

Nursing and Midwifery Council response to *Smarter Regulation and the Regulatory Landscape* consultation

1. Our vision is safe, effective and kind nursing and midwifery practice that improves everyone's health and wellbeing. We are the largest healthcare professional regulator in the UK, regulating more than 808,000 nursing and midwifery professionals across three diverse professions which constitute a substantial part of the health and social care workforce across the UK.
2. We are responding to this consultation to share our experiences, considering how much thought we have given to good regulation in recent years, in light of [regulatory reform](#) and Section 60 changes to the healthcare professional regulatory landscape.

Consultation responses

Question 1: *Based on your experience, do you think that UK regulators are supportive of the individual businesses they regulate in a way that appropriately balances considerations of consumers and other businesses within the sector more broadly?*

3. Yes. Our role as a regulator is critical for public protection. The most effective way we can ensure patient safety is by supporting nurses, midwives and nursing associates in their commitment to deliver high quality care, drive improvement and prevent harm.
4. This means that our priority must be to make sure that the professionals who join our register have the competence and capability to provide a high standard of care and are supported in doing so throughout their careers. This is not only good for professionals and patients but for the broader development and maintenance of a high-quality healthcare workforce.
5. Regulation is sometimes portrayed as a barrier to such development and to innovation, and an expensive one at that. In fact, effective regulation is well placed to be an enabler of change. At a time when health and care services across the UK are under pressure and workforce supply in some areas is uncertain, our regulation ensures that there is a high-quality and competent nursing and midwifery workforce to provide safe and effective care to people. This is particularly the case considering we regulate individuals rather than employers and require them to maintain ongoing competence via revalidation.

Question 2: *Please name the UK regulator(s) you engage with most frequently:*

6. This response is on behalf of the [Nursing and Midwifery Council](#). We are the independent regulator of more than 808,000 nursing and midwifery professionals across the UK. Our oversight body is the [Professional Standards Authority](#) (PSA)

and we have close relationships with other relevant healthcare professional and systems regulators. For example, the General Medical Council (GMC), Health and Care Professions Council (HCPC) and the Care Quality Commission (CQC).

Question 3: *What do you consider to be the most positive and/or negative aspect of how the UK regulators that you engage with operate?*

7. We have a unique role in supporting and enabling nursing and midwifery professionals across the UK via our regulation. This includes through upholding professional standards and supporting professionals to join and stay on the register and progress in their careers.
8. We work closely with other regulators across health and social care to protect the public, including via our Fitness to Practise (FtP) work. We have [memoranda of understanding](#) with a range of relevant organisations with whom we share information in the interests of public safety.
9. Furthermore, many of the recommendations arising from public inquiries require us to collaborate with system partners to progress long-lasting, system-wide improvements.
10. For example, in response to the Paterson Inquiry we collaborated with the GMC and CQC to develop a new Shared Data Reporting Platform to help us jointly identify and analyse emerging patient safety concerns. This has enhanced our data sharing capabilities and we are working to expand the platform's scope to further improve regulatory alignment and collaboration.
11. In response to long-standing failures in maternity care, in collaboration with the GMC, we continue to deliver the Professional Behaviour Public Safety (PBPS) programme which aims to provide support for multidisciplinary teams working in maternity services.

Question 4: *Based on your experience or understanding of UK regulators, do you find it clear what the overall purpose and objectives of individual regulators are?*

12. Yes. Our current Order ([The Nursing and Midwifery Order 2001](#)) clearly sets out the purpose and functions of the NMC. This includes that the: 'over-arching objective of the Council in exercising its functions is the protection of the public'. Pursuant to this over-arching objective includes the objectives: 'to protect, promote and maintain the health, safety and wellbeing of the public'; 'to promote and maintain public confidence in the professions regulated under this Order'; and 'to promote and maintain proper professional standards and conduct for members of those professions.'
13. The purpose and objectives of other healthcare professional regulators are also clearly outlined in their governing legislation. For example, the GMC and the Medical Act 1983 and the HCPC and the Health Professions Order 2001.

Question 5: *Within these overall objectives (as considered in the preceding question), do you find it clear what the specific statutory duties (i.e required by legislation) of individual UK regulators are?*

14. Yes. Our overarching objective is set out in current statutory legislation. The focus on public protection is clearly outlined and core across all our functions and work. Please also see our response to question 4 above.

Question 6: *Do you think that the statutory duties (i.e required by legislation) imposed on UK regulators:*

1. Cover the right issues?

2. Are clearly stated in relevant statute, including where supplemented by relevant guidance?; and

3. Are sufficiently consistent across regulators, where this is relevant?

15. We broadly agree that our current statutory duties cover the right issues and are clearly stated in relevant statute (the NMC Order 2001). Our regulation is further delineated in our rules, standards and guidance.
16. We welcome the UK Government's commitment to regulatory reform of healthcare professional regulation. The NMC's existing legislation is complex, overly prescriptive and inflexible. Making even small amendments can be a time-consuming exercise, requiring Department of Health and Social Care (DHSC) resource as well as that of the regulator, and ultimately the approval of the Privy Council.
17. Society and nursing and midwifery practice have changed, but our governing legislation, written in 2001, has struggled to keep pace. Higher expectations of professionals among people who use health and care services, more people receiving complex care in their communities, increasing levels of vulnerability and need across society, and a growing awareness of the value of openness and reflection among professionals have all added a strain on our cumbersome and increasingly outdated framework.
18. Most recently, the pace of change accelerated as nurses, midwives and nursing associates stepped up to meet the extreme challenges of Covid-19. We did all we could to deliver for the public and support the workforce. We established a temporary register so people could quickly and easily return to practice and deliver life-saving care. We also started to run virtual FtP hearings so our most urgent investigations could progress and we could continue to protect the public.
19. However, the pandemic showed how our legislation holds us back. We needed to ask the Government to pass new legislation to allow us to make these vital changes. Without this emergency action it would have taken us a significant amount of time to change our regulatory processes. This showed us that with

more flexibility, we can do new things well and swiftly, regulating effectively for the public, and supporting the workforce.

20. We support the UK Government's intention to replace our existing legislation with a legal framework that is simpler and more proportionate. This would enable us to be more agile and effective, supporting the workforce, and delivering better, safer regulation for the public. We continue to work closely with the DHSC on the delivery of regulatory reform.
21. Regarding consistency, we welcome that regulatory reform should engender greater consistency between UK healthcare professional regulators, especially in the context of more multidisciplinary teams across health and care. Consistency of underpinning legislation is helpful for clarity, especially for the public.
22. We should, however, be able to respond effectively in line with our remit and the changing nature of UK nursing and midwifery practice. Therefore, it's equally as important to provide regulators with the flexibility to make changes for the benefit of the public by replacing our current Order with more flexible legislation, including the ability to make our own rules.

Question 7: *As set out above, UK regulators have a remit that is set through legislation and guidance. Which of the below do you consider best applies?*

1. Regulators always act within the scope of their remit;

2. Regulators go beyond their remit in a way that may negatively impact the outcomes that they are required to deliver; or

3. Regulators go beyond their remit in a way that supports the outcomes they are required to.

23. We always act within the scope of our remit. Our current Order clearly sets out our overarching objective: protection of the public. We are continually mindful of this core focus in the exercise of all our functions and duties.
24. Our core role is to regulate. This includes holding an accurate and transparent register; operating robust professional educational standards; assuring education programmes and responding fairly to FtP concerns.
25. To regulate well, we support our professions and the public. This includes promoting understanding of our professions and our role; providing practical tools to help embed our standards; and offering emotional and practical support to people involved in our processes.
26. Regulating and supporting our professions allows us to influence health and social care. This includes promoting positive and inclusive professional working environments; sharing data and insight to identify risks of harm and address workforce challenges; and encouraging regulatory innovation.

27. The entirety of our work is therefore centred on public protection and follows from our legislation.

Question 8: *Do you often have to engage multiple UK regulators on the same issue or area?*

1. Yes
 2. No
28. As a healthcare professional regulator, we regularly engage with other healthcare professional and systems regulators on a wide range of matters in the interests of public protection, including to promote shared learning and education.

Question 9: *Do you consider that UK regulators collaborate effectively with each other and their international counterparts?*

29. Yes. We regularly collaborate effectively with other relevant UK regulators. Collaboration is key to understanding safety risks and supporting improvement and innovation.
30. For example, our [Joint Working Protocol](#) enables information sharing with the CQC covering issues such as emerging and urgent concerns and concerns about settings and learning environments. We have also collaborated with the GMC to refresh and update our joint [duty of candour](#) guidance.
31. We publish a joint [Whistleblowing disclosures report](#) with seven other healthcare professional regulators. This is part of our commitment to transparency in relation to these serious concerns and highlights our co-ordinated effort to address these matters.
32. Our collaboration with other healthcare professional regulators enables professionals to provide services more effectively for the public. For example, we adopted the Royal Pharmaceutical Society's [Prescribing Competency Framework](#) as our [prescribing standards](#). This framework is shared with other regulators and professional bodies including the HCPC. This helps to ensure consistency in standards and outcomes for professionals who prescribe.
33. We work with other healthcare regulators to share best practice and influence health and social care for the benefit of the public. For example, we have published joint statements including with other regulators on [supporting professionals through winter 2023/24](#) and [meeting regulatory standards during periods of global or national shortages of medicines](#).
34. Our international engagement includes work with partners, such as other regulators through the [International Nursing Regulator Collaborative](#) (INRC) and the Alliance of UK Health Regulators in Europe (AURE). These partnerships

enable us to collaborate on the design of solutions to our shared challenges and to work together to influence policy to protect the public internationally.

35. Furthermore, we have worked specifically with the [Nursing and Midwifery Board of Ireland](#) (NMBI) on the issue of cross border working and care. This has enabled us to clarify our approach and ensure our processes aren't duplicative, so as to support and reassure professionals working across the UK/Republic of Ireland border. This has helped to ensure continued delivery of health and care services to people on the island of Ireland.

Question 10: *Where you engage with multiple UK regulators, do you find it clear which regulator is responsible for a specific issue or area, and how regulator mandates interact?*

36. Yes. For example, there is clarity regarding which healthcare professional regulator regulates different professional groups.
37. Our [website](#) and comms work support greater understanding of our specific role and remit. For example, our website clearly sets out how to search our [register](#), our professional [standards](#), our [role in education](#), information about [fitness to practise](#) and [how to raise a concern](#).
38. Regulatory reform will, however, enable us to be more agile and flexible, which will improve our ability to make changes to ensure our role and regulation and the information we hold are better understood. For example, we will be able to more easily stop people calling themselves a nurse when they're not and have a register of professionals that is clearer and easier for people to understand.

Question 11: *Do you consider there to be underregulated areas of the economy, or gaps in regulatory responsibility between UK regulators?*

39. We are the independent regulator of more than 808,000 nursing and midwifery professionals. This includes nurses and midwives in the UK and nursing associates in England.
40. We have recently brought into regulation the new role of 'nursing associate' in England. We agreed to become the regulator for this role in January 2017 following a request by the UK Government. This was in light of the Shape of Care review, which identified a gap between healthcare assistants and registered nurses. We became the regulator in law in July 2018 and the first cohort of professionals joined our register in January 2019. This highlights that we can be flexible and act where regulatory gaps are identified.
41. We committed to carrying out a comprehensive review of advanced nursing and midwifery practice, including consideration of whether additional regulation is needed, as part of our [2020-25 Strategy](#).

42. We are currently undertaking this review. We have commissioned independent research to develop our evidence base; established an independent steering group with an independent chair to advise our Executive; and are exploring key lines of enquiry to inform a decision on our future direction. We will present options to our Council in March 2024 on this issue.

Question 12: *Do you consider that guidance issued by UK regulatory bodies makes the regulatory system clearer and easier to understand?*

43. Yes. We publish our key documents on our [website](#). This includes our [Code](#), which sets out the standards that all professionals must uphold to practise in the UK; our education standards, which outline the skills, knowledge and experience that [nurses](#), [midwives](#) and [nursing associates](#) need to deliver safe, kind and effective care for the public; our [revalidation requirements](#), which set out what professionals need to do to maintain their registration; and our [Fitness to Practise library](#), which provides information about our FtP processes. These help to make our role and what the public can expect from the people we regulate very clear.
44. We also publish extensive [guidance and supporting information](#), which helps professionals to put our standards into practice. This includes both statutory guidance and other forms of guidance. For example, guidance on [raising concerns](#) and [preceptorship](#).

Question 13: *Do you find UK regulators to be agile and responsive to new and emerging issues?*

45. Yes. We are as agile and responsive as we can be within the context of our existing legislation.
46. For example, we have initiated a range of measures to support the nursing and midwifery workforce and the UK Government's workforce ambitions. These include the regulation of nursing associates, pioneering apprenticeships, updating all our proficiency standards for nursing and midwifery, changes to our education programme standards to allow for more simulated learning, streamlining our international registration process, and widening the entry gate, with the removal of the 12 years of compulsory education requirement. All of which have supported more people onto our register in a timely way, practising safely.
47. However, our current Order constrains our ability to be as agile and responsive as possible. With regulatory reform we will have the ability to consider a broader range of evidence for our registration requirements; a more accurate and up-to-date register; more streamlined processes for removing register entries; greater flexibility to resolve cases without FtP panels; earlier and more meaningful engagement with our FtP function; and greater flexibility in our education quality assurance processes.

Question 14: *What factors do you think work for and against UK regulators' ability to respond sufficiently rapidly?*

48. A factor that enables us to respond rapidly to emerging issues is our extensive data about the professionals on our register. We publish this information via our [registration reports](#), [leavers' survey](#) and [revalidation reports](#). Our data enables us to better understand changes in nursing and midwifery practice and consider how our regulatory levers can support the workforce to deliver better, safer care for all.
49. However, our current legislation can hinder our ability to respond sufficiently rapidly. For example, we needed new legislation to be able to establish a temporary register to expand the workforce and to hold virtual FtP hearings during the Covid-19 pandemic. Regulatory reform would provide us with greater flexibility to change our rules without the need for additional legislation, which would enable us to respond more rapidly to changes in health and social care.

Question 15: *Do you consider the processes that UK regulators have in place allow them to make decisions in an appropriate time frame?*

50. Section 60 changes to our Order currently take 16-18 months. We would still need a Section 60 change to amend our Order post-regulatory reform. However, because we will be able to amend our rules without legislative change, our expectation is that we would need a Section 60 change much less frequently.
51. Please also see the answer to question 14 above.

Question 16: *In the sector(s) that you operate in, do you think there are specific improvements that UK regulators and / or the Government could make to facilitate a more agile implementation of rules and regulations?*

52. Yes. Delivery of regulatory reform. With more modern, flexible legislation, we'll be able to do more to protect the public. For example, we would be able to:
 - a. Have a register of professionals that is clearer and easier for people to understand.
 - b. Strengthen our quality assurance of nursing and midwifery education.
 - c. More easily stop people calling themselves a nurse when they're not.
 - d. Act more rapidly to protect the public if someone cannot meet our required standards of proficiency and conduct.
 - e. Adapt the way we regulate in the future to support the workforce across the four UK nations and innovation in nursing and midwifery practice.

Question 17: *Do you think UK regulators have the appropriate mix of skills to deliver their objectives?*

53. Yes. One of our corporate commitments is: 'Fit for the future organisation.' This includes the delivery of our [People Plan](#), which sets out how we can attract the best people to our teams, make sure colleagues can progress, and ensure we deliver our commitments on equality, diversity and inclusion (EDI). It also outlines how we will improve as an employer and the benefits this will bring us, the professionals we regulate, and the public we serve.
54. We benefit from the professional expertise of nurses, midwives and nursing associates in our decision-making. For example, nursing and midwifery professionals sit on our Council alongside lay members.
55. Professionals support our standards development work. We have a team of nursing and midwifery advisors at the NMC who work to implement our standards; support engagement and reviews; and help educators and practitioners to embed our standards.
56. There is a dedicated Employer Link Service (ELS) team that includes nurses and midwives as well as other professionals who help our liaison work in the field, sharing intelligence and horizon scanning to identify areas where regulatory interventions may be needed.

Question 18: *Do you think UK regulators are appropriately resourced to discharge their duties?*

57. Yes. Our [Financial Strategy 2023-24](#) sets out our current approach. We take our financial and stewardship responsibilities very seriously. We make the most effective use of the resources available to us and are accountable for this to the public for whom we regulate and to the professionals whose fees generate those resources.
58. We are very conscious of the current financial climate, the pressures on incomes and the cost of regulation and its impact on professionals. Our financial strategy commits us to keeping our registration fee for registrants at £120 for as long as possible.

Question 19: *Do you think existing processes enable UK regulators to test new regulatory reform proposals?*

59. Regulatory reform is essential to providing us with greater flexibility to test new proposals and develop our regulation in response to emerging evidence and risks. Public protection must be key when considering any new regulatory

proposals. We look forward to continuing our engagement with the DHSC in order to deliver regulatory reform for the benefit of the public and professionals.

Question 20: *Do you consider UK regulators to be proportionate in the measures they take, e.g. in applying regulations or responding to emerging issues?*

60. Yes. However, regulatory reform would enable us to be more proportionate.
61. For example, our current education quality assurance powers are limited, with our only recourse being to withdraw approval from an approved education institution (AEI) if there are persistent concerns it is not meeting our standards. Given the level of disruption to student learning that such a move would cause, we think this should always be a power of last resort.
62. Regulatory reform would provide us with enhanced powers to issue warnings and to impose conditions. This would allow us to intervene at an earlier stage and take targeted and proportionate action, including in response to emerging issues. It would also enable us to work collaboratively with providers to improve the situation in the interests of public protection and the quality of education provision.

Question 21: *In making decisions that involve risk, which of the below do you consider most accurate?*

1. *UK regulators are too risk averse in their decision making*
 2. *UK regulators achieve the right balance of risk in their decision making*
 3. *UK regulators allow for too much risk in their decision making*
63. We achieve the right balance of risk in our decision making. Our overarching objective is public protection. In our decision making, we are guided by our oversight body's (the PSA) [right-touch regulation](#) methodology. This helps to ensure that the level of regulation is proportionate to the level of risk to the public.

Question 22: *Do you consider that individual UK regulators have the appropriate level of discretion when taking decisions that involve risk?*

64. Regulatory reform would enable us to be more agile and responsive in relation to emerging risks. Stripping unnecessary detail from legislation will streamline our processes and enable us to make faster and more agile decisions, within a framework which sets clear regulatory duties and responsibilities and safeguards the rights of individuals.
65. For example, we could consider a broader range of evidence for our registration requirements, so more nurses, midwives and nursing associates who are safe to practise could join the register. We would also have more streamlined processes

for removing incorrect and fraudulent register entries and greater flexibility to resolve cases without FtP panels.

Question 23: *If you are a business or consumer, how does the approach that UK regulators take to risk impact your own decision-making?*

66. N/A.

Question 24: *UK regulators often need to balance delivery across a range of different legislative duties or regulatory requirements, some of which may involve trade-offs. Do you consider that they balance these trade-offs effectively and transparently?*

67. Yes. We have set out our key priorities via our [Strategy 2020-25](#). Our [Annual Report 2022/23](#) outlines our current 22 corporate commitments and progress against our KPIs.

68. Regulatory reform would, however, enable us to balance the range of different legislative duties we are responsible for more effectively.

Question 25: *If you are a UK regulator, are there specific areas where you consider it would be beneficial to seek further steer or guidance from the Government?*

69. We welcome the UK Government's ongoing commitment to regulatory reform.

70. We are committed to being open and accountable and to building on our strong and effective relationships across all four UK countries, including with the UK Government and devolved governments. For example, working with governments to address health and social care workforce challenges.

71. We welcome public scrutiny from the UK Parliament, the legislatures of Northern Ireland, Scotland, and Wales, and the PSA. Our work is, however, independent of government. Our independence is important because it enables us to secure the best outcomes for all we serve.

72. One area where we would welcome further engagement is on the issue of international trade deals. Healthcare regulators are a key participant in ensuring that trade deals with other countries benefit the health and wellbeing of the UK public, including in relation to the mutual recognition of professional qualifications. We would support a comprehensive review of the working groups established to support the development of trade deals in order to ensure that the benefits and challenges of mutual recognition clauses are better understood.

Question 26: *In general, do you consider the approach that UK regulators take to requests for information to be proportionate to any burden they may impose on you?*

73. We take a proportionate approach to requesting information from individuals and organisations, which is focused on our public protection duties.
74. Our provisions for evidence gathering are essential and fundamental to our ability to protect the public. Given the sensitive nature of much of the information and documentation we handle, we consider that all requests for information should be relevant, reasonable and proportionate.
75. Our [Privacy notice](#) outlines how we use personal information. We also provide further information handling guidance, including for [Registration and Revalidation](#) and for [Fitness to Practise](#) processes.

Question 27: *Do you ever receive duplicative requests for information from the same or multiple UK regulators? (i.e., requests asking for essentially the same information)?*

1. Yes
 2. No
 3. N/A
76. As a regulator, we can share personal data if we consider it necessary to perform our regulatory functions. Further information is set out in our [Data sharing policy](#).
 77. We have [memoranda of understanding](#) with a range of relevant organisations with whom we work closely and share information. We review these agreements with our partners to make sure they are effective for our work together.

Question 28: *Do you consider that UK regulators have in place the right governance structures to deliver the best outcomes? If not, how can they be improved?*

78. Our [Council](#) is our governing body. It sets our strategic direction, takes key decisions, holds our Executive to account and makes sure we fulfil our duty to protect the public.
79. An effective governance structure is vital to the functioning of any organisation. Operational and financial independence forms a key part of this and enables us to fulfil our statutory responsibilities and to be fully accountable for all that we do.
80. The principles at the heart of regulatory reform provide regulators with greater autonomy over their operating processes. This is balanced with greater accountability and transparency.
81. Notwithstanding the success of the existing set-up, we recognise that moving to a unitary board structure as part of regulatory reform is likely to enable stronger lines of accountability. We believe that our post-reform governance framework and the new duties of co-operation, proportionality and transparency will provide the right safeguards to ensure accountability to the public.

Question 29: Do you consider that UK regulators use digital systems in their interactions with you in an efficient fashion? (e.g. data transfer or other digitised methods)?

82. Better use of data is a key element of our [2020-2025 Strategy](#). We learn from our data and use it to improve what we do. We responsibly share our insights to help improve the wider health and care system and support the workforce.
83. For example, we share registration data via daily data transfer with employers through our Employer Confirmation Service. This ensures they have up-to-date information about the registered nursing and midwifery workforce in their organisation who can deliver health and care services to the public.

Question 30: Do UK regulators sufficiently communicate the processes they follow to make decisions?

84. Yes. We are committed to transparency around decision making and strive to make as much information available to the public as possible. We have a clear [publication scheme](#) in place, which includes information about how we make decisions and our corporate policies and procedures. For example, our [Fitness to Practise library](#) provides useful information about the entirety of our FtP process.

Question 31: Are you provided sufficient opportunity to input into decision making by UK regulators processes (e.g., via consultations, workshops etc)? If not, how would you suggest improving the process?

85. Yes. We are committed to giving people a meaningful voice in our decision-making to help shape how we regulate.
86. We work collaboratively to co-produce our regulation with the public, professionals and stakeholders. We have a range of mechanisms to enable engagement and collaboration, including [public engagement](#) via our Public Voice Forum and other opportunities.
87. We engage with a range of stakeholders to help develop our work. For example, the [Professional Strategic Advisory Group](#) meets quarterly and involves senior nurses and midwives from across the UK. The [Midwifery Panel](#) provides us with strategic advice to inform our work to support midwives and mothers.
88. We are committed to publicly [consulting](#) on significant changes to our regulation. A recent major consultation was focused on our English language requirements and received a record 34,000 responses. This engagement enables us to make better informed decisions about changes to our regulatory levers.
89. Finally, regulatory reform will empower us to be more flexible and agile and to further embed a collaborative approach with the public, professionals and stakeholders.

Question 32: *Do you consider the processes that UK regulators follow deliver reasonable outcomes?*

90. Our regulation provides for a range of available outcomes. For example, in our FtP processes our available outcomes range from taking no further action to a striking off order. Proportionality is key to ensuring we balance a professional's rights and our overarching objective of public protection.
91. We would like a wider range of available outcomes in some areas. For example, in education quality assurance to enact more proportionate outcomes (conditions and warnings) to support education providers to deliver safe practice environments for students and improve nursing and midwifery education when required.

Question 33: *Do you think UK regulators treat those that they regulate consistently?*

92. Our [values and behaviours](#) shape our culture and work. We're fair, kind, ambitious and collaborative. Our regulation is person-centred and treats professionals, members of the public and stakeholders consistently.
93. Additionally, we have a [reasonable adjustments policy](#) which sets out what people can expect when accessing our services and how we will adjust our processes to ensure they are accessible and inclusive. This is an example of where consistent outcomes are more important than consistent processes.
94. Separately, our [Ambitious for Change](#) workstream and research has examined our processes and their outcomes for people from different backgrounds. This research highlighted a number of disparities in our processes and different outcomes for different groups.
95. Our [EDI Plan](#) sets out the steps we are taking to address these disparities. This is focused on working with employers and education providers where we have identified clear disparities. We recognise our individual and collective responsibilities to address these issues. We're taking action, but we have much more to do.

Question 34: *As a business, do you think the process to challenge a UK regulator you interact with is sufficiently clear, robust and fair?*

96. Yes. Our current appeals processes are clear, robust and fair. We set out further information including on [registration appeals](#), [appealing a fitness to practise decision](#), and [appealing a registrar's decision](#).

Question 35: *What steps, if any, do you think could be taken to further improve the effectiveness and clarity of the reviews and appeals processes?*

97. Regulatory reform should provide us with the flexibility to design fairer, more proportionate, and more accessible processes which would allow us to make the correct decisions for public protection, including in relation to reviews and appeals.

Question 36: *In your experience, have UK regulators that you interact with delivered on their stated objectives in that interaction?*

98. We take a person-centred approach to regulation with a focus on kindness and empathy. We welcome feedback on our services and processes to help us to improve. We have set out our [Corporate complaints policy and procedures](#).
99. Our Customer Enquiries and Complaints Team calls customers and seeks to fully understand any concerns and the resolution the customer is seeking. The team discusses any support requirements and then works with our Public Support Service to address any support needs. For example, arranging advocacy support or arranging a meeting to discuss in more detail.
100. We are open and transparent when things have gone wrong. We identify any learning and improvements to reduce the risk of another customer experiencing the same concern and ensure that this is shared with the wider organisation. In cases where a customer remains unhappy or has raised further questions, we arrange a virtual meeting to discuss their concerns and explain our response more fully.

Question 37: *Do you think UK regulator performance reporting is proportionate, objective and transparent?*

101. We published our key priorities via our current [Strategy 2020-25](#). We publicly consulted on these priorities and co-produced them with the public, professionals and stakeholders. Our [Annual Report 2022/23](#) outlines our current 22 corporate commitments and progress against our KPIs.
102. The PSA, our oversight body, reviews us annually against its [Standards of Good Regulation](#). They include a focus on our core activities including guidance and standards; education and training; registration; and FtP.
103. We are accountable to the UK Parliament via the Privy Council. We welcome public scrutiny from Parliament, the legislatures of Northern Ireland, Scotland and Wales, and the PSA amongst others.

Question 38: *Do you think UK regulators report on the right set of criteria and metrics to monitor their performance and ensure accountability?*

104. Please see the answer to question 37 above.

Question 39: *If you could suggest a single reform to improve how UK regulators operate, what would it be?*

105. Delivery of regulatory reform. This is a once in a generation chance for change. Modern, flexible legislation means we can continue supporting professionals to provide excellent care for people across the UK.

Question 40: *Are there any examples of international approaches to regulation that you think set best practice that UK regulators could learn from?*

106. Through our work with the INRC, we share intelligence and promote research. For example, we have undertaken comprehensive research on our respective regulatory systems and approaches to understand similarities and differences. This has helped us to understand how we can streamline our systems where feasible.

107. We have also considered how healthcare regulators can better engage with underrepresented groups. For example, learning from work in Australia and New Zealand about building trust with indigenous communities and the importance of recognising historical contexts. This has helped us to understand how we can support people to engage with our processes irrespective of background.

Question 41: *What is the best designed regulation you face, and why?*

108. Social Work England (SWE) has benefited from more [recent clearer legislation](#). This was based on regulatory reform proposals for healthcare regulation. We recommend that the UK Government reflects on the content and implementation of SWE's legislation as it moves forward with regulatory reform for healthcare professional regulators.

Question 42: *Are there any further points you would raise about regulation, including the functioning of the regulatory system or any recommendations you have on the stock of regulations from the Government which should be removed or reformed and modernised?*

109. We welcome the UK Government's commitment to regulatory reform. We continue to engage with the DHSC on our future legislation and reform proposals. Our responses to recent healthcare regulatory reform consultations are [available](#).

Question 43: *In what capacity do you interact with UK regulators or regulated businesses? (Please select the most appropriate option that represents you, and respond according to your primary responsibilities)*

110. Regulator.

Question 44: *If you are a business, how many employees do you have?*

111. Not Applicable – not a business.

Question 45: *Please name the Sector(s) that you operate in - you may wish to reference [Standard Industrial Classifications](#)*

112. Healthcare professional regulation.

Question 46: *If you are a regulated business, how much as a percentage of turnover does demonstrating compliance with regulation cost your business?*

113. Not Applicable.

Question 47: *What is your name, or the name of your organisation?*

114. Nursing and Midwifery Council.

Question 48: *What is your e-mail address (optional response)?*

115. Policy@nmc-uk.org

Question 49: *We usually publish a summary of all responses, but sometimes we are asked to publish the individual responses too. Would you be happy for your response to be published in full?*

116. Yes.