Annual Fitness to Practise Report 2025–26

Nursing and Midwifery Council

Annual Fitness to Practise Report 2025–2026

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(Amendment) Order 2008.

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Foreword

Protecting the public and maintaining confidence in the nursing and midwifery professions remain at the heart of our work. As the regulator of 868,000 nurses, midwives and nursing associates across the UK, we have a responsibility to ensure that concerns raised with us about the fitness to practise of professionals on our Register are investigated fairly, proportionately and effectively, and that action is taken where necessary to keep the public safe.

During 2025-26, we saw continued improvement and challenge for our Fitness to Practise process. Demand remained high, with the number of referrals we received continuing to increase, reflecting trends seen across the healthcare regulatory sector and placing sustained pressure on our processes. We recognise the impact that delays 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.

The review published by the Professional Standards Authority for Health and Social Care (PSA) reflecting on our performance in 2025-26, found that we did not meet a number of the *Standards of Good Regulation*, 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 PSA review did recognise that, under new leadership, we have laid the foundations for future improvement.

While progress was made during 2025-26, the PSA findings reinforce the need for sustained improvement and remain a key focus of our work into 2026-27.

During 2025-26, we continued to roll out our Fitness to Practise improvement programme. We strengthened our screening processes, increased decision-making capacity at key points, and reduced delays in case progression at the earliest stages of the Fitness to Practise process, including reducing the number of cases awaiting allocation at the screening stage.

We also made progress in reducing the number of the oldest cases in our caseload – details of which can be found in this report.

While our overall performance remained below where we would want it to be, we were encouraged by the progress our teams made and the stronger foundations that are now in place for further improvement as a result.

Throughout 2025-26, we remained committed to the quality, consistency and fairness of our decision-making. We introduced strengthened guidance, enhanced oversight arrangements and worked to ensure all concerns raised with us were assessed proportionately and consistently. We worked to strengthen our approach to safeguarding by embedding a safeguarding-first culture across all our Fitness to Practise work and improving the support we were able to offer to the most vulnerable people in our process.

Being involved in Fitness to Practise proceedings can be difficult and emotionally demanding. Throughout the year, we continued to invest in support for professionals, members of the public, witnesses and our colleagues. This reflects our commitment to ensuring that everyone who engages with our processes is treated with dignity, respect and compassion.

Learning from external scrutiny and challenge is an important part of our commitment to improving our performance. We have adapted our Fitness to Practise improvement programme in response to the findings of external reviews, including the PSA's most recent Performance Review; the *Independent Culture Review*, and two reviews commissioned in response to whistleblowing concerns. We remain steadfast in our determination to create a culture that supports openness, learning and accountability while strengthening confidence in our decision-making and regulatory processes.

As we look ahead, we want to build on the improvements made in 2025-26 by further reducing the time taken to conclude cases, strengthening the quality and consistency of our decisions and continuing to consider how equity, diversity and inclusion can be embedded across our work. This is enabled by a new quality framework, to help eliminate disparities in treatment based on ethnicity and gender by 2030, and addressing disproportionate referral patterns.

We will also prepare for the forthcoming NMC legislative reform, which will support a more proportionate, efficient and person-centred approach to our regulatory processes, enabling more cases to be resolved earlier in the process and reducing the need for full hearings where this is not necessary to protect the public.

As ever, we would like to thank the chief nursing officers and chief midwifery officers across the four countries of the UK, representative bodies and employers for their collaborative work to encourage local resolution of concerns, promote just cultures and support shared learning. We are also grateful for the efforts of our colleagues. Their commitment and dedication to improving Fitness to Practise and the wellbeing of the people they engage with are invaluable in enhancing patient safety and trust in the professions as we turn the corner on the road of transformation as their regulator.

While significant challenges remain, we are confident that the progress made during 2025-26 provides a strong foundation for the work ahead. We remain committed to creating a Fitness to Practise process that is faster, fairer and more consistent to meet the needs of the public and people we serve.

Ron Barclay-Smith
Chair
29 September 2026

Paul Rees MBE
Chief Executive and Registrar
29 September 2026

Our role

01

Our role

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

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 required for entry to, or annotation on, our Register
- Shape the practice of the professionals on our Register by developing and **promoting standards**, including our Code, and promoting lifelong learning through Revalidation
- **Investigate and, if needed, take action** where serious concerns are raised about a nurse, midwife or nursing associate's fitness to practise.

Our governing body, our Council, is made up of six lay people and six professionals on our Register. Our work is overseen by the PSA, which reviews the work of regulators of health and care professions. We are accountable to Parliament through the Privy Council. We are also a registered charity and seek to ensure that all our work delivers public benefit.

Our vision is 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, which protects 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 reiterated our corporate values by issuing a behaviour guide, called 'Living out our values', to reflect the kind of organisation we aspire to be and the standards we hold ourselves to in how we work with each other to protect the public:



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.

About this report

This report covers one of our core roles in regulating nursing and midwifery professions – investigating concerns about their fitness to practise. We determine whether the skills, knowledge, education or behaviour of professionals fall below the standards needed to deliver safe, effective and kind care.

If they do, we will take steps to keep the public safe.

In this report, we will explain what we do when people tell us about concerns and we have summarised our performance during 2025-26, including the continued work we have delivered from our plan to improve our Fitness to Practise processes.

We provide statistics throughout the report to illustrate our activity and recommend reading this report together with our NMC *Annual Report and Accounts 2025-26*, which provides a wider look at the work of our organisation.

Our *Insight into Fitness to Practise 2025* report was published in December 2025, bringing together learning that has helped inform and shape our ongoing programme of improvements to the Fitness to Practise process.

Our Register

To practise as a nurse or midwife in the UK, or as a nursing associate in England, individuals must join our Register. This helps protect the public by ensuring that only those who meet our standards for safe, kind and effective care are permitted to practise.

On 31 March 2026, there were 867,935 professionals on our Register – an increase of 1.7% from the previous year (2024-25: 853,707). Our registration data reports provide a full breakdown of the professionals on our Register.

Register profile | Registration type

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

Nurses (92.1%)

799,001

Midwives (5.6%)

48,545

Nursing associates (1.6%)

14,238

Nurse and Midwife (Dual Registered) **(0.7%)**

6,151

Total register	**867,935**

Register profile | Country or region

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

England (60.6%)

526,042

Rest of the world (21.5%)

186,681

Scotland (8.7%)

75,272

Wales (3.7%)

32,175

European Union (2.9%)
and European Economic Area

25,428

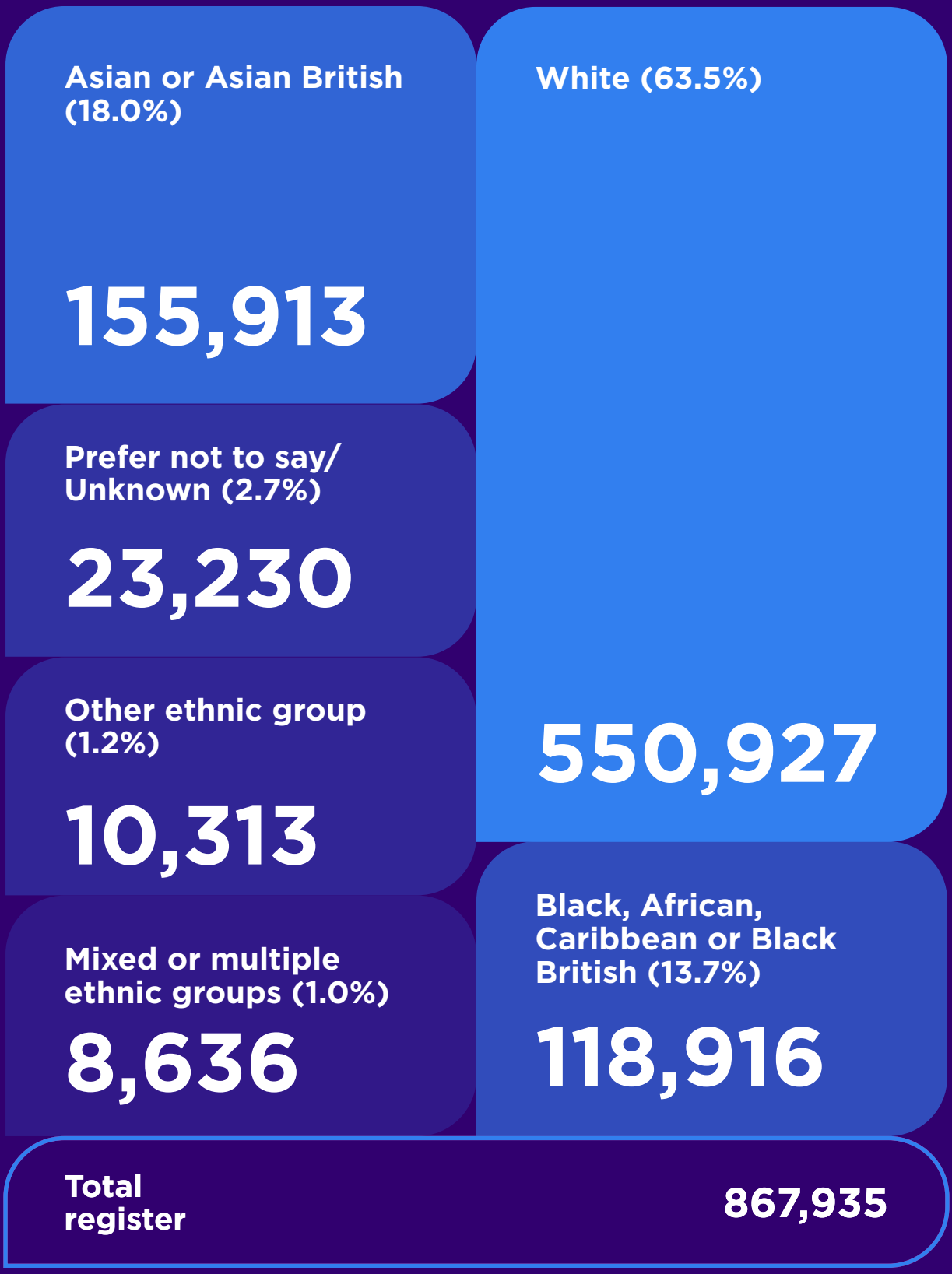
Northern Ireland (2.6%)

22,337

Total register **867,935**

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**

What is Fitness to Practise?

02

What is Fitness to Practise?

The professionals on our Register play a vital role in delivering safe and compassionate care. Anyone who wishes to practise as a nurse or midwife (or nursing associate in England) must join our Register and meet the professional standards expected of them.

We consider a professional to be fit to practise when they have the skills, knowledge, health and character needed to provide safe, effective and kind care. These expectations are set out in The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates, which defines the standards that professionals must uphold to join and remain on our Register.

To maintain their registration, every nurse, midwife and nursing associate must demonstrate to us every three years that they continue to practise safely and in line with the standards set out in the Code. This process, known as Revalidation, helps ensure that professionals remain accountable for maintaining high standards of practice throughout their careers.

While the vast majority of professionals on our Register practise safely, concerns can sometimes be raised about whether someone remains fit to practise. In many cases, these concerns can be addressed locally, and we encourage people to speak to the professional's employer or place of work in the first instance to see whether the issue can be resolved there.

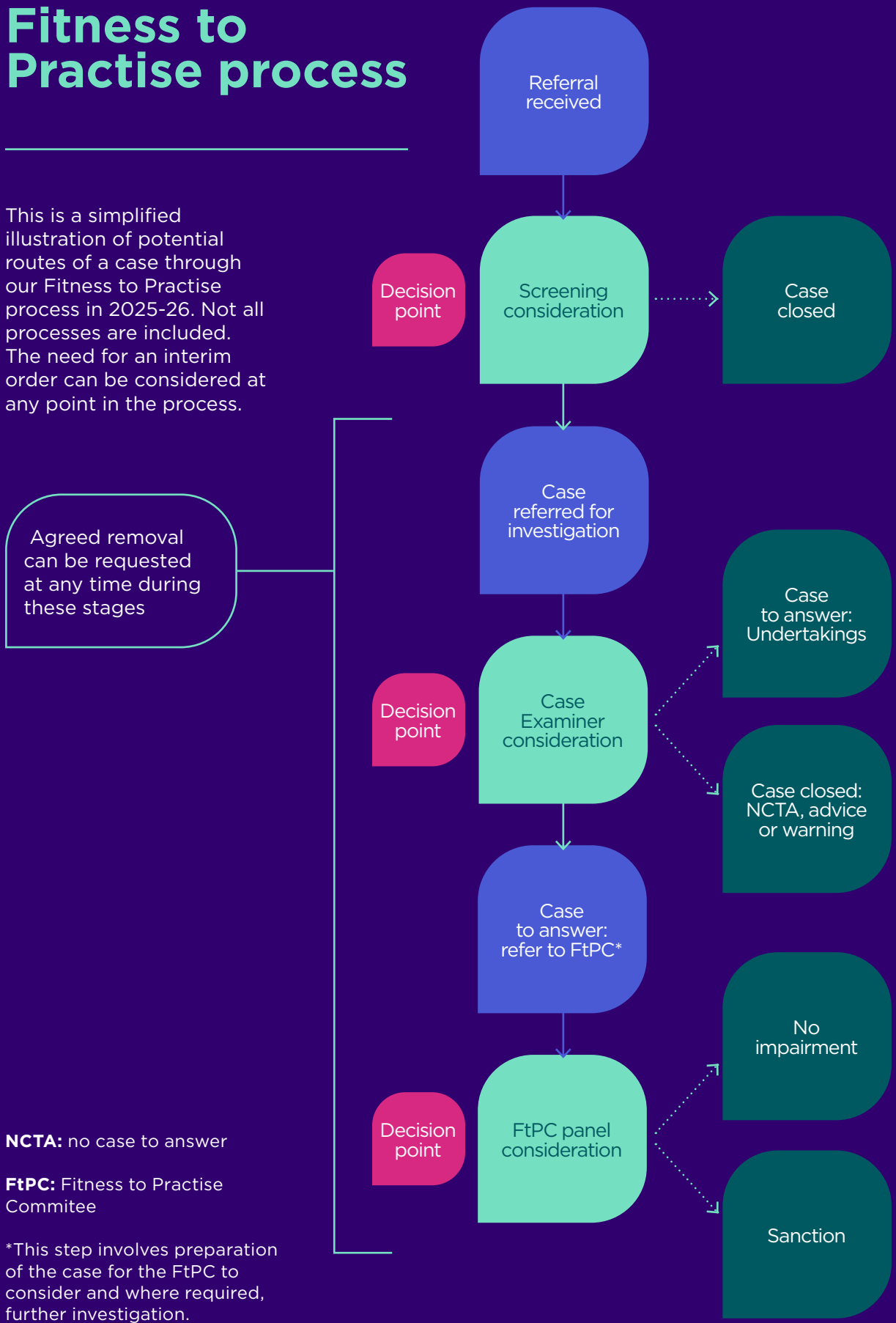
Where concerns cannot be resolved locally, or where they are serious enough to require regulatory action, they can be referred directly to us. These concerns enter our Fitness to Practise process, through which we will investigate issues relating to a professional's conduct, competence, health or character and determine whether they pose a risk to the public.

Our role as a regulator is not to punish individuals for past events, but to protect the public by ensuring that those on our Register meet the standard required to practise safely. Where necessary, we can take regulatory action, including restricting a professional's practice or removing their right to work as a nurse, midwife or nursing associate, to ensure patients, colleagues and the public are protected.



Fitness to Practise process

This is a simplified illustration of potential routes of a case through our Fitness to Practise process in 2025-26. Not all processes are included. The need for an interim order can be considered at any point in the process.



NCTA: no case to answer

FtPC: Fitness to Practise Commitee

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

How people raise concerns with us

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

We can only investigate concerns about a nurse, midwife or nursing associate where there is an ongoing risk to public safety, public confidence or professional standards if that professional continues to practise without restrictions.

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

- A patient or person using the services of a nurse, midwife or nursing associate
- A member of the public
- The employer or manager of the nurse, midwife or nursing associate
- The police
- A nurse, midwife or nursing associate referring themselves
- Other health and social care regulators.

You can find more information about how to raise concerns on our website.

Concerns we can and cannot consider

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

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

We can look at several types of concern, including:

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

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

How we deal with concerns raised with us

When we receive a concern about a professional on our Register and their fitness to practise (sometimes known as a 'referral'), we review the information in detail to assess whether the concerns suggest there may be a risk that requires regulatory action, such as restricting their practice or preventing them from working.

This process is known as screening and is the first stage of our Fitness to Practise process.

This year we strengthened this stage of the process through the publication and embedding of updated screening guidance. These changes have enhanced our ability to manage incoming concerns and referrals appropriately and support safer, more effective and timelier decisions at the earliest stage of the process.

Not every concern raised about a professional on our Register will require regulatory action. In many cases concerns can be managed more quickly and appropriately by employers.

To decide whether regulatory action is required, we ask three key questions:

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

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

- Considering the information we have received to understand if the concerns raised would merit regulatory action
- Asking for more information from the person who got in touch so that we fully understand their concerns
- Checking our records to see whether concerns have been raised before about the nurse, midwife or nursing associate
- Gathering information from their employer
- Taking statements from others who may have witnessed events and gathering other evidence such as notes, reports or records
- Asking the nurse, midwife or nursing associate for their response to the concerns and what action they have taken to strengthen or change their practice since any event occurred.

We will always take account of the context of a situation when we decide if there is a risk to public safety that requires us to take regulatory action. Read more about how we take account of context.

Regulatory action we can take to protect the public

In most cases referred to us, we determine at the screening stage that further regulatory investigation is not required. This year, 73% of cases were closed at this stage. More information about these decisions is provided in the statistical summary section of this report.

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

There are two types of IOs:

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

More information about IOs can be found on our website.

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

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

To read more about the work of our Case Examiners, visit our website.

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

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

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

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

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

More information about the action our independent panels can take is available on our website.

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

You can find more information on our agreed removals process on our website.

Public information about our decisions

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

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

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

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

Our Register of nurses, midwives and nursing associates is online.

Fitness to Practise: our work in 2025-26



Fitness to Practise: our work in 2025-26

Our caseload

Our Fitness to Practise caseload remained under sustained pressure during 2025-26. We began the year with 6,357 open cases and ended with 6,725 – an increase of 368 cases (around 5.8%).

Year	Referrals received	Cases concluded	Year-end closing caseload	Yearly change in caseload	
				Actual	Percent
2022-23	5,068	5,832	5,577	-892	-14%
2023-24	5,774	5,559	5,994	+417	+7%
2024-25	6,539	6,234	6,357	+363	+6%
2025-26	7,152	6,853	6,725	+368	+6%

The number of concerns raised with us remained high during 2025-26, continuing the upward trend seen in recent years and placing considerable operational pressure on our Fitness to Practise process. We received 7,152 new referrals in 2025-26, an increase of 9.4% on 2024-25 (6,539) and 41.1% on 2022-23 (5,068). This level of incoming concerns materially constrains our ability to reduce the overall caseload. Without a consistent period in which the volume of cases concluded exceeds the volume of new referrals, any progress in reducing outstanding work will be limited.

Through the actions set out in our Fitness to Practise improvement programme we have continued to strengthen capacity across the process, particularly at the screening stage, where increased decision-making capacity has enabled us to maintain high volumes of decisions and reduce the number of cases waiting to be allocated.

Alongside this, improvements in investigations and adjudication have supported progress in concluding a number of our oldest cases and increased throughput.

While this progress is encouraging, we recognise that continued focus is required to manage demand and further reduce the overall caseload.

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

Fitness to Practise improvement programme

Improving our Fitness to Practise process is one of our core strategic priorities and is central to our purpose of protecting the public.

Since our Council approved our Fitness to Practise Plan in March 2024 (now known as Fitness to Practise improvement programme), we have been working to transform how we investigate and act on concerns raised with us so that our process is faster, fairer and more people centred.

In early 2026 we reset the programme to ensure we continue to deliver sustainable improvements across the end-to-end process, but our ambition remains to deliver safe and proportionate decisions, reduce unnecessary delays, eliminate disparities in people's experiences of the process and outcomes, and ensure that everyone involved in Fitness to Practise feels respected, supported and heard.

Since the launch of the programme in 2024, we have spent two years stabilising the most critical parts of our service and building strong foundations for long-term change.

Improving timeliness and reducing backlogs

The number of new concerns received have remained high this year, averaging 596 per month and continuing the upward trend we have seen in recent years (545 per month in 2024-25). This sustained level of demand has placed ongoing pressures on our process. Despite this, we have made progress in improving the timeliness in parts of the Fitness to Practise process and reducing caseloads in key areas, but we know more work is required to deliver consistent timely outcomes across the end-to-end process.

At the screening stage, we took a number of steps to strengthen our capacity and improve performance. We increased decision-making capacity, including expanding our pool of screening decision-makers and bringing in targeted surge support.

As a result, we have seen a consistent high number of decisions being made, allowing us to reduce the caseload at screening by more than 300 cases since April 2025.

These changes have also improved the timeliness of allocation of cases and progression at screening. During the first quarter of the year, we reduced the number of cases waiting more than six weeks by 77%. As a result, we no longer had cases waiting longer than six weeks to be allocated at screening. Addressing delays at this stage was a key recommendation of the *Independent Culture Review* published in 2024.

Alongside this, overall performance against our timeliness key performance indicator (KPI) improved, with the proportion of cases concluded within 15 months (rolling target) increasing to 73.9%, although this remains below our ambitions and highlights the continued need to reduce delays across the process. Improving timeliness remains important not only for operational performance, but also because of the impact prolonged case durations can have on the wellbeing of professionals, members of the public and others involved in our cases.

Throughout 2025-26, we also focused on reducing the proportion of older cases within our caseload. By the end of the year, 57.2% (3,846 cases) of our open cases had been received in 2025 and 2026, reflecting progress in resolving older cases and bringing the overall age profile of the caseload down.

In addition to improvements at the screening stage, we took steps to reduce backlogs and increase decision-making activity at the investigation and adjudication stages, recognising that these areas continue to experience significant timeliness challenges.

We continued to expand the use of appropriate alternative resolution routes, allowing some cases to be concluded without the need for a full hearing where this is in the public interest. For example, 38% of adjudication decisions were made outside of full hearings.

The number of substantive decisions made, including agreed removals, increased from an average of 63 per month in 2024-25 to 70 per month in 2025-26. The number of agreed removal outcomes also increased by 26% compared with the previous year (2025-26: 315 outcomes, 2024-25: 251 outcomes).

For more information on our performance, please see the statistical summary section of this report.

Strengthening quality, consistency and public protection

While improving timeliness remains an important priority, it is equally important that our decisions are fair, proportionate and consistent. This year we have continued to strengthen the quality of our decision-making to ensure that the improvements we make towards the timely progression of casework continue to deliver fair outcomes for everyone involved.

We introduced refreshed screening guidance to support clearer and consistent decision-making in ensuring that only cases requiring regulatory action progress to investigation, while concerns that can be addressed more appropriately at a local level or by employers were concluded earlier. This reduced unnecessary stress for professionals and allowed a greater focus on higher-risk concerns.

We also strengthened our approach to concerns arising in professionals' private lives. This included cases involving sexual misconduct, domestic abuse and discrimination, where such behaviour may raise serious questions about a professional's fitness to practise.

We continued to strengthen our performance reporting and oversight. Council now receives enhanced monthly and quarterly reporting on key areas of the Fitness to Practise process, including timeliness metrics, IO performance, the age of our caseload and quality indicators. Increased transparency supports stronger accountability and ongoing improvement across the process.

Embedding proportionate decision-making

We continued to embed more consistent and proportionate decision-making across the process.

A key focus for 2025-26, was the strengthening oversight and assurance around IOs. These orders play an important role in protecting the public where there may be an immediate risk while a case is being investigated. Enhanced oversight arrangements help ensure that IOs are imposed consistently and only when necessary, supporting fairness and proportionality for professionals while maintaining public protection.

Building a safeguarding-first culture

Strengthening our safeguarding arrangements continued to be a key priority during 2025-26. In last year's report we described the launch of our multi-disciplinary Safeguarding Hub in September 2024 and the steps we had taken to improve how we identify and respond to safeguarding concerns at an early stage of the Fitness to Practise process.

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.

In addition to the case reviews undertaken by the Hub, colleagues across Fitness to Practise continued to seek advice from the Safeguarding team where concerns arise during a case. Requests for safeguarding advice continued throughout the year, supporting our teams to identify and manage safeguarding risks appropriately and ensure people receive the right support at the earliest opportunity. We will continue to strengthen how safeguarding concerns are recorded and reviewed throughout the life of a case to ensure risks remain visible and appropriate action is taken at the earliest opportunity.

We have taken steps to improve safeguarding capability across the organisation. Mandatory safeguarding training has been introduced for relevant colleagues, supported by a comprehensive Safeguarding Handbook and new standard operating procedures. These resources help ensure that risks are recognised early and managed consistently across the process, while also promoting a more consistent approach to safeguarding practice.

Governance and oversight have also been strengthened through the establishment of a Safeguarding Board and Safeguarding Working Group, which provide clearer accountability and support stronger executive oversight of safeguarding risks and activity. The Safeguarding Board provides regular process reports to the Executive Board and Council. These arrangements support greater scrutiny of safeguarding themes and learning, helping us identify where further improvements are needed.

This work has allowed us to take significant steps forward in embedding safeguarding as a core part of our Fitness to Practise work. Our approach is increasingly proactive and risk-aware, supporting earlier identification of safeguarding concerns and how vulnerable individuals are supported.

We record cases where we are informed that a professional has sadly taken their own life while involved in the Fitness to Practise process. We only report deaths by suicide where there is a confirmed coroner's inquest outcome. While the available evidence does not establish Fitness to Practise as a direct or sole causal factor, these cases reinforce the importance of recognising that regulatory processes can occur alongside significant personal, professional and psychological pressures, and of taking reasonable steps to minimise avoidable harm. In 2025-26 there was one such recorded death (2024-25 – three recorded deaths, 2023-24 – five recorded deaths).[1]

These cases are subject to senior review to ensure that any learning is identified and used to further improve our processes.

Where a safeguarding incident meets, or may meet, the Charity Commission's serious incident threshold, this will be considered for referral to the Charity Commission through our Serious Incidents, Reporting and Learning Roundtable process, with any referral requiring authorisation by the Chief Executive and Registrar and Chair of Council.

As part of our commitment to supporting professionals, we routinely signpost individuals to our independent Fitness to Practise Careline, which offers confidential emotional and practical advice. In 2025-26, Careline received 1,113 contacts from people in our process. Contacts are recorded per interaction rather than per individual, meaning that if one person contacted Careline multiple times, each contact is counted separately.

We will continue to make improvements to our safeguarding arrangements to continue providing assurance on the consistency and recording of safeguarding considerations in Fitness to Practise cases.

Improving the Fitness to Practise experience

Being involved in the Fitness to Practise process can be a difficult and emotional experience for many people. Members of the public who have experienced or witnessed poor care can feel vulnerable, distressed or frustrated. For professionals, being subject to an investigation can bring significant anxiety and uncertainty about the future of their career.

For this reason, placing people at the centre of our work remains a core priority. We aim to ensure that everyone involved in the Fitness to Practise process is treated with respect and can access the support and information they need.

We recognise that delays to case progression can have a significant impact on the wellbeing of individuals, and improving people's experience remains closely linked to our wider work to improve timeliness and reduce delays.

1. **Note:** In our 2024-25 Fitness to Practise Annual Report we reported two recorded deaths for 2024-25; this has been updated to three following the conclusion of a coroner's inquest after publication.

During 2025-26 we made further progress towards a more person-centred Fitness to Practise service. One of our most significant developments was the pilot of a 'First Contact' approach, offering supportive telephone engagement with professionals at the outset of us receiving concerns. The aim is to reduce anxiety, improve understanding of the process and address early questions that might otherwise lead to avoidable misunderstandings.

The pilot is currently undergoing evaluation to assess its impact and inform decisions about any longer-term changes to how we engage with professionals at the start of the Fitness to Practise process.

We expanded a number of practical support measures, including needs assessments at screening, to help identify individuals who may require additional support, expanding our multi-disciplinary health investigations and providing weekly virtual witness support sessions to help individuals prepare for hearings. We also broadened access to independent advocacy and intermediary services and strengthened our signposting to independent emotional support services.

We want to build on this work by improving how we communicate with people in our process to provide them with clearer information and more tailored support to help individuals understand what to expect as their case progresses.

Use of independent support services increased this year, suggesting growing awareness of the support available.

Supporting the wellbeing of colleagues involved in delivering our Fitness to Practise work has also been an important focus. During the year we introduced additional support measures for our colleagues, including decompression services, trauma-informed training and structured reflective practice sessions. Recognising and addressing the emotional impact of casework is an important part of building a sustainable and high-quality regulatory service.

Support for members of the public

Members of the public involved in Fitness to Practise cases can access support through our support helpline and Public Support Service. The Public Support Service works across the process to provide information about how the Fitness to Practise process works and to support individuals who may be finding the experience difficult.

In 2025-26, 706 people were referred to the Public Support Service to help them access support during the process (2024-25: 809 people). During the same period, 289 inbound calls were received through the public support helpline (2024-25: 261 inbound calls received).

For individuals with more complex needs, we also provide access to independent advocacy and intermediary services. These services can help ensure that people are able to participate effectively in the process, including supporting individuals when providing evidence.

In 2025-26, there were six cases where an intermediary was used (2024-25: seven cases) and 23 referrals were made to the independent advocacy service (2024-25: 16 referrals made).

Support for professionals

Professionals involved in the Fitness to Practise process can access confidential emotional and practical support through the independent Fitness to Practise Careline, which received over 1,100 contacts during 2025-26.

We continue to work closely with our Careline provider to ensure that call handlers and therapists understand the Fitness to Practise process and the pressures it can place on professionals.

During the year we established our Professional Support and Engagement Team (PSET) in recognition of the challenges that professionals may experience when navigating the Fitness to Practise process. Being subject to an investigation can be an anxious and uncertain time, and the team was created to provide additional support to professionals as they engage with the process.

PSET works with professionals throughout the process to help ensure they feel heard, supported and able to engage in proceedings with dignity. The team also works internally with colleagues to identify opportunities to improve our processes and strengthen person-centred practice. By providing guidance, resources and practical support, the team helps reduce barriers to engagement and supports clearer, more accessible communication with professionals involved in Fitness to Practise cases.

We know that many professionals who are subject to an investigation do not have formal representation. To help ensure individuals are able to access appropriate support, we have continued to strengthen signposting to unions, representative bodies and organisations that can provide support and advice. We have also expanded the range of organisations listed on our support pages, including those supporting internationally educated nurses and midwives and organisations offering wellbeing support.

Supporting employers and early resolution

Employers can access advice through our Employer Link Service (ELS), which provides a direct route for organisations to discuss concerns about a professional's performance and receive advice on local management of those concerns where appropriate. Early advice can help employers address issues locally and prevent unnecessary referrals to the Fitness to Practise process.

In 2025-26, we received 1,339 requests for advice through ELS and employers were advised to make a referral in 57% of these (2024-25: 1,152 requests for advice).

Supporting people considering raising concerns

Our referrals helpline is available to anyone considering raising concerns about a professional's fitness to practise. Our team provide information on the role of the NMC, explain how the process works and help people understand whether the concern they wish to raise falls within our regulatory remit.

These early conversations help ensure that concerns are directed to the most appropriate organisation and enable us to understand the nature of issues being raised at an early stage. In 2025-26, we received 4,666 calls through the referrals helpline (2024-25: 5,294 calls received).



Promoting equity, diversity and inclusion



Promoting equity, diversity and inclusion

We are committed to ensuring that our regulatory processes are fair, transparent and accessible for everyone, and that no one is disadvantaged because of who they are. Addressing inequality and advancing diversity and inclusion remains central to our role as a regulator. This work aligns with our EDI Strategic Objectives, particularly our commitments to reduce disparities in regulatory outcomes, strengthen inclusive decision-making and build organisational capability.

In last year's report we described a number of actions we were taking to strengthen equity, diversity and inclusion within our Fitness to Practise processes. This included work through our *Culture Transformation Plan*, improvements to how equality impact assessments are carried out and steps to better understand and address disparities within the Fitness to Practise system. During 2025-26, we have continued to build on this work, with a particular focus on strengthening learning, reflection and consistency in regulatory decision-making.

Over the past year we have taken further steps to support colleagues involved in Fitness to Practise decision-making to recognise, challenge and mitigate the potential for bias. Our focus has been on ensuring that decisions are balanced, evidence-based and consistent, particularly in cases where issues of discrimination or prejudice may arise. This includes supporting our work to better understand and reduce disparities in outcomes across different groups.

A key area of activity has been the development of our decision-makers. Throughout 2025-26, we delivered targeted learning interventions designed to deepen understanding of discrimination-related concerns and support confident and balanced decision-making. This included thematic reviews of cases where discrimination had been raised as an issue. These reviews enabled teams to identify examples of best practice, test the robustness of decision-making and capture practical learning that could be applied across the process.

These exercises also provided additional insight into the effectiveness of our existing quality control and review mechanisms in identifying relevant themes, while highlighting opportunities to further strengthen guidance and training. These interventions support our strategic objective to build equity, diversity and inclusion capability and confidence across all roles involved in regulatory decision-making.

While these measures are intended to reduce the potential for bias and improve consistency, we recognise that addressing disparities requires sustained action in the long term and ongoing evaluation of the impact of our interventions.

We have established multi-disciplinary case clinics to assist colleagues working on cases relating to discrimination and behaviour outside professional practice, providing advice and support to help ensure decisions are consistent across our process and in line with our policies and guidance. Where agreement cannot be reached on the appropriate direction of a case, enhanced oversight arrangements provide further review and challenge to support robust and consistent decision-making.

We also delivered a broader programme of learning activity to build awareness and understanding of equality issues in practice. Decision-makers participated in webinars exploring specific forms of prejudice and hate, including anti-Jewish hate and anti-Muslim hostility, helping to deepen understanding of the lived experiences that may underpin cases brought to us.

Case Examiners also undertook tailored coaching through our *Culture Transformation Plan*, supporting reflective practice, inclusive behaviours and objective analysis.

Insights from panel determinations and internal case discussions have continued to inform our future learning programmes, ensuring that training remains responsive to emerging themes and risks.

Our thematic screening review processes provide opportunities to examine cases involving discrimination concerns, enabling teams to agree learning points and oversee delivery of resulting actions through our quality assurance framework. Regular multi-disciplinary case clinics enable colleagues to test their thinking, seek advice and promote consistency in complex or sensitive cases, including those involving discrimination or behaviours outside professional practice. These discussions support transparency, shared learning and well-founded decision-making.

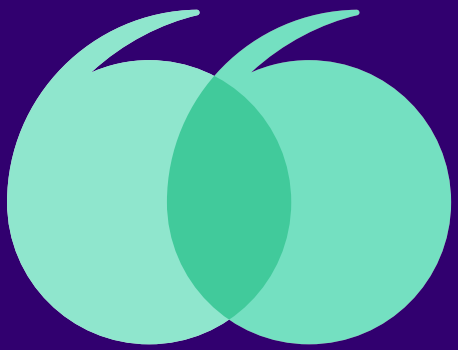
We strengthened our quality assurance processes to provide greater oversight of fairness and consistency in decision-making. Regular sampling of decisions continues to provide assurance on the balance and proportionality of outcomes and the appropriate application of guidance. During the year, additional steps were introduced within quality assurance checks to explicitly consider indicators of bias, reinforcing accountability and continuous improvement across the process.

Strengthening these controls supports our aim to improve transparency, consistency and accountability in how decisions are made.

We are continuing to improve how we evaluate the effectiveness of our equity, diversity and inclusion interventions and use data to understand whether these actions are contributing to improved experiences and more equitable outcomes.

Expectations relating to the application of discrimination guidance and the use of supportive mechanisms such as case clinics have also been embedded within individual objectives for decision-making roles. Peer review remains an important safeguard in specific decision types, helping to promote consistent and proportionate outcomes.

Together, these actions strengthen our understanding of disparities and support our ongoing efforts to improve fairness and consistency in unbiased decision-making, contributing to our EDI Strategic Objectives and our ambition to eliminate disparities in outcomes based on ethnicity and gender by 2030. While progress has been made in strengthening our governance and oversight in these areas, we recognise that further work is required to demonstrate measurable improvements in outcomes and experiences for everyone involved in Fitness to Practise.



We are continuing to improve how we evaluate the effectiveness of our equity, diversity and inclusion interventions and use data to understand whether these actions are contributing to improved experiences and more equitable outcomes.

Concerns in relation to our handling of Fitness to Practise cases

In 2023 a whistleblower raised concerns about the approach we had taken in a number of Fitness to Practise cases involving allegations of discrimination, sexual misconduct, domestic abuse or safeguarding.

To ensure these concerns were examined independently, we appointed Ijeoma Omambala KC in November 2023 to carry out two reviews. These focused on the specific Fitness to Practise cases highlighted by the whistleblower, and on the NMC's handling of the whistleblowing concerns themselves.

During summer 2025, we took the decision to recommission the reviews after Ms Omambala KC was unable to deliver her reports within the anticipated timescales due to personal reasons. The NMC did not receive any reports, findings or indication of findings from Ms Omambala KC prior to the recommissioning of the work.

We subsequently commissioned Victoria Butler-Cole KC and David Hopkins of 39 Essex Chambers to complete the review of the Fitness to Practise cases raised by the whistleblower. Both have extensive expertise in regulatory and public law. We also commissioned Lucy McLynn, Partner at Bates Wells, to review the NMC's handling of the whistleblowing concerns.

The reports were published in September 2025. They provided reassurance about the outcomes reached in the cases reviewed and identified valuable learning to inform our ongoing improvement.

Review of Fitness to Practise cases

The review examined a number of Fitness to Practise cases opened between 2015 and 2023 that had been highlighted by the whistleblower.

The review concluded that the NMC had reached the correct regulatory outcome in 19 out of the 20 cases examined. In one case, the review identified a poor outcome. However, the individual concerned had already left the Register and there was therefore no remaining public protection concern.

The review also found that in some cases the NMC had taken an overly restrictive approach to what could constitute misconduct, particularly where behaviours occurred in registrants' private lives. This reflected limitations in the decision-making guidance that was in place at the time.

Prior to the publication of the review, we had already identified this issue through our own learning and assurance activity and strengthened our guidance for Fitness to Practise decision-makers in February 2024. The updated guidance makes clear the importance of considering concerns arising in registrants' private lives, as well as in their professional roles, where those behaviours may raise questions about a professional's fitness to practise. This includes concerns relating to sexual misconduct, domestic abuse and discrimination. Our guidance now makes clear that concerns of this nature are taken extremely seriously, whether they occur within or outside a professional setting.

Review of the handling of whistleblowing concerns

The review of the NMC's handling of the whistleblowing concerns found that the organisation had responded appropriately to the whistleblower in line with the policy in place at the time. The review found no evidence that the whistleblower had suffered any detriment as a result of raising their concerns.

The review also concluded that the whistleblowing policy in place at the time was broadly fit for purpose. However, it identified that the policy gave an unrealistic assurance about the extent to which a whistleblower's confidentiality could be maintained internally.

Since the review was commissioned, we have introduced a new *Raising Concerns* policy, which came into effect during summer 2025. This policy strengthens protections for whistleblowers and provides clearer information about how concerns will be handled, including greater clarity about where confidentiality can and cannot be fully maintained.

Together, the findings of the two reviews have provided reassurance about the handling of the cases raised, while also identifying areas where improvements have been made to guidance and policies.

We remain committed to learning from these reviews and ensuring that our processes continue to evolve to support fair, transparent and effective regulation.



Statistical summary 2025-26



Key performance indicators 2025-26

Our key performance indicators

In every case, we aim to achieve an outcome that best protects the public as swiftly as possible.

We publicly report on our performance in this area through our two KPIs. While we did not meet our targets for either of the KPIs in 2025-26, we are pleased with the progress we have made towards the timeliness in which we conclude cases.

Interim orders imposed

Where we consider there is a need to ask a panel to impose an IO on a professional's practice, we aim to impose 80% within 28 days of receiving the concerns. In 2025-26, we imposed 68.7% of IOs within 28 days of receiving the concern. This is an increase in performance compared to the previous year (2024-25: 65.8%).

Timeliness in concluding cases

Our primary timeliness measure is the rolling average of concluding 80% of cases within 15 months of receiving a concern.

In 2025-26, we completed 73.9% of cases within 15 months, driven by strong performance at our screening stage, an improvement on the previous year (2024-25: 68.4%). While we have not yet reached our target and more work is needed to improve timeliness at the later stages of the process, this represents our strongest performance against this KPI since late 2020.

This progress has been achieved despite continued high volumes of new concerns being raised. It reflects the impact of additional resources and improvements made at the screening stage, where 7,561 decisions were made during the year.

Although we did not meet the PSA's *Standards of Good Regulation* for timeliness of case progression, we are encouraged by the progress made in 2025-26 and remain focused on delivering further improvement in 2026-27.



Fitness to Practise activity 2025-26

Concerns received

In 2025-26, we received 7,152 new concerns, an increase (9.4%) from last year (2024-25: 6,539). Our Register has continued to grow in 2025-26, increasing to 867,935 nurses, midwives and nursing associates as of 31 March 2026. In 2025-26, the proportion of the Register referred to us increased for the third consecutive year.

	2025-26	2024-25	2023-24
Number of concerns received	7,152	6,539	5,774
Percentage of the Register	0.82%	0.77%	0.69%

Source of concerns

Table 1 provides a breakdown of those from whom we received concerns in 2025-26.

In 2025-26, we have seen a 3% increase in concerns raised by patients and members of the public, alongside a 1% decrease in referrals from employers. Further detail on our planned work to support referrals being made at the right time, and to ensure concerns are directed to the most appropriate organisation, is set out in the 'Future focus' section of this report.

Table 1: Source of concerns received 2025-26

Who referred concerns to us	2025-26		2024-25	2023-24
	Number of new concerns	Percentage of new concerns	Percentage of new concerns	Percentage of new concerns
Patient/public	2,644	37%	34%	35%
Self-referral	695	10%	8%	7%
Employer	2,049	29%	30%	30%
Opened by the NMC	182	3%	4%	6%
Another professional on the Register	237	3%	10%	7%
Other regulator	29	<1%	<1%	<1%
Referrer unknown	278	4%	7%	8%
Any other informant	1,038	15%	6%	6%
Total	**7,152**	**100%**	**100%**	**100%**

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

Our screening guidance sets out the questions we ask to determine whether the concerns are for us, including whether the person the concerns are about is a registered nurse, midwife or nursing associate. If we are unable to identify the person of concern as someone on our Register, we will close the case.

In 2025-26 we did not proceed with 1,705 cases where we either could not identify a nurse, midwife or nursing associate, or the allegation could never amount to a serious concern (such as where an individual has received a fixed penalty notice for a parking offence), so we therefore did not take additional steps to establish whether the individual referred is on our Register (2024-25: 1,594 and 2023-24: 1,328).

Concerns by country of registered address



ENGLAND

4,093 cases
79% of total concerns received
78% country as a proportion of the Register.



SCOTLAND

550 cases
11% total concerns received
9% country as a proportion of the Register.



NORTHERN IRELAND

151 cases
3% of total concerns received
4% country as a proportion of the Register.



WALES

260 cases received
5% of total concerns received
5% country as a proportion of the Register.



OVERSEAS/EU

111 cases received
2% of total concerns received
5% country as a proportion of the Register.

Concerns by registration type

People can be on more than one part of our Register – for example, as a nurse and a midwife. This is known as dual registration. Table 2 shows the new concerns we received in 2025-26, broken down by registration type.

Table 2: Concerns by registration type

Registration type	2025-26		2024-25		2023-24
	Number of new referrals	Percentage of total referrals	Number of new referrals	Percentage of total referrals	Percentage of total referrals
Nurse	4,780	93%	4,432	93%	94%
Midwife	290	6%	252	5%	5%
Nurse & Midwife (dual)	24	<1%	19	<1%	<1%
Nursing Associate	71	1%	46	1%	<1%
Total	**5,165**	**100%**	**4,749**	**100%**	**100%**

Initial assessment outcomes

In 2025-26, we decided not to investigate 5,520 concerns after we concluded our initial assessment either because we did not believe the concerns required regulatory action or because we were unable to identify a nurse, midwife or nursing associate on our Register.

This equates to 73% of initial assessment outcomes being deemed to require no further investigation (2024-25: 72% and 2023-24: 72%).

We shared 762 intelligence reports with another regulatory body or organisation (the intelligence shared originates from various sources including Fitness to Practise cases, education exceptional reports and whistleblowing).

Interim orders

In 2025-26, our panels imposed IOs in 594 cases to protect the public while our investigations were ongoing, which is a 14% decrease from the previous year (2024-25: 691, 2023-24: 622). Table 3 shows the breakdown of the two types of IOs that our panels can impose.

Table 3: Interim orders imposed

Interim order decisions	2025-26		2024-25		2023-24	
	Number	Percentage	Number	Percentage	Number	Percentage
Interim conditions of practice	310	52%	373	54%	337	54%
Interim suspension	284	48%	318	46%	285	46%
Total	**594**	**100%**	**691**	**100%**	**622**	**100%**



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

Table 4: Interim orders imposed by registration type

Interim order decisions	2025-26				2024-25				2023-24			
	Nurse	Midwife	Nursing Associate	Nurse & midwife (dual)	Nurse	Midwife	Nursing Associate	Nurse & midwife (dual)	Nurse	Midwife	Nursing Associate	Nurse & midwife (dual)
Interim conditions of practice	289 (52%)	18 (64%)	3 (43%)	0 (0%)	354 (54%)	15 (63%)	4 (50%)	0 (0%)	320 (54%)	16 (67%)	1 (25%)	0 (0%)
Interim suspension	270 (48%)	10 (36%)	4 (57%)	0 (0%)	305 (46%)	9 (38%)	4 (50%)	0 (0%)	274 (46%)	8 (33%)	3 (75%)	0 (0%)
Total	**559**	**28**	**7**	**0**	**659**	**24**	**8**	**0**	**594**	**24**	**4**	**0**

Case Examiner decisions

In 2025-26 our Case Examiners made 1,205 decisions (2024-25: 1,171 and 2023-24: 1,588) at the end of an investigation which was a 2% increase on last year.

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

Table 5 shows the outcome of the Case Examiners' decisions by outcome.

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

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

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

Table 5: Case Examiner decisions by outcome

Case Examiner decisions	2025-26		2024-25		2023-24	
	Number	Percentage	Number	Percentage	Number	Percentage
Refer for hearing or meeting	711	59%	658	56%	800	50%
Advice	4	<1%	2	<1%	9	<1%
Warning	72	6%	74	6%	110	7%
Undertaking	110	9%	116	10%	111	7%
No further action	308	26%	321	27%	558	35%
Total	**1,205**	**100%**	**1,171**	**100%**	**1,588**	**100%**

Table 6: Number of decisions by registration type

Case Examiner decisions	2025-26				2024-25				2023-24			
	Nurse	Midwife	Nursing Associate	Nurse & Midwife (dual)	Nurse	Midwife	Nursing Associate	Nurse & Midwife (dual)	Nurse	Midwife	Nursing Associate	Nurse & Midwife (dual)
Refer for hearing or meeting	677 (59%)	30 (52%)	4 (57%)	0 (0%)	634 (57%)	21 (46%)	3 (60%)	0 (0%)	766 (51%)	31 (49%)	3 (38%)	0 (0%)
Advice	4 (<1%)	0 (0%)	0 (0%)	0 (0%)	2 (<1%)	0 (0%)	0 (0%)	0 (0%)	7 (<1%)	2 (3%)	0 (0%)	0 (0%)
Warning	68 (6%)	3 (5%)	1 (14%)	0 (0%)	72 (6%)	1 (2%)	1 (20%)	0 (0%)	105 (7%)	4 (6%)	1 (13%)	0 (0%)
Undertaking	103 (9%)	7 (12%)	0 (0%)	0 (0%)	109 (10%)	7 (15%)	0 (0%)	0 (0%)	105 (7%)	4 (6%)	1 (13%)	1 (100%)
No further action	288 (25%)	18 (31%)	2 (29%)	0 (0%)	303 (27%)	17 (37%)	1 (20%)	0 (0%)	533 (35%)	22 (35%)	3 (38%)	0 (0%)
Total	**1,140**	**58**	**7**	**0**	**1,120**	**46**	**5**	**0**	**1,516**	**63**	**8**	**1**

Case Examiners work in pairs. One is a registered nurse or midwife, and one is a lay person. If the Case Examiners are unable to agree on an outcome, they must refer the case to an independent panel of the Investigating Committee for a decision. No such cases were referred to the Investigating Committee in 2025-26.

Hearing and meeting outcomes

In 2025-26, our panels reached 669 final decisions at a hearing or meeting. Table 7 breaks down the outcomes of the hearings and meetings by sanction reached by the panel.

Wherever possible, we seek to bring cases to a resolution at the earliest appropriate point in the Fitness to Practise process.

Early resolution protects the public while allowing professionals who are able to practise safely to continue their work and avoids the stress and uncertainty that can arise from full hearings. We achieve this through constructive engagement with professionals and their representatives. If the Case Examiners decide that a case should progress to a hearing, we focus on progressing it in the most timely and effective way possible.

Table 7: Panel outcomes

Panel decision	2025-26		2024-25		2023-24	
	Number	Percentage	Number	Percentage	Number	Percentage
Strike off	260	39%	289	45%	214	35%
Suspension	152	23%	156	24%	158	25%
Conditions of practice	59	9%	60	9%	85	14%
Caution	26	4%	21	3%	31	5%
Sub-total	**497**	**74%**	**526**	**81%**	**488**	**79%**
No case to answer	23	3%	18	3%	6	1%
Facts not proved	34	5%	31	5%	38	6%
FtP not impaired[2]	114	17%	72	11%	88	14%
Total panel decisions	**668**	**100%**	**647**	**100%**	**620**	**100%**

[2] *FtP not impaired* means a Fitness to Practise panel found that, although concerns may have been proved, the professional's current fitness to practise was not impaired. This means the panel determined there was no ongoing risk to public safety, public confidence, or professional standards requiring regulatory action, and no sanction was imposed.

Table 8: Panel outcomes by registration type

Panel decision	2025-26				2024-25				2023-24			
	Nurse	Midwife	Nurse & Midwife (dual)	Nursing Associate	Nurse	Midwife	Nurse & Midwife (dual)	Nursing Associate	Nurse	Midwife	Nurse & Midwife (dual)	Nursing Associate
Strike off	253 (39%)	6 (26%)	0 (0%)	1 (50%)	278 (45%)	10 (30%)	0 (0%)	1 (50%)	210 (35%)	4 (18%)	0 (0%)	0 (0%)
Suspension	143 (22%)	8 (35%)	0 (0%)	1 (50%)	144 (24%)	11 (33%)	0 (0%)	1 (50%)	152 (26%)	6 (27%)	0 (0%)	0 (0%)
Conditions of practice	56 (9%)	3 (13%)	0 (0%)	0 (0%)	58 (9%)	2 (6%)	0 (0%)	0 (0%)	80 (13%)	4 (18%)	0 (0%)	1 (100%)
Caution	26 (4%)	0 (0%)	0 (0%)	0 (0%)	21 (3%)	0 (0%)	0 (0%)	0 (0%)	31 (5%)	0 (0%)	0 (0%)	0 (0%)
Sub-total	**478**	**17**	**0**	**2**	**501**	**23**	**0**	**2**	**473**	**14**	**0**	**1**
No case to answer	21 (3%)	2 (9%)	0 (0%)	0 (0%)	17 (3%)	1 (3%)	0 (0%)	0 (0%)	6 (1%)	0 (0%)	0 (0%)	0 (0%)
Facts not proved	34 (5%)	0 (0%)	0 (0%)	0 (0%)	25 (4%)	6 (18%)	0 (0%)	0 (0%)	37 (6%)	1 (5%)	0 (0%)	0 (0%)
FtP not impaired	110 (17%)	4 (17%)	0 (0%)	0 (0%)	69 11%)	3 (9%)	0 (0%)	0 (0%)	79 (13%)	7 (32%)	2 (100%)	0 (0%)
Overall totals	**643**	**23**	**0**	**2**	**612**	**33**	**0**	**2**	**595**	**22**	**2**	**1**

Correction to previous years' data

While preparing our 2025-26 report, we identified an error in the way some outcomes had been categorised in the data published for 2023-24 and 2024-25. Outcomes where panels found there was no case to answer had been incorrectly included within the figures for 'Facts not proved' and 'Fitness to Practise not impaired'.

This was a reporting error only and did not affect the decisions made by panels, the information recorded on the Register, or any restrictions placed on professionals' registration. Having regard to all of the circumstances, we are satisfied that the error had no material impact upon public protection.

We have corrected the figures for both years in tables 7 and 8.

Substantive order reviews

Last year, our panels made 412 total decisions (2024-25: 468 and 2023-24: 432) at substantive order review hearings and meetings on cases for registrants who were originally subject to either a suspension or conditions of practice. Of these, the panel decided to remove the professional from the Register in 66 cases (2023-24: 46 and 2022-23: 73).

Allegations found proved at adjudication

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

Allegations level one (% of total allegations)	Allegation level two
Patient care (21%)	Diagnosis, observation, assessment
	Inappropriate or delayed response to negative signs, deterioration or incidents
Record keeping (12%)	Patient or clinical records
	Drugs or medication records
Communications issues (12%)	Ineffective communication
	Unfriendly, uncaring or rude manner

The top three categories of allegations found proved saw a slight shift from previous years. In 2025-26, patient care remained the most common category, slightly increasing from the previous year, followed by record keeping, then communication issues, which entered the top three for the first time. Allegations found proved slightly decreased in record keeping, while communication issues saw a notable increase, replacing prescribing and medicines management in the top three.

Fraudulent or incorrect Register entries

Our panels will consider allegations that a nurse, midwife or nursing associate has been added to the Register incorrectly or fraudulently. If they find the allegation proved, the panel can direct the Registrar to remove or amend the entry on the Register.

In 2025-26, our panels directed the Registrar to remove a nurse, midwife or nursing associate from the Register in 18 cases (2024-25: 18 and 2023-24: 35).

Concerns about computer-based testing

Internationally educated professionals who want to join our Register in the UK must demonstrate that they have the knowledge and skills required to deliver safe, high-quality care. They do this by completing a two-part test of competence. The test includes a computer-based test, which candidates usually sit in their home country, followed by a practical examination (the objective structured clinical examination) taken in the UK.

In 2023, we identified irregularities in test data linked to a third-party testing provider, the Yunnik Technologies Test Centre in Nigeria.

Our investigation found that test completion times at this centre were statistically significantly faster than those recorded at other test locations. As a result, we invalidated all tests taken at the site, affecting 1,995 individuals. Since we identified concerns that a test result may have been obtained fraudulently, we have taken the following action:

- Completing 44 of 48 IO hearings, with fraud proven in most cases and individuals removed from the Register where appropriate
- We reviewed 224 international applications where concerns had been identified, refusing 215, and progressed 78 registration appeal hearings, the majority of which 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.

Agreed removal

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

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

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

Table 9 shows the number of applications received and granted in the last three years for agreed removal. The figures do not balance in-year because some decisions are reached in the year after the request was received.

Table 9: Agreed removal applications

Agreed removals	2025-26	2024-25	2023-24
Number of applications	155	221	339
Applications granted	170	105	154
Applications rejected	145	146	155

Table 10: Agreed removal decisions by registration type

Agreed/Voluntary removals	2025-26				2024-25			2023-24	
	Nurse	Midwife	Nurse & Midwife (dual)	Nursing Associate	Nurse	Midwife	Nursing Associate	Nurse	Midwife
Applications granted	158	8	1	3	99	6	0	141	13
Applications rejected	137	6	0	2	140	3	3	145	10
Totals	**295**	**14**	**1**	**5**	**239**	**9**	**3**	**286**	**23**

Note: There were no agreed removals for Nurse & Midwife (dual) registrants in 2024-25 and 2023-24, and no agreed removals for Nursing Associates in 2023-24.

Reviews and appeals

Reviewing Case Examiner decisions

We have the power to review the Case Examiners' decisions, including advice, warnings and undertakings, and anyone can request that we do so.

Reviewing a decision is done in two stages:

- We decide whether to carry out a review
- If we carry out a review, we can decide either to uphold the original decision or that a new decision is required.

Table 11 shows the number of requests we received and the decisions we took during the year. The figures do not balance in-year because some reviews were not completed in the year the requests were received.

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

Table 11: Power to review decisions

Power to review stage	2025-26	2024-25	2023-24
Total requests for review received	27	24	37
First stage: request closed	6	12	6
Second stage: fresh decision required	7	17	17

In the seven cases in 2025-26 where the Registrar decided a fresh decision was required, they gave the following reasons:

- In six cases, there was a material flaw in the original decision. We regularly analyse these situations and ensure any learning is shared with all relevant decision-makers and the wider Case Examiner team
- In one case, there was both a material flaw in the original decision and new information became available.

Appeals against panel decisions

A nurse, midwife or nursing associate can appeal against a decision of our panels. They must lodge their appeal within 28 days of the decision to one of the following: the High Court in England and Wales, the High Court Justice in Northern Ireland or the Court of Session in Scotland. The court may decide that there are exceptional circumstances to justify extending the time period. The PSA can also refer a case to court if it considers that a panel decision does not protect the public.

Table 12 shows the total number of appeals during 2024-25. Not all appeals lodged were concluded in the same year and the outcomes include appeals lodged in previous reporting periods. This means the figures do not balance in-year. Learning from appeals is used to inform training for panel members and colleagues and other quality improvement activities.

Table 12: Outcomes of appeals of panel decisions

Outcome	2025-26	2024-25	2023-24
Total appeals lodged	50	34	28
Appeal upheld	22	22	7
Appeal dismissed	16	11	3

Table 13 shows the breakdown in 2025-26's appeal of panel decisions by appeal type.

Table 13: Appeal of panel decisions by appeal type

	PSA	Professional on the Register
Appeal upheld	15	7
Appeal dismissed	1	15

Restoration to the Register

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

Table 14 shows the outcomes of restoration applications in 2025-26. The figures do not balance in-year because some decisions are reached in the year after the appeal was made. The number of restoration applications has fluctuated over the past few years; however, we have not identified any underlying trends.

Table 14: Restoration application outcomes

Outcome	2025-26	2024-25	2023-24
Total applications received	19	40	53
Application accepted	11	20	17
Application rejected	17	10	15

Table 15 shows the breakdown of 2025-26's restoration decisions by registration type.

Table 15: Restoration decisions by registration type

Outcome	Nurse	Midwife	Nurse & Midwife (dual)
Application accepted	11	0	0
Application rejected	15	1	1

Note: There were no restoration application decisions for Nursing Associates in 2025-26.

Future focus

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Future focus

Despite operating in a challenging environment, including continued high volumes of new concerns being raised with us, we have seen encouraging improvements in parts of the Fitness to Practise process, particularly at the screening stage. But we recognise that progress has not been consistent across the end-to-end process and that significant challenges remain in reducing delays at later stages.

Performance against our timeliness KPI has improved, reflecting sustained efforts to progress cases more efficiently while maintaining the quality and safety of our decision-making. We have continued to deliver high volumes of decisions at the screening stage, helping ensure concerns are assessed and resolved at the earliest appropriate point where regulatory action is not required.

We have also seen strengthening performance in the later stages of the process. Decision-making trends at the Case Examiner stage have improved, and throughput at hearings has increased. This is reflected in the proportion of scheduled physical hearings concluding as planned, with 81% completed in September 2025. These improvements represent steady progress towards a more timely and effective Fitness to Practise process, although we recognise that further improvement is required to reduce the age of cases and improve timeliness at later stages of the process.

In 2026-27, we will continue building on the progress we have made in our improvements to Fitness to Practise to accelerate these improvements. Our aim is to deliver sustainable transformation and continue developing a regulatory process that is faster, fairer and more person-centred for everyone.

Over the coming year, we will prioritise reducing the number of older cases at investigations and hearings stages.

We will strengthen oversight of case progression and expand opportunities for early resolution where appropriate. We will confirm revised stage-specific delivery targets designed to support a steady-state caseload across the Fitness to Practise process.

Improving quality and consistency in decision-making will also be a key priority. During the year we will design and embed a new quality framework to strengthen assurance over decision-making, safeguarding practice, case risk management and the recording of key decisions through the life of a case. It will also support our wider commitment to eliminating disparities in treatment based on ethnicity and gender by 2030 and addressing disproportionate referral patterns. While we have strengthened the governance and structures supporting this work, we recognise that disparities remain, and that further evidence of impact is required.

We will continue to strengthen how equity and fairness are considered across our work. This will include completing equity impact assessments across our improvement activity and using evidence from research and reporting to inform targeted interventions that address disproportionality in referrals and outcomes.

Supporting the wellbeing of everyone involved in the Fitness to Practise process will remain central to our work. We will evaluate and refine the Safeguarding Hub, review our protocols relating to self-harm and suicide, and continue embedding trauma-informed approaches throughout the case lifecycle. We will also continue to embed and assess our updated contact arrangements with case parties, ensuring people are better informed and supported throughout the Fitness to Practise process, allowing them to engage effectively.

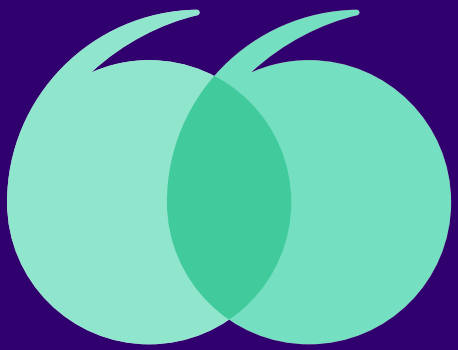
Technology and system improvements will also play an important role in enabling change. During 2026-27 we will implement our new case management system, while continuing to work closely with the Department of Health and Social Care and other regulators to support legislative reform that enables regulation to be more agile, proportionate and compassionate.

We have consulted on a number of proposed legislative changes to further improve how our Fitness to Practise process operates. These proposals aim to make the process more proportionate, efficient and person-centred, including enabling more cases to be resolved earlier in the process and reducing the need for full hearings where this is not necessary to protect the public.

The consultation closed in early 2026 and, in April 2026, our Council approved the recommendations, subject to relevant Privy Council and parliamentary process. We expect any approved changes to be implemented from October 2026. These reforms have the potential to support faster decision-making, reduce unnecessary stress for those involved in the process and ensure our regulatory powers remain effective and responsive to the needs of the public and the professions we regulate.

Finally, we will build on our collaborative work with representative bodies, employers and chief nursing and midwifery officers to encourage local resolution of concerns, promote just culture principles and support shared learning across the system. We will also expand joint engagement opportunities and improve the transparency of our performance data.

Taken together, these actions will help us continue to build a Fitness to Practise process that delivers timely, high-quality decisions and greater confidence for the public, the professions we regulate and those who engage with our processes. While there is more work ahead, the progress made in 2025-26 provides a strong foundation for the next phase of improvement.



We have consulted on a number of proposed legislative changes to further improve how our Fitness to Practise process operates. These proposals aim to make the process more proportionate, efficient and person-centred, including enabling more cases to be resolved earlier in the process and reducing the need for full hearings where this is not necessary to protect the public.

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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.

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