NMC response to the Professional Standards Authority consultation on the Standards of Good Regulation and Standards for Accredited Registers – May 2025

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 841,000 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 welcome the opportunity to respond to this public consultation on the Standards of Good Regulation (the standards) and the Standards for Accredited Registers. Our response is focused on the Standards of Good Regulation as these have direct impact on us as a regulator, rather than Standards for Accredited Registers.

3. We note the purpose of this consultation is on the focus of the standards, before further engagement on how the PSA assess the standards. We welcome continuing engagement and co-design with the PSA and other regulators on its plans to change the standards.

4. We think that the PSA could do more to help regulators meet their standards. For example, by engaging with employers in our sector on the importance of making the right fitness to practise referrals. We would welcome the PSA taking on a more visible and vocal role in the sector helping to explain the importance of local decision-making by employers and that not all matters need to be escalated to regulators.

5. It would be helpful for the PSA to play a convening role on how to apply the standards in practice as well as good practice examples in meeting the standards. This could drive innovation and raise performance across the sector.

6. More widely, we would welcome the development of updated case studies with practical examples to support the wider implementation of right-touch regulation across UK health and social care professional regulators, including contemporary and specific challenges.

Consultation responses

Section 1: About you and / or your organisation

Question 1: What is your name?

Nursing and Midwifery Council

Question 2: What is your email address?

Policy@nmc-uk.org

Question 3: Are you responding on your own behalf or on behalf of an organisation?

On behalf of an organisation.

Individuals

Question 4: From which country of the UK are you responding?

Not applicable.

Question 5: Are you responding as:
1) a member of the public or health and social care service user?
2) A practitioner regulated by law?
3) A practitioner on an accredited register?
4) A practitioner on an unaccredited register?
5) Any other type of respondent? (please specify).

Not applicable.

Question 6: Are you registered with a health and social care regulator?

Not applicable.

Question 7: Are you registered with an Accredited Register?

Not applicable.

Organisations

Question 8: Which UK countries does your organisation operate in?

UK wide.

Question 9: Are you responding on behalf of:

A professional regulator.

Question 10: What is the name of your organisation you are responding on behalf of?

Nursing and Midwifery Council

Question 11: What is your job title?

Not applicable.

Question 12: Please confirm that you give permission to analyse your response and report depersonalised summaries.

I give permission for our response to be analysed and reported under the terms of the PSA's Privacy Notice.

Section 2: Are our Standards looking for the right things?

Question 13: Do you agree that the Standards are an effective way of assessing and reporting the performance of the regulators and registers?

Setting standards of good regulation is right in concept because it provides transparency about the basis on which the PSA will assess our performance. This in turn can contribute to public confidence in the regulatory process.

We welcome public scrutiny from the UK Parliament, the legislatures of Northern Ireland, Scotland, and Wales, and the PSA.

We note that the PSA is currently reviewing its right-touch regulation approach. The PSA could usefully clarify how the right-touch regulatory approach informs the standards. It could consider and make explicit how its development of new standards align with its right-touch approach.

The PSA has a key role in convening the regulators and developing thought leadership on good regulation. It could instigate a more proactive approach, including providing best practice guidance on meeting the standards.

Our central role is protection of the public and where possible we would want the standards to focus on outcomes rather than inputs.

We are not commenting on this proposal in relation to accredited registers.

Question 14: To assess the performance of regulators and drive improvement in regulation for the benefit of the public what should we keep, change, add or remove in the Standards of Good Regulation?

Further consideration of the thematic structuring of the standards would be helpful, as outcomes are often shared across regulatory functions. For example, Standard two is at a very high level and regulators may value more clarity about what evidence the PSA might expect in order to deem that a regulator had met or not met this standard.

If new standards are to be added, the PSA could consider if any existing standards are duplicative and can be removed. For example, we set out in our response to question 22 below, that there is potential duplication between Standard one (public engagement and accessibility) and Standard ten (an accurate register).

Question 15: To accredit registers and drive improvement in registration for the benefit of the public what should we keep, change, add or remove in the Standards for Accredited Registers?

Not applicable.

Question 16: Do you have any suggestions on how we can make our Standards fit for the future?

We welcome the UK Government's commitment to regulatory reform of health and social care professional regulation. Regulatory reform will enable us to be more right-touch, agile and effective, supporting the workforce, and delivering better, safer regulation for the public.

In the future, we anticipate that there will be a need to further review these standards due to changes resulting from regulatory reform. Regulatory reform will give regulators new powers and the PSA standards might need updating to reflect the changed legislation.

Question 17: Do you have any other comments or suggestions to further strengthen the Standards?

To further strengthen the standards, the PSA could encourage regulators to share insights and learning from how they apply the standards in practice. For example, via peer-to-peer learning, published reflections or specific cross-regulatory engagement facilitated by the PSA.

Section 3: Alignment of Standards of Good Regulation and Standards for Accredited Registers

Question 18: Do you think that the Standards should be aligned as much as possible?

Not applicable.

Question 19: Do you agree/disagree with our proposals on alignment?

Not applicable.

Section 4: Clarity, accessibility and transparency

Question 20: Are there any Standards of Good Regulation you find difficult to understand?

A review of sub-points across the standards would help to ensure that the language is clear and comprehensible to the public, professionals and regulators. For example, at Standard one there could be greater clarity of the sub-points to avoid overlap with other standards.

Question 21: Are there any Standards for Accredited Registers you find difficult to understand?

Not applicable.

Question 22: Could you tell us the areas where you think there is unhelpful overlap in our Standards?

We think it is important to avoid the same area being considered in more than one standard. We would suggest the PSA consider the balance and grouping of standards across the different areas.

There is potential duplication between Standard one (public engagement and accessibility) and Standard ten (an accurate register). This is because the accuracy of the register is clearly referred to in Standard ten but is also central to an assessment of whether the regulator provides accurate, fully accessible information about its registrants, as is referred to in Standard one. This is potentially duplicative even though the framework suggests different evidence criteria.

Question 23: Is it clear how we assess whether a regulator or Accredited Register has met the Standards?

We would welcome greater clarity on how the PSA assesses a regulator and the characteristics of good outcomes.

It would be beneficial to have greater transparency about how the PSA decides how standards have been met and how it considers proportionality and impact as part of its assessment criteria. For example, Standards fifteen and sixteen are particularly wide in scope, and it would be helpful to better understand the decision-making criteria and what are perceived as good outcomes.

Greater clarity is needed on how a regulator is seen not to meet a standard, if only one evidence element is not met. We question whether this is proportionate, particularly where a standard is wide in scope.

The PSA could clarify how it takes into consideration the individual context in which regulators operate such as the variation in size or remit.

We are not commenting on this proposal in relation to accredited registers.

Question 24: Do you agree/disagree with our proposals to remove unhelpful overlap in the Standards?

Standards for Accredited Registers
Merging our standards around processes for the considering risks from practice

Not applicable.

Standards for Accredited Registers
Reducing overlap between the minimum requirements

Not applicable.

Standards of Good Regulation
Merging our standards around raising concerns and being supported through raising complaints about practitioners

We do not support merging these standards as these consider different areas. While both relate to fitness to practise, one standard relates to the evidence of barriers to people raising concerns, including the number of fitness to practise referrals (Standard fourteen). While the other standard relates to the support provided to people within the fitness to practise process, including witnesses and registrants subject to investigation (Standard eighteen).

Standards of Good Regulation
Separating out the two parts of our standard about complaints about practitioners being 1) fair and proportionate and 2) timely

We do not favour separating out these two parts, as timeliness should be considered as part of being fair.

The wording could be streamlined in this standard to state that the regulator makes ‘fair decisions’ and the regulator makes ‘timely decisions’.

Section 5: New standards on culture and/or governance and/or leadership

Question 25: Do you agree/disagree that organisational governance, leadership and culture are important components of ensuring regulation and registration works in the public interest?

We understand the critical importance of organisational governance, leadership and culture within regulators, how this can impact regulatory performance, and ensuring that we always work in the public interest.

We think that these areas should be identified more clearly in existing standards, particularly Standards one to five. We do not favour a standalone standard because we view culture as an input that should support the outcome of good regulation – it should not be possible for example to have a good culture but poor regulatory performance. We suggest that if the PSA does wish to give more prominence to aspects of

organisational health beyond performance in terms of protecting the public, that might necessitate a different methodology and there may be other 'input indices' to look at. There is learning to draw on from school inspection and healthcare provider regulation in weighing up assessing the health of the organisation in addition to looking at outcome measures of performance.

Following the publication of the NMC Independent Culture Review, the PSA established an oversight and support group which receives regular updates about our culture transformation. The meetings are chaired by the PSA Chief Executive, and we are grateful for the considered support and challenge provided by this group.

We have published our Culture Transformation plan. This is a comprehensive three-year programme to build a positive, empowering and inclusive culture for NMC colleagues and everyone involved in our regulatory processes.

We are not commenting on this proposal in relation to accredited registers.

Question 26: Do you think the Standards of Good Regulation should consider the governance of an organisation?

Organisational governance is already covered within Standards one to five particularly Standard three. Any standard in this area could also be duplicative of existing reporting requirements to other organisations such as the Charity Commission and the Office of the Scottish Charity Regulators, as well as potentially risk the development of conflicting measurements on governance.

Question 27: Do you think the Standards of Good Regulation should consider the leadership of an organisation?

Organisational leadership is already covered within the standards, particularly Standard three.

There would need to be clarity on how the development of a standard in this area might impact on the work of the NMC Council, which as our governing body sets our strategic direction and holds our Executive to account. Council members are also our charity trustees and so have obligations to charity regulators.

In addition, the PSA checks that we run a fair selection process to find suitable candidates to appoint to our Council. Therefore, there is a potential conflict of roles and responsibilities in this area. The power to make appointments to our Council rests with the Privy Council.

Question 28: Do you think the Standards of Good Regulation and Standards for Accredited Registers should consider the culture of an organisation?

Measuring culture is complex. We would need more information on the measurements that the PSA intends to use to measure organisational culture prior to responding. There is a risk of 'double-counting' – regulators receiving two positive or two negative judgements for the same issues, cast as an input and an outcome standard.

We are not commenting on this proposal in relation to accredited registers.

Question 29: How do you think that the PSA could assess the
-governance of an organisation?
-leadership of an organisation?
-culture of an organisation?

If the PSA was to develop standards in these areas, we would want to engage with the PSA to co-produce and determine the exact measurement criteria.

Question 30: Should we include in the Standards an expectation that the regulators and Accredited Registers collaborate and share learning with fellow regulators or registers and other interested stakeholders?

We are committed to working collaboratively with regulators and others to support a more proactive and preventative approach to regulation. However, we are not sure it is necessary to develop a standard in this area, which would again be measuring an aspect of our process and not the impact or outcome.

We believe there would be a real benefit in the PSA using its convening and shaping powers in support of collaboration between regulators, particularly where there may be a public interest benefit in common approaches to aspects of regulation.

We are not commenting on this proposal in relation to accredited registers.

Question 31: Which areas of collaboration do you think we should focus on?

We think that the PSA could look at how regulators view particular types of referral such as dishonesty, or what we might do collectively to ensure people understand where to take their concerns to get resolution at the earliest possible point.

Section 6: Supporting public expectations for criminal records checks

Question 32: Do you think regulators and Accredited Registers should collect appropriate assurances around criminal convictions checks when registrants do not routinely have checks?

Regulators

We do not support this, as the appropriate assurances that the PSA believes should be collected are unclear nor is it clear that this is a proportionate regulatory approach.

Professional standards require registrants to disclose information that could impact their fitness to practise. Criminal record checks do not replace this requirement, and there is a risk any new and additional process could imply that professionals do not need to disclose this information to their regulator.

Furthermore, we are aware that the Government is due to respond to the Bailey Review. This review highlights several areas to strengthen the current Disclosure and Barring Scheme in England and Wales. We think that the Government should agree next steps for the Scheme prior to any decision by the PSA on this issue.

Criminal record checks capture a snapshot in time and so could become out of date quickly and provide a false sense of assurance. This could also result in the regulator collecting non-relevant information that does not impact fitness to practise.

Safeguarding and protection of the public are a fundamental priority. We have established a Safeguarding Hub to review all new fitness to practise referrals through a safeguarding lens.

Accredited Registers

Not applicable.

Question 33: What factors do you think the PSA should consider in making a decision on whether to introduce an expectation for assurances around criminal convictions checks?

We think it is important that any standard is proportionate to the risk and the PSA should consider existing processes, mechanisms and legal requirements when making this decision.

The PSA would need to consult on any specific proposals in this area. There are likely to be significant financial and operational impacts from this approach, particularly due to the size of our register. There will likely be additional costs for individual registrants. The PSA would need to ensure that any finalised proposal is right-touch.

There would also need to be consideration of variance across the UK and how this would be equitable for professionals in different UK nations and employment settings. Consideration should also be given to registrants practising outside of the UK and international professionals who have recently joined our register.

There needs to be greater clarity regarding the risk and responsibilities of other agencies.

Instead, the PSA could convene regulators to take a new way forward. This would seek to strengthen information sharing relationships across regulators with key statutory agencies that share information such as the Disclosure Barring Service, Disclosure Scotland, Access NI and Police forces across the UK.

Section 7: New criteria for registers applying for accreditation

Question 34: Do you think we should amend the Standard we use in the first stage of assessment to include compliance checks for relevant legislation, such as equality, diversity and inclusion, preventing modern slavery, or data protection?

Not applicable.

Question 35: Do you think we should have a more flexible process to be able to stop progressing an application at the first stage of assessment if there is good reason to think that any of our Standards cannot be met?

Not applicable.

Additional questions

Question 36: Which factors should we be considering in planning for implementation of any revisions to the Standards of Good Regulation and/or Standards for Accredited Registers?

Standards of Good Regulation

We welcome continuing engagement and co-design with the PSA on its plans to develop the standards.

We think that in reviewing the standards there should be a full impact assessment to ensure value for money and to consider any unintended consequences. We are aware that changes to standards might lead to associated costs on professional regulators that are ultimately borne by the professionals that we regulate.

Any changes should be at the very least cost-neutral or reduce the costs that professional regulators, and indirectly our professionals, pay to the PSA.

We are pleased that the PSA consultation process is based on consultation principles, as this includes to 'allow appropriate time between closing the consultation and implementing policy'. We have the largest number of healthcare professionals in the UK, and any changes to the standards might disproportionately impact on us as a regulator and the professionals that we regulate.

We think that moving to implementation of new standards in 2026 might be challenging, if standards are published in 2025, as regulators will need sufficient time for implementation. The standards should not be changed in the middle of a performance reporting period. Each regulator should start a performance reporting period knowing the standards by which it will be measured.

Standards for Accredited Registers.

Not applicable.

Question 37: Do you think any of the proposals in this consultation could impact (positively or negatively) on any persons with protected characteristics covered by the public sector equality duty that is set out in the Equality Act 2010 or by Section 75 of the Northern Ireland Act 1998 or on family formation, family life and relationships?

The PSA should undertake a full equality impact assessment and make this available to understand the implications of any changes to its standards to different groups.

Question 38: Thinking about the groups described above or anyone else you think might be impacted, do you think our proposals have any impacts on:
Opportunities to use the Welsh Language?
Treating the Welsh Language no less favourably than the English language?

The PSA should undertake a full Welsh Language Impact Assessment and make this available to understand the implications for Welsh Language speakers. Any new standards and guidance should be translated into the Welsh Language.

Question 39: Do you think there are ways to enhance the positive impacts or reduce the negative impacts of our proposals on:
Opportunities to use the Welsh Language?
Treating the Welsh Language no less favourably than the English language?

Please see our response to Question 38.