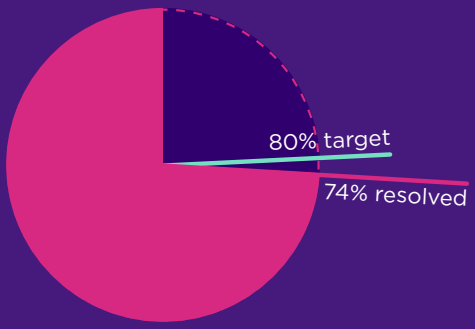
Our year in summary

Fitness to Practise



By the end of 2025-26, we were resolving around 74% of Fitness to Practise cases within 15 months (against an 80% target).

Education quality assurance

100th APPROVED EDUCATION INSTITUTION

We hosted our first Education Quality Assurance conferences to share learning and promote programme consistency.

We welcomed our 100th approved education institution.

Professional practice roadmap

Code and revalidation

- We launched our reviews of the Code and Revalidation process.
- We gathered evidence, including a survey with almost 14,000 responses.

Advanced practice

- We introduced new principles for advanced practice.
- 68 organisations are participating as early adopters.

Practice learning

- In 2025, we held 25 engagement events attended by 1,250 people.
- We prepared to consult on changes to strengthen the practice learning process. The consultation launched in April 2026.

Equity, diversity and inclusion

We began engagement before launching our anti-racism principles for midwifery and nursing education and practice to urgently tackle health inequalities suffered by racially minoritised people in May 2026.

By the end of 2025-26, 25% of Fitness to Practise lay panel members and 24% of Fitness to Practise registrant panel members were from a Black, Asian or ethnic minority background.

83.3% of NMC shortlists at grade 6 and above included at least one Black, Asian or ethnic minority candidate.

Our year in summary

Safeguarding

From April 2025 to March 2026, our Safeguarding Hub identified 1,575 Fitness to Practise cases with potential safeguarding concerns.

1,575

Potential concerns identified

Midwifery

- We launched our Midwifery Action Plan, to ensure safe, equitable and person-centred maternity care and education.
- We developed a midwifery data dashboard – using Fitness to Practise statistics – to support learning from Fitness to Practise trends.
- We mapped the curricula for midwifery programmes against the key themes of the standards of proficiency.

Culture transformation

We completed Year One of our *Culture Transformation Plan*, meeting all Year One commitments.

We take a zero tolerance approach to bullying, and by the end of 2025-26 had exited 17 people over the previous year for bullying and harassing others or for being racist.

We trained 12 speak-up ambassadors across the NMC.

We continued our Speak Up guardian service.

We introduced our I-FREE values:

Leadership

- By the end of 2025-26, we had a new and united Executive team.
- Our new Chair, Ron Barclay-Smith, took up his role in April 2025.
- Council members participated in development opportunities including EDI training, risk workshops, Raising Concerns training and values-based decision-making.
- Our Chief Executive and Registrar, Paul Rees MBE, was appointed to the substantive position in July 2025.
- 95% of managers participated in values – based decision-making coaching and 86% attended sessions on embedding equality, diversity and inclusion.
- Members of our Executive Board, deputy directors and assistant directors undertook extensive coaching on strong and effective leadership.

Performance review 2025-26

Performance review 2025-26

The 2025-26 business year marked the start of laying the foundations for a renewed NMC, following a chequered history marked by a number of highly critical reports since 2008. Working closely with Council, the Executive Board is determined to transform the organisation for the long term.

Following the publication of the *Independent Culture Review* in 2024, we worked to shape our *Culture Transformation Plan*, which the Council approved on 26 March 2025. The plan sets out a comprehensive three-year programme to build a positive, empowering and inclusive culture for its people, regardless of their background or characteristics.

Following extensive engagement with hundreds of NMC colleagues, the NMC Culture Transformation team set out a plan based on quarterly activity across six pillars:

- Strong and effective leadership
- Values-based decision-making
- Embedding equality, diversity and inclusion
- Ensuring psychological safety
- Enjoying work
- Regulatory fairness

Culture transformation was the first pillar of the NMC's wider *Corporate Plan* for 2025-26 to win back trust and confidence in our ability to protect the public through the effective regulation of nurses, midwives and nursing associates.

Our *Corporate Plan* for 2025-26 was approved by the Council on 26 March 2025 to turn the NMC around as a fit-for-the-future organisation, underpinned by our *Culture Transformation Plan*, our *Fitness to Practise Plan*, and other turnaround activities. This will enable us to become a trusted regulator that supports professionals to uphold high standards of practice to protect the public and maintain confidence in the professions.

We made a commitment to improve our performance through three distinct phases:

Phase one: Recover

Ensuring a focus on our core regulatory functions

Phase two: Stabilise and rebuild

Setting the stage for sustainable growth

Phase two: Enhance and improve

Building on our stable foundations.

Our context is challenging. We know the journey to establish faster, fairer and more effective regulation that upholds good nursing and midwifery practice and conduct will be complex, considering the pressure the wider health and care system is under. It's why we also stated we would be flexible and continue to remain agile – learning from external reviews and inquiries and harnessing expertise, feedback and advice from stakeholders, registrants and the public.

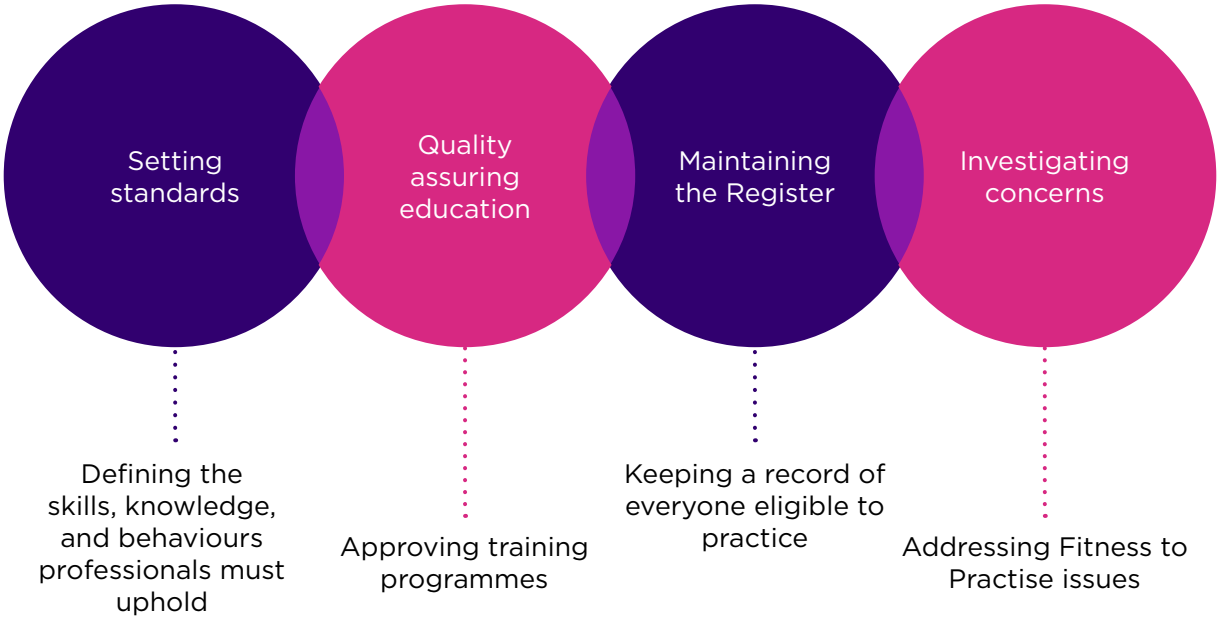
The professionals we regulate form the largest part of the health workforce and a critical part of the social care workforce. They are vital to people and communities across the UK. They are currently under overwhelming pressure and need effective professional regulation.

Our plans had a specific remit to target recovery, stability and enhance the NMC as a fit-for-the-future organisation, underpinned by a clear programme of cultural transformation and our Fitness to Practise improvement programme.

Together, the plans marked the start of a sustained programme of change to create an organisation with a positive, empowering and inclusive culture, grounded in our new values of **Integrity, Fairness, Respect, Equity and Effectiveness** and to become the strong and independent regulator that everybody wants to see. As the year progressed, this direction was reinforced by the NMC Strategy 2025-27, which the Council approved on 24 September 2025 to provide a clear, future-facing roadmap up until 31 March 2027, sharpening our focus on strengthening our core regulatory work, improving people's experience of our processes, and ensuring the NMC is effective and sustainable for the long term.

Our core regulatory function

The Nursing and Midwifery Council protects the public by regulating nurses, midwives, and nursing associates across the UK. Its four core regulatory functions are:



With new leadership, clearer priorities and a strong focus on performance and delivery, we are seeing early and credible signs of improvement. By the end of the reporting year, around 74% of cases in our Fitness to Practise process were being resolved within 15 months. This is the best performance since late 2020, and an increase of nearly 6% from the previous year.

During 2025-26, much of the preparatory work was done for our review of practice learning for nursing and midwifery professionals, launched in April 2026, and for our anti-racism principles for midwifery and nursing education and practice, which were launched in May 2026.

However, we know that there is a long way to go. Too many Fitness to Practise cases have been stuck in the process for far too long. In addition, quality assurance for much of our work needs to be improved, so that historical and deeply embedded problems can be tackled.

To fulfil our core role – protecting the public, maintaining confidence in the professions, and upholding professional standards – the progress we have made must now be embedded, sustained and built upon. The business year 2025-26 was about laying the foundations; the years ahead will be about making those changes stick. This is particularly important with the imminent regulatory reform of the NMC – which is happening alongside the regulatory reform of other healthcare professional regulators – as we want to build on firm foundations.

Supporting trusted, safe and effective nursing and midwifery professions

Nursing and midwifery professionals play a vital role in meeting the needs of the public across the UK, at a time when the health and care sector is under significant pressure. Workforce challenges, persistent inequalities in outcomes – particularly for people from Black, Asian and ethnic minority communities – experiences of bullying, harassment and discrimination, growing complexity of care and rapid technological change are all shaping how care is delivered and experienced.

In this context, the NMC must ensure that regulation continues to protect the public and support professionals in delivering safe, effective and compassionate care. That means keeping our standards clear and relevant to contemporary practice, improving how we assure education and registration, and making sure our approach is fair and inclusive.

During 2025-26, we worked with professionals, educators, employers, students and partners across the four countries of the UK to strengthen these foundations. This included strengthening education quality assurance, working to improve the integrity of our Register, progressing work to modernise core professional standards and requirements, and embedding a stronger focus on equity, diversity and inclusion in Fitness to Practise, as well as other regulatory areas.

Learning from inquiries and reviews

Public inquiries and independent reviews play an important role in identifying where systems have fallen short and how care can be made safer for people who have experienced harm along with their families.

During 2025-26, we engaged with several major inquiries and reviews expected to report during 2026, including the Muckamore Abbey Hospital Inquiry, the Thirlwall Inquiry, the Liverpool Community Hospital Investigation and reviews into maternity services in England and Wales.

In 2024-25, we provided evidence to the Muckamore Abbey Hospital and Thirlwall Inquiries. Then, during the fourth quarter of 2024-25 and in 2025-26, we continued to work closely with the team carrying out the Independent Review of maternity services at Nottingham University Hospitals NHS Trust, led by Donna Ockenden.

We know we have not always met the expectations of bereaved families in maternity settings, but during 2025-26 we listened to feedback from families involved in the Nottingham maternity review and changed the way we work. In Nottingham, we attended family days to listen to and learn from bereaved families. As a result, we changed the way we do things. We introduced case surgeries, in Nottingham, so that concerns would be raised directly with us or jointly with the GMC. We shared with families how many Fitness to Practise cases we had regarding care provided at Nottingham University Hospitals NHS Trust and told them of the stages of current process cases. We also met with midwifery students in Nottingham to hear from them about their education and training, to see if there were any concerns.

We invested substantially in the Serious and Complex Cases team, which is investigating Fitness to Practise cases related to Nottingham University Hospitals NHS Trust, and have ensured that all cases connected to the review were taken on by this team.

As a result of this new approach, and a new way of working which ensures there's more clinical advice earlier in each case, we're making more rapid progress.

While learning from families with lived experience of bereavement or harm in Nottingham, we realised that it was imperative for us to do more to explain our role and that of other organisations when something goes wrong in maternity care. The *Raising a concern about your maternity care* leaflet was developed with families affected by trauma in maternity care.

We also worked with local Patient Advice and Liaison Teams (PALs), Maternity National Voices Partnerships (MNVPs), and relevant charities to promote the role of the NMC, so they can refer bereaved families to the NMC where appropriate.

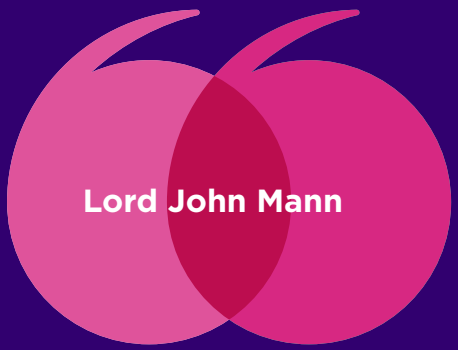
We are committed to considering the findings of the review, for publication in June 2026, and any specific lessons for us.

We also supported the work of Lord Mann, who reviewed antisemitism and other forms of racism in the NHS. We support his call for strong action to be taken to root out anti-Jewish hatred and other forms of ethnic bias. We were pleased to see that Lord Mann highlighted the NMC's efforts to embed an anti-racist approach as an example of best practice.

Lord Mann made a number of recommendations, including one that said: "This review recommends that the Department of Health and Social Care convene a meeting specifically on training, with all of those bodies representing individuals not captured by NHS training, to discuss and find a path to delivering training."

He went on to say the NMC "has worked with expert providers to develop bespoke sessions that run like case clinics, considering scenarios and case studies to enhance expertise, build capacity for identifying and unpacking nuances and complexities in referrals, and to develop the right skills to ensure cases are not closed prematurely. This should be used as a model across other regulatory bodies and the NHS and information shared through the forums noted in recommendation 17. The use of independent, expert reviewers for complex or high-risk cases should be considered to prevent bias or minimisation. DHSC should support by providing recommendations of appropriate expert providers to ensure a consistent approach to specialist training across NHS trusts, health and care professional regulators and arm's length bodies."

The Employer Link Service delivered 233 learning sessions to professionals and employers across the UK, to support the development of positive cultures, working environments and practice that enable our professionals to embed and achieve high standards.



Lord John Mann

This review recommends that the Department of Health and Social Care convene a meeting specifically on training, with all of those bodies representing individuals not captured by NHS training, to discuss and find a path to delivering training.

Our response to maternity safety concerns

Serious and persistent failures in maternity and neonatal services across the four countries of the UK have renewed the focus on midwifery education, practice and regulation.

In response, we published our *Midwifery Action Plan*, bringing together learning from UK – wide maternity reviews, regulatory insight and engagement with partners. The plan focuses on strengthening assurance and supporting improvement, with a clearer emphasis on anti-racism, bias awareness, and cultural curiosity, safety and respect.

During 2025-26, this work included:

- Developing a midwifery data dashboard – using Fitness to Practise statistics – to support learning from Fitness to Practise trends
- An independent exercise, which provided assurance that the recommendations from UK-wide maternity reviews can be mapped to the *Standards of proficiency for midwives* and relevant practice elements of the *Standards for pre-registration midwifery programmes*
- Mapping the curricula for all UK universities that provide midwifery education to the key themes of the standards of proficiency. This demonstrated how they are meeting the requirements of the standards. We wrote to all Lead Midwives for Education to share our findings
- A gap analysis survey to assess whether the standards of proficiency had been embedded in practice
- Considering how future standards can strengthen expectations around anti racism, bias awareness, and cultural curiosity, safety and respect
- Confirming that no Approved Education Institutions promote the idea of 'normal birth at any cost' (however, a minority are overly reliant on 'normal' phraseology and a minority should reassess their reading lists, as some of their materials could be seen to support the concept of 'normal birth at any cost'.)

The work on the *Midwifery Action Plan* provided assurance that the current standards of proficiency for midwives remain robust, while highlighting where further work is needed to address persistent inequalities in maternity outcomes, including those identified by MBRRACE UK, the All Party Parliamentary Group on Black Maternal Health, and Five X More.

We recognise the need to make expectations around anti-racism and cultural safety more explicit and consistent for both midwifery and nursing, in education curricula and in practice. Our new anti-racism principles were published in May 2026 and are due to take effect in education from September 2026.

High quality education

During 2025-26, we strengthened education quality assurance to help ensure that students are educated in safe, effective and supportive learning environments, and can meet the standards required when they join the Register and throughout their careers.

This included:

- Sampling self-assessment evidence on compliance with our standards and requirements submitted by Approved Education Institutions (AEIs) and testing, challenging and confirming declarations
- Clearer management of concerns and better partnership working with AEIs through new Education Quality Assurance Officers, who are responsible for dealing with education concerns in specific regions
- Hosting our first education quality assurance conferences in May 2025 to share learning and promote greater consistency across programmes, with 74 AEIs attending in Birmingham and 40 in Edinburgh.

Together, these changes are intended to support earlier identification of concerns, more consistent engagement with education providers, and clearer assurance for students and the public.

Across 2025-26:

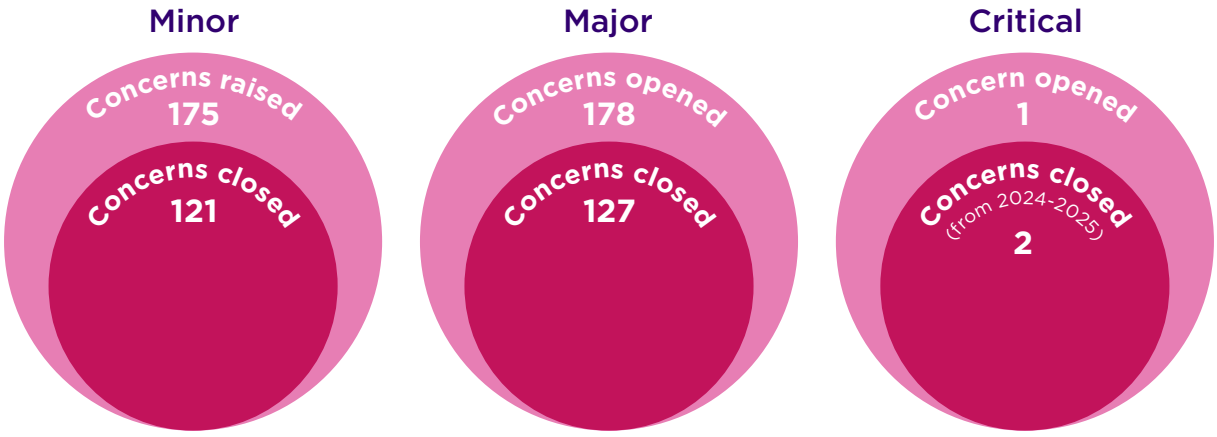
- We approved one new Approved Education Institution, bringing the UK total to 100
- We approved or modified 229 nursing and midwifery programmes.

We also strengthened our response to student concerns.

Two major concerns were placed into our enhanced scrutiny process.

Compared with 11 critical concerns in 2024-25, we hope this indicates that our proactive and preventative measures are delivering impact, with the ultimate benefit of equipping students with the right knowledge, skills and behaviours that they need to join the Register and provide high-quality care.

Concern management in 2025-26 (353 total):



Setting clear, modern standards for professional practice

We continue to review and enhance our regulatory tools to better protect the public and support nursing and midwifery professionals to ensure that our standards reflect the significant changes that have impacted the delivery of health and care in recent years, from equity, diversity and inclusion to the Covid-19 pandemic, high-profile inquiries and the progression of AI.

Code and Revalidation reviews

In July 2025, we launched reviews of the Code and Revalidation to help ensure they reflect today's health and social care landscape. We gathered evidence from professionals, students, employers, and members of the public, including a survey with 13,757 responses, to inform updates to the Code and Revalidation.

We asked how to improve the Code, whether through new or strengthened standards, additional guidance, or better supporting information. We also asked how Revalidation could work better – for example, by ensuring it embeds our Code and standards, remains robust, and is accessible for everyone on the Register, regardless of role or background.

This came ahead of a public consultation, scheduled to take place in autumn 2026, and a new Code due in 2027.

Respondents told us they want the Code to place greater emphasis on anti-racism and anti-discrimination, clearer expectations around delegation and accountability, updated guidance on prescribing, and stronger direction on the use of AI, technology, social media, sustainability and preventative health.

Advanced practice

Following extensive stakeholder engagement, we introduced new principles for advanced practice in June 2025. They aim to bring clarity and consistency to advanced nursing and midwifery practice across the UK. A total of 68 organisations across a diverse range of health and social care settings, including higher education institutions and independent organisations, are participating as early adopters of the principles, helping us evaluate their impact within their settings.

Their feedback is shaping the development of new standards of proficiency, the future process for recognising advanced practitioners on our Register and transition arrangements for the existing advanced practice workforce. Draft standards will be developed in 2027.

Practice learning review

As part of our review of practice learning placements for student nurses, midwives and nursing associates, in April 2026 we consulted on proposals to change several of our education and training standards to strengthen the practice learning process.

This follows extensive research and stakeholder engagement throughout 2024 and 2025 with students, professionals, AEIs, practice learning partners, other stakeholders, and the public. We found that while many students benefit from positive placements, the quality of experiences can vary.

Consultation responses will inform whether updates to practice-learning-focused education standards are needed, with any subsequent work expected to begin in autumn 2026.

Supporting nursing and midwifery professionals to join the Register

Our Register is designed to help protect the public by ensuring that only applicants who meet rigorous standards of proficiency and character, as well as wider requirements, are able to join. We aim to make this process as quick and supportive as possible for those applying or re-applying.

In 2025-26, **100% of UK initial registration applications** were processed within one day, against our target of 97% (2024-25: 99.9%) and 99.8% of international applications were assessed within 30 days against our target of 95% (2024-25: 99.0%). However, the risk of fraud and historical issues with our internal processes mean that we need to continue strengthening our work to ensure the integrity of and confidence in our Register.

International registration and integrity of the Register

Maintaining confidence in the integrity of the Register is central to public protection.

Incomplete character checks

During 2025-26, under its new leadership, the NMC identified that, for a historical period of up to 12 years, its full process for assessing some health and character declarations made by professionals joining or rejoining the Register or revalidating – including referring relevant cases to an internally-appointed Assistant Registrar – had not been consistently followed.

The issue came to light when the NMC's new leadership placed a greater emphasis on raising concerns and the value of Integrity, with a member of staff then highlighting their concerns about this issue. As soon as it was identified, a rapid and comprehensive review was commissioned.

The review examined all 18,060 health and character concerns raised over the 12-year period. It found that no further action was required in 17,639 cases (98%). When we disclosed the issue to the public on 27 May 2026, some 421 cases required further information for us to be assured that the registrants were capable of providing safe and effective care.

It was anticipated that up to 15 cases may result in a recommendation to an independent panel to consider removing registrants from our Register. This represents around 0.002% of the total Register.

To provide confidence that the rest of the NMC's regulatory functions are working as they should, we have launched 'health checks' across all regulatory areas, to be followed by the rollout of a central quality management system.

Fraudulent test activity

During 2025-26 we responded to fraudulent test activity associated with the Yunnik test centre in Nigeria. This included completing **44 Investigating Committee hearings** where Fraud was proven in the majority of cases and individuals removed from the Register where appropriate.

Decisions were made on 224 registration applications related to the Yunnik test centre where concerns regarding fraud were identified and 215 of these applications were refused. 78 registration appeal hearings related to Yunnik were heard and the majority were dismissed.

In addition, we referred six cases linked to withdrawn English language test results to our Investigating Committee for incorrect entry onto the Register and continue to investigate a further 15.

This work forms part of our ongoing approach to maintaining confidence in international registration and protecting the integrity of the Register.

Contributing to workforce strategies with data and insight

Each year we publish our insights and work with partners across the sector as part of our commitment to tackling workforce challenges and improving the care that people receive and experience across the UK. We contribute in several ways:

Our regular suite of publications provides valuable data and insight on our Register and experiences of care to help inform workforce strategies and plans.

- Example: Our 2025 *Spotlight* report included findings from our first-ever annual survey of registered professionals. Their insights included warning signs around burnout, discrimination, and patient safety. Many of the themes identified are well known to professional leaders in the four countries of the UK and addressed by nursing and midwifery strategies. We're already taking steps to address some of the issues, including how the Code can be strengthened as a regulatory tool to drive out poor behaviours, with a clearer focus on equity, diversity and inclusion (EDI).

Wider research shows that discrimination and racism have a significant influence on professionals' ability to provide safe and effective care. It is critical that we scrutinise our processes to make sure we are fair and accessible.

- Example: Our third in the series of our *Ambitious for Change* reports focused on understanding why some professionals face disparities in our Fitness to Practise processes. As a result, we launched a set of clear EDI targets that focused on eliminating bias based on ethnicity and gender from our processes, employer referrals into Fitness to Practise and at AEIs. In addition, we have strengthened guidance for decision-makers in Fitness to Practise. We also provided training for decision-makers around anti-Jewish hate and anti-Muslim hostility, so they are better equipped to identify and deal with examples of discrimination directed towards Jewish and Muslim people.

We make sure we listen, learn and act based on the insights we gather from our regulatory work. We know that being referred to Fitness to Practise is an inherently stressful experience for a registered professional. Research shows that long-term issues can include impacts on the quality of care that a professional can provide as a result of practising more defensively or 'hedging' (for example, ordering extra tests or interventions).

- Example: In 2025, we looked at what we knew about professionals' experiences in our Fitness to Practise processes from different sources of information within and outside the NMC. We're using these insights to improve people's experiences as part of our Fitness to Practise improvement programme and to change how we capture people's experiences in Fitness to Practise.

Working with sector partners to strengthen good practice

We collaborated with the GMC to launch two separate resources for a joint campaign. Our 'Good teamwork means better maternity care' resource brings together case studies that reflect good teamwork from the perspectives of different professionals, such as midwives, neonatal nurses and doctors, as well as women and families.

Our case studies emphasise how people working in multidisciplinary teams – each bringing distinct skills, knowledge and experience – can work together to provide safe, person-centred care. They set out examples of effective teamworking, shared learning, open and respectful communication, and tackling health inequalities in everyday practice.

In parallel, the GMC launched a new section of its ethical hub focused on maternity.

Enhancing person-centred safeguarding

In 2025-26, we completed a comprehensive review of our safeguarding responsibilities and associated activities and began implementing an ambitious safeguarding plan, including strengthening our governance through our Safeguarding Board and working group. Developing tools and resources to identify, respond and manage safeguarding risk is critical to how we engage with anyone who is at risk of harm, abuse or neglect.

We rolled out the Fitness to Practise safeguarding standard operating procedure (SOP) across the NMC in October 2025, along with a related training programme. This led to our highest-ever requests for safeguarding advice in Q3 at 415, a 41% increase compared to Q1.

Our Safeguarding Hub became fully operational in September 2024 and reviews all new referrals to enable earlier intervention in high-risk safeguarding and wellbeing cases. Between September 2024 and 31 March 2026, the Hub reviewed 8,049 new referrals, identifying 2,467 cases with potential safeguarding concerns.

An emergency helpline was also made available to colleagues to access immediate support for safeguarding and wellbeing risks.

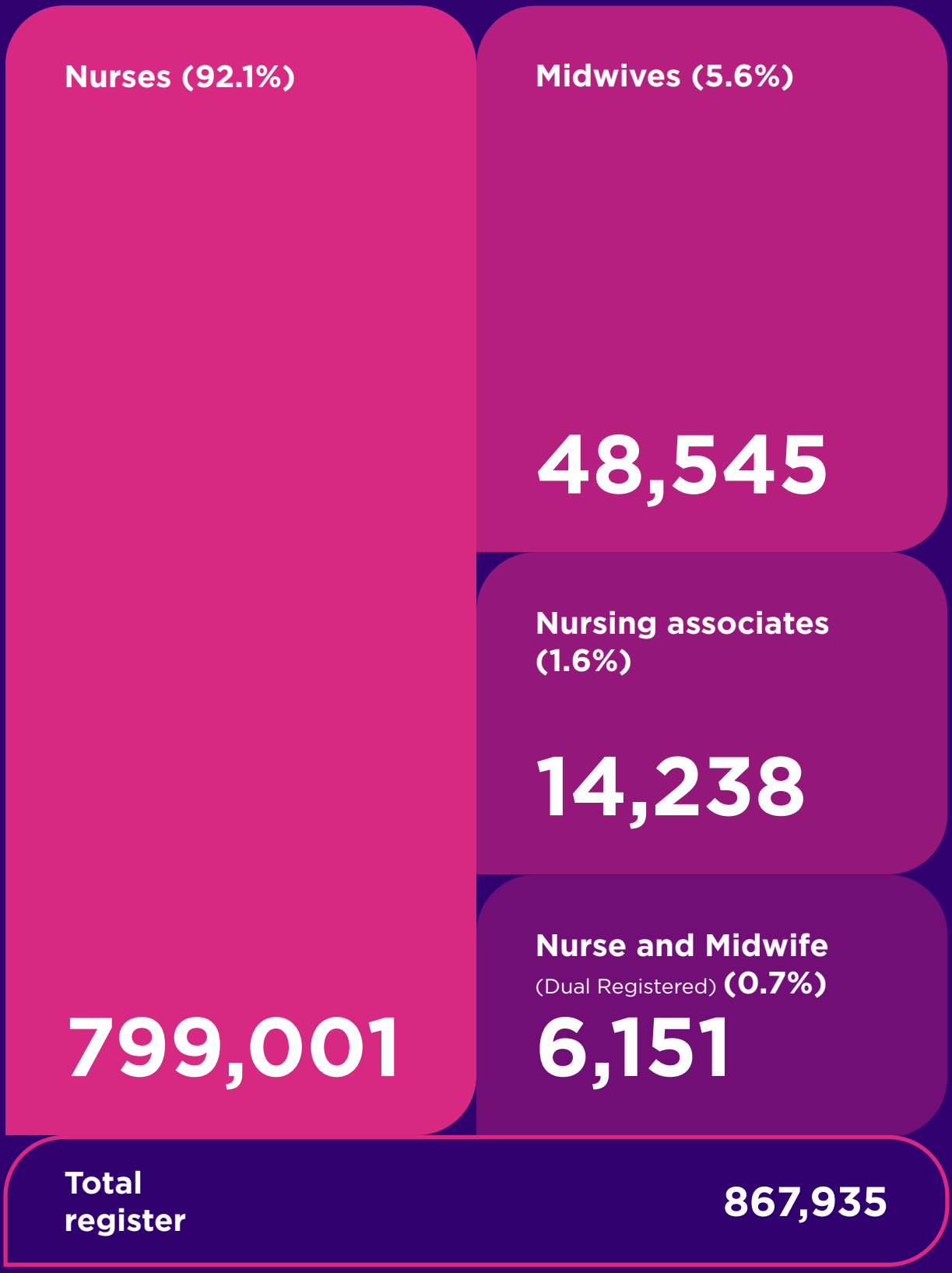
We also reviewed and updated our *Safeguarding* policy to reflect the changes to our safeguarding practice and enhanced mandatory training expectations.

A total of 40 safeguarding champions have received additional training to further embed knowledge and practice into teams.

Safeguarding remains a high organisational priority, particularly within Fitness to Practise – where the highest risk exists – and we continue to strengthen protection for people who use our services, with planned expansion into wider business areas to better support the public and nursing and midwifery professionals.

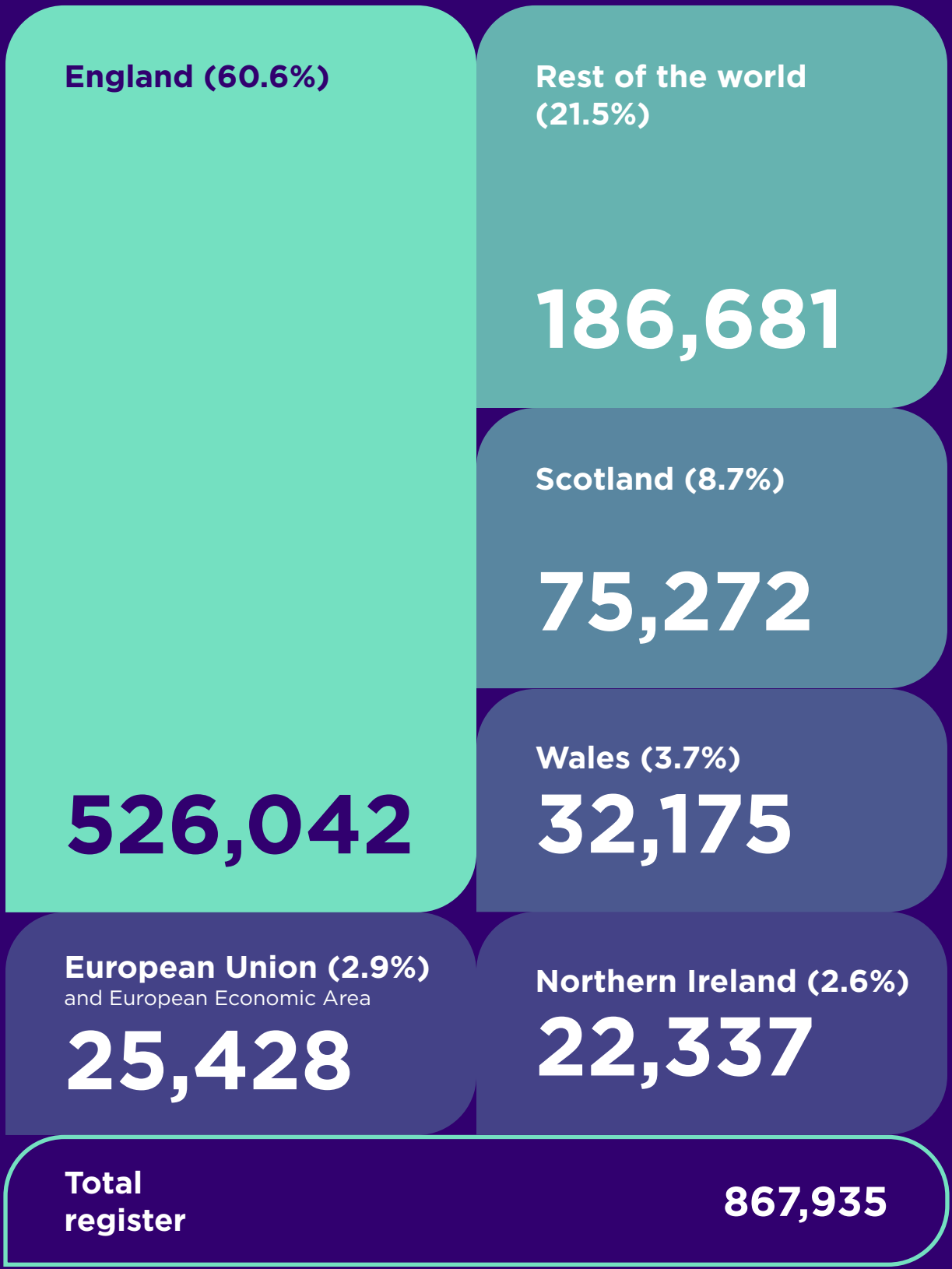
Register profile | Registration type

The number of professionals on our Register by registration type at 31 March 2026:



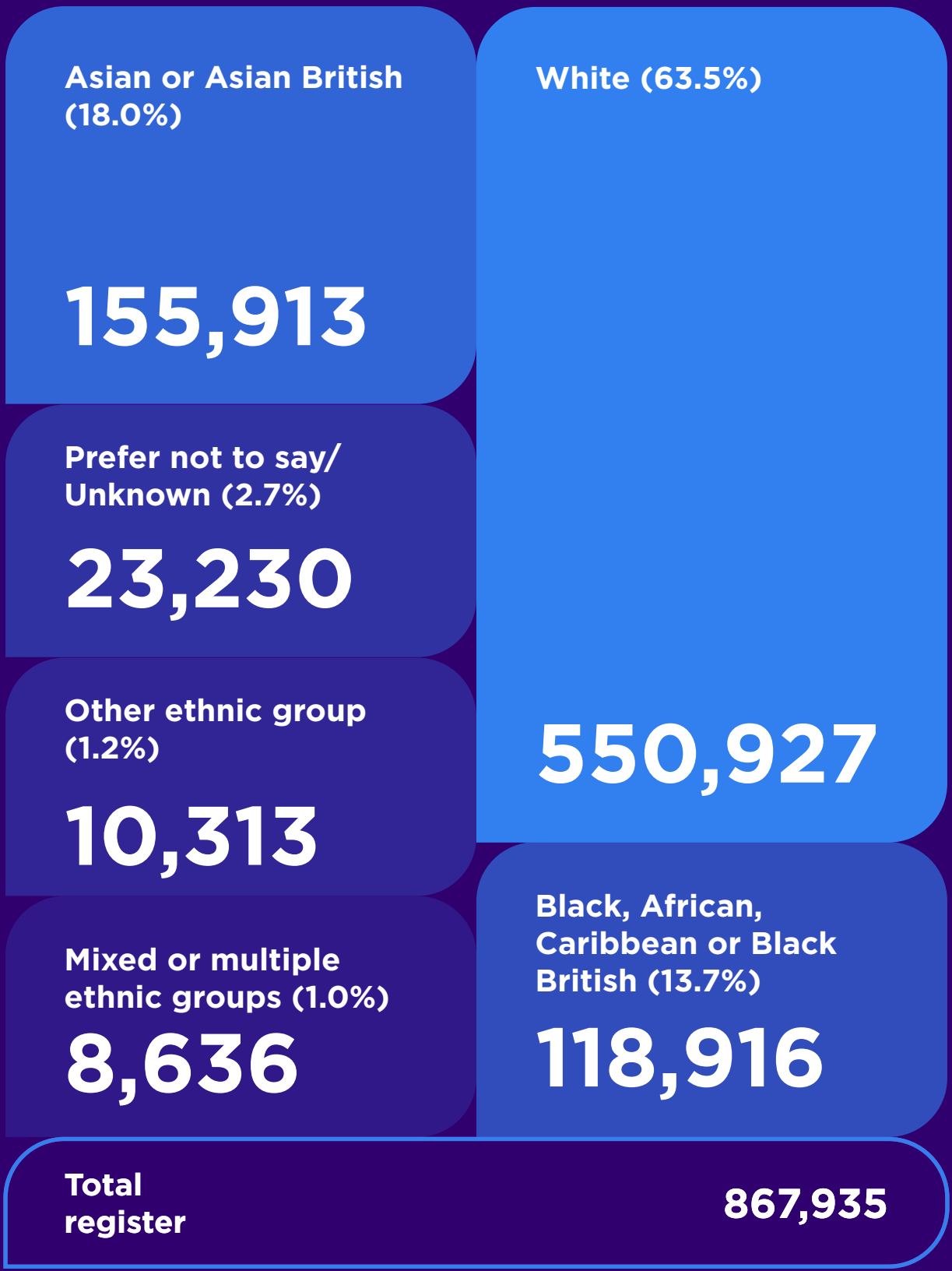
Register profile | Country or region

Number of registered professionals by country or region of training at 31 March 2026:



Register profile | Ethnicity

Professionals on the Register by ethnicity at 31 March 2026:



Register profile | Gender

Professionals on the Register by gender at 31 March 2026:

A woman (87.6%)

760,584

A man (10.9%)

95,031

Prefer not to say (1.4%)

11,800

Other or self-describe (0.1%)

520

Total register **867,935**

Performance dashboard as at 31 March 2026

Strategic priority: Supporting trusted, safe and effective nursing and midwifery professions

The following KPIs and indicators reflect delivery and progress against key activities in our *Corporate Plan* for 2025-26. They are helping us deliver the wider impact we seek through our forward-looking strategy for 2025-27, which launched in September 2025.

Delivery confidence assessment – RAG descriptions.

- **Significant concern:** Major delays, budget overruns above 10%, or severe resource and benefit risks.
- **Moderate concern:** Managed schedule and risk impacts, with budget or staffing under active monitoring.
- **On track:** Project is fully on schedule, within budget, with low risks and fully secured resources.

Trend icon guide

KPI direction meaning	Icon	Explanation
Good/**Positive** outcome	▲	KPI going up is desirable
Bad/**Negative** outcome	▲	KPI going up is undesirable
Good/**Positive** outcome	▼	KPI going down is desirable
Bad/**Negative** outcome	▼	KPI going down is undesirable

Education quality assurance and standards	Reporting basis	Target	2024-25	2025-26
Proportion of critical concerns with QA Board ratified action plans	as of 31 March	-	0/2	**1/1**

Registrations	Reporting basis	Target	2024-25	2025-26	YoY Trend
% UK Initial registration applications with no concerns, completed in one day	12-month rolling	97%	99.9%	**100%**	▲
% UK Initial registration applications with concerns, completed within 60 days	12-month rolling	90%	93.6%	**93.3%**	▼
% Overseas registration applications assessed within 30 days	12-month rolling	95%	99.0%	**99.8%**	▲
% Readmission applications completed within 21 days	12-month rolling	95%	97.5%	**97.8%**	▲

Professional practice (PP) roadmap	Reporting basis	Target	2024-25	2025-26
Progress of PP roadmap (advanced practice, practice learning, the Code and Revalidation)	as of 31 March	-	●	●

Note: This programme moved from Green in April 2025 to Amber in March 2026. This was due to a delay in launching our practice learning review consultation to strengthen proposals with meaningful inputs from stakeholders which improved their clarity and rationale and is therefore a tolerated drop in performance. The programme returned to GREEN in April after a successful launch on 30 April.

Safeguarding	Reporting basis	Target	2024-25	2025-26
Progress of strategic workplan	as of 31 March	-	●	●

Note: This programme has progressed from Amber in April 2025 to Green in March 2026 due to the progress made in the year.

Activity within this priority mitigates **REG 22/04, REG24/01, REG19/03** and **REG18/01**. For further information, see the Risk Management section within our annual governance statement on pages 94-95.

Improving Fitness to Practise

Improving the quality, fairness and timeliness of Fitness to Practise decisions remains central to protecting the public. We are resolving around 74% of cases within 15 months, end-to-end, which is the best timeliness performance since late 2020.

We have seen a sharp increase in the volume of referrals being made into our Fitness to Practise process.

In addition, too many cases have been stuck in Fitness to Practise for too long.

We are focused on modernising and transforming the Fitness to Practise process.

Performance improvements

Our Fitness to Practise improvement programme has delivered a number of improvements throughout 2025-26, transforming how we investigate and act on concerns, so that our process is faster, fairer and more people-centred.

Increased decision-making capacity during screening has allowed us to deliver record volumes of decisions at this stage. The number of cases waiting more than six weeks to be allocated was reduced by 77% in the first quarter of the year.

Case Examiner decision-making strengthened and 81% of scheduled physical hearings concluded in September 2025. We made 6,853 Fitness to Practise closure decisions in 2025-26, with 81% at screening stage.

Case timeliness improved: the proportion of cases resolved within 15 months increased to 73.9% in 2025-26 compared to 68.4% in 2024-25 and 61.1% in 2023-24. Our overall caseload grew from 6,357 to 6,725 in line with an increasing number of referrals.

Reducing the proportion of older cases within our caseload has been a priority. By the end of the year, 57.2% (3,846 cases) of our open cases had been received in 2025 and 2026. This reflects our progress in resolving older cases and bringing down the overall age profile of the caseload.

In 2025-26, we made more than 11,400 Fitness to Practise decisions, reflecting increased capacity and sustained effort from colleagues across the organisation. We saw periods of increased output, exceeding 1,000 decisions in several months, and reaching a peak of 1,118 in May 2025. This contributed to the overall improvement in performance, and we are grateful to colleagues whose dedication has enabled this and other progress across Fitness to Practise.

Managing increased demand

We received 7,152 new concerns in 2025-26 compared to 6,539 in 2024-25; 5,774 in 2023-24 and 5,068 in 2022-23.

In 2025-26, we saw a 9.4% increase in concerns raised compared to 2024-25, a 23.9% increase compared to 2023-24, and a 41.1% increase compared to 2022-23.

Throughout 2025-26, we had seven months with more than 600 concerns per month, including a record 642 in one month.

Increased investment and interventions at the screening stage resulted in more cases progressing to investigation, contributing to rising caseloads at this stage. To respond, the Fitness to Practise improvement programme will be reset in 2026-27 to increase capacity and strengthen the operating model.

Employer support

The Employer Link Service helps employers manage concerns about professionals. In 2025-26, it widened its scope to provide additional support to the primary care and social care sector. The team handled 1,190 calls through the Employer Advice Line, held 537 case review meetings with employers to support the timely progression of open Fitness to Practise cases, and participated in 153 intelligence-sharing forums to share information and intelligence, identify emerging concerns and proactively protect the public. These activities help identify emerging risks and support public protection. Moving forward, our wider work to help employers and the public raise the right concerns with us will include broader promotion and information-sharing about when to refer.

Safer, fairer, timelier decision-making

We embedded new screening guidance in May 2025, helping ensure more proportionate early decisions and reducing the number of people entering the process unnecessarily. We also strengthened our approach to concerns arising in professionals' private lives, including sexual misconduct, domestic abuse and discrimination.

Improving the experience of professionals

We introduced our 'First Contact' pilot, which provides early telephone support to professionals when concerns are raised, aiming to reduce anxiety, improve understanding of the process and address questions early. The pilot is now being evaluated to inform decisions on longer-term changes to early engagement in the process.

We expanded needs assessments, witness support, advocacy and emotional support services by introducing a new Professionals Support and Engagement Team (PSET) to ensure people feel supported, informed and able to participate effectively.

Embedding equity and fairness

We continued to strengthen how equity, diversity and inclusion is embedded in our Fitness to Practise decision-making. Throughout 2025-26, we delivered targeted learning for decision-makers on discrimination-related concerns, supported by thematic reviews of relevant cases, multi-disciplinary case clinics and collaborative screening forums. These helped colleagues test thinking, challenge assumptions, and promote consistent, well-reasoned decisions.

We also enhanced our quality assurance processes, including routine sampling of decisions and explicit checks for indicators of bias. We embedded expectations relating to discrimination guidance and the use of supportive mechanisms, such as case clinics, into individual objectives. Together, this work supports our long-term equity, diversity and inclusion targets, including our commitment to eliminate ethnicity and gender disparities in Fitness to Practise outcomes by 2030.

A full statistical summary of our Fitness to Practise work in 2025-26 can be found in our Annual Fitness to Practise Report 2025-26.

Historical reviews

In 2024, we commissioned two reviews relating to whistleblowing concerns raised in the media. One review examined our handling of a number of Fitness to Practise cases involving concerns about registrants' behaviour in their private lives. The second reviewed how the NMC handled and treated the whistleblower who raised those concerns.

We decided to recommission the reviews, as our initial supplier was unable to complete the work in the available time. We eventually published the recommissioned reports on 30 September 2025.

The review of our handling of the Fitness to Practise cases found that we had reached the appropriate regulatory outcome in 19 of the 20 cases raised by the whistleblower between 2018 and 2023.

In one case, the outcome was found to be unsatisfactory. However, the individual involved had left the Register, and there was no remaining public protection concern.

The review also recognised the improvements we had already made to relevant policies and identified further recommendations to strengthen decision - making support, which we are taking forward.

The review of our handling of the whistleblower concluded that our *Whistleblowing* policy and practice at the time were appropriate and that the whistleblower suffered no detriment as a result of raising concerns.

The review also noted that our *Whistleblowing* policy – now renamed the *Raising Concerns (including Whistleblowing (Public interest disclosures))* policy – had since been updated and strengthened, and provided recommendations to support ongoing improvement.

Performance dashboard as at 31 March 2026

Strategic priority: Improving Fitness to Practise

The following KPIs and indicators reflect delivery and progress against key activities in our *Corporate Plan* for 2025-26. They are helping us deliver the wider impact we seek through our forward-looking strategy for 2025-27, which launched in September 2025.

Delivery confidence assessment – RAG descriptions.

- **Significant concern:** Major delays, budget overruns above 10%, or severe resource and benefit risks.
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Good/**Positive** outcome	▲	KPI going up is desirable
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Fitness to Practise	Reporting basis	Target	2024-25	2025-26	YoY Trend
% cases concluded within 15 months of opening (12-month rolling average)	as of 31 March	80%	64.8%	**73.9%**	▲
Total no. of cases closed	Total for the year	-	6,234	**6,853**	▲
Volume of the overall Fitness to Practise caseload	as of 31 March	-	6,357	**6,725**	▲

Fitness to Practise	Reporting basis	Target	2024-25	2025-26	YoY Trend
Total no. of decisions made (both progressions and closures)	Total for the year	-	10,324	**11,458**	▲
% interim orders (IOs) imposed within 28 days (12-month rolling average)	as of 31 March	80%	65.8%	**68.7%**	▲

Activity within this priority mitigates Strategic Risks **REG18/02** and **PEO24/10**. For further information, see the Risk Management section within our annual governance statement on pages 94-95.

Culture transformation

Transforming our culture into a positive, empowering and inclusive one, grounded in an explicit anti-racist ethos, is fundamental to our effectiveness as a regulator and as an employer.

This commitment sits at the heart of our strategy for 2025-27. Over the past year, we have taken decisive steps to address longstanding cultural challenges and to lay the foundations for a fairer, more inclusive and higher-performing organisation.

2025-26 was the first year of our three-year *Culture Transformation Plan*, launched in March 2025. This year was pivotal: moving from listening and reflection to action, accountability and measurable change. The progress made will be critical to our success in building a renewed and trusted NMC over the coming years.

Acknowledging the need for change

In July 2024, the Independent Culture Review (ICR), led by Nazir Afzal OBE and Rise Associates, set out serious concerns about our organisational culture, including experiences of racism, bullying and a lack of psychological safety, with some colleagues feeling unable to speak up. The *ICR* made 36 recommendations to address deep-rooted cultural issues within the NMC. At the Open Council meeting on 25 July 2024, it was decided that recommendation 1, one of the 36 recommendations, should be split into two.

Therefore, recommendation 1 has two parts and has been treated as two separate recommendations, for a total of 37 recommendations. The Executive Board and the Council accepted all recommendations; over the past year and a half, the organisation has reported regularly on progress.

This moment marked a turning point. We recognised that meaningful culture change required sustained leadership commitment, honest dialogue with colleagues, and a clear, organisation-wide framework for improvement.

Co-creating change

Between January and February 2025, the Interim CER hosted a series of listening events across the organisation, providing almost 800 colleagues with an opportunity to share their experiences and suggestions for change. These conversations were instrumental in shaping the *Culture Transformation Plan*, ensuring it was informed directly by the voices, concerns and aspirations of our staff team.

Published in March 2025, the plan is now the central framework for improving both organisational culture and performance. It is designed to strengthen trust, accountability and inclusion, while directly supporting our wider regulatory responsibilities.

Our *Culture Transformation Plan*

The plan is built around **six pillars of excellence**:

- **Strong and effective leadership**
- **Values-based decision-making**
- **Equity, diversity and inclusion**
- **Psychological safety**
- **Enjoyment at work**
- **Regulatory fairness.**

Together, these pillars reflect our belief that the way we treat our people is inseparable from how we fairly protect the public and regulate nursing and midwifery.

Progress in Year One

March 2026 marked the completion of Year One of the plan. We met our Year One commitments, focusing on establishing firmer foundations for long-term change. These included clearer leadership expectations, strengthened accountability, early improvements to speaking-up arrangements, and a greater focus on fairness and equity in both people practices and regulatory decision-making.

Cultural transformation is long-term work, but changes implemented during 2025-26 are beginning to make a difference. Colleagues are reporting signs of clearer communication, improvements in internal working relationships and an increased confidence that, when concerns are raised, they will be taken seriously. These early shifts are important to rebuilding trust and creating the conditions for sustained high performance.

Living out our values

Following a full staff consultation, we introduced our I-FREE values, **Integrity, Fairness, Respect, Equity and Effectiveness**, and began embedding them across the NMC.

Our *Living out our values* guide sets out the values and behaviours we expect from colleagues at the organisation, as well as the behaviours we do not want to see.

As a result of taking a zero-tolerance approach to bullying under our new values-based approach, employees are being exited from the organisation when they bully or harass others or are racist. By the end of March 2026, 17 staff had been exited over the year for these reasons.

A values-based and evidence-informed approach now underpins training, objective-setting, performance conversations and appraisals, as well as our Confident, Ownership, Reflecting, Empowering (CORE) leadership principles for senior managers. Creating sustainable change takes time, and we are confident that these steps will provide a solid foundation for building a long-lasting, values-led and inclusive NMC culture.

Strengthening equity, diversity and inclusion

Becoming an anti-racist organisation and embedding equity, diversity and inclusion across all our work is central to culture transformation. It is also critical to improving fairness in our regulatory processes and the experience of those we regulate.

During 2025-26, we expanded our Culture and Equity, Diversity and Inclusion (EDI) teams and created two new Heads of Equity, Diversity and Inclusion – one leading on regulatory fairness and the other on EDI within our workforce. In addition, we became a signatory to the UNISON Anti-Racism Charter, thereby strengthening accountability for sustained, evidence-based action.

During the year, we set five long-term equity, diversity and inclusion targets, including:

- Eliminating ethnicity and gender disparities in Fitness to Practise outcomes by 2030
- Eliminating disproportionate Fitness to Practise complaints from employers by ethnicity by 2030
- Eliminating disproportionate outcomes in nursing and midwifery education and training by 2035
- Eliminating ethnicity, gender and other pay gaps by 2030.

We also set a target to eliminate disparities in the representation of Black, Asian and ethnic minority colleagues in the upper two pay quartiles.

To eliminate disparities in Fitness to Practise and disproportionate complaints from employers, we agreed at Council to roll out a series of concrete measures that we believe will have a real impact on embedding regulatory fairness. These measures were shaped by a reference group of senior registrants with lived experience of bias based on ethnicity and gender.

In May 2026, we also published our anti-racism principles for midwifery and nursing education and practice, which we hope will help reduce health inequalities in the long term.

During 2025-26, we refocused our *Rising Together* management and leadership development programme on anti-racism by ensuring that 80% of the latest cohort were from Black, Asian and ethnic minority backgrounds. Eligible colleagues were guaranteed an interview for internal roles on completion.

Since 1 September 2025:

- 83.3% of shortlists at grade 6 and above included at least one Black, Asian or ethnic minority candidate
- 73.2% of recruitment and selection panels included at least one Black, Asian or ethnic minority panel member
- 98.3% of recruitment and selection panels included a gender balance.

We have also continued work to strengthen ethnic diversity among Fitness to Practise panel members, with 25% of lay panel members and 24% of registrant panel members being from a Black, Asian or ethnic minority background.

The NMC's role in condemning racism – both internally and externally over the past year – has included public messaging from the CER, and we have held webinars to promote understanding of anti-Jewish hate and anti-Muslim hostility.

Our people are shaping our culture

We want colleagues and experts to have a strong voice in shaping our culture. To underline this, we continued to develop our Culture Transformation Steering Group and Culture Transformation Network, with representation from across the organisation to oversee the plan's delivery and share learning.

To achieve a 'speak up' culture, we have endeavoured to ensure that colleagues feel able to raise concerns and challenge poor behaviours.

We now have 12 trained Speak-Up Ambassadors across the NMC, with a direct link to an external Speak-Up guardian service that provides safe, confidential routes for colleagues to seek support and raise concerns. In 2025-26, the Speak-Up guardian service and the ambassadors handled 84 contacts, providing valuable insight into the issues colleagues face and the changes they want to see.

In July 2026, we rolled out a new *Raising Concerns* policy to provide a clearer, more accessible framework for colleagues to speak up, and a staff suggestions process, so that ideas from colleagues at any level can be raised with the Executive Board.

Each idea is discussed by the Executive Board, and answers are then posted on the intranet site, *Pulse*. We also increased opportunities for dialogue between our Employee Forum and the Executive Board, and introduced regular meetings between our Chief Executive and Registrar, colleague networks and UNISON.

During the year, colleagues submitted 280 suggestions through the staff suggestions process. The Executive Board considered and responded to all of them. Matters of colleague concern were also raised at new meetings between the Employee Forum and the Executive Board.

These actions have started to create more routes for colleagues to influence our culture and raise concerns. However, we know we must continue to build trust by listening, learning and demonstrating that we act on what colleagues tell us.

In September 2025, we introduced new hybrid working arrangements across the NMC, with the standard expectation being that staff come into the office at least two days a week. This change was introduced in response to the *Independent Culture Review*, which said that we should ensure greater consistency in office attendance. Rolling out a hybrid approach has helped strengthen teamwork, improve collaboration and rebuild connections after the pandemic.

Looking ahead

We are clear that there is much more to do. While many colleagues have seen a positive change, some have not. Culture change requires persistence, humility and continued engagement with our people. Year Two of the *Culture Transformation Plan* will focus on embedding the progress we have made, deepening capability across the organisation, and ensuring that improvements to culture translate into tangible benefits for registrants, colleagues and the public.

The ethnicity pay gap did not improve. However, in our most recent published *pay gap report* (published in March 2026 for the year to March 2025), strong statistics show the extent to which people who are Black, Asian and from ethnic minority backgrounds are in senior roles. While it has been reported that 13.5% of the UK civil service upper-pay quartile is Black, Asian or from an ethnic minority, as of January 2026:

- 27.1% of colleagues in our upper pay quartile are Black, Asian or from ethnic minority backgrounds
- 35.6% of colleagues in our upper-middle pay quartile are Black, Asian or from ethnic minority backgrounds.

We have even more colleagues in our lower pay quartiles, which drives our ethnicity pay gap. However, many of our more junior roles are based in Stratford, which has a higher proportion of people who are Black, Asian or from ethnic minority backgrounds than most localities in the UK. This means there will inevitably be a greater number of Black, Asian and ethnic minority colleagues in lower-paid roles.

As of January 2026, in our lower two pay quartiles:

- 53.9% of colleagues in our lower-middle pay quartile are from Black, Asian or ethnic minority backgrounds
- 56.8% of our colleagues in the lower pay quartile are Black, Asian or from ethnic minority backgrounds.

Overall:

- 44% of our colleagues are White
- 42.9% colleagues are from Black, Asian or ethnic minority backgrounds
- 13.2% are of an unknown background
- Our median gender pay gap decreased from 9.6% to 7.8%, while our median ethnicity pay gap increased from 30.9% to 32.3%. Our median disability pay gap has decreased from -10.6% to -12.8%.

We have seen a further decrease in our mean and median disability pay gaps. The NMC has a negative disability pay gap, meaning that the average pay for disabled colleagues is higher than for non-disabled colleagues. This gap has widened since our last report. The main reason for the change is an increase in the number of colleagues declaring a disability.

Regarding the gender pay gap, we have identified that recent recruitment of male colleagues into senior leadership roles has affected the overall position. We are monitoring this on a quarterly basis. Looking ahead, we are continuing to introduce supportive initiatives, including working towards Menopause Friendly accreditation, to better support colleagues and ensure we are well-placed for forthcoming Employment Rights Act changes in 2027.

Our commitment is unwavering: to be an organisation where everyone feels safe, respected and able to contribute fully, and where a positive, empowering and inclusive culture underpins effective, fair and proportionate regulation.

Performance dashboard as at 31 March 2026

Strategic priority: Culture transformation

The following KPIs and indicators reflect delivery and progress against key activities in our *Corporate Plan* for 2025-26. They are helping us deliver the wider impact we seek through our forward-looking strategy for 2025-27, which launched in September 2025.

Delivery confidence assessment – RAG descriptions.

- **Significant concern:** Major delays, budget overruns above 10%, or severe resource and benefit risks.
- **Moderate concern:** Managed schedule and risk impacts, with budget or staffing under active monitoring.
- **On track:** Project is fully on schedule, within budget, with low risks and fully secured resources.

KPI direction meaning	Icon	Explanation
Good/**Positive** outcome	▲	KPI going up is desirable
Bad/**Negative** outcome	▲	KPI going up is undesirable
Good/**Positive** outcome	▼	KPI going down is desirable
Bad/**Negative** outcome	▼	KPI going down is undesirable

Culture transformation	Reporting basis	Target	2024-25	2025-26	YoY Trend
Rolling number of *Independent Culture Review* recommendations completed	as of 31 March	37	3	**24**	▲
Equity, diversity and inclusion targets – development of the implementation plan	as of 31 March	-	●	●	-
UNISON anti-racist organisation charter – development of implementation plan	as of 31 March	-	●	●	-

Culture transformation	Reporting basis	Target	2024-25	2025-26	YoY Trend
Median pay gaps per **gender**	as of 1 April	0% by 2030	7.8%	**14.5%**	▲
Median pay gaps per **ethnicity**	as of 1 April	0% by 2030	32.3%	**32.3%**	-
Median pay gaps per **health condition**	as of 1 April	=<0% by 2030	-12.8%	**-13.3%**	▼
% of Black and ethnic minority colleagues represented in grades 6 and above	as of 31 March	30%	26.3%	**29.0%**	▲

Activity within this priority mitigates Strategic Risks **PEO25/04, PEO25/05** and **PEO25/26**. For further information, see the Risk Management section within our annual governance statement on pages 94-95.

Strengthening leadership

Effective leadership is central to the NMC's wider transformation. During 2025-26, we took important steps to strengthen leadership and governance with the aim of improving clarity, accountability and collective decision-making across the organisation.

Our new Chair, Ron Barclay-Smith, took up his role in April 2025. Our Chief Executive and Registrar, Paul Rees MBE, was appointed to the substantive position in July 2025, having served as the Interim CER from 20 January 2025. A number of new executive directors were also appointed during 2025-26, meaning that almost the entire Executive Board is new. We now have a united Executive team. These changes have helped strengthen governance arrangements, improve collective leadership and bring clearer ownership of priorities across directorates.

Alongside this, we continued to invest in leadership capability at all levels. This has included delivering one of the largest coaching programmes within a UK healthcare regulator, with all managers offered coaching focused on values-based decision-making, embedding equity, diversity and inclusion, psychological safety and enjoyment at work.

From April to December:

- 95% of eligible attendees participated in sessions on values-based decision-making (rated 3.5 out of 5)
- 86% of eligible attendees attended sessions on embedding equality, diversity and inclusion (rated 4.1 out of 5)
- Psychological safety: 75% attendance (rated 3.5 out of 5)
- Enjoyment at work: 83% attendance (rated 3.4 out of 5).

Further coaching sessions in this rolling three-year personal development offer started in February 2026 to continue building our leadership capability.

In addition, members of the Executive Board, deputy directors and assistant directors received tailored coaching focused on strong and effective leadership. We also launched a new management development programme, building on a successful pilot and extending it across four levels of responsibility.

Improving visibility and connection with colleagues were also priorities. The Chief Executive and Registrar and senior team hold regular in person town halls across NMC offices to promote openness and engagement. The introduction of two new forums for the Executive with deputy directors and assistant directors – and the Executive with deputy directors, assistant directors and heads – have further strengthened alignment and connection across senior teams.

Towards the end of the year, the Chair launched a review of Council and Committee governance. This review aims to strengthen oversight, improve the clarity of reporting and accountability and support leadership effectiveness, cultural transformation and regulatory performance. The feedback informing the review was drawn from multiple sources, including internal audit findings, Council and Committee effectiveness surveys, Council seminars and away days, external reviews and observations arising from Council and Committee practice during 2024-2026.

We have proactively managed the risk of loss of organisational memory, for example, by having contingency plans in place and good senior leadership team stability across most of our directorates beneath executive director level, and planning for effective handovers.

Modernising the NMC

Effective regulation depends on strong systems, clear governance, robust data and an organisation that is sustainable and well resourced. During 2025-26, we continued to modernise how we operate to regulate more effectively and provide a clearer, more consistent experience for professionals, the public and our colleagues.

As part of this work, we took some difficult but necessary decisions to ensure the NMC's long term financial and organisational sustainability. These decisions were essential to protect our ability to deliver our core regulatory functions effectively and independently.

Building long-term sustainability

In recognition of the cost-of-living crisis, we had not increased the registration fee since 2015. However, our workload grew during this period, so we also expanded our headcount.

As a result of not increasing our fees for a decade, there had – by April 2026 – been a 28.8% loss in the real value of our fees, and a resultant loss of £186 million in income up to the end of March 2026.

As we were spending our reserves to fund day-to-day activities, our total reserves had fallen from £101 million in March 2024 to around £49.6 million in March 2026, with a projected fall to £15.9 million by March 2027.

Therefore, we had to take action to preserve the sustainability of our reserves and avoid the risk of being unable to carry out our statutory duties.

First, we decided to remove around 10% of all roles and reduce our non-pay expenditure as well. Between October 2025 and January 2026, we consulted on changes to our organisational structure to better align resources with our core functions and strategic priorities and to remove costs.

We recognise the significant impact this had on affected colleagues and approached the process with care and support. As we move forward, we remain mindful of the time and attention needed to embed reshaped teams and new ways of working, while supporting the wellbeing of a streamlined workforce.

These changes were necessary to help ensure the NMC remained effective, resilient and focused on directing resources where they are most needed to protect the public.

Transforming digital services

In February 2026, we launched *MyNMC* as part of a new *NMC Online* – a more modern, secure and accessible platform for professionals, employers and education institutions – making it easier for people to connect with us. *MyNMC* supports new applicants wishing to join the Register and existing professionals wishing to renew their registrations, accept fee payments, and work across the UK health sector.

This was the culmination of over 24 months of work involving multiple teams, with a revised deployment date and an increased scope resulting in a reported overspend to Council. The *NMC Online/MyNMC* project faced several challenges, in part driven by the introduction of leading-edge technologies that provided a steep learning curve for the NMC and our delivery partner, as experienced specialist resource was scarce, and the addition of necessary scope changes. This combined with extensive data migration and security testing, contributed to a revised delivery timetable and a revised budget. Despite these challenges, *MyNMC* was delivered to the registrants and the public successfully, making it easier for professionals to engage with us and ensuring the public benefits from a more responsive and effective regulator.

We also continued our programme to replace our Fitness to Practise management system and modernise other systems; scoped replacement technology for our London and Edinburgh hearing rooms and provided training for colleagues on how to make the most of our current systems. All of these improve our operations' effectiveness and efficiency, as well as our service offering to professionals and the public.

During the year, we also deployed changes to our Hearing Panel allocation tool. We introduced additional functionality, which allowed us to significantly improve panel scheduling.

Strengthening our data reporting

We continued to deliver our data roadmap, making it easier for colleagues and partners to access high-quality information. This included quarterly Fitness to Practise data releases to Chief Nursing and Midwifery Officers across the four countries of the UK, progressing our Reference Data project to improve consistency across datasets, and introducing a new Log and Learn (L&L) system to strengthen how we capture organisational learning. These developments are enabling more informed decision-making and helping us identify trends earlier.

During the year we used L&L to review 274 learning events, generating 51 learning actions for teams arising from moderate or major events. See page 105 for more details.

Regulatory reform

The NMC has been working closely with the Department of Health and Social Care (DHSC) over several years as part of its regulatory reform programme. Progress remains dependent on this wider legislative reform and, while DHSC has committed to reforming our legislation within this Parliament, a detailed timetable has not yet been finalised.

In the meantime, we are continuing to prepare for reform, including developing policy proposals and consulting on interim rule changes to our Fitness to Practise rules to support ongoing improvement. We will continue to work with DHSC and expect greater clarity on timelines in due course.

Fitness to Practise rules consultation

From November 2025 to January 2026, we consulted on a limited number of amendments to our Fitness to Practise rules to support our Fitness to Practise improvement work, including proposals to appoint legally qualified chairs to panels, strengthen case management processes, and provide better support to vulnerable witnesses. Subject to relevant Privy Council and parliamentary process, our Council approved these changes at its meeting in April.

Fees consultation

In 2025-26, the NMC faced significant financial challenges. As mentioned previously, the decision not to increase the registration fee for a decade had profound consequences for our finances. This meant that, without an increase in the fee, we faced a situation where our reserves became unsustainable and there was a risk we would no longer be able to carry out our statutory duties.

As already mentioned, due to inflation since the last increase in fees, there has been a 28.8% loss in real value, which amounts to £186 million in lost income up to the end of March 2026.

As a result of freezing the fees, the NMC has been drawing down its reserves to fund its core work, including clearing ageing cases in Fitness to Practise – and therefore posting substantial deficits.

Our reserves, defined as total cash and investments held, have fallen from around £101 million in March 2024 to around £49.6 million in March 2026. They are projected to fall to £15.9 million in March 2027, without a fee increase.

The NMC carried out a public consultation, during which the majority of respondents opposed an increase to the fee. However, after careful consideration, the Council approved its first registration fee increase in 11 years in April 2026, raising the annual fee by £1.92 per month, from £120 to £143. The £23-per-year rise will officially take effect from 1 October 2026, subject to relevant Privy Council and parliamentary process.

The financial context in which we and virtually all other public bodies operate, continues to be challenging, both in the short and long term. Although we have made progress over the last year, we continue to have an underlying financial deficit that we must address

Environmental sustainability

We recognise the serious impact of the climate and ecological crisis 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 that drive climate change.

We launched our first environmental sustainability plan two years ago and have made important progress.

We have:

- Completed the move of all our electricity to net-zero suppliers
- Moved all our data centre and computing provision to the cloud and continued our transition to a cloud provider with a net-zero target by 2030. This has reduced our data centre and computing emissions by 22% compared to last year
- Further embedded sustainability into our estates strategy so that any major changes in the future are implemented sustainably
- Built sustainability into our procurement practice
- Made sure that the carbon impact of our investments is built into our *Investment* policy
- Moved our pension scheme to a provider with stronger environmental credentials
- Further incorporated sustainability and planetary health as part of the areas to consider in our Code review to encourage and influence sustainable practice for the professionals on our Register.

Key carbon targets in our Environmental Sustainability Plan include being carbon neutral across all emissions by 2030, being net zero for Scope 1 and 2 emissions across 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:

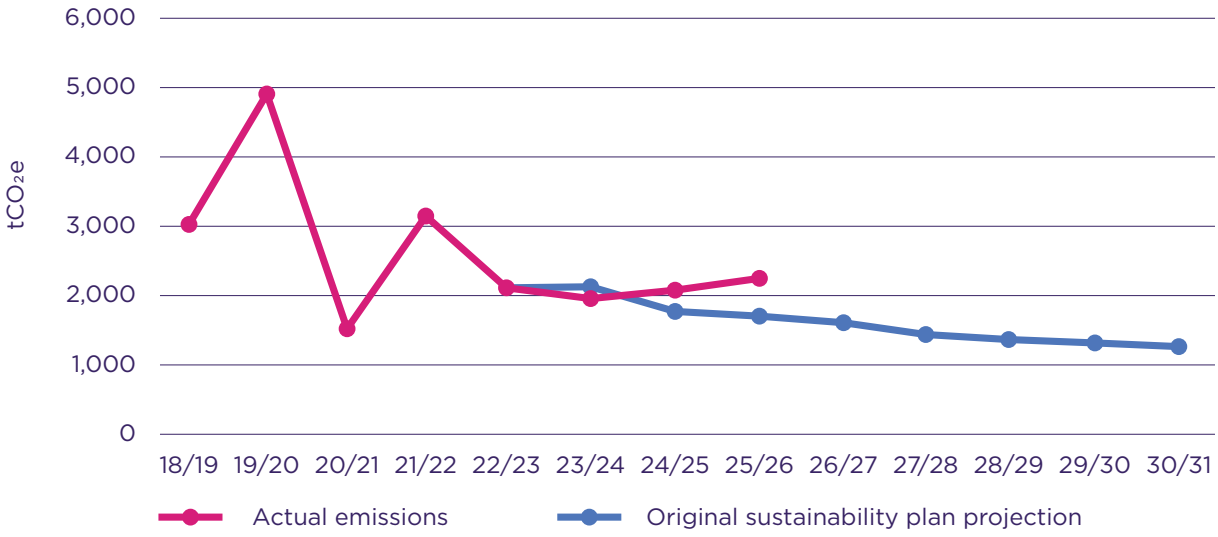
Tonnes of carbon dioxide equivalent (tCO_2e)	2025-26	2024-25
Scope 1 – direct emissions, for example gas, heating	162	160
Scope 2 – purchased electricity emissions	0	0
Scope 3 – indirect emissions by suppliers	2,070	1,953
Totals	**2,232**	**2,113**

While we have eliminated Scope 2 emissions and reduced some areas of Scope 3 emissions, such as computing, overall emissions have increased slightly compared with last year and are above the net-zero trajectory.

This is due to a number of factors, including increased business travel as in-person hearings return, which improves their effectiveness to the benefit of the public and registrants; increased spend on external suppliers; and the delay in refurbishing our London office at 23 Portland Place.

Looking forward, given the impact of the delay in refurbishing 23 Portland Place, a key driver will be decisions around our estate, which will be taken over the next two to three years. Despite the recent flattening in our carbon impact performance, significant reductions continue to be made compared to earlier years, as shown in the graph below. For instance, compared to our baseline year of 2018-19, when emissions from business travel were 600 tonnes of CO_2e, equivalent emissions were 228 tonnes of CO_2e in 2025-26.

Actual emissions (all scopes) against net zero trajectory



We are committed to acting in an environmentally sustainable way and supporting those working in the health and care sector to do the same.

Performance dashboard as at 31 March 2026

Strategic priority: Modernising the NMC

The following KPIs and indicators reflect delivery and progress against key activities in our *Corporate Plan* for 2025-26. They are helping us deliver the wider impact we seek through our forward-looking strategy for 2025-27, which launched in September 2025.

Delivery confidence assessment – RAG descriptions.

- **Significant concern:** Major delays, budget overruns above 10%, or severe resource and benefit risks.
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KPI direction meaning	Icon	Explanation
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Regulatory transformation	Reporting basis	Target	2024-25	2025-26
Legislative change programme: **legislative project**	as of 31 March	-	-	
Legislative change programme: **implementation**	as of 31 March	-	-	

Note: Progress remains dependent on this wider legislative reform and, while DHSC has committed to reforming our legislation within this Parliament, a detailed timetable has not yet been finalised.

Activity within this priority mitigates Strategic Risks **STR24/01, STR22/04, STR24/07** and **TECH24/01**. For further information, see the Risk Management section within our annual governance statement on pages 94-95.

Planning for the Future - our Strategy 2026–27

Planning for the future – our strategy 2025-27

While we have made important progress during 2025-26, we know that sustained improvement will require continued focus, prudent planning and investment, and accountability. We remain committed to building a new NMC so that it becomes the strong and independent regulator that everyone wants to see – so that we can best protect the public, maintain confidence in the nursing and midwifery professions and uphold the standards.

Over the years, the NMC has been the subject of a number of critical reports that have highlighted issues with our culture, racism, our Fitness to Practise process, and failures of systems.

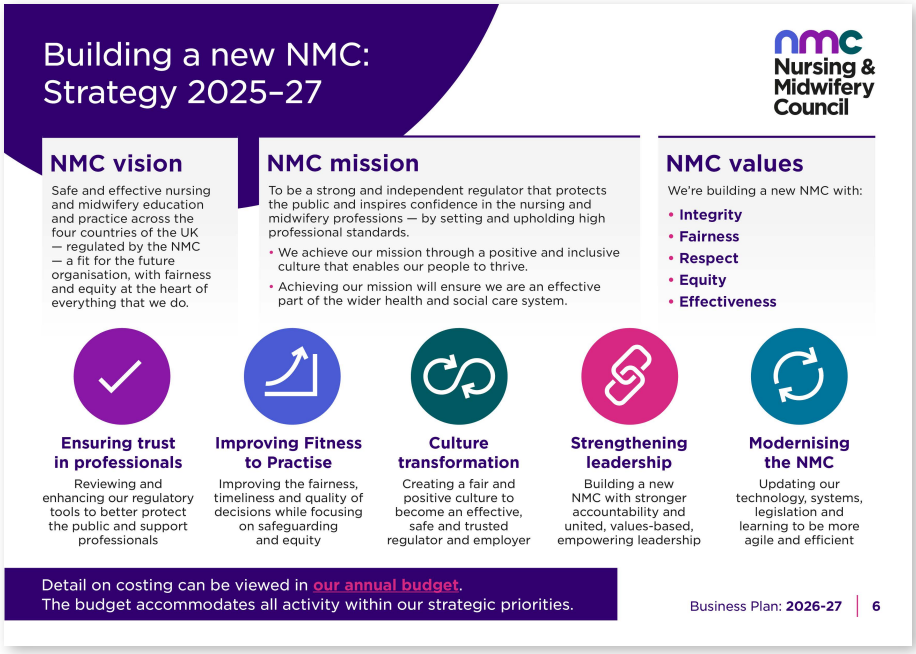
Now that we have an almost completely new Executive team, we have turned a new page and are determined, once and for all, to fix the issues at the organisation – so we can deliver on our core purpose of protecting the public, maintaining confidence in the nursing and midwifery professions and upholding the standards.

The public, nursing and midwifery professionals, and our stakeholders all need an NMC that consistently meets high standards and increasingly meets the *Standards of Good Regulation*, as set out by the PSA.

Over the last year, we have set about transforming the culture at the organisation, having published our three-year *Culture Transformation Plan* in March 2025.

We are determined to build a culture that is empowering, positive and inclusive, underpinned by a strong commitment to anti-racism.

The NMC Strategy 2025-27 sets out our priority areas as we continue to transform our culture and improve our regulatory performance. The strategy builds on our *Culture Transformation Plan* and Fitness to Practise improvement programme, through which we have already made major strides.



Business Plan for 2026-27

Our 2026-27 *Business Plan*, approved by the Council in May 2026, sets out how we intend to deliver our ambitions over the course of this business year. It reflects the priorities established in our 18-month strategy, *Building a New NMC*, published in September 2025.

We are operating in a challenging context. We recognise that the journey towards faster, fairer and more effective regulation that supports high-quality nursing and midwifery practice will be complex, particularly given the pressures facing the wider health and care system.

The professionals we regulate constitute the largest proportion of the health workforce and a significant part of the social care workforce. They play a vital role in supporting people and communities across the UK. At a time of considerable pressure on these professions, effective professional regulation is more important than ever.

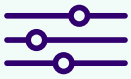
Our key planning principles include:

Keeping the plan lean and actionable

Fostering accountability through specific deadlines, and treating it as a living document that adapts to constant change, rather than a one-time, static task

Maintaining focus and discipline so the organisation is well positioned for the next phase of delivery

Using resources efficiently to prioritise activity that delivers the greatest public protection

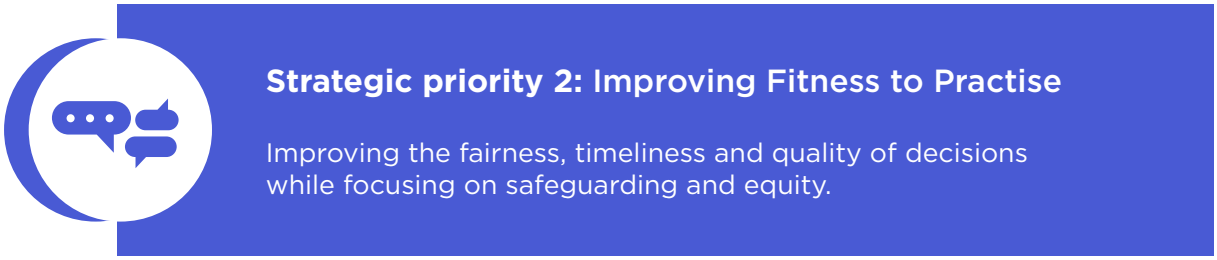


Responding proportionately to emerging challenges where they align with our strategic priorities

Equipping and empowering colleagues to perform effectively and sustainably

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 the transformation of our regulatory performance.

Over the next 12 months, we will focus on five strategic priorities:



While the year ahead will undoubtedly remain challenging, there are reasons to be confident about the future. Together, we are committed to delivering the *Business Plan* through to 2027, with a clear focus on improving our services and directing our efforts where change is most needed.

Financial Review

05

Financial Review

Income and expenditure

Our total income for 2025-26 was £107.0 million (2024-25: £108.6 million) and total expenditure was £132.4 million (2024-25: £130.4 million). This has resulted in a net deficit of expenditure over income of £25.4 million (2024-25: £21.8 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 £38.9 million (2024-25: £59.7 million).

The final net deficit was slightly higher than the planned £24.2 million. This variance was driven by several critical operational and strategic factors, although significant pressures were largely offset by savings and the release of the employment tribunal provision:

- Continued regulatory and operational pressures: significant resourcing requirements and operational delays within our core regulatory functions, specifically in relation to the management and transformation of the investigations backlog, heavy reliance on external case presenting and cost of hearings activities
- Strategic investments: continued financial commitment to staff coaching, development and the *Culture Transformation* plan
- One-off costs associated with restructuring of some £2.7 million
- Legal and external factors: increased legal expenditure associated with ongoing employment tribunal cases.

Income from registration and application fees totalled £105.5 million, in line with both budget and the previous year (2024-25: £105.3 million). While the Register saw an overall increase, there was a steady decline in applications from internationally trained professionals. As these application volumes reduce, we anticipate a slower rate of Register growth in the coming years.

Our total expenditure of £132.4 million was in line with budget and £2.0 million (1.6%) higher than the previous year. The year-on-year increase in expenditure was driven by the factors mentioned above.

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 the direct costs of each activity from 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 £63.0 million, a significant decrease on the £69.0 million in 2024-25. The decrease is due to the reversal of the employment tribunal provision. The £3 million provision was made in 2024-25, increasing the costs for that year, and was released in 2025-26 because it was no longer required, reducing the costs for the current year by the same amount, a £6 million year-on-year movement. As a result, our overall underlying spend on Fitness to Practise remained in line with last year, reflecting the high priority we continue to give to reducing the age of cases while improving our efficiency and quality of decision-making and support to all those involved in our processes.

The direct costs of maintaining the Register were £7.2 million in 2025-26 (2024-25: £6.2 million). The increase was mainly due to the strengthening of registration investigations.

Overall support costs (including facilities, finance, people and technology) were £46.1 million (2024-25: £39.5 million). The increase on 2024-25 is mainly due to a past service cost adjustment relating to our defined benefit pension scheme and an increase in support staff costs as we invested in strategic improvements.

Pensions

The NMC has two pension schemes: a defined benefit scheme, which was closed to new entrants in November 2013 and 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 decreased by £3.3 million and the liability decreased by £0.5 million, resulting in the scheme showing a net surplus of £11.5 million at the end of the year.

For a number of years up to and including 2020-21, 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 through to 31 March 2026) have shown a surplus, with the value of the scheme assets exceeding the estimated liability. 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 would 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". 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 2025-26, a triennial review of the defined benefit scheme was also completed by the pension scheme trustees, based on its position at 31 March 2025. This was carried out by the actuary reporting to the trustees for the purpose of defining whether the NMC needs to contribute recovery payments to the scheme to ensure it has sufficient funds to meet expected liabilities. As required, this was done in accordance with actuarial and The Pensions Regulator standards, rather than in line with the FRS 102 requirements used for the accounts.

This valuation also showed a surplus and, as a result, the independent pension trustees have agreed with us that recovery plan payments are still not required. This position will be reviewed at the next triennial review as at 31 March 2028.

Investments

In line with Council's Investment policy, we had some £44.0 million invested in liquid funds and short-term Treasury Bills at the year end.

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. It breaks our portfolio into short, medium and long-term investments, each with different objectives.

The £44 million is currently invested for the short term, which prioritises liquidity and risk management as we draw down the amount invested to fund activity.

While we recognise that investing in equities, funds and bonds carries risk, we expect that by investing through expert investment managers – whose performance is overseen and scrutinised by our Finance and Resources Committee – 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 2025-26, dividend and interest income from the portfolio, which was reinvested, was £0.8 million (2024-25: £1.0 million), with a gain on investments of £1.9 million (2024-25: £2.6 million) at the year-end. The overall decrease in income from the portfolio is mainly due to the reduced amount invested, as we draw down to fund activity, and to reducing interest rates. The statement of financial activities shows investment management costs of £0.13 million (2024-25: £0.18 million).

Following a competitive tender exercise, we changed our investment managers during the year and agreed a benchmark of UK SONIA (Sterling Overnight Index Average) for the short-term investment. For the seven months between inception in August 2025 and year-end 31 March 2026, the benchmark was 2.3% and the return on the short-term investment, net of fees, was 2.2%.

The interest earned on our bank deposits was £0.5 million (2024-25: £2.2 million). The decrease compared to the previous year is due to holding much lower balances in our bank deposits, transferring excess amounts to our investment portfolio to take advantage of a more suitable combination of interest rates and liquidity.

Reserves

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

This year, as last year, our reserves range has been expressed in the form of total cash and investments, rather than as the more accounting-based 'free reserves' we have used in earlier years.

Using this definition, the NMC ended the year with reserves of £49.6 million.

The target range for reserves as measured by cash and investments has been set at between £15 million and £60 million for 2026-27. This is equivalent to between about a little over one and six months' recurrent corporate spend in 2026-27.

Although the lower end of the range is below the £30 million minimum agreed last year, it still provides a significant 'spend cushion' in the context of strong spend controls and predictable income from fees payable by the professionals on our Register. It also allows us to invest in significant one-off projects during 2026-27 that will significantly improve our efficiency and delivery.

The target maximum level of reserves is set to ensure our resources are applied effectively, balancing the interests of registrants who finance us through the fees that they pay, and the public who benefit from our work.

Taking into account our relatively secure source of income and our still significant reserves, the Council has reviewed our circumstances, work plans, budgets, cash flow forecasts and our current and forecast reserve levels and is comfortable that the NMC is a going concern. It has also considered the evidence of strong financial management provided by the outturn for 2025-26 relative to budget, as well as the additional steps put in place to strengthen financial management set out in the 'Key Risks and Issues' section of the annual governance statement. It has also noted the positive conclusion of the Internal Audit review of financial management. Further detail on going concern can also be found in note 1a of the 'Notes to the accounts' within the financial statements.

Ron Barclay-Smith
Chair
8 July 2026

Paul Rees MBE
Chief Executive and Registrar
8 July 2026

Remuneration Report

Remuneration Report

2025-26 has been a year of change for the NMC, but also one that has created a more stable, capable and future-focused organisation. We have welcomed a new Chief Executive and Registrar and an almost entirely new Executive team. While there have been challenges, including a redundancy programme to ensure robust finances for the future, there has also been sustained focus on delivering our core regulatory purpose for the public and continuing to tackle the cultural issues highlighted in the *Independent Culture Review*.

The People and Culture Committee plays an important role at the NMC. Its remit is to ensure there are appropriate systems in place for remuneration and succession planning at the NMC, as well as to oversee both the people and equity, diversity and inclusion strategic objectives. The Committee scrutinises delivery of our people and EDI strategic objectives to ensure the NMC is making sustainable changes to its culture.

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 tables in this report marked as '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 of external experts to assess the appropriate level of allowances. The Council has agreed that it will either accept or reduce the level of allowance recommended by the panel but will not increase it. The People and Culture Committee is responsible for overseeing the establishment of the independent panel and reviewing its findings for consideration by Council. Council considered the most recent review in July 2022. In line with the findings of that review, Council agreed a 3% 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 commitments of committee Chairs, it was agreed that these roles could receive additional allowances. These allowances are determined by the Chair, in line with a process agreed by the People and Culture Committee.

For 2025-26, the Chair of the Audit Committee, Chair of the People and Culture Committee and Chair of the Finance and Resources 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 2025-26 amounted to £249,435 (2024-25: £263,911). No extra-contractual payments were made to any Council, Associate or Partner member in 2025-26.

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 when attending meetings from home locations across the UK, including travel from Wales, Scotland, Northern Ireland and parts of England that necessitate overnight stays. They also vary because some members undertake more activities that require travel, whereas others undertake more activities that can be done 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.

When Council meetings are in London, members attend evening meals with members of the Executive and those meals are considered 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 the performance of the 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, a peer assessment by Council colleagues and input from the CER. A similar process is in place for individual Council and Associate members led by the Chair and for the Committee Chair for Independent members, although this year it was decided that peer assessment by Council colleagues would not be undertaken.

Diversity of our Council members, Associates and Partner members

Diversity data for our Council members, Associates and Partner members on 31 March 2026 is shown below. On 31 March 2026, there were 12 Council members, zero Associates and 9 Independent members in total (31 March 2025: 12 Council members, zero Associates, 8 Independent members).

Gender

15	6
A woman	A man

(at 31 March 2025: A woman 16, A man <5)

Declared disability

20	<5	0
No	Yes	Prefer not to say

(at 31 March 2025: No disability: 20, Declared disability: 0, Prefer not to say: 0)

Ethnicity

12	<5	5
White	Asian	Black

(at 31 March 2025: White: 14, Asian: <5, Black: <5)

Age group

<5	6	12
41-50	51-60	61 and over

(at 31 March 2025: 41-50: <5, 51-60: 9, 61 and over: 9)

Religion or belief

13	<5	<5	<5	<5
Christian	Muslim	Hindu	No religion	Prefer not to say

(at 31 March 2025: Christian: 12, No religion: 6, Muslim: <5, Prefer not to say: <5)

Sexual orientation

17	<5	<5
Heterosexual or straight	Gay or lesbian	Prefer not to say

(at 31 March 2025: Heterosexual or straight: 16, Gay or lesbian: <5, Prefer not to say: <5)

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

	2025-26				2024-25			
	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)
Ron Barclay-Smith (Chair) (from 1 April 2025)	75-80	39,000	115-120	1,800	0	0	0	0
Sir David Warren (Chair) (to 31 March 2025)	0	0	0	0	75-80	2,700	80-85	0
Rhiannon Beaumont-Wood (from 1 June 2024)	15-20	8,800	20-25	900	10-15 FYE 15-20	8,700	20-25	0
Lindsay Foyster	15-20	4,900	20-25	400	15-20	6,900	20-25	300
Deborah Harris-Ugbomah FCA (from 1 May 2024)	15-20	3,300	20-25	200	15-20 FYE 15-20	9,800	25-30	0
Claire Johnston (to 30 September 2025)	5-10 FYE 15-20	900	5-10	200	15-20	2,100	15-20	100
Hussein Khatib (from 13 October 2025)	5-10 FYE 15-20	800	5-10	0	0	0	0	0
Eileen McEneaney MBE	15-20	12,200	25-30	700	15-20	9,800	25-30	300
Dr Margaret McGuire OBE	15-20	4,700	15-20	200	15-20	7,300	20-25	300
Dr Julia Mundy (from 13 October 2025)	5-10 FYE 15-20	400	5-10	0	0	0	0	0
Flo Panel-Coates	15-20	2,000	15-20	500	15-20	5,500	20-25	0
Nadine Pemberton Jn Baptiste	15-20	5,900	20-25	100	15-20	8,100	20-25	0
Derek Pretty (to 30 April 2024)	0	0	0	0	0-5 FYE 15-20	600	0-5	100
Anna Walker CB	15-20	400	15-20	100	15-20	700	15-20	0
Ruth Walker MBE (to 30 April 2024)	0	0	0	0	0-5 FYE 15-20	0	0-5	300

	2025-26				2024-25			
	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)**
Sue Whelan Tracy (to 30 September 2025)	5-10 FYE 15-20	3,100	10-15	400	15-20	5,700	20-25	200
Dr Lynne Wigens OBE	15-20	4,100	20-25	300	15-20	5,900	20-25	100
Associates								
Jabulani Chikore (to 28 February 2025)	0	0	0	0	5-10 FYE 10-15	0	5-10	0
Navjot Kaur Virk (to 15 November 2024)	0	0	0	0	5-10 FYE 10-15	3,000	5-10	300
Totals	**249.4**	**90,500**	**339.9**	**5,800**	**263.9**	**76,800**	**340.8**	**2,000**

Notes:

- The Chairman is required to work three days per week on NMC business in London.
- Council members are required to work three days per month on NMC business.
- Members' expenses vary because some members undertake more activities that require travel from across the UK's four countries, whereas others undertake more activities that can be done virtually and account for any reasonable adjustments required.
- Independent Partner members are not official charity trustee members of the Council; they are members of discretionary sub-committees, and therefore they are not included in the above table.
- Peter Herbert was appointed an Independent Adviser to the Council on a fixed-term contract from 1 January 2025 to 31 December 2025 and was not an official charity trustee member of the Council and therefore is not included in the above table.
- Totals are subject to rounding.

Senior management team remuneration and performance assessment

The Executive Board is the senior management team and comprises the CER and executive directors, including those in acting or interim roles. All executive directors report directly to the CER. 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 CER is the only employee appointed directly by and accountable to the Council. The Council has delegated authority to the CER 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

Every year, the People and Culture Committee reviews the appraisal from the Chair regarding the performance of the CER. The CER's objectives are presented at the committee for transparency. The CER is responsible for setting the executive directors' objectives and this year, their objectives will include a dedicated financial accountability objective, a leadership objective, and a corporate collaborative objective, as well as those objectives covering the delivery of their work and programmes.

Executive remuneration 2025-26

The remuneration of the Executive Board 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.

The remuneration of the Executive Board for 2025-26 was agreed by the People and Culture Committee in February 2025. In line with advice from independent executive pay advisers, the People and Culture Committee concluded that for 2025-26 the Executive should receive a 3% pay award.

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 £1.671 million in 2025-26 (2024-25 £1.643 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 does not receive any other taxable benefits. In line with the limits and processes outlined in our policy on colleagues' expenses, Executive members can claim travel, accommodation and subsistence when undertaking business trips.

During 2024-25, we implemented a stronger link between base pay and performance, based on the results of our new Ambitious Appraisal process, which would have informed remuneration for 2025-26. This was delayed, allowing us to further embed Ambitious Appraisals and link appraisals to our behaviour framework. In line with our total reward strategy across the organisation and to better reflect our commitments to the public and our registrants, a stronger link between base pay and performance was implemented in 2025-26.

The employment contract of the CER requires six months' notice 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)

	2025-26					2024-25				
	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 to 16 July 2025 Chief Executive and Registrar from 17 July 2025	205-210	200	29,000	235-240	6,500	40-45 FYE 200-205	100	5,000	45-50	1,200
Andrea Sutcliffe CBE[1] Chief Executive and Registrar to 7 October 2024	0	0	0	0	0	200-205 FYE 185-190	200	8,000	210-215	300
Ravi Chand CBE Director of People and Culture from 7 July 2025	110-115 FYE 150-155	200	15,000	125–130	2,200	0	0	0	0	0
Gavin Kennedy Interim Executive Director of People and Organisational Effectiveness from 6 January 2025 to 13 July 2025	40-45 FYE 145-150	0	6,000	45–50	200	30-35 FYE 145-150	100	5,000	35-40	0
Ruth Bailey[2] Executive Director of People and Organisational Effectiveness (job share) to 6 January 2025	0	0	0	0	0	70-75 FYE 95-100	500	0	70-75	100
Lise-Anne Boissiere[2] Executive Director of People and Organisational Effectiveness (job share) to 6 January 2025	0	0	0	0	0	75-80 FYE 105-110	0	8,000	85-90	0
Lesley Maslen Executive Director of Professional Regulation	170-175	400	24,000	195-200	200	170-175	500	24,000	190-195	3,000
Prof Donna O'Boyle MBE[3] Acting Director of Professional Practice from 9 May 2025	130-135 FYE 150-155	400	30,000	165-170	29,400	0	0	0	0	0
Sam Donohue[4] Acting Director of Professional Practice from 2 December 2024 to 9 May 2025	15-20 FYE 145-150	0	1,000	15-20	1,200	50-55 FYE 145-150	0	4,000	50-55	2,300

	2025-26					2024-25				
	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)**
Sam Foster[5] Executive Nurse Director of Professional Practice to 31 May 2025	85-90 FYE 185-190	0	2,000	85-90	0	185-190	200	26,000	210-215	15,200
Emma Westcott[6] Interim Executive Director of Strategy and Insight from 7 February 2025 to 28 May 2025, Executive Director of Strategy and Insight from 29 May 2025	140-145	400	20,000	165-170	600	20-25 FYE145-150	0	3,000	20-25	0
Kuljit Dhillon[7] Interim Executive Director of Strategy and Insight from 23 September 2024 to 21 April 2025	5-10 FYE 150-155	0	1,000	10-15	0	75-80 FYE 150-155	300	11,000	85-90	400
Matthew McClelland Executive Director of Strategy and Insight to 30 September 2024	0	0	0	0	0	75-80 FYE 155-160	200	11,000	90-95	400
Julia Corkey Director Communications and Engagement from 1 July 2025	110-115 FYE 150-155	400	16,000	125-130	600	0	0	0	0	0
Miles Wallace[8] Acting Executive Director of Communications and Engagement from 18 December 2024 to 31 July 2025	45-50 FYE 145-150	0	6,000	50-55	100	40-45 FYE 145-150	100	6,000	45-50	0
Edward Welsh Executive Director of Communications and Engagement to 31 May 2025	20-25 FYE125-130	0	3,000	20-25	0	125-130	0	17,000	140-145	400
Christopher Kinsella Interim Director of Resources and Technology Services from 17 November 2025	55-60 FYE 160-165	0	7,000	65-70	0		0	0	0	0
Tom Moore[9] Interim Executive Director of Resources and Technology Services from 13 May 2024 to 19 January 2025 and 17 June 2025 to 30 November 2025	65-70 FYE 145-150	200	15,000	80-85	800	105-110 FYE 145-150	0	11,000	115-120	500

	2025-26					2024-25				
	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[10] 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 to 31 October 2025	200-205 FYE 185-190	0	15,000	215-220	3,100	190-195	600	17,000	205-210	14,800
Richard Cartland Interim Executive Director of Transformation and Technology Services from 2 January 2026	40-45 FYE 175-180	100	0	40-45	0		0	0	0	0
Totals	**1,478**	**2,038**	**190,412**	**1,671**	**45,000**	**1,485**	**3,127**	**154,557**	**1,643**	**38,600**

1. Andrea Sutcliffe CBE was paid six months' pay in lieu of notice.
2. Ruth Bailey and Lise-Anne Boissiere job-shared the role of Executive Director of People and Organisational Effectiveness from 7 November 2022 to 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. Professor Donna O'Boyle MBE is on secondment from NHS24.
4. Sam Donohue was appointed Acting Executive Director of Professional Practice to cover Sam Foster's absence from work.
5. Sam Foster was paid three months' pay in lieu of notice.
6. 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.
7. Khuljit Dhillon was on secondment from the GMC.
8. Miles Wallace was appointed Acting Director of Communications and Engagement from 18 December 2024 to 31 July 2025 to cover for Edward Welsh's absence from work.
9. Tom Moore was interim Executive Director of Resources and Technology Services from 13 May 2024 to 19 January 2025 to cover for Helen Herniman while she was Acting Chief Executive and Registrar and again from 17 June 2025 to 30 November 2025 to cover her absence from work.
10. Helen Herniman was paid three months' pay in lieu of notice and an exit package of £45-50,000, also identified as a special payment in Table 4, below.
11. Current directors, except Donna O'Boyle and Richard Cartland, are members of the defined contribution pension scheme.
12. The value of directors' pension benefits is the employer contributions made into their pension funds. This is a departure from the government Financial Reporting Manual (FReM) in regard to Lise-Anne Boissiere, whose pension is a defined- benefit civil service pension and therefore subject to different reporting requirements under the FReM. The departure from the FReM was agreed by the Accounting Officer due to the unavailability of the information.
13. Totals subject to rounding.

Executive remuneration for 2026-27

The People and Culture Committee considered Executive remuneration for 2026-27 in February 2026. The committee decided there would be 2.5% pay increase for executive directors with effect from 1 April 2026, which is consistent with the band 10 and 11 pay award (assistant directors and deputy directors).

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. No one with significant financial responsibility was subject to off-payroll engagements. 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 2026, for more than £245 per day and that last for longer than six months	
Number of existing engagements as of 31 March 2026	**5**
Of which:	
Number that has existed for less than one year at time of reporting	4
Number that has existed for between one and two years at time of reporting	1
Number that has existed for between two and three years at time of reporting	0
Number that has 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 2025 and 31 March 2026 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 2025 and 31 March 2026	**3**
Of which:	
Number assessed as within IR35	1
Number assessed as outside IR35	2
Number engaged directly and on the payroll	0
Number of engagements reassessed for consistency/assurance purposes during the year	1
Number of engagements that saw a change to IR35 status following the consistency review	1

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 2026	Year ended 31 March 2025	Year ended 31 March 2026	Year ended 31 March 2025	Year ended 31 March 2026	Year ended 31 March 2025	Year ended 31 March 2026	Year ended 31 March 2025
Less than £10,000	10	18	4	1	14	19	0	0
£10,001 – £25,000	1	0	14	2	15	2	0	0
£25,001 – £50,000	2	0	20	0	22	0	1	0
£50,001 – £100,000	1	0	11	1	12	1	0	0
£100,000 – £150,000	0	0	7	0	7	0	0	0
Greater than £150,000	0	0	1	0	1	0	0	0
Total number of exit packages	**14**	**18**	**57**	**4**	**71**	**22**	**1**	**0**
Total cost £	**174,831**	**48,926**	**2,706,615**	**145,441**	**2,881,446**	**194,368**	**45,000**	**0**

This is in the context of a redundancy programme that saw colleagues depart the NMC between December 2025 and March 2026.

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, considering a range of information, including employee turnover, recruitment activity, pay gaps, retention trends, benchmarking data and overall affordability.

April 2025 represents the third year of the new structures and pay policy. The standard rate increase varied, with lower grades receiving a higher standard rate increase of 2.5% and higher-graded colleagues receiving a standard rate increase of 1.5%. The overall cost of the standard rate increase will be 2.2% of salary budget, and the progression increase will be a 2.9% increase of salary budget, meaning a total increase budget of 5.1%.

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 2023-24. 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. For the April 2025 annual pay review, the Executive Board and People and Culture Committee agreed to delay the link between progression pay and Ambitious Appraisals until April 2026. This period was used to further embed Ambitious Appraisals and link appraisal to our behaviour framework.

In 2025-26, there was a 4.6% increase made of a standard increase: (cost of living 1.9% and a progression increase of 2.8%).

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 scheme. Employees can opt to contribute to this scheme by salary sacrifice. Employees in the scheme contribute a minimum 1% of their salary, which is matched by the NMC contributing 8% (2024-25: 8%). From 1 April 2021, the NMC matched additional employee contributions up to a maximum total employer contribution of 14%. To receive an employer contribution of 14%, an employee would need to contribute at least 7%. We encourage and support colleagues to reflect on how best to plan for their retirement and ensure they are taking full advantage of our pension scheme. At 31 March 2026, 1,184 employees (95.8%) were members of the defined contribution scheme (31 March 2025: 1,166, 91.5%).

Further information about remuneration and pensions is contained in notes 9 and 19 to the accounts.

NMC grading structure and pay differentials

Table 5: Employees by grade and gender on 31 March 2026

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	140	434	24.39%	75.61%	11.52%	35.72%
5 – 7	156	339	31.52%	68.48%	12.84%	27.90%
8 – 11	43	96	30.94%	69.06%	3.54%	7.90%
CEO	1	0	100.00%	0.00%	0.08%	0.00%
Directors	3	3	50.00%	50.00%	0.25%	0.25%
Grand total	**343**	**872**	**28.23%**	**71.77%**	**28.23%**	**71.77%**

Table 6: Employees by grade and ethnicity on 31 March 2026

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	162	330	82	28.22%	57.49%	14.29%	13.33%	27.16%	6.75%
5 – 7	264	172	59	53.33%	34.75%	11.92%	21.73%	14.16%	4.86%
8 – 11	95	31	13	68.35%	22.30%	9.35%	7.82%	2.55%	1.07%
CEO	0	1	0	0.00%	100.00%	0.00%	0.00%	0.08%	0.00%
Directors	3	1	2	50.00%	16.67%	33.33%	0.25%	0.08%	0.16%
Total employees	**524**	**535**	**156**	**43.13%**	**44.03%**	**12.84%**	**43.13%**	**44.03%**	**12.84%**

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 2025-26 was in the band £205,000 to £210,000. The change in average salary from 2024-25 to 2025-26 was an increase of 3.41%, due to the salary increase for all eligible employees as part of the April 2025 pay review. No employees received performance pay or bonuses in either the current or previous financial year. On 31 March 2026, the range of remuneration at the NMC was £23,663 to £210,000. On 31 March 2025, the equivalent range was £22,103 to £202,000. The change in the highest paid director's salary from 2024-25 to 2025-26 was an increase of 3.96%.

In 2025-26, the highest remuneration was 4.51 times the median remuneration of NMC employees, which was £46,023. In 2024-25, the highest remuneration was 4.7 times the median remuneration of NMC employees, which was £42,990.

This represents a 0.14 percentage point decrease 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 2025.

In 2025-26, the highest remuneration was 5.83 times the lower-quartile remuneration of NMC employees, which was £36,024. In 2024-25, the highest remuneration was 5.97 times the lower-quartile remuneration of NMC employees, which was £33,830. This is a 0.14 percentage point decrease in the lower-quartile remuneration gap, year on year.

In 2025-26, the highest remuneration was 3.3 times the upper quartile remuneration of NMC employees, which was £63,664. In 2024-25, the highest remuneration was 3.28 times the upper-quartile remuneration of NMC employees, which was £61,590. This represents an increase in the upper-quartile remuneration gap of 0.02, year on year.

Pay gap reporting

Since 2017, legislation has required us to publish our gender pay gap data. In addition, since 2020, we have published our ethnicity and disability pay gap data. This data provides insight into where we need to improve to offer inclusive employment opportunities regardless of gender, ethnicity and disability. We have used the same methodology for gender pay calculations to calculate both our ethnicity and disability pay gaps.

Our 2026 pay gap data are shown in the table below, with 2025 data for comparison. Our 2024 results are also found in our pay gap reports.

Table 7: Pay gap data

Pay gap	As at 1 April 2026	As at 5 April 2025	UK average for 2025[1]
Gender – Median	14.5%	7.8%	6.9%
Gender – Mean	7.5%	5.2%	10.9%
Ethnicity – Median	32.3%	32.3%	
Ethnicity – Mean	20.4%	21.5%	Insufficient declarations to calculate accurate figures
Disability – Median	-13.3%	-12.8%	
Disability – Mean	-12.4%	6,000	

We continue to recognise that this data highlights the need for improvement. In 2025, the NMC strengthened its equity, diversity and inclusion commitment by appointing Heads of Workforce and Regulatory EDI, signing UNISON's Anti Racism Charter and making progress against 17 of 19 commitments. A senior executive sponsor was appointed, and inclusive culture initiatives were expanded. A total of 1,000 colleagues completed a new face to face EDI learning programme delivered with The Equal Group.

We have also made good progress in the representation of Black, Asian and ethnic minority colleagues at senior and managerial levels. Ethnic minority colleagues in grades 8+ rose from 18.7% to 19.4%, while ethnic minority line managers increased from 59 to 73. The *Rising Together* mentoring programme also continued, with expanded participation targets that were all met – for the first time, 80% of participants were Black, Asian and ethnic minority colleagues.

Staff networks help embed EDI across the NMC by providing identity based insights, raising awareness of inclusion, and offering tailored support.

Five networks support colleagues and drive cultural change. The networks have been crucial in pushing for change at NMC. They include new parents' rooms; shared LGBT+ best practices at well-attended and positive events; heritage celebrations across our locations and online, including for Black History Month; and progress towards Disability Confident Level 2, supported by a Reasonable Adjustments Working Group. We are grateful for the work of our networks and those colleagues who volunteer to chair and support their work.

In addition to the details above, our Pay gaps report is published annually and sets out our data and plans more comprehensively.

Ron Barclay-Smith
Chair
8 July 2026

Paul Rees MBE
Chief Executive and Registrar
8 July 2026

[1] Ethnicity pay reporting: guidance for employers – GOV.UK (www.gov.uk)

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

07

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 (CER) 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 are fair, balanced and understandable, and takes personal responsibility for them and for the judgements required for determining that they are 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 moving to Cazenove Capital, 1 London Wall Place, London EC2Y 5AU who were appointed during 2025-26.

Internal auditor

RSM Risk Assurance Services LLP,
25 Farringdon Street, London EC4A 4AB provided internal audit services for 2025-26.

KPMG LLP, 15 Canada Square,
London E14 5GL have been appointed to provide internal audit services from 2026-27.

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 & Hamlins 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

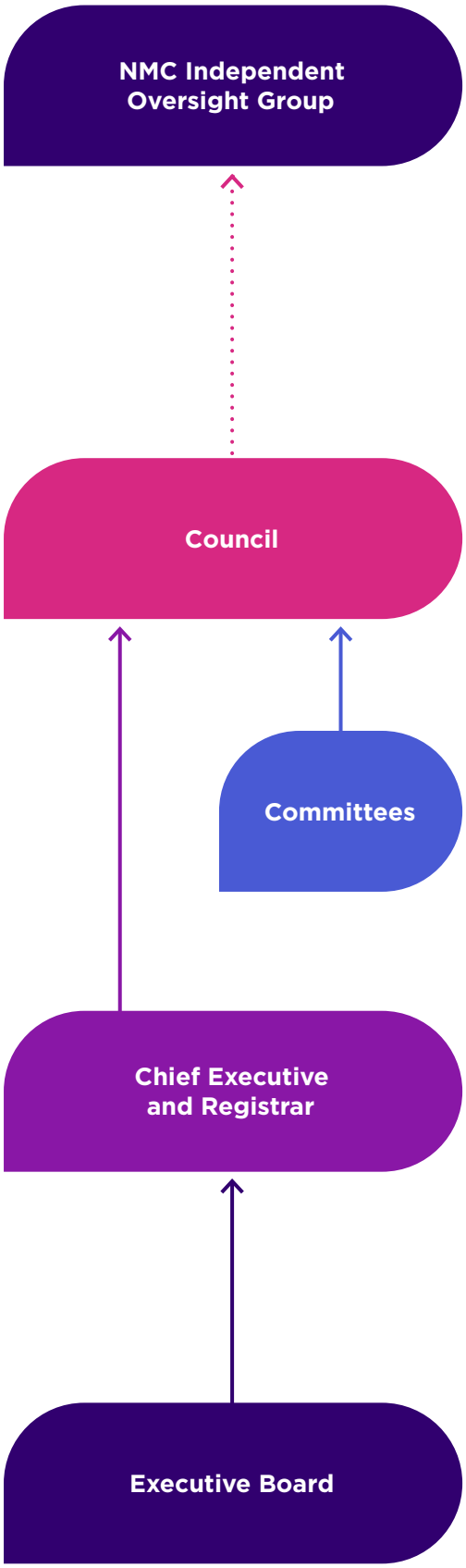
08

About us

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 guidance from the Charity Commission (CC) and the Office of the Scottish Charity Regulator (OSCR) when 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 (the 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 and effective nursing and midwifery practice across the four countries of the UK – regulated and supported by the NMC, a fit-for-the-future organisation with fairness and equity at the heart of everything we do. We have continued to update our governance arrangements to ensure they provide effective oversight and scrutiny of our *Culture Transformation Plan* and foster the culture we want to create. This has included oversight and scrutiny of the 37 *Independent Culture Review* recommendations through the People and Culture Committee and the Finance and Resource Committee.

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 countries of the UK. At the IOG, we provide updates on the progress we are making to transform the organisation. It's not the purpose of the group to duplicate the role of the Council.

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 the Council by fulfilling specific functions delegated by the 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.

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. Since we are a registered charity, Council members are also trustees of the organisation.

The Chair and members of the Council are all independently appointed by the Privy Council, following open and competitive selection processes. The Privy Council receives assurance from the PSA on the robustness of our appointment or reappointment processes.

All Council members are also asked to declare any conflicts of interest at the start of their appointment and confirm these annually. These are listed in a register of interests published on our website.

Council members receive a full induction on appointment and undertake individual appraisals annually. The process includes consideration of any individual and collective learnings and development needs and revisits actual and perceived conflicts of interest to make sure any potential conflicts are identified and managed, 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.

A decision was taken at the end of 2025 to pause the associate scheme on a temporary basis while there was an evaluation of the scheme and the skills mix required by the Council following the recruitment of two new Council members in October 2025. This will be reviewed in 2026-27.

Independent adviser to the 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 on fixed-term contract for a one-year term. In this role, he provided oversight and challenge to the Council and provided assurance to the public and stakeholders that the NMC was delivering on its commitment to culture transformation. As an independent adviser, he was not a trustee of the organisation but did take part in Council and committee meetings and had 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.

Table 8: Council member attendance 2025-26

Member	Council attendance	
	Number of sessions eligible to attend	% Percentage of sessions attended
Ron Barclay-Smith (Chair)	18/18	100
Rhiannon Beaumont-Wood	16/18	89
Lindsay Foyster	16/18	89
Deborah Harris-Ugbomah FCA	18/18	100
Claire Johnston (to 30 September 2025)	9/9	100
Hussein Khatib (from 13 October 2025)	5/6	83
Eileen McEneaney MBE	17/18	94
Dr Margaret McGuire OBE	16/18	89
Dr Julia Mundy (from 13 October 2025)	7/8	88
Flo Panel-Coates	15/18	83
Nadine Pemberton Jn Baptiste	10/18	56
Anna Walker	16/18	89
Sue Whelan Tracy (to 30 September 2025)	9/9	100
Dr Lynne Wigens OBE	14/18	78

Council effectiveness

Annual Internal Review of Effectiveness

In accordance with the standing orders, the Council undertakes an annual internal review of its own effectiveness.

An internal Council Effectiveness Review took place in 2025, which was conducted through a survey of 72 questions that focused on:

- **Council composition and leadership**
- **Risk**
- **Council committees**
- **Self-assessment questions**
- **Overall Council engagement**
- **Overall effectiveness.**

A high-level summary of the findings was presented to the Council Seminar on 22 October 2025. There was a 64% response rate and overall positive and constructive feedback, which included recommendations for setting up a new committee for oversight and wider assurance on regulatory performance.

In addition in February 2026, the Chair of the Council commissioned an internal governance review to support strengthening Council and committee governance, to clarify roles and responsibilities, improve the planning and performance cycle and ensure that the Council is properly equipped to exercise effective scrutiny, control and strategic leadership.

The report was informed by multiple sources of information including feedback from Council members and executive directors; internal audit findings; the findings of the internal Council and committee effectiveness surveys; Council seminars and away days; external reviews and observations arising from Council and committee practice between 2024-26.

The consultation concluded in May 2026 and a report was presented to the Council on 20 May 2026. The report made several recommendations to strengthen and develop Council business, including the introduction of a new Planning and Performance Committee.

Three-Year external review of effectiveness

In accordance with the standing orders, the Council is required to undertake a three-year external review of its own effectiveness.

The last three-year external review was undertaken in 2023-24 by Campbell Tickell and was reported in last year. The next review is due in 2026-27.

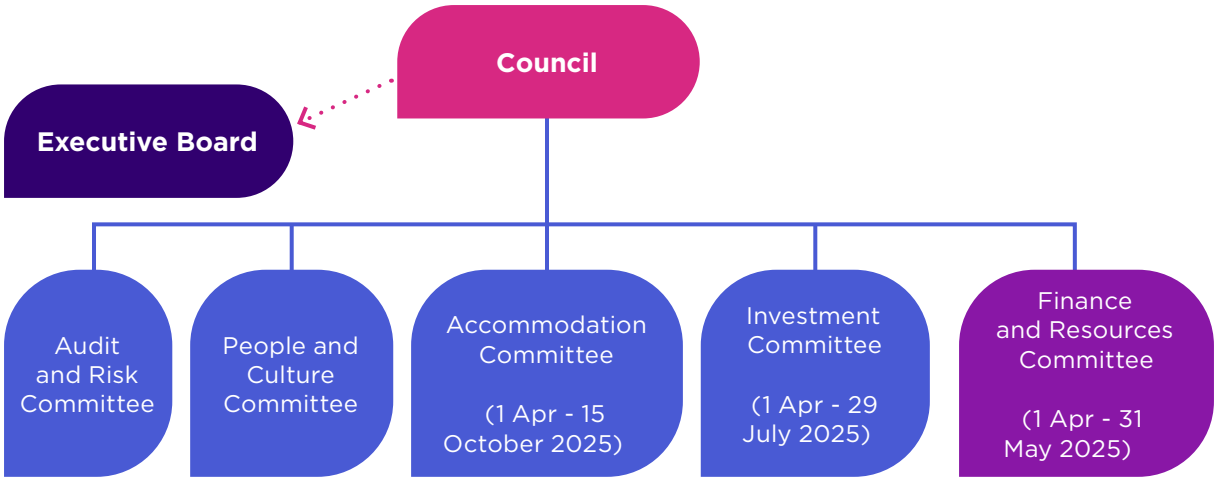
Meetings

The Council is committed to openness and transparency and seeks to conduct as much business as possible at open meetings that 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 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 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:

- **Finance and Resources Committee:** Following the recommendation from the 2023-24 external Council Effectiveness Review and an internal audit review on Governance Effectiveness and Assurance (Learning and Benefit Realisation) in 2025, a new Finance and Resources Committee was established in June 2025. The committee is led by a new Chair and is charged with advising and assuring the Council in discharging its responsibilities with regard to its current and forecast financial position and by providing strategic oversight of the organisation's finances and resources, ensuring value for money, long-term financial sustainability and scrutinising the efficient and effective use of resources including its people, finances, estate, technology and data. The Investment and Accommodation Committees were subsumed into this new committee and held their last meetings on 29 July 2025 and 15 October 2025 respectively.
- **Risk oversight:** 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 several 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, Finance and Resource Committee is governed by the Council's standing orders and scheme of delegation, together with a policy document setting out principles for the appointment to Council roles first adopted by the Council in 2015 and updated in 2020. Council committee membership is reviewed regularly. The Chair is an ex officio member of all the Council committees, except the Audit and Risk Committee and the Appointments Board.

Table 9: Audit and Risk Committee attendance 2025-26

Audit and Risk Committee	
Remit	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.
Key activities	Providing the Council with regular assurances as to the effectiveness of the systems and controls by: • Commissioning and scrutinising assurances on quality within Fitness to Practise • Scrutinising proposed governance arrangements for the *Culture Transformation Plan* to ensure clear roles and responsibilities and robust oversight • Reviewing the *Annual Report and Accounts* and 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 auditors • Reviewing the accounting policies for the year to 31 March 2026 • Reviewing risk management and assurance arrangements, including undertaking comprehensive reviews of the risks, mitigations and sources of assurance about core work • Approving the internal audit work plan for 2025-26, reviewing internal audit report outcomes and overseeing action to progress closure of outstanding internal audit recommendations • Reviewing serious events and data breaches to ensure organisational sharing and implementing learning to prevent recurrence • 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 • Monitoring the implementation and use of the internal whistleblowing, anti-fraud, modern slavery, and bribery and corruption policies to be assured that any issues raised are comprehensively investigated and any action and learning is taken forward • There is a recognition of the need to improve the effectiveness of the Committee and timeliness of reporting to the Council, and this will be addressed via the Governance Review of Council and Committees

Audit and Risk Committee		
	Member	**Attendance**
Membership	Deborah Harris-Ugbomah FCA (Chair from 1 April 2025 – 31 March 2026	5 of 5
	Lindsay Foyster (from 10 February 2026 – 31 Mach 2026)	1 of 1
	Eileen McEneaney MBE 1 April 2025 – 31 March 2026	5 of 5
	Clare Minchington (Independent member) 1 April 2025 – 31 March 2026	5 of 5
	Dr Julia Mundy (from 13 October 2025 – 31 December 2025)	1 of 1
	Joyce Sarpong (Independent member) 1 April 2025 – 31 March 2026	5 of 5
	Sue Whelan Tracy (1 April 2025 – 30 September 2025)	3 of 3

Table 10: People and Culture Committee attendance 2025-26

People and Culture Committee		
Remit	Ensure that there are appropriate systems in place for objective setting and appraisal, remuneration and succession planning at the NMC as well as oversight of the People and Equity, Diversity, and Inclusion Plans, including their strategic development and receiving assurance on key learning and delivery of actions, as well as to advise Council of any potential amendments to the risk register identified through the course of the committee's work.	
Key activities	• Approving selection processes for the Chair of Council and committee independent members. • Agreeing to recommend to Council the annual pay award for 2026-27 and reviewing the total reward proposal. • Reviewing Executive reward. • Reviewing progress on delivery of the *Independent Culture Review* recommendations. On 20 January 2026, the PCC concluded that 21 of recommendations relating people, culture, leadership and equity, diversity and inclusion across the organisation were within the purview of the committee to oversee and scrutinise, and that 16 of the 37 recommendations relating to the detailed operational assurance of Fitness to Practise as a regulatory function –and any other NMC regulatory functions should be overseen and scrutinised by the new Finance and Resources Committee.	
Membership	**Member**	**Attendance**
	Dr Lynne Wigens OBE (Chair) 1 April 2025 – 31 March 2026	8 of 10
	Lindsay Foyster 1 April 2025 – 31 March 2026	8 of 10
	Dr Margaret McGuire OBE 1 April 2025 – 31 March 2026	9 of 10
	Bola Ogundeji (independent member) 1 April 2025 – 31 March 2026	10 of 10
	Anna Walker CB 1 April 2025 – 31 March 2026	10 of 10

Table 11: Accommodation Committee attendance – 2025-26

Accommodation Committee (decommissioned 15 October 2025)		
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**
	Nadine Pemberton Jn Baptiste 1 April 2025 – 15 October 2025	1 of 1
	Anna Walker CB 1 April 2025 – 15 October 2025	1 of 1
	Flo Panel-Coates 1 April 2025 – 15 October 2025	1 of 1

Table 12: Investment Committee attendance 2025-26

Investment Committee (decommissioned 29 July 2025)	
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	Undertaking a review of our approach to investments, resulting in a revised policy that will support the NMC to achieve its financial strategy. Working with our investment managers to ensure environmental, social and governance issues are appropriately considered when managing the portfolio.

Investment Committee (decommissioned 29 July 2025)		
	Member	**Attendance**
Membership	Rhiannon Beaumont-Wood 1 April 2025 – 29 July 2025	2 of 2
	Tapan Datta 1 April 2025 – 29 July 2025	2 of 2
	Claire Johnston 1 April 2025 – 29 July 2025	1 of 2
	Nadine Pemberton Jn Baptiste 1 April 2025 – 29 July 2025	2 of 2
	Gavin Ralston 1 April 2025 – 29 July 2025	2 of 2

Table 13: Finance and Resource Committee attendance 2025-26

Finance and Resource Committee (30 June 2025 onwards)	
Remit	To advise and assure the Council in discharging its responsibilities with regard to its current and forecast financial position and operational performance and delivery, providing strategic oversight of the organisation's finances and resources, ensuring value for money, long-term financial sustainability and scrutinising the efficient and effective use of resources including its people, finances, estate, technology and data. Support the Council in maintaining the organisation as a going concern while delivering our strategic objectives including programmes to deliver and enable future sustainability.
Key activities	• Review and recommend the financial strategy and annual budget • To oversee the implementation of the investment strategy • To scrutinise high value contract management performance, the Accommodation Strategy and Digital Strategy • Reviewing progress on delivery of the *Independent Culture Review* recommendations. From the 11 February 2026 the FRC started to monitor and scrutinise 16 of the 37 recommendations relating to the detailed operational assurance of Fitness to Practise as a regulatory function-and any other NMC regulatory functions.

Finance and Resource Committee (30 June 2025 onwards)		
	Member	**Attendance**
Membership	Lindsay Foyster Interim Chair 30 June – October 2025 Member 30 June 2025 – 13 February 2026	3 of 3
	Julia Mundy Chair 1 January 2026 – 31 March 2026	4 of 4
	Rhiannon Beaumont-Wood 30 June – 31 March 2026	5 of 5
	Tapan Datta 30 June – 31 March 2026	1 of 2
	Flo Panel-Coates 30 June – 31 March 2026	5 of 5
	Nadine Pemberton Jn Baptiste 30 June – 31 March 2026	3 of 5
	Gavin Ralston 30 June – 31 March 2026	1 of 2

Table 14: Appointments Board attendance 2025-26

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	Overseeing the selection process for new panel members and chairs, which resulted in more than 150 appointments and overseeing reappointment of 65 panel members. Reviewing progress on implementing three-year plan for delivering high-quality panels. Reviewing and approving the revised panel member services agreement.

Appointments Board		
Membership The Appointments Board is made up entirely of non-Council (independent) members, appointed following open and competitive recruitment processes	**Member**	**Attendance**
	Surinder Birdi (Chair) 1 April 2025 – 31 March 2026	4 of 4
	Ken Batty 1 April 2025 – 31 March 2026	4 of 4
	Yasmin Ullah 1 April 2025 – 31 March 2026	3 of 4
	Susan Young 1 April 2025 – 31 March 2026	3 of 4

The Chief Executive and Registrar

The Chief Executive and Registrar (CER) is appointed by, and accountable to, the Council. The CER'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 CER has personal responsibility for matters relating to financial propriety and regularity, keeping proper accounts of financial affairs, avoidance of waste and extravagance and the effective use of resources.

Paul Rees MBE was appointed Interim CER on 20 January 2025 for a period of one year. Following an open external recruitment process, for a permanent Chief Executive and Registrar in May 2025, Paul was appointed as the permanent Chief Executive and Registrar on 17 July 2025.

Management

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. During 2025-26, our staff were under the direction of Chief Executive and Registrar, Paul Rees MBE.

He is supported by a team of Executive Directors, who as at 31 March 2026 were:

- Richard Cartland – Interim Executive Director for Transformation and Technology Services
- Ravi Chand CBE – Executive Director of People and Culture
- Julia Corkey – Executive Director of Communications and Engagement
- Alice Hilken, General Counsel (not a formal EB member)
- Christopher Kinsella – Interim Executive Director of Resources and Technology Services
- Lesley Maslen – Executive Director of Professional Regulation
- Professor Donna O'Boyle MBE – Acting Executive Director of Professional Practice
- Emma Westcott – Executive Director of Strategy and Insight
- Ben Wesson, Chief of Staff (not a formal EB member)

The executive directors are key management personnel as defined by FRS 102. The Board works with the CER 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 reviews its own effectiveness and the way it conducts business. Following a review in January 2025, the Board moved to weekly meetings, including one extended six-hour session each month. This longer meeting provides dedicated time for more strategic discussions, such as risk management and organisational performance.

During 2025-26, the executive team was stabilised and strengthened following the *Independent Culture Review* identifying the need to strengthen how the Executive works together as a team. To support this, the Board has undertaken leadership coaching with four sessions on strong and effective leadership' with an external coach.

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 2025-26 to reflect the priority outcomes we sought to achieve within our *Corporate Plan*.

The reports provide updates against our strategic projects and programmes, as well as key performance indicators. Budget and investment reporting, together with corporate risk exposure reporting, is presented separately to provide clearer focus and support a higher level of scrutiny.

These quarterly reviews give the Executive Board and the 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 2025-26, we have continued to streamline our monthly reporting to the Executive Board, drawing attention to the most important discussion points on performance and risk via our scorecards and highlighting of exceptions.

System of internal control

The NMC's internal control system is designed to manage, not eliminate, risk and can therefore provide reasonable rather than absolute assurance. It identifies, prioritises and evaluates risks to organisational aims and manages them efficiently and effectively.

The system was in place throughout the year ending 31 March 2026 and up to the approval of the annual report and accounts. The Council is accountable for maintaining this system, supported by its committees (see committee structure page 84), management information, administrative controls, delegated responsibilities and scrutiny arrangements that promote improvement, efficiency, collaboration and accountability.

The system of internal control is based on a framework of regular management information, administrative procedures including the segregation of duties and a system of delegation and accountability. The NMC recognises that scrutiny has a pivotal role in promoting improvement, efficiency and collaboration across the whole range of its activities and in holding those responsible for delivering services to account.

Risk management

The NMC is committed to developing and implementing a risk management strategy that will identify, analyse, evaluate and control the risks that threaten the delivery of its strategic objectives and delivering against its business plan.

In 2025-26, we refreshed our approach to risk management, engaging with Council members and executive directors to differentiate 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. This format was maintained this past year, providing clarity on the level at which risks were owned and managed.

The strategic risks continue to be overseen and regularly reviewed by the Executive Board and Council and the supporting committees (Audit and Risk Committee,

Finance and Resources Committee and People and Culture Committee), which are best placed to advise on how we manage each risk.

The NMC's risk management framework was approved by the Council in July 2024 and has been reviewed in 2026-27. It 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. Each committee reviews the strategic risks assigned to them for oversight and scrutiny and consider the Executive Board's suggested amendments to scores or content. The Council considers strategic risk exposure and the Register at open meetings on a quarterly basis.

The Chief Executive and Registrar is responsible for enabling an effective system of risk management and internal control and, together with the executive directors, ensuring that the system is effective across the organisation. Supported by the centralised Risk team, 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.

Risk appetite statement

The NMC's risk appetite has been defined following consideration of organisational risks, issues and consequences. Appetite levels will vary; in some areas the NMC's risk tolerance may be cautious, in others it may be eager for risk and willing to carry risk in the pursuit of important strategic objectives. The NMC will always aim to operate organisational activities at the levels defined below. Where activities are projected to exceed the defined levels, this will be escalated through the appropriate governance mechanisms to the Council for ratification.

The current risk appetite domains are outlined below and are categorised as:

Primary risk appetite - represents the baseline level the NMC is inherently willing to accept to achieve its core strategic objectives.

Secondary risk appetite - defines the acceptable boundaries or temporary variances for specific projects, departments, or exceptional circumstances that deviate from that baseline. This gives us a range to work within for each risk category.

Risk category	Primary appetite	Secondary appetite(s)
Regulatory/Operational	Open	Cautious
Governance	Open	Cautious
Strategy/Expectations	Open	Eager
Financial	Open	Cautious
Technology	Open	Cautious/Eager
People	Open	Eager

Strategic/Principal risks

As at 31 March 2026, the highest scoring (16 and above) seven strategic principal risks were:

Risk score key

1-8 9-15 16-25

Risk ref	Strategic risk	Executive lead	Current Mitigations	Assurance Committee	Current score
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.	Executive Director Professional Regulation	**Ftp Plan:** • Case clinics, interventions for oldest cases and tracking of referral data • Registrant/witness/decision-makers support • Early engagement with employers/stakeholders • Support the public to make appropriate referrals • Updated guidance and revised warnings guidance.	Finance and Resources Committee	20
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.	Executive Director Finance	• Planning and budget controls • Insurance policies • Investments derisked • Reserves policy allows more access to reserves • Establishment of the Finance and Resources Committee.	Finance and Resources Committee	20
REG22/04	We fail to take appropriate or timely action to address a regulatory concern regarding the quality of nursing or midwifery education.	Executive Director Professional Practice	• QA board • QA Review phase 1 delivered • Data driven approach to QA • New QA service provider.	Finance and Resources Committee	20
REG26/03	There is a risk that people accessing the NMC and engaged in our processes may experience increased anxiety and stress which would negatively impact their mental wellbeing.	Executive Directors Professional Practice and Professional Regulation	**Process and guidance:** • Risk assessment of all registrants on entry into our processes and when wellbeing risks emerge • Customer Contact SOP. **Systems:** • ECM Wellbeing flag applied and advice, guidance and agreed plans recorded • collation of wellbeing and vulnerability risks. **People/capability** • Training needs analysis, safeguarding training, managing risk and how to manage self harm and suicidal ideation emergency protocol • Communication campaign • Professional Support and Engagement Team and Public Support Service and drop-ins • Support telephone lines • Advocacy and intermediary referrals.	People and Culture Committee	20

REG26/03 (continued)			**Strategic/cultural** • Define the NMC's responsibilities for managing wellbeing risks for people in our processes including witnesses linked to communication campaign and using lived experience case studies to give voices to registrants who have gone through our processes to aid learning and improvements across our processes. **Environmental/Engagement** • Feedback survey and central database with information on organisations and charities that can provide support.		
TECH24/01	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.	Executive Director Transformation and Technology Services	• Firewalls, antivirus and other security software • Disaster recovery tests • Business continuity plans • Cyber security annual plan • Migration of key systems to cloud.	Finance and Resources Committee	16
STR24/07	Risk that we fail to mature our process and culture around data which would potentially impair our progress.	Executive Director Transformation and Technology Services	• Data Governance Board • Data issues and risk assessment process • Data strategy covering people, process, technology and stakeholders • Data warehouse migrated to contemporary platform ahead of further work • Reinvigorated Data Governance Board following changes to Executive team.	Finance and Resources Committee	16
REG18/01	We fail to maintain an accurate Register of people who meet our standards (including timeliness of registrations).	Executive Director Professional Practice	• Regulatory policies and procedures • Fraud detection • Oversight of escalated education concerns • Robust controls in Microsoft dynamics, back up and roll back to previous versions of register • Clear, tested business continuity plans.	Finance and Resources Committee	15

The strategic risk register is reviewed by the Council each quarter at its public meeting.
We always provide Council with the most up to date risk position as things can change quickly.
Our risk register from May 2026 can be viewed in item 8 of the May 2026 Council meeting paper here.

Risk management training

Risk management training continues on a quarterly basis, delivered by the Risk, Planning and Performance team. Sessions were held throughout 2025-26 and continue to result in positive feedback and training numbers growing year on year.

Key risks and issues

Annual review of risk effectiveness and internal control

Risk effectiveness and internal control start with an organisation's culture and leadership, which should foster and display control consciousness and ethical behaviour. To embed that culture across the organisation, we have our *Risk Management Framework*. Each year we undertake a review of our risk management practices to:

- **Verify effectiveness:** To confirm that the existing internal control system and risk management processes are still working effectively to mitigate risks
- **Identify gaps:** To uncover any weaknesses, inefficiencies, new risks, or adjustments to controls
- **Ensure compliance:** To ensure that the organisation adheres to internal policies and relevant regulatory requirements
- **Provide assurance:** To provide assurance to the Audit and Risk Committee that the organisation has a robust system of internal control and risk management in place.

For the previous two years, we have sampled a range of risk management and process controls across directorates, with a specific focus on 'people', as we recognised the importance of people and culture in embedding and complying with our framework. For this review, we reviewed how our *Risk Management Framework* is being embedded by testing its application for four of our strategic risks. We selected risks that gave a range of circumstances, which is the highest rated, significant increase in score during the period, long-term consistent score, or long-standing risk. In the following table, we provide an account of those risks that were included in the review, including the actions taken and actions we will take in the coming year.

Risk: 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.

Potential impact: We can't adequately fund our regulatory activities.

What we've done to manage the risk during 2025-26

- Reserves policy amended to allow greater flexibility of access to our funds
- Introduced a new Finances and Resources Committee to bring greater scrutiny
- New Finance Director appointed and a new standalone Finance Directorate established
- Improved planning and budget controls including re-costing of all projects as part of our budget planning, and tightening business case requirements
- Implemented a recruitment freeze and a redundancy programme to reduce headcount and costs
- Introducing bi-monthly reviews between the Chief Executive and Registrar and each executive director specifically focussing on financial management and prospects. This in addition to monthly, quarterly and annual business plan and budget reviews within directorates, programme boards, at the Executive Board and Council
- Investments that help mitigate inflation risks monitored by the Investment Committee (now the Finance and Resources Committee). We have also de-risked our investments during the year to make them more liquid and avoid major fluctuations
- Centralised change function for planning, benefits capture and efficiency gains
- Brought in more commercial expertise and strengthened our procurement and contract management function to improve value for money.
- Appropriate internal controls. (Disclosure and Barring Service (DBS) checks)
- *War on Waste* initiative launched in March 2026 to identify options for further savings and to support the development of a more cost aware culture
- Completed a fee increase public consultation leading to Council's decision on 28 April 2026 to increase our fees by 19.2% from October 2026
- Improving culture and embedding values including encouragement of a no-blame culture to help expose risks or potential issues earlier.

What we're doing now

- Longer term financial strategy with further income, savings options and efficiency actions being developed.
- Investing in Fitness to Practise across a range of projects to increase its efficiency including through improved IT systems, working practices and legislation.

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've done to manage the risk during 2025-26

- Registrations Fraud Policy and a working group to manage the process for dealing with potential fraudulent applications including computer-based testing and occupational English testing issues
- Computer-based testing appeal hearings doubled to speed up progression of cases resulting in accurate registrations
- More robust quality assurance mechanisms for the design, development, and delivery of the new test of competence (risk managed under our risk: 'We fail to take appropriate or timely action to address a regulatory concern regarding the quality of nursing or midwifery education')
- We have a renewed contract with our external quality assurance provider, Pearson Vue, which has robust anti-fraud measures in place including CCTV in test centres, the use of biometric data, and enhanced forensic intelligence monitoring for leaked test content
- A new Head of Contracts is in post to oversee contract management.
- Test verification has moved from the contracts team to our International Registration team, providing better oversight
- Review of standard operating procedures in this area of work including targeted training.

What we're doing now

- Monitor support needs for AEIs following the launch of the new *NMC Online*
- Consider the role of the Register and its processes under regulatory reform
- Operationalise enhanced fraud detection and monitoring within testing services
- To make sure that of our regulatory functions are operating as expected, we'll carry out 'health checks', to ensure all areas are following the correct processes and policies as well as quality assuring their work
- Set up a function within the Transformation and Technology Services directorate to manage a central quality management system, which will work in partnership with all NMC regulatory functions to ensure they consistently work in line with policy and procedure.

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 used to best effect in the current structure, capacity and capability of our colleagues, slow decision-making, unrealised benefits for professionals on our Register and the public.

What we've done to manage the risk during 2025-26

In the last 12 months, we implemented many mitigations enabling us to reduce the risk score, including:

- A new Transformation and Technology Services directorate and executive director who has oversight of the portfolio. Executive level accountability ensures that projects are actively contributing to the NMC's strategic objectives
- Dynamic three-monthly forecasting so that resources can be pivoted quickly
- Senior responsible owners meet monthly with the Project Management Office to raise issues earlier
- Business cases are reviewed by an internal Portfolio Board enabling effective management to monitor activity sooner and pivot resources with more agility
- Project and programme health checks, including end and mid-year portfolio assessments, and post implementation reviews
- External networks to drive learning culture and best practice
- Standardised approach to planning and governance of programmes and projects through newly implemented frameworks for the lifecycle of the project
- Implementation of 'stage ates', to reduce risk likelihood through early issue detection, improve resource allocation, enhance collaboration and align with strategic objectives.

What we're doing now

- Amendments to reporting and tools to ensure high quality updates
- Training so all levels of staff can take an idea and produce a business case.

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've done to manage the risk during 2025-26

Quality assurance agency contract: During 2025-26, we've adapted and strengthened our external contract and provided significant support and oversight so that our contractor can understand the complexities of our regulatory role. We can take assurance that adaptations will help to mitigate the risk.

EdQA improvement plan:

- Introduction of the use of SharePoint to share information
- New standard operating procedures reviewed and starting to embed
- Internal Audit, PSA findings and the review of EdQA have been amalgamated into a plan, and a wider systems and data roadmap
- We have continued to build on relationships with AEIs to encourage partnership working with a regional approach to ensure that issues are identified earlier
- Clear processes for an AEI to provide us with evidence and assurance of how they deliver their programmes.

What we're doing now:

- Quality assurance (QA) service provider contract is focusing on moving to routine monitoring and concerns escalation and oversight
- Enhance and develop systems/data capability
- EdQA improvement programme is being established to implement the operating model to complete delivery of new approach to QA
- £1.4 million investment to develop new workstreams for education with concerns management moved to a dedicated team to oversee and manage this high-risk area.

Annual review of the effectiveness of our risk management and internal control processes 2025-26

We undertake an annual review of the effectiveness of our internal control environment and risk management, assessing how effectively we implemented our risk management framework. This includes reviewing evidence to provide assurance that our internal control environment reflects the standards set out in our policy and guidance.

In the review, we reflected on recommendations that were identified in the 2024-25 review. Evidence showed that all actions were completed, with improvements now showing through increased compliance scores for our mandatory training, a higher participation rate for our staff internal surveys and our risk management framework further embedding across the organisation.

The 2025-26 review undertook four deep dives into a sample of our strategic risks:

- 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
- We fail to maintain an accurate Register of people who meet our standards (including timeliness of registrations)
- 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
- We fail to take appropriate or timely action to address a regulatory concern regarding the quality of nursing or midwifery education.

These were selected due to significant risk events occurring that led to us putting recovery controls and measures in place and to provide assurance that those controls will prevent issues of a similar kind happening in future.

Our review concluded that the risks and risk events were managed in line with our *Corporate Risk Framework*, scoping the issue and involving subject matter experts to resolve the issues effectively and as robustly as possible. While the review found that we were agile and strong in adapting controls and responding to emerging risks, preventative risk management approaches could be strengthened by embedding standards and effective policies and processes. The findings of the review will inform a risk management improvement plan for 2026-27, seeking to rebalance risk prevention and risk response.

Raising concerns (public interest disclosure including whistleblowing)

The Council and Executive are committed to an open, honest and inclusive culture which promotes improvement when things go wrong. Our *Raising Concerns* policy (including whistleblowing or 'public interest disclosures') encourages colleagues and others who work for, or with, us to speak up if they see something wrong. In the summer of 2025, we updated the policy to broaden the policy from 'whistleblowing' to 'raising concerns' to remove barriers and challenges to the person raising concerns and any operational challenges. This followed the Independent *Culture Review* highlighting that there was more we could do to ensure that all colleagues feel able to raise concerns. The policy was reviewed with support from an external law firm and learning from Protect, a leading whistleblowing charity.

The Audit and Risk Committee received a report on concerns at every meeting. During 2025-26, the committee received updates on a total of eight concerns raised under the *Raising Concerns* policy, one legacy concern originally raised in 2023-24 and seven new concerns raised in 2025-26. A summary is outlined below:

Reference and Description
1. Legacy Concern 2023-2024 An allegation that related to the handling of Fitness to Practise cases, culture, and deep-seated biases within Fitness to Practise teams and that by failing to take any action, the NMC has allowed these biases to permeate the decisions made by these individuals on the NMC's behalf. As a result, the whistleblower did not believe the NMC was properly performing its statutory function to protect the public or fulfilling its obligations under the Public Sector Equality Duty.
2. Relating to the procurement process with a supplier who supported us to develop our turnaround plan, and the impact of pressure put on colleagues to deliver the work. The CER sent a letter to the colleague who raised the concerns, setting out the actions that were undertaken to address the issues.
3. This related to the NMC failing to meet its Public Sector Equality Duty by not undertaking Equality Impact Assessments ahead of restructures. The General Counsel team provided an assessment which was worked into a report and the matter was closed.
4. This concern related to concerns about the conduct of certain members of Fitness to Practise committees. This was raised anonymously and with little evidence, so we were unable to ask for further information needed to fully investigate. Communications were circulated to panels reminding them of best practices and to encourage further reporting of any issues.
5. This concern related to an anonymous concern over senior leadership at the NMC and the impact on culture and psychological safety. The colleague who reported this did not want to discuss it any further, which limited the actions that could be taken. The Chair of the Council approved the proposed process and provided feedback to senior leadership. Note: Anonymous concerns are counted in the total number of concerns received to track trends and inform future work, even if the lack of contact details limits our ability to investigate or provide feedback.
6. This concern related to an internal article by a colleague that was shared externally without consent. The Data Protection Officer was made aware, and this data breach was reported to the Information Commissioner's Office. This incident was investigated with learning actions implemented

Reference and Description
7. This concern related to a series of events that took place relating to a procurement matter. This investigation is ongoing and the report is expected in June 2026.
8. This concern related to accessibility challenges encountered during an equality, diversity and inclusion training session and how this was dealt with internally when the challenges were raised. The HR team undertook a fact-finding review and closed this case.

The *Raising Concerns* policy (including whistleblowing or 'public interest disclosures') was also used to raise other concerns that were found not to fall within the scope of the *Raising Concerns* policy. They were instead considered through other processes, such as our complaints and/or grievance processes.

Following the *Independent Culture Review*, the NMC reviewed its whistleblowing policy to ensure it aligned with best practice, supported colleagues to raise concerns and embed any learning from previous cases. The policy was reviewed in 2025 with input from Council members, Bates Wells solicitors and Protect. The new *Raising Concerns* policy (including whistleblowing or 'public interest disclosures') was approved by the Council on 23 July 2025, subject to a review to assess whether it was functioning as intended and whether there was any learning from the independent historical report on whistleblowing matters. Managers have received training from Protect on raising concerns and the policy is available on the intranet for all staff. The CER and the two Council member Raising Concerns leads are kept regularly updated on concerns raised under the policy.

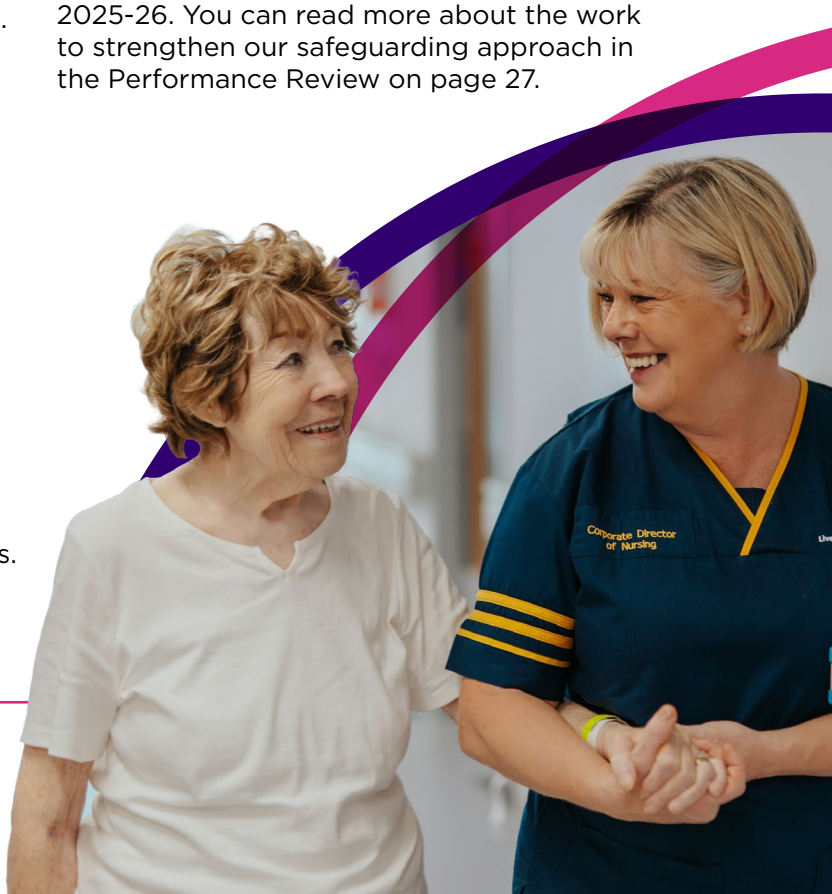
The NMC is a 'prescribed person' in law. This means that concerns may be raised with us by nurses, midwives, nursing associates, students or other healthcare professionals who identify wrongdoing in their workplaces or practice placements. Each year we publish a joint report with other health and social care regulators on how we handled whistleblowing disclosures. Read our joint report on whistleblowing disclosures for 2025.

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 *Safeguarding* policy, including 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 2025-26. You can read more about the work to strengthen our safeguarding approach in the Performance Review on page 27.



Information governance and lapses in protective security

Incidents are reported in our internal incident reporting system and managed and investigated in line with our process for managing learning events.

The table below provides a breakdown of the number of information security incidents reported internally in 2025-26, with 2024-25 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 150 information security incidents recorded in 2025-26 (72 in 2024-25), 118 were unauthorised disclosure of data (data breaches).

We replaced our incident reporting system and process during autumn/winter with a new Log and Learn (L&L) system and process which aims to make it easier for colleagues to report incidents. As part of this change, we have encouraged colleagues to report more low-risk incidents. This change has contributed to the increase in incident numbers. The new process makes it easier for us to identify trends and learning opportunities. The new incident reporting system introduced in 2025-26 has three severity levels (major, moderate and minor).

Table 15: Summary of information security incidents 2025-26

	2025-26	2024-25
Critical	0	0
Major	1	1
Moderate	18	10
Minor	131	61
Total	**150**	**72**

In 2025-26 we reported five personal data breaches to the Information Commissioner's Office (four in 2024-25), which has not taken any regulatory action in relation to the breaches.

Anti-fraud, bribery and corruption

During 2025-26 two instances of fraud were identified, both relating to use of the NMC's travel and accommodation booking system to book personal travel and accommodation. Once identified, both incidents were reported quickly, with immediate action taken to recover the amounts and prevent recurrence. Details of the fraud were provided 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. This policy will be evaluated in 2026. 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 (2024-25: none). In accordance with the *Modern Slavery Act 2015*, we updated and published our Modern Slavery Statement on our website in September 2025. This year's statement will be published during 2026-27.

As reported in last year's annual report, our investigation into computer-based test fraud at the Yunnik Technologies 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 to date which indicates the Yunnik centre was involved in human trafficking; however, we approached the Human Trafficking Foundation for advice and guidance. We passed on information about the proxies to the National Crime Office.

Log and Learn process (formerly known as Serious Event Reporting [SER])

We used to investigate incidents and near misses through our serious events reporting (SER) process. In November 2025, we replaced our SER process with a new Log and Learn (L&L) process, which incorporates information governance incidents. The move to the L&L process was heavily driven by concerns of under-reporting. Through the L&L process, we investigate incidents so that we can learn from them and make improvements to the way we work.

Under the L&L process, we distinguish between minor, moderate and major events based on the severity of the incident. Events are classified as 'minors' when they have minimal impact on our organisation and/or our work, although they still provide valuable thematics and learning. Moderate events are incidents that may impact our organisation and our work more seriously. Majors are the most serious events which require Executive Board oversight and steer to ensure effective learning and improvements are made in a timely manner.

Learning from learning events is reported to Executive Board and Audit and Risk Committee every six months.

During 2025-26, as we phased out the SER system and introduced the new L&L process, a total number of 361 incidents were reported. Of these, 87 events were attributed to SERs and 274 events to L&L. Of the 274 L&L events logged, 204 were classified as minor, 59 as moderate and 11 reported to the Executive Board as major. In comparison, in 2024-25, a total of 173 incidents and near-misses were reported through our SER process. Of those, 66 were classified as serious events, and the remaining 108 were adverse incidents.

The figures emerging from L&L would suggest that concerns of under-reporting through the SER process were well-founded, and that staff now feel safer to log events which will enable us to learn more effectively from incidents and ensure improvements are made.

Reporting of learning events and learning from them is key to improving our performance as a regulator. You can read more about our work to strengthen our process in the Performance Review section of this report.

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 238 learning points from complaints made to us in 2025-26 (2024-25: 251), which we used to improve our services.

In 2025-26, we received 1,039 formal complaints (2024-25: 1,400). We responded to 94.3% of these within 20 working days (2024-25: 92.5% within 20 working days).

Of the 1,039 complaints overall, 275 were related to open applications to our Register. We also received 464 complaints from people who were associated with an open fitness to practise case.

We received 76 (2025-26: 59) complaints from parliamentarians, including members of the UK Parliament and devolved legislatures in Scotland, Wales and Northern Ireland. Of these, we responded to 69 (90.7%) within 20 working days (2024-25: 85%).

We aim to handle any complaints about the service we've provided in a fair and timely way, treating those who raise complaints with respect and listening to their concerns. Following our response, 45 people remained unhappy (2025-26: 60). We reviewed our handling of these in an average of 13 working days (2025-26: 14 working days).

Freedom of information

We aim to be open and transparent while meeting our legal duties under freedom of information and data protection law, including rights of access, review and lawful disclosure.

We received 424 freedom of information requests, of which 73% were answered within 20 working days, down from 80% in 2024-25 due to staffing and capacity pressures.

We also received 1,110 third-party requests, of which 90% answered within one month, compared with 96% of 1,112 in 2025–2026.

We received 434 General Data Protection Regulation requests, with 93% answered within one month, slightly up from 92% of 399 requests in 2024-25.

Overall, 1,718 of 1,968 information requests were answered on time (87%), down from 1,770 of 1,962 (92%) in 2024-25.

People who are unhappy with how a request is handled can ask for an internal review.

In 2025-26, we received 19 internal review requests, down from 22 the previous year and representing only 1% of cases.

Where concerns remain after review, cases can be referred to the Information Commissioner's Office (ICO).

In 2025-26 there were three ICO cases, down from five in 2024-25; two resulted in decision notices and we provided further information.

Serious incident/notifiable event reporting

Issues that require reporting to the Charity Commission (CC) 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 CC 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 CC.

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

During 2025-26, we informed the CC of six serious incidents. The most serious of which related to the decisive action taken by the NMC after discovering a historical failing regarding non-compliance with the process to assess health and character concerns. As a result of the new value of Integrity and the emphasis on the Speak-Up culture, a member of staff came forward to raise concerns about our historical failure to follow the full process for investigating health and character concerns declared as part of the registration and Revalidation process for nursing and midwifery professionals for a 12-year period.

It was discovered that for a period of up to 12 years, applications that included health and character declarations were reviewed by the specialist team but not consistently referred to an assistant registrar, in line with the NMC's stated process. As soon as the nature of the issue was shared with the senior leadership team, in February, a rapid and thorough review of the cases was commissioned and the NMC is undertaking a comprehensive investigation to establish the facts around this historical failure. Read the story of our decisive action after uncovering historical failing.

As we are registered with the CC, we are not required to report incidents to the OSCR as well. As part of our commitment to four-country accountability, we would ordinarily report all relevant incidents to both the OSCR and the CC. However, this year we have not reported any relevant incidents to OSCR.

Professional Standards Authority (PSA) oversight

The Professional Standards Authority (PSA) of health and social care professional regulators, including the NMC.

Despite new leadership and visible positive efforts to stabilise the organisation following the 2024 *Independent Culture Review* (ICR) report, the NMC did not demonstrate sufficient improvement during the latest review period – covering 1 January to 31 December 2025 – with the NMC's 12-year historical failure to consistently follow the correct procedure for health and character self-declarations having a material impact on the assessment of performance.

The PSA review recognised that, under new leadership, we have laid the foundations for future improvement – following a somewhat chequered organisational history and a number of highly critical external reports going back to 2008.

The report said that: "We recognise that the NMC has taken a number of significant steps to understand the issues within the organisation and to improve its operational performance. We are encouraged by the new leadership's intentions and commitment to change. The NMC has taken steps to stabilise and strengthen its senior leadership...We consider the NMC has made positive progress in this area."

While the report reflects some of the considerable challenges we faced during 2025, it also states that progress has been mixed and it outlines some of the areas where they expect the organisation to urgently focus on improving its performance. The recommendations are not exhaustive but highlight certain areas of underperformance that we have identified this year - issues that the NMC is aware of but has not yet addressed.

The report – which you can read here – reflects the conditions and context of a particularly challenging year for the organisation and found that we only met nine of the 18 *Standards of Good Regulation*.

We take this very seriously and accept the findings in full. 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.

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 improvement programme, a three-year *Culture Transformation Plan*, a plan to carry out health checks of regulatory functions and to roll out a central quality management process, working with all regulatory areas.

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 some of our plans are now starting to have, it is reassuring to have met several 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.

Alongside this, we failed the standards on equality, diversity and inclusion, (now equity, diversity and inclusion) education quality assurance, registration and timeliness, quality of decision-making and safeguarding related to fitness to practise.

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 (IOG)

In response to the findings of the *Independent Culture Review,* the government asked the PSA to establish the NMC IOG to oversee improvements to our culture and performance. The group includes representation from the professions across the four countries of the UK. The group has received regular updates on our progress. Read more about the work.

Internal audit annual opinion 2025-26

The purpose of the annual Head of Internal Audit opinion is to contribute to the assurances available to the CER of the NMC as accountable officer and the Council, which underpin the Council's own assessment of the effectiveness of the organisation's system of internal control.

The overall opinion by the Head of Internal Audit on governance, risk management and control results from the risk-based audit programme and contributes to the picture of assurance available to the Council in reviewing effectiveness and supporting our drive for continuous improvement. Our risk-based annual internal audit programme is agreed and overseen by our Audit and Risk Committee. The programme for 2025–2026 consisted of seven internal audits.

Our Internal Auditor for the year was RSM. The Internal Audit Plan for 2025-26, was presented to the Audit and Risk Committee in February 2025. The audit plan was delivered substantially in accordance with the agreed schedule and changes required during the year, as approved by the Audit and Risk Committee. In addition, regular audit progress reports have been submitted to the Audit and Risk Committee. The Head of Internal Audit has confirmed that sufficient audit work was undertaken during the year to be able to provide an overall opinion in line with the requirements of relevant internal audit standards.

The overall opinion for 2025-26:

The scope of the opinion covers both the areas examined in the risk-based audit plan, which has been agreed with senior management and approved by the Audit and Risk Committee, and other information obtained during the year that the RSM deemed relevant to its work. The Head of Internal Audit assessment should be interpreted in this context when reviewing the effectiveness of the system of internal control and be seen as an internal driver for continuous improvement.

"The organisation has weaknesses identified in the framework of governance, risk management and internal control such that it could become inadequate and ineffective. The Executive has in place, and is planning, a range of activities both to address the specific issues identified by the audits during the year and to improve the framework for governance, risk management and internal control more generally."

The Executive Board formally accepts the Head of Internal Audit's opinion regarding the highlighted weaknesses within the organisation's framework of governance, risk management, and internal control. We acknowledge that left unaddressed, these systemic gaps could result in an inadequate and ineffective control environment.

The Executive leadership takes full ownership of these findings. We are fully committed to rapidly strengthening our corporate oversight, risk frameworks, and control mechanisms to protect the organisation's strategic objectives.

This annual opinion reflects the position over the full reporting year. Some issues identified earlier in the year had been addressed or resolved during the course of the review period. The opinion reflects control effectiveness at the point when issues were identified and therefore should not be the sole basis for identifying all strengths and weaknesses.

The table below sets out a summary of the review, opinion and actions management have taken in response:

Table 16: Summary of 2025-26 audits

Audit and date reported to Audit and Risk Committee	Opinion	Management key actions
Education quality assurance November 2025	Partial assurance	Review contract terms to ensure they better support delivery. Complete.
Governance effectiveness and assurance (learning and benefit realisation) November 2025	Partial assurance	Action to improve management and governance of learning from events and external enquiries. Action in progress.
Information and intelligence sharing March 2026	Partial assurance	Improved data management protocols and understanding of them across the NMC. Action in progress.
Log and Learn follow up March 2026	Reasonable progress	Work to develop a performance dashboard including monitoring of implementation. In progress.
Key financial controls – payroll and expenses April 2026	Reasonable assurance	Strengthen controls over the travel booking system. In progress.
Financial management April 2026	Reasonable assurance	Develop a structured portfolio to capture and monitor planned cost savings and efficiencies. In progress.
Contract management June 2026	Partial assurance	Update relevant policies and procedures, upskill staff with contract management responsibilities In progress.

Our internal auditor reviews the implementation of audit recommendations and provides regular updates to the Audit and Risk Committee. In its most recent update, made in March 2026, our internal auditor identified five actions from prior-year reports were overdue and not implemented. Of these, four were medium priority and one was low priority.

The Head of Internal Audit's overall annual opinion is based on the findings and conclusions of the agreed programme of work undertaken during the year and is subject to inherent limitations.

NMC response to internal audit reports

For all audits, where recommendations for management action are made, the NMC is aware of the specific issues identified and agrees action plans to improve control in these areas. These are reviewed by the Audit and Risk Committee, with progress to implement management actions verified by the internal auditors, monitored regularly until all actions to improve controls have been implemented.

Overall assessment of effectiveness of governance and assurance

The Council is collectively accountable for maintaining a sound system of internal control that supports the achievement of the organisation's objectives and is responsible for putting in place arrangements for gaining assurance about the effectiveness of that overall system.

As the Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the system of internal control is informed by the work of the internal auditors, and the executive officers within the organisation who have responsibility for the development and maintenance of the internal control framework, and comments made by external auditors in their audit letter and other reports.

In reaching my assessment, I have relied upon a range of evidence, including the opinion and report of the Head of Internal Audit, the corporate assessment of the quality of controls and assurance in place in directorates, and the annual review of the effectiveness of risk management. I have also relied on the learning from serious event reviews, log and learn incidents, the recommendations from the PSA's report and the rapid review undertaken after the new leadership team discovered the historical failure to consistently follow the full process to deal with self-declared health and character concerns.

Overall, I consider that there is **partial assurance** that there are adequate arrangements in place for governance, risk management and control. The Chair of Council and I recognise the need to maintain a high level of scrutiny over compliance with regulatory processes.

Our key priorities are:

- Addressing the weaknesses identified in the framework of governance, risk management and internal control and the delivery of the planned activities to address the specific issues identified by the audits during 2025-26 and to improve the framework for governance, risk management and internal control more generally
- Culture transformation, as set out in our *Culture Transformation Plan*
- Regulatory performance transformation, which will be delivered via the health checks and introduction of the central quality management process, working with all regulatory functions
- Reducing bias from our Fitness to Practise processes
- Strengthening leadership
- Continued improvements to safeguarding
- Improving and modernising our technologies
- Improving our financial position and producing a longer-term financial strategy
- Greater compliance with the PSA's *Standards of Good Regulation.*

Conclusion

The system of internal control has been in place up to the date of approval of this *Annual Report and Accounts*. There have been no significant internal control or governance issues identified during this period other than those already referenced in this document.

Ron Barclay-Smith
Chair
8 July 2026

Paul Rees MBE
Chief Executive and Registrar
8 July 2026

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 2026 which comprise the Nursing and Midwifery Council's:

- Balance Sheet as at 31 March 2026;
- 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 Standard 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 2026 and its net expenditure for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice;
- have been 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 (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 the information included in the Annual Report but does not include the financial statements and my auditor's report thereon. 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.

In connection with my audit of the financial statements, 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 Annual Report has been prepared in accordance with applicable legal requirements; and
- the information given in the Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

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 or returns adequate for my audit have not been received from branches not visited by my staff; or
- the financial statements and the parts of the Remuneration Report to be audited are not in agreement with the accounting records and returns; or
- certain disclosures of remuneration specified by law are not made; or
- I have not received all of the information and explanations I require for my audit;
- the Governance Statement does not reflect compliance with determinations by the Privy Council.

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

As explained more fully in the Statement of Responsibilities for the Council and Chief Executive and Registrar, the Council and Chief Executive and Registrar are 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 the Council and Chief Executive and Registrar determine are necessary to enable the preparation of financial statements to be free from material misstatement, whether due to fraud or error;
- preparing financial statements, which give a true and fair view, 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, 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; and
- 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 Chief Executive and Registrar either intends to liquidate the entity or to cease operations, or has no realistic alternative but to do so.

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, the Nursing and Midwifery Council's head of 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 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.
- inquired of management, the Nursing and Midwifery Council's head of internal audit and those charged with governance whether:
    - they were aware of any instances of non-compliance with laws and regulations; and
    - they had knowledge of any actual, suspected, or alleged fraud;
- discussed with the engagement team and the relevant specialists, including pension specialists 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 and 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 undertaking additional transaction testing of revenue around the year end, testing unusual adjustments to revenue and undertaking completeness testing of the registrants' database.

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 that I identify during my audit.

Rachel Nugent
(Senior Statutory Auditor)
9 July 2026

For and on behalf of the

Comptroller and Auditor General
(Statutory Auditor)

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

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

10

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 2026 under the Nursing and Midwifery Order 2001.

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

- Balance Sheet as at 31 March 2026;
- 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 Standard 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 2026 and its net expenditure for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice;
- have been 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 (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 certificate.

Other information

The other information comprises the information included in the Annual Report but does not include the financial statements and my certificate thereon. 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.

In connection with my audit of the financial statements, 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 Annual Report has been prepared in accordance with applicable legal requirements; and
- the information given in the Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

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 or returns adequate for my audit have not been received from branches not visited by my staff; or
- the financial statements and the parts of the Remuneration Report to be audited are not in agreement with the accounting records and returns; or
- certain disclosures of remuneration specified by law are not made; or
- I have not received all of the information and explanations I require for my audit;

- the Governance Statement does not reflect compliance with determinations by the Privy Council.

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

As explained more fully in the Statement of Responsibilities for the Council and Chief Executive and Registrar, the Council and Chief Executive and Registrar are 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 the Council and Chief Executive and Registrar determine are necessary to enable the preparation of financial statements to be free from material misstatement, whether due to fraud or error;
- preparing financial statements, which give a true and fair view, 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, 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; and
- 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 Chief Executive and Registrar either intends to liquidate the entity or to cease operations, or has no realistic alternative but to do so.

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, the Nursing and Midwifery Council's head of 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 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
- inquired of management, the Nursing and Midwifery Council's head of internal audit and those charged with governance whether:
    - they were aware of any instances of non-compliance with laws and regulations; and
    - they had knowledge of any actual, suspected, or alleged fraud;
- discussed with the engagement team and the relevant specialists, including pension specialists, 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 and 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 undertaking additional transaction testing of revenue around the year end, testing unusual adjustments to revenue and undertaking completeness testing of the registrants' database.

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 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 that I identify during my audit.

Report

I have no observations to make on these financial statements.

Gareth Davies
Comptroller and Auditor General
9 July 2026

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

Financial statements for the year ended 31 March 2026

Statement of financial activities for the year ended 31 March 2026

	Note	Year ended 31 March 2026 £'000	Year ended 31 March 2025 £'000
Income from:			
Charitable activities:			
Fees	2	105,532	105,316
Other income	3	128	158
Total		**105,660**	**105,474**
Investment income:	3	1,374	3,195
Total income		**107,034**	**108,669**
Expenditure on:			
Raising funds	4	(130)	(177)
Charitable activities	5	(132,337)	(130,256)
Total		**(132,467)**	**(130,433)**
Net income before net gains/ (losses) on investments		**(25,433)**	**(21,764)**
Gain/(loss) on investments	14	1,917	2,585
Net expenditure		**(23,516)**	**(19,179)**
Other recognised gains/(losses):			
Actuarial gain on defined benefit pension scheme and asset ceiling adjustment	19	2,709	-
Net movement in funds		**(20,807)**	**(19,179)**
Reconciliation of funds:			
Total funds brought forward		59,689	78,868
Total funds carried forward		**38,882**	**59,689**

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 130 to 155 form part of these accounts.

Balance sheet as at 31 March 2026

	Note	As at 31 March 2026 £'000	As at 31 March 2025 £'000
Fixed assets			
Intangible assets	11	28,945	25,239
Tangible assets	12	14,436	15,206
Investments	14	-	41,606
Total fixed assets		**43,381**	**82,051**
Current Assets			
Debtors	15	4,853	4,426
Investments	14	44,023	7,405
Cash and cash equivalents		5,603	34,326
Total current assets		**54,479**	**46,157**
Liabilities:			
Creditors: amounts falling due within one year	16	(57,410)	(63,977)
Total current liabilities		**(57,410)**	**(63,977)**
Net current assets		**(2,931)**	**(17,820)**
Total assets less current liabilities		**40,450**	**64,231**
Creditors: amounts falling due after more than one year	17	(577)	(647)
Provisions for liabilities	18	(991)	(3,895)
Net assets excluding pension liability		**38,882**	**59,689**
Total net assets		**38,882**	**59,689**
The funds of the NMC			
Unrestricted funds		**38,882**	**59,689**
Total funds		**38,882**	**59,689**

The Board of Trustees approved the accounts on 01 July 2026 and it is signed on their behalf by:

Ron Barclay-Smith
Chair
8 July 2026

Paul Rees MBE
Chief Executive and Registrar
8 July 2026

The notes on pages 130 to 155 form part of these accounts.

Statement of cash flows for the year ended 31 March 2026

	Note	Year ended 31 March 2026 £'000	Year ended 31 March 2025 £'000
Cash flows from operating activities			
Net cash provided by operating activities (see note A)		(29,387)	(16,663)
Cash flows from investing activities			
Interest earned from bank deposits	3	549	2,211
Cash withdrawal/(deposit) – short and long-term	14	7,600	9,523
Purchase of tangible and intangible assets		(7,485)	(6,833)
Net cash provided by/(used in) investing activities		**664**	**4,901**
Change in cash and cash equivalents in the reporting period		**(28,723)**	**(11,762)**
Cash and cash equivalents at the beginning of the year		**34,326**	**46,088**
Cash and cash equivalents at the end of the year		**5,603**	**34,326**

There were no financing activities in the year.

The notes on pages 130 to 155 form part of these accounts.

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

	Note	Year ended 31 March 2026 £'000	Year ended 31 March 2025 £'000
Net income from the reporting period (as per the statement of financial activities)		(23,516)	(19,179)
Interest earned from bank deposits	3	(549)	(2,211)
Dividends and interest earned on fixed asset and current asset investment portfolios	3	(825)	(984)
(Gain)/loss on investments	14	(1,917)	(2,585)
Investment management charges	14	130	177
Depreciation and amortisation charges	11 & 12	4,259	4,052
(Gain)/Loss on disposal		3	39
(Increase) in debtors		(427)	93
(Decrease) in creditors and provisions		(9,541)	4,813
Net of capital accruals		287	(878)
Past service costs		2,709	-
Net cash inflow from operating activities		**(29,387)**	**(16,663)**

Analysis of cash and cash equivalents

	Year ended 31 March 2026 £'000	Year ended 31 March 2025 £'000
Cash at bank and in hand	5,324	12,216
Short term investments	279	22,110
	5,603	**34,326**

Analysis of changes in net debt

The Nursing and Midwifery Council (NMC) had no debt during the year.

In accordance with the Charities Statement of Recommended Practice (SORP), FRS 102:

In the balance sheet, 'cash and cash equivalents' are bank accounts with instant access, and short-term bank accounts with a maturity of less than three months of the balance sheet date. These are to meet short-term cash commitments as they fall due rather than for investment purposes.

In the above 'Analysis of cash and cash equivalents', cash at bank and in hand means bank accounts with instant access while short-term investments are bank accounts with a maturity of less than three months of the balance sheet date.

Note 14 contains current asset investments which have a maturity of less than 12 months and are amounts held for investment purposes rather than to meet short-term cash commitments.

The NMC does not hold any physical cash.

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 Office for National Statistics (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 still 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 deficits in 2024-25 and 2025-26 and an approved deficit of £29 million in 2026-27 including significant one-off investment, we are necessarily still developing plans for 2027-28. However our current projections show that we will have sufficient reserves to operate throughout 2027-28. This is before the 19.2% rise in the registrant fee that was approved by our Council in April 2026. This would mean we are still viable 12 months after the accounts are signed.

In addition to our financial projections, we have taken steps to ensure much tighter control of our finances to ensure that we spend in line with budgets and remain viable. These include a wide range of measures but are led by the establishment of a dedicated Finance and Resources Committee to provide increased assurance, a dedicated Finance Directorate to bring focus to financial management, and the appointment of Executive Directors with strong commercial backgrounds to lead both the Finance Directorate and the new Transformation and Technology Services Directorate which brings a strong impetus to improving our efficiency and cost management. Consultation exercises by the Department of Health and Social Care (DHSC) on the UK model of regulation for healthcare professionals make clear the presumption of the continued future need for our regulatory functions. In particular the DHSC's consultation on the General Medical Council's legislative framework published on 24 March 2026 made clear its intention to bring forward legislation to modernise the framework of the NMC.

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.

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 holiday is accrued, not when it is taken.

- 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 2025 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.

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[1]	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

We revalued 23 Portland Place during 2013–14 and on first adoption of FRS 102 opted to use this valuation as deemed cost going forward.

[1] See Note 12.1

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 maturity of less than 12 months from the balance sheet date and are amounts held for investment purposes rather than to meet short-term cash commitments.

k. Debtors

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

l. Cash and cash equivalents

Cash and cash equivalents includes bank accounts with instant access, and short-term bank accounts with a maturity of less than three months from the balance sheet date, held to meet short-term cash commitments as they fall due.

m. Creditors

Creditors are recognised where we have a present obligation resulting from a past event that will 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.

p. New or revised standards or interpretations

The Financial Reporting Council issued a major set of amendments to FRS102, The Financial Reporting Standard applicable in the UK and Republic of Ireland, following a Periodic Review in 2024 and a revised Charities SORP was issued in October 2025, both effective for accounting periods beginning on or after 1 January 2026, with earlier adoption permitted.

The NMC has elected not to adopt early and therefore the new Charities SORP will only impact the NMC's 2026-27 annual accounts.

The most significant impact on the NMC's annual accounts will be in relation to lease accounting. The other changes are not expected to have an impact.

The changes to lease accounting include recognising right-of-use assets and lease liabilities on the balance sheet. The new requirement seeks to provide greater consistency and alignment with international accounting standards, namely IFRS 16.

Under the new lease accounting requirement, the NMC expects approximately £3.5 million would be recognised on the balance sheet from 31 March 2027.

2. Fee income

	Year ended 31 March 2026	Year ended 31 March 2025
	£'000	£'000
Registration fees	103,406	101,116
Other fees paid by registrants	2,126	4,200
Total	**105,532**	**105,316**

3. Investment, grant and other income

	Year ended 31 March 2026	Year ended 31 March 2025
	£'000	£'000
Interest earned from bank deposits	549	2,211
Dividends and interest earned in our fixed asset investment portfolio	773	984
Dividends and interest earned in our current asset investment portfolio	52	-
Investment income total	**1,374**	**3,195**
Other income	128	158
Total	**128**	**158**

4. Analysis of expenditure on raising funds

	Year ended 31 March 2026	Year ended 31 March 2025
	£'000	£'000
Investment management charge	130	177

The investment management charge for the year includes £96,000 (2024-25: £168,000) from our fixed asset investment and £34,000 (2024-25: £9,000) from our current asset investment.

5. Analysis of expenditure on charitable activities

Year ended 31 March 2026	Standards promotion and policy development	Education	Maintaining the Register	Fitness to Practise	Comms and public engagement	Total 2025–26
	£'000	£'000	£'000	£'000	£'000	£'000
Activities undertaken directly						
Employee costs	8,009	2,447	6,747	39,951	3,067	60,221
Other costs	2,072	91	424	23,010	419	26,016
Support costs						
Employee costs	2,350	615	3,279	15,953	801	22,998
Other costs	1,946	510	2,716	17,266	664	23,102
Total	**14,377**	**3,663**	**13,166**	**96,180**	**4,951**	**132,337**

Year ended 31 March 2025	Standards promotion and policy development	Education	Maintaining the Register	Fitness to Practise	Comms and public engagement	Total 2024–25
	£'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**

6. Analysis of support costs

Year ended 31 March 2026	Standards promotion and policy development £'000	Education £'000	Maintaining the Register £'000	Fitness to Practise £'000	Comms and public engagement £'000	Total 2025–26 £'000
Facilities	215	56	299	5,509	73	6,152
Finance and procurement	420	110	587	2,854	143	4,114
HR	900	236	1,256	6,110	307	8,809
ICT	1,284	336	1,791	8,714	438	12,563
Governance	527	139	736	3,581	180	5,163
Legal	238	62	332	1,618	81	2,331
Depreciation	435	114	608	2,954	148	4,259
Past service cost	277	72	386	1,879	95	2,709
Corporate Improvement programme	-	-	-	-	-	-
Total	**4,296**	**1,125**	**5,995**	**33,219**	**1,465**	**46,100**

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.

Corporate improvement programme costs shown separately in the analysis of support costs for the year ended 31 March 2025 were for activities that were funded centrally.
Such activities were funded by the functions responsible for them in the year ended 31 March 2026.

Year ended 31 March 2025	Standards promotion and policy development £'000	Education £'000	Maintaining the Register £'000	Fitness to Practise £'000	Comms and public engagement £'000	Total 2024–25 £'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
Past service cost	-	-	-	-	-	-
Corporate Improvement programme	133	19	168	820	46	1,186
Total	**4,038**	**568**	**5,082**	**28,365**	**1,403**	**39,456**

7. Governance costs

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

	Year ended 31 March 2026	Year ended 31 March 2025
	£'000	£'000
Council members' allowances, national insurance, travel and subsistence	580	529
Auditors' remuneration for audit services: National Audit Office (NAO)	148	101
Professional Standards Authority annual fee	2,365	2,120
Operating costs (including salaries)	2,070	1,647
Total	**5,163**	**4,397**

Of the £147,500 NAO audit fee for the year ended 31 March 2026, £144,000, for the first-tier audit includes VAT. The £3,500 for the second-tier audit does not attract VAT as this is a statutory appointment.

8. Total resources expended by cost category

	Year ended 31 March 2026	Year ended 31 March 2025
	£'000	£'000
Salaries and associated costs	83,219	71,863
Fitness to practise related costs	23,010	32,509
IT development and support	6,256	5,679
Professional fees	4,462	5,929
Rent payable on office leases	2,279	2,137
Other premises costs	2,975	2,680
Other employee-related costs	2,611	2,166
Quality assurance of education	1,453	1,813
Depreciation/amortisation	4,259	4,052
Printing, postage and stationery	172	111
Finance and insurance costs[2]	1,274	981
Council and committee costs	497	513
Total	**132,467**	**130,433**

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 2026	Year ended 31 March 2025
	£'000	£'000
Consultancy	1,160	3,549

Consultancy fees in the year ended 31 March 2025 included the additional costs of a corporate improvement programme, including work to support the Culture Review and Fitness to Practise. Although the improvement programme has continued in the year ended 31 March 2026, the requirement for consultancy services was significantly reduced.

[2] Includes trustees' indemnity insurance

9. Information regarding employees

Salaries and associated costs	Executive	Other employees	Year ended 31 March 2026	Year ended 31 March 2025
	£'000	£'000	£'000	£'000
Wages and salaries	1,346	61,604	62,950	58,672
Social security costs (Employers' NI contributions and apprenticeship levy)	200	8,072	8,272	6,249
Defined contribution pension costs - present employees[3]	191	6,201	6,392	5,860
Past service costs	17	2,692	2,709	-
Temporary and contract workers	-	2,075	2,075	3,673
Termination payments[4]	252	2,629	2,881	194
Total	**2,006**	**83,273**	**85,279**	**74,648**
Capitalised staff costs	-	(2,060)	(2,060)	(2,785)
Total	**2,006**	**81,213**	**83,219**	**71,863**

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

[4] This includes £701,000 of payments in lieu of notice and £2,180,000 of redundancy payments. Redundancy payments included one extra-contractual payment of £45,000.

(2024–25: extra contractual payments of £Nil, redundancy payments of £12,000 and payments in lieu of notice of £182,000).

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

There were 366 (2024–25: 304) employees (including members of Executive for the period) whose remuneration fell in the following bands:

Remuneration bands (£)	Year ended 31 March 2026	Year ended 31 March 2025
	£'000	£'000
60,001 – 70,000	173	148
70,001 – 80,000	84	62
80,001 – 90,000	50	53
90,001 – 100,000	22	14
100,001 – 110,000	10	10
110,001 – 120,000	5	5
120,001 – 130,000	4	5
130,001 – 140,000	-	1
140,001 – 150,000	4	2
150,001 – 160,000	2	-
160,001 – 170,000	1	-
170,001 – 180,000	1	1
180,001 – 190,000	2	1
190,001 – 200,000	1	1
200,001 – 210,000	2	1
210,001 – 220,000	2	-
220,001 – 230,000	2	-
270,001 – 280,000	1	-
Total	**366**	**304**

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 £2,006,000 (2024–25: £1,809,000). 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.

The above table includes colleagues who have moved up the remuneration bands due to redundancy and termination payments.

All other movement was through the 2025-26 standard annual pay increase.

The total benefits of the Trustees, including employers' national insurance were £369,000 (2024–25: £283,000). For more information on Trustee remuneration in the year, see the Remuneration report.

	Year ended 31 March 2026	Year ended 31 March 2025
	£'000	£'000
Average number of permanent and fixed-term contract employees during the year:		
Executive	8	9
Other employees	1,236	1,164
Average number of agency temporary staff and contractors during the year	31	78
Total	**1,275**	**1,251**

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.

11. Intangible fixed assets for use by the charity

	Software	Internally developed software	Capital work in progress	Total
	£'000	£'000	£'000	£'000
Cost:				
1 April 2025	2,109	32,525	7,277	**41,911**
Additions	-	4,542	2,146	**6,688**
Disposals	(403)	(474)	-	**(877)**
Transfers	-	6,390	(6,390)	**-**
31 March 2026	**1,706**	**42,983**	**3,033**	**47,722**
Amortisation:				
1 April 2025	2,109	14,563	-	**16,672**
Amortisation charge for the year	-	2,980	-	**2,980**
Disposals	(403)	(472)	-	**(875)**
Transfers	-	-	-	**-**
31 March 2026	**1,706**	**17,071**	**-**	**18,777**
Net Book Value:				
31 March 2025	-	17,962	7,277	**25,239**
31 March 2026	**-**	**25,912**	**3,033**	**28,945**

Capital work in progress projects are assets that are not yet ready for use. They are added to the fixed asset register at cost when ready for use, 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 2025–26, £4.304 million of work in progress relating to NMC Online, £1.950 million relating to our Case Management System and £0.135 million relating to our Test of Competence Management programme (ToC) were brought into use. A further £3.043 million of additions relating to NMC Online, £1.160 million relating to our Case Management System and £0.338 million relating to the ToC programme was also capitalised during the year.

Carrying value of material intangible assets

Year ended 31 March 2026	Gross book value	Net book value	Remaining life
	£'000	£'000	(months)
Registrant assessment tool - Part 1	7,546	1,992	53
Registrant assessment tool - Part 2	3,398	1,799	68
NMC Register	7,737	6,392	102
NMC Online	5,997	5,989	119
Total	**24,678**	**16,172**	

During the year, the NMC had reviewed and renamed assets. The registrant assessment tool parts 1 and 2 covered different registrant assessments.

Year ended 31 March 2025	Gross book value	Net book value	Remaining life
	£'000	£'000	(months)
Registrant assessment tool - Part 1	7,546	2,435	65
Registrant assessment tool - Part 2	3,398	2,115	80
NMC Register	7,737	7,165	114
Total	**18,681**	**11,715**	

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 programme.

12. Tangible fixed assets for use by the charity

	23 Portland Place long leasehold premises[5]	Buildings refurbishment	Furniture	Equipment	Capital work in progress[6]	Total
	£'000	£'000	£'000	£'000	£'000	£'000
Cost:						
1 April 2025	15,448	13,619	181	2,616	49	**31,913**
Additions	-	-	56	337	117	**510**
Disposals	-	-	(12)	(127)	-	**(139)**
Transfers	-	-	-	49	(49)	**-**
31 March 2026	**15,448**	**13,619**	**225**	**2,875**	**117**	**32,284**
Depreciation:						
1 April 2025	3,840	10,444	169	2,254	-	**16,707**
Depreciation charge for the year	354	591	11	323	-	**1,279**
Disposals	-	-	(11)	(127)	-	**(138)**
Transfers	-	-	-	-	-	**-**
31 March 2026	**4,194**	**11,035**	**169**	**2,450**	**-**	**17,848**
Net Book Value:						
31 March 2025	11,608	3,175	12	362	49	**15,206**
31 March 2026	**11,254**	**2,584**	**56**	**425**	**117**	**14,436**

Capital work in progress projects are assets that are not yet ready for use. They are added to the fixed asset register at cost when ready for use, 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 2025–26, £247,000 of additions relating to technology improvements and £146,000 of additions relating to estates was capitalised in the year (2024–25: £130,000).
There were disposals of £1,000 in the year also relating to estates.

[5] See Note 12.1

[6] See Note 12.2

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. The £17.185 million valuation includes refurbishment costs held as separate assets. The value of these refurbishment costs explains the difference between the £17.185 million valuation and the cost of 23 Portland Place of £15.448 million as at 1st April 2025, shown in note 12. 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 (DHSC), we have regular contact with DHSC on policy and other matters.

During the period 1 April 2025 to 31 March 2026, the total allowance paid to the Chair was £78,000 (2024–25: £78,000), and allowances, travel and subsistence and training expenses paid to, or incurred in relation to, members of the Council (Trustees) were £339,919 (2024-25: £340,754, restated). 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 academic management services from the University of Greenwich. Dr Julia Mundy, a lay member of Council from 13 October 2025, and Chair of the Finance and Resource Committee is also the Deputy Director of The Institute of Political Economy, Governance, Finance and Accountability at the University of Greenwich. The NMC paid the University of Greenwich a total of £40,000 during the current year. In 2024–25, before Dr J. Mundy joined the NMC, the NMC had already engaged with the University of Greenwich and paid £40,000 in the year.

During the year, the NMC engaged IT services from Gartner U.K. Limited. The partner of Matthew McClelland, the Executive Director of Strategy and Insight up to 30 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 £115,920 during the year (2024–25: £55,440).

During the year, the NMC engaged facilitation and coaching services from Aim Higher Leadership Ltd. John Welsh, the brother of Edward Welsh, the Director of Communications and Engagement up to 31 May 2025, is an external associate sub-contractor of Aim Higher Leadership Network. The NMC paid Aim Higher Leadership Network a total of £3,546 during the year (2024–25: £8,546).

Gavin Ralston is a subsidiary board member of Schroder Investment Management Limited. Schroders is the parent company of Cazenove Capital, the NMC's investment managers. During the year, the NMC paid Cazenove Capital £34,000 in management fees.

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

14. Investments

Fixed asset investments	As at 31 March 2026	As at 31 March 2025
	£'000	£'000
Market value at 1 April	41,606	38,557
Dividends and interest received and retained in fund	773	984
Management fees charged at source	(96)	(168)
Net gain/(loss) on revaluation	696	2,233
Capital transferred to current asset investment	(42,979)	-
Market value at 31 March	**-**	**41,606**
Comprising the following:		
Fixed income securities	-	21,634
Equities	-	7,894
Property funds	-	1,143
Alternative investment funds	-	4,407
	-	**35,078**
Cash	-	6,528
Market value at 31 March	**-**	**41,606**

Current asset investments	As at 31 March 2026	As at 31 March 2025
	£'000	£'000
Market value at 1 April	7,405	7,062
Capital transferred from fixed asset investment	42,979	-
Capital invested/(withdrawn)	(7,600)	-
Interest received and retained in fund	52	-
Management fees charged at source	(34)	(9)
Net gain/(loss) on revaluation	1,221	352
Market value at 31 March	**44,023**	**7,405**

During the year, a fixed asset investment account was closed with the existing funds of £42.979 million being transferred to a new current asset investment account.

15. Debtors

	As at 31 March 2026	As at 31 March 2025
	£'000	£'000
Debtors	274	297
Prepayments and accrued income	4,579	4,129
Total	**4,853**	**4,426**

16. Creditors (amounts falling due within one year)

	As at 31 March 2026	As at 31 March 2025
	£'000	£'000
Creditors and accruals	14,030	20,255
Other taxes and social security	1,946	1,747
Deferred income	41,434	41,975
Total	**57,410**	**63,977**

Deferred income is the value of registrant fees received at each balance sheet date that relate to a future financial year. £41,975,000 deferred as at 31 March 2025 was released in the year and £41,434,000 was deferred as at 31 March 2026.

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

	As at 31 March 2026	As at 31 March 2025
	£'000	£'000
Lease premium	577	647
Total	**577**	**647**

18. Provisions

	Dilapidations	Employment Tribunal	Total
	£'000	£'000	£'000
At 1 April 2025	(845)	(3,050)	(3,895)
Additions	(146)	-	(146)
Utilised in the year	-	-	-
Releases	-	3,050	3,050
Transfer to accruals	-	-	-
At 31 March 2026	**(991)**	**-**	**(991)**

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.

The provision for employment tribunal represented our best estimate of the potential costs of ongoing cases. Due to changes in the relevant cases management have judged that the obligation is no longer probable and the provision has been released.

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 People's Pension during the financial year ending 31 March 2025, our main pension scheme is a defined contribution scheme now operated by Aviva.

The minimum contribution level is that employees contribute 1% of their pensionable salary and the NMC contributes 8% (2024-25: 8%). Employees may make additional contributions which are matched by the NMC up to a maximum employer contribution of 14%. As at 31 March 2026, 95.8% 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 2021–22.

	Year ended 31 March 2026	Year ended 31 March 2025
	£'000	£'000
NMC's (employer's) defined contribution scheme contributions made in year	6,392	5,860
	%	%
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 2026 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 Isio as at 31 March 2025. At the date of the valuation, the value of the NMC section of the scheme assets on a low dependency basis was £66.7 million. The value of the assets represented 114% of the value of the benefits, which had accrued to members after allowing for expected future increases in earnings and pensions.

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 2026 was £nil (31 March 2025: £nil). The value of other, non-recovery plan payments in the year was £nil (2024–25: £nil).

The next triennial valuation will be as at 31 March 2028.

The FRS 102 valuation is based on a full assessment of the liabilities of the scheme as at 31 March 2026. 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 2023 The High Court ruled, with the ruling being upheld by the Court of Appeal in 2024, that amendments made to Virgin Media's pension scheme were invalid because the scheme's actuary did not provide the required Section 37 certificate. The ruling has implication for similar schemes, including The Nursing and Midwifery Council and Associated Employers Pension Scheme.For further detail, please see note 25, Contingent assets and contingent liabilities.

Amounts recognised in Balance Sheet	As at 31 March 2026	As at 31 March 2025
	£'000	£'000
Assets at fair value	64,958	68,224
Present value of defined benefit obligation	(53,439)	(53,912)
Surplus/(Deficit)	**11,519**	**14,312**
Asset ceiling adjustment	(11,519)	(14,312)
Net liability	**-**	**-**

Amounts recognised in SoFA	As at 31 March 2026	As at 31 March 2025
	£'000	£'000
Current service cost	-	-
Past service cost	(2,709)	-
Net interest on the defined benefit liability/(asset)	-	-
Curtailment	-	-
Net amount recognised in SoFA	**(2,709)**	**-**

Amounts recognised in Other Comprehensive Income	As at 31 March 2026	As at 31 March 2025
	£'000	£'000
Return on plan assets in excess of interest income	4,453	6,634
Actuarial loss/(gain) on demographic assumptions	(836)	(51)
Actuarial loss/(gain) on financial assumptions	(2,520)	(5,347)
Actuarial loss/(gain) on experience adjustment	(205)	(308)
Change in the asset ceiling excluding interest	(3,601)	(928)
Total loss/(gain)	**(2,709)**	**-**
	%	%
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 2026	As at 31 March 2025
	£'000	£'000
Opening balance at 1 April 2025	**53,912**	**59,031**
Current service cost	-	-
Past service cost	2,709	-
Curtailment	-	-
Interest cost	2,974	2,781
Employee contribution	-	-
Actuarial (gain)/losses	(3,561)	(5,706)
Benefits paid	(2,595)	(2,194)
Closing balance at 31 March 2026	**53,439**	**53,912**

Reconciliation of fair value of plan assets	Year ended 31 March 2026	Year ended 31 March 2025
	£'000	£'000
Opening balance at 1 April 2025	**68,224**	**73,573**
Expected return on assets	3,782	3,479
Return on plan assets in excess of interest income	(4,453)	(6,634)
Employer contribution	-	-
Employee contribution	-	-
Benefits paid	(2,595)	(2,194)
Closing balance at 31 March 2026	**64,958**	**68,224**

	Year ended 31 March 2026	Year ended 31 March 2025
	£'000	£'000
Asset ceiling at start of period	**(14,312)**	**(14,542)**
Interest on the asset ceiling	(808)	(698)
Past service cost	2,709	-
Change in asset ceiling excluding interest	892	928
Asset ceiling at end of period	**(11,519)**	**(14,312)**

Reconciliation of change in funded status	Year ended 31 March 2026	Year ended 31 March 2025
	£'000	£'000
Opening balance at 1 April 2025	-	-
Pension expense	2,709	-
Past service cost impact on asset ceiling	(2,709)	
Actuarial gain/(losses)	(892)	(928)
Employer contribution	-	-
Asset ceiling adjustment	892	928
Closing balance at 31 March 2026	**-**	**-**
Actual return on plan assets	**(671)**	**(3,155)**

History of experience adjustments	Year ended 31 March 2026	Year ended 31 March 2025	Year ended 31 March 2024	Year ended 31 March 2023
	£'000	£'000	£'000	£'000
Defined benefit obligation	(53,439)	(53,912)	(59,031)	(60,450)
Plan assets	64,958	68,224	73,573	75,706
Surplus/(Deficit)	**11,519**	**14,312**	**14,542**	**15,256**
Experience adjustments on scheme liability - gain/(loss)	205	308	(1,011)	(1,332)
Experience adjustments on scheme assets	(4,453)	(6,634)	(3,727)	(29,384)

Expected contribution in following period	As at 31 March 2026
	£'000
Employer (including fees)	-
Employee	-
Total	**-**

Principal assumptions	As at 31 March 2026	As at 31 March 2025
	£'000	£'000
Discount rate	6.15%	5.65%
Retail price inflation	3.30%	3.10%
Consumer price inflation	2.80%	2.50%
Pension increases	3.05%	2.95%
Expected return on assets	6.15%	5.65%
Life expectancy at age 60	**Years**	**Years**
Males born 1962	26.0	25.7
Females born 1962	28.6	28.6
Males born 1982	25.7	27.0
Females born 1982	29.5	29.8

Scheme assets	As at 31 March 2026	As at 31 March 2025
	£'000	£'000
Growth funds	14,223	14,208
Bonds	13,117	23,818
Gilts	-	-
Liability driven investments	19,861	12,958
Cash	3,834	3,038
Insured annuities	13,923	14,202
Total	**64,958**	**68,224**

The schemes invested assets are notionally allocated to the NMC (86%) and DHSC (14%) based on the relative split of non-insured liabilities.

20. Capital commitments

At 31 March 2026, £281,000 for office equipment 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.

21. Operating lease commitments

At 31 March 2026 we had the following future minimum operating lease payments:

Land and buildings	As at 31 March 2026	As at 31 March 2025
	£'000	£'000
Leases which expire:		
Within one year	2,243	2,131
Between one and five years	3,966	2,924
Total	**6,209**	**5,055**

We lease premises at 2 Stratford Place, London, for the period until 21 July 2028; 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 14 November 2029.

As there is no guarantee the NMC will remain on any leased premises until the end of the lease, recognised commitments are limited to the break clause date.

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 2026	As at 31 March 2025
	£'000	£'000
Financial assets	54,479	87,763
Financial liabilities	(15,976)	(22,002)

Financial assets consist of cash balances £5.603 million (2024–25: £34.326 million), investments in fixed term bank deposits £44.023 million (2024–25: £7.405 million) and debtors £4.853 million (2024–25: £4.426 million) held at amortised cost and investments in the stock market (via investment managers) £nil (2024–25: £41.606 million) held at market value.

Financial liabilities held at amortised cost comprise creditors and accruals £14.030 million (2024–25: £20.255 million restated) and other taxes and social security £1.946 million (2024–25: £1.747 million).

23. Comparative statement of financial activities

In the year ended 31 March 2025, all income and expenditure was unrestricted with no brought forward restricted balance.

24. Extra-contractual payments

There was one extra-contractual payments in the period ended 31 March 2026: £45,000 (31 March 2025: £nil). Further detail can be found in the Remuneration Report.

25. Contingent assets and contingent liabilities

In 2023 The High Court ruled, with the ruling being upheld by the Court of Appeal in 2024, that amendments made to Virgin Media's pension scheme were invalid because the scheme's actuary did not provide the required Section 37 certificate. The ruling has implication for similar schemes, including The Nursing and Midwifery Council and Associated Employers Pension Scheme.

In June 2025 the Department for Work and Pensions confirmed that the Government will introduce legislation to give affected pension schemes the ability to retrospectively obtain written actuarial confirmation that historic benefit changes met the necessary standards.

While further detail on the approach and process for this retrospective confirmation is awaited, detailed investigations into any potential impact on The Nursing and Midwifery Council and Associated Employers Pension Scheme have not yet commenced. 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 2026 year-end.

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[7].

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.

[7] S.I 2002/253

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

Nursing & Midwifery Council

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This document is also available in Welsh on our website.

Mae'r ddogfen hon hefyd ar gael yn y Gymraeg ar ein gwefan.

The nursing and midwifery regulator for England, Wales, Scotland and Northern Ireland Registered charity in England and Wales (1091434) and in Scotland (SC038362).

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