

Supporting improvements to our Fitness to Practise process

Consultation on
changes to our rules

3 November 2025



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About the NMC

We are the independent regulator of more than 853,000 nurses, midwives and nursing associates. 1 in 50 working age people in the UK is on our register. We are responsible for protecting the public through the registration and education of our professionals, setting and upholding standards including the Code, and investigating and acting on concerns.

We are building a new NMC – one that inspires trust and confidence. The public we serve, the professions we regulate, and the bodies we work with need us to be a strong and independent regulator.

Executive summary

We are building a new NMC – a regulator that is strong and independent that everyone wants to see.

As part of this, we are committed to improving the timeliness and experience for everyone involved in Fitness to Practise.

A more timely, fair and compassionate process

Since we launched our improvement programme for Fitness to Practise in 2024, we have made steady and meaningful progress, particularly at screening and at adjudications including how we run our hearings.

We are working hard to make sure that more people receive a conclusion to their case at the earliest possible opportunity.

We achieved an increase in the rolling average of cases being resolved within our target of 15 months – up from 60.8% in July 2023 to 71.6% in August 2025.

We have strengthened safeguarding, and further embedded fairness and inclusion throughout our processes. We have introduced better support for professionals with health conditions such as dementia.

Informed by our ambitious EDI targets, we will go further to embed fairness for everyone in our regulatory processes and at the NMC, regardless of people's background or characteristics.

However, we are still facing challenges.

Ongoing challenges

We receive an ever-growing number of monthly Fitness to Practise referrals. In April 2024, the rolling average of referrals stood at 499 per month. This figure has risen to an average of 574 per month – an increase of 15%. The complexity of Fitness to Practise also makes it a very expensive process.

Our ability to transform Fitness to Practise is in part made difficult because of our dated legislation and the UK government has committed to working with us from 2026 to modernise our legislation. Ahead of that whole-scale reform, these changes if made, will help us improve Fitness to Practise so that it is more timely, fair and compassionate.

While we wait for modernisation, we have an ambitious Fitness to Practise improvement plan to drive better performance within our current legislative framework.

Investing in improvements

All our priorities – including improvements for Fitness to Practise, our other commitments to modernise the Code, assure the quality of education programmes across the UK and to build an anti-racist culture – require substantial investment.

This is why we are also consulting on proposals to increase the registration fees and in October 2025, we announced a proposed reduction of staff headcount (10%) and we are making further savings in non-staff costs of £3.1m per year.

The registration fees paid by nurses, midwives and nursing associates account for about 97% of our income. We have not raised the fees for 10 years because we have been mindful of cost-of-living pressures.

However, this decade-long freeze has led to a 28% real terms reduction in our income, in comparison to where it would have been if our fees had kept pace with inflation – equating to about £180m in lost income up to the end of the current financial year.

As a result of freezing our fees, while investing in regulatory improvements, and responding to the growing demand, we have started to have to use reserves to fund day-to-day activities for the last three financial years – including this year – meaning the freeze in fees is no longer sustainable.

Building a new NMC

Together, the steps we are taking to improve Fitness to Practise and stabilise our finances are part of a wider transformation journey that we are undertaking – to make sure that we are an effective regulator that protects the public and upholds the standards of the nursing and midwifery professions.

This document sets out the proposed changes we want to make to our Fitness to Practise [rules](#).¹ The consultation on the registration fees rules can be found [on our website](#).

Our proposals



These changes would mean we can:

- **Appoint legally qualified chairs** to [Practice Committee panels](#)
- **Strengthen our case management powers**, so that we can give clear and specific instructions on how everyone involved in a case should prepare to enable the Practice Committee to reach a decision
- **Share information via a digital platform or online account**, where the nurse, midwife or nursing associate agrees
- **Create flexibility in our process**, for when we invite representations and the timescales for these, and how much notice we give of meetings and hearings
- **Provide better support for vulnerable witnesses**, enabling more people to give their evidence as effectively as possible.

The changes would help us:

- Reduce the age of our caseload
- Remove unnecessary process delays
- Free up capacity in our adjudications function
- Improve the efficiency of hearings
- Be more person-focused by recognising and putting people's needs at the centre of what can be a distressing process.

If we make these changes, we will make sure that we monitor the benefits they bring to the experience of everyone involved in our Fitness to Practise process.

The Nursing and Midwifery Order 2001 gives us our duties and powers as a regulator and confirms that our main objective is to protect the public. The Order also provides our Council with the power to make rules about how we operate and deliver our Fitness to Practise process. Once made by our Council any rules must then be approved by the Privy Council and laid in Parliament before they can come into effect.

About this consultation

This document sets out our policy proposals. The draft rules Amendment Order can be found alongside this consultation on [the NMC website](#). We have also created a separate document, called a [Keeling schedule](#), which shows how the affected rules will look if the amendments are made.

Responses to this consultation will help us to understand the impact of our plans, including on groups who are protected under the Equality Act 2010 and [relevant legislation in Northern Ireland](#).

Have your say



This consultation is open for 12 weeks from 3 November 2025 to 26 January 2026.

We are undertaking this consultation in accordance with the requirements of article 47 of the Nursing and Midwifery Order 2001. Following analysis of the responses we will present the findings and proposed rule changes to our Council in spring 2026. If the Council approves the proposals, it will make the amendments to the rules, prior to final approval by the Privy Council.

We will also publish analysis of the responses to this consultation along with an Equality Impact Assessment (EQIA) and Welsh Language Impact Assessment.



The survey takes around 15 minutes to complete. You can respond via this [link](#).

Taking part in the consultation survey is optional. You can skip any section of the consultation not relevant to you. The exception is the 'About you' questions where we use this information to understand if we have heard from a diverse and broad range of people. Within this section you can select 'Prefer not to say' for any information you do not wish to share. We will analyse responses on behalf of organisations separately from responses from individuals, so it is important that we know the capacity in which you are responding.

If you are responding as an individual we will not ask for your name, which means you won't be able to change your responses after you have submitted them. We also won't be able to provide a record of your responses.

If you are responding on behalf of an organisation we will ask for your name and the organisation's name. You have to provide your organisation's name but you have the option to remain anonymous if you wish.

All data shared (with the exception of organisation name) will be aggregated and anonymised (this means removing anything that could identify you or anyone else mentioned in the data).

Your personal data will be collected and stored in line with our [privacy policy](#).

If you can't submit your response using the online survey, please contact us at consultations@nmc-uk.org for an alternative format. You can also use this email address if you have any questions.

Context

We have long called for our legislative framework to be modernised. We are pleased that the UK government has recently committed to replacing and reforming [our legislation](#) before the end of the current parliamentary term.

The timings for these wider reforms, however, mean that we are not likely to see their benefit for some time. We know there are issues with our existing process that cause distress to those involved. This includes cases taking too long with unnecessary delays, people not always receiving the support they need during our investigations and people experiencing difficulties accessing the information they need.

We have agreed with Department of Health and Social Care that we will consult on a small number of changes to our Fitness to Practise Rules and Practice Committees Constitution Rules ahead of the wider reforms taking place. We have identified the most beneficial changes that could be made within our current legislative framework, and we are seeking views on these changes.

A number of our proposals reflect changes that other regulators such as the General Medical Council (GMC) have made to their rules. Evidence² has shown that, in particular, strengthening case management powers and processes, combined with use of legally qualified chairs, leads to quicker decisions and more cases reaching an earlier conclusion.

Powers to appoint legally qualified chairs

Currently the Nursing and Midwifery Order sets out a duty to appoint [legal assessors](#) who provide advice to our Practice Committees, the Registrar or the Council.³ Our rules state that a legal assessor must be present at every [preliminary meeting](#) and that our Committee panels must take advice “from the legal assessor” on several matters including the admissibility of evidence, postponements and adjournments, and whether to hold hearings in public or private.

Legal advice is crucial to the fair conduct of our hearings but appointing a legal assessor as a separate and additional role at each hearing comes at a considerable cost. Other regulators, including the GMC, Health and Care Professions Council, and General Pharmaceutical Council have introduced legally qualified chairs. When appointed to chair a Committee panel, the legally qualified chair, rather than a legal assessor, advises the panel to ensure that the proceedings are conducted in accordance with the law.



Powers to appoint legally qualified chairs

We are proposing to follow the approach that other regulators have taken by introducing the ability to appoint legally qualified chairs. This is an opportunity for greater flexibility, which would also reduce costs.

The rules will specify that legally qualified chairs will have the same qualification and experience requirements as our legal assessors. Because of their case management experience and skills, legally qualified chairs have an advantage when dealing with cases involving complex legal issues and cases requiring proactive case management as set out in the next section.

The proposed changes do not move us away from using legal assessors altogether. Not every Committee panel will include a legally qualified chair and the rules will make it clear that the panel must receive legal advice from a legal assessor if the chair is not legally qualified.

To make sure hearings remain fair and transparent, the rules will require that all parties are informed of any legal advice given by a legally qualified chair, reflecting the requirements for legal advice given by a legal assessor.⁴



To what extent do you agree or disagree with our proposal to introduce the power to appoint legally qualified chairs, who can provide legal advice to the panel which they chair?

Increasing efficiency and effectiveness of adjudications through strengthened case management powers

Good case management is essential for efficient and effective panel proceedings. When participants are required to share material in advance, that provides an opportunity to identify preliminary arguments and agree what matters are admitted and what matters are disputed, so that the Committee panel can deal with the case swiftly. This saves on resources and helps to ensure quicker outcomes with less disruption and stress for all those involved.

Under our current legislation, our Fitness to Practise Committee can give [case management directions](#) about the conduct of cases (how they are prepared and run) and for the consequences of failure to comply with these directions. The Nursing and Midwifery Order also gives us the power to make rules which allow the Chair of the Fitness to Practise Committee to give these directions.

However, our current rules are limited because:

- They do not confirm that directions are binding on future Committee panels
- The Committee panel's power to refuse to [admit evidence](#) not served in compliance with a direction, only applies to directions given at preliminary meetings⁵
- They only permit the Chair to give directions at a preliminary meeting, convened in the presence of the parties and a legal assessor.⁶

We know that hearings can be distressing for those involved, and that any delays to our processes can cause further distress.⁷

Broadening and strengthening our powers to issue binding directions will allow us to design a more effective case management process. The new powers will help Committee panels ensure that cases are progressed in a timely way. Clear directions will ensure that both parties understand what is expected of them as well as the consequences of not actively or appropriately participating.

Hearing times can be reduced significantly and proceedings run more smoothly where the parties are required to share details of their case in advance (including the witnesses they intend to rely on). This helps to identify the facts that are agreed between the parties and those that are in dispute. It also helps to identify any preliminary legal arguments so they can be resolved in advance of the hearing.



Strengthened case management powers

We are proposing to broaden and strengthen our case management powers at the adjudications stage of our process by:

- Allowing a legally qualified chair (if introduced) to issue case management directions without having to arrange a preliminary meeting in the presence of the parties
- Confirming that a Committee panel conducting a preliminary meeting can determine arguments on points of law or on the admissibility of evidence in advance of the hearing
- Confirming that all case management directions are binding on all parties, including the NMC, at any subsequent hearing of the case, unless the Committee panel considers that there has been a [material change of circumstances](#) or it is not in the interests of justice for the party to be bound by the direction
- Extending the Committee panel's power to refuse to admit evidence not served in compliance with any direction (not just directions issued at preliminary meetings)
- Confirming that the Committee panel may also draw [adverse inferences](#) from non-compliance with any directions.

The changes we outline in this section reflect similar amendments that the GMC made to its rules in December 2015. We are confident that these improvements, coupled with the introduction of legally qualified chairs, would considerably improve the timeliness of the process and the experience for everyone involved.



To what extent do you agree or disagree with our proposed approach to broaden and strengthen our case management powers?

Changes to notice requirements: flexibility for sharing material, inviting representations and giving notice of meetings and hearings

Clear, timely, and transparent communication is essential for ensuring fairness and allowing professionals on our register to engage meaningfully with the Fitness to Practise process. This includes providing formal notices when concerns are progressed to a different stage, when hearings or meetings are scheduled, or when decisions have been made. These notices ensure that registrants understand the nature of the concern, the evidence we have gathered and are given an opportunity to respond before decisions are reached.

Our current rules require several different notices which must allow the registrant 28 days to respond with their [representations](#), or a minimum 28 days' notice of any hearing or meeting.

The current rules about what the notices should include (their format and content) and the timelines we are held to can sometimes delay the early conclusion of a case. This is particularly problematic when contact information is outdated, or where registrants do not engage or have explicitly requested no further contact.

Issues with how and when we communicate with those involved in Fitness to Practise proceedings have been raised by nursing and midwifery professionals, those who represent them and others including members of the public who have raised concerns and/or act as witnesses.⁸

We are aware that receiving repeated notifications and requests can potentially be confusing and overwhelming, and lead to a negative impact on the wellbeing of the nurse, midwife or nursing associate. We think that the requirements set out in the rules should be proportionate, bearing in mind that we will also be communicating with the registrant on occasions outside of the formal requirements on us to do so, to ensure that they are updated throughout the process.

We propose to make changes to the rules in four areas, which are:

- An ability to send and share documents via an online account or portal where the registrant has agreed to receive information electronically
- Increased flexibility for inviting representations
- Increased flexibility for timescales for representations
- Increased flexibility for minimum [notice of meetings or hearings](#).

The objective of these changes is to enable more efficient case progression without compromising fairness. They will also increase clarity, accessibility and information security.



Ability to send and share information via an online account or portal

We communicate with nurses, midwives and nursing associates in our Fitness to Practise process through different means, including post, email and by telephone. These communications comprise formal notices we are required to send and informal updates and support. Many organisations now provide access and information via online accounts and platforms and we want to modernise our approach.

We propose to amend the rules so that we can share information via an online account. However, the rules will be clear that this will only happen where the registrant gives their explicit agreement, which we think is an important safeguard.

The benefits of being able to disclose information online rather than by post or encrypted email include improved accessibility and clarity, as all relevant information will be available in a single place and security protected. We'd like to hear the views of users of our process on this proposal, as well as any insights or experiences from using similar processes, which could inform how we design this facility.



Increased flexibility for inviting representations

Currently, once we have decided that regulatory action may be necessary and made a referral to our case examiners, we are required (under rule 6A) to send a formal notification, providing any documents that we have not already shared and inviting representations in response within 28 days. After we conclude our investigations for the case examiners, we have a further requirement (under rule 6B) to send the evidence we have gathered in the investigation and ensure that the registrant is able to make additional representations within 28 days.

In many cases we will already have asked the registrant to respond to the concerns before making our decision to progress it past screening, which is the first stage of our process. We will also have written to the registrant to confirm that the case will be referred (our 'screening outcome' letter). When the case is passed to a member of our investigations team, we send the formal 'notification of referral' to the case examiners (rule 6A). In the majority of cases further representations at this stage will help to shape the investigation and expedite decision making.

At the end of our investigation we're required to invite representations again and wait 28 days before the case examiners can make any decision on the case (rule 6B(4)). Under our proposals, it will still be necessary to invite representations before the case examiners decide to give advice, issue a warning, recommend undertakings or refer a case to a panel. However, under the proposals this requirement would not apply where the case examiners are satisfied that they already have sufficient information to decide that no further regulatory action is necessary.



Increased flexibility for timescales for representations

We propose to replace the fixed 28 day response period with a requirement to give no less than 28 days for representations. In most cases 28 days will continue to be an appropriate timescale for a response but we will develop guidance on the factors which may mean a longer period is fair and reasonable in the circumstances. This approach offers greater flexibility and responsiveness for individual case needs, taking into account the complexity of the case, the volume of material, urgency, and reasonable adjustments.







Increased flexibility for minimum notice of meetings or hearings



Currently, we are obliged to give a minimum of 28 days' notice of a Fitness to Practise hearing or meeting. This is regardless of whether or not the registrant has any objections to an earlier hearing or meeting to conclude the proceedings. It is also irrespective of whether they have disengaged from the process, for example where they are serving a custodial sentence.

We propose to retain a standard requirement to give 28 days' notice but introduce flexibility to shorten this in certain circumstances. This would be where the registrant consents to a shorter period, or where a shorter period is justified in the public interest. We will develop guidance to support decisions to use this flexibility.

The table below shows how the above proposals would change our current notice requirements.

 Current requirement	 Proposed change
<p>Notice of referral to case examiners (rule 6A)</p> <p>Requires:</p> <ul style="list-style-type: none"> • Registrar to notify registrant of the allegation and referral to case examiners • Notice must be accompanied by any material not previously disclosed • Notice must invite representations within 28 days. 	<p>Retain the duty to:</p> <ul style="list-style-type: none"> • Notify registrant of the allegation and referral • Send any material not previously disclosed • Invite representations. <p>Amend the prescribed period for representations to the date specified in the notice, which must be no less than 28 days.</p>
<p>Outcome of investigation of Fitness to Practise allegations (rule 6B(4))</p> <p>Requires the Registrar, before any case examiner decision, to:</p> <ul style="list-style-type: none"> • Send any material obtained during the investigation • Invite representations within 28 days. 	<p>Replace with a rule (inserted into rule 6C) which prevents the case examiners from giving advice, issuing a warning, recommending an undertaking or referring a case to a panel, unless they are satisfied that the registrant has:</p> <ul style="list-style-type: none"> • Been provided with material obtained during the investigation • Been invited to make representations within a period of no less than 28 days from which the material is sent • Been informed that after the expiry of that date, the case examiners can proceed to make a decision in the absence of representations.

 Current requirement	 Proposed change
<p>Case examiner case to answer decision (rule 6C(2) and (3))</p> <p>Case examiners are required to notify the registrant (and the person making the allegation, if any) of their decision and the reasons for it.</p>	<p>No change</p>
<p>Notice of referral to Fitness to Practise Committee (rule 9)</p> <p>The Committee must:</p> <ul style="list-style-type: none"> • Notify the registrant when they have received a referral • Invite representations within 28 days • Require information from the registrant within 28 days, including confirmation of whether the registrant would like a hearing (rather than a meeting). 	<p>No change</p>

 Current requirement	 Proposed change
<p>Notice of Fitness to Practise hearing (rule 11) or meeting (rule 11A)</p> <p>Where the registrant has requested a hearing or the Committee decide that a hearing is appropriate, the Committee is required to send notice, no later than 28 days before the hearing date.</p> <p>A notice of hearing or meeting must:</p> <ul style="list-style-type: none"> • Contain a charge (or copy of the strike-off if a restoration hearing) • Be accompanied by copies of any documents in support not previously disclosed • Require a response within 14 days on whether the registrant will be attending and whether they will be represented. <p>A notice of hearing must:</p> <ul style="list-style-type: none"> • Confirm the date, time and venue for the hearing • Confirm the right to attend and be represented, right to adduce evidence, right to call witnesses and cross examine witnesses called by others • Confirm the power to make an interim order • Confirm the actions available to the Committee under article 29 • Invite written confirmation of any admissions, not later than 28 days after service • Where allegation relates solely to physical or mental health, invite their wishes on whether it should be held in public. 	<p>Retain all the notice requirements but allow for the notice to be sent less than 28 days before the hearing or meeting where:</p> <ul style="list-style-type: none"> • The registrant has agreed to a shorter period, or • The Registrar or the Fitness to Practise Committee consider that a shorter period is justified in the public interest. <p>Where the notice is sent less than 28 days before the hearing or meeting, the registrant will be given a shorter period to confirm whether they will be attending (hearings only) and whether they will make any admissions.</p>

Please provide answers to the questions that you feel are relevant to your area of interest:



To what extent do you agree or disagree with our proposed change to allow us to share documents via an online account or portal where the registrant has agreed to this?



To what extent do you agree or disagree with our proposal to amend the rules so that it is no longer a requirement to invite representations at the end of the process if no further regulatory action is necessary? (The registrant will continue to have an opportunity to view the material and make representations in response, before the case examiners can refer the case to the Fitness to Practise Committee, recommend an undertaking, issue a warning or give advice.)



To what extent do you agree or disagree with our proposal to replace the fixed requirement to respond in 28 days with a more flexible timeframe of at least 28 days?



To what extent do you agree or disagree with our proposal to provide flexibility to shorten the 28 day notice period for Fitness to Practise meetings or hearings in certain circumstances?

Supporting vulnerable witnesses to provide evidence

We know that giving evidence at a hearing can be a daunting experience and we want everybody to have the opportunity to give their evidence effectively.^{9 10} This includes the nurse, midwife or nursing associate whose case is being considered, if they choose to give evidence. Effective support for witnesses can enhance the quality of evidence provided which, in turn, can help us to reach earlier conclusions, improving the experience for everyone involved.

Our current rules permit the Fitness to Practise Committee to adopt such measures as it considers necessary to enable it to receive evidence from a “vulnerable witness”. The rules provide a non-exhaustive list of the measures that may be adopted, ranging from use of video links, pre-recorded evidence, and use of interpreters. However, the rules define a vulnerable witness in narrow terms and using dated language, for example referring to those with a “mental disorder” or “significant impairment in relation to intelligence or social functioning”.

This is not the language we would wish to use and it does not accurately reflect or define vulnerabilities that people may face. Recent research also suggests that how the term ‘vulnerability’ is used can create, or in fact exacerbate, existing inequalities. It calls for a shift in how vulnerability is framed and suggests that health and social care regulators should move towards an approach that anticipates situational or contextual factors (for example that causes of vulnerability may arise from the allegations before the hearing or from the process itself). The research cites the consultation on new rules introduced by the GMC, which “avoid the need to label witnesses in problematic ways and provides more scope for FtP panels to recognize and respond to different types of vulnerability”.¹¹

People’s ability to give evidence can be affected by circumstances within their personal life. It is common for nursing and midwifery professionals who are referred to us to be experiencing difficult life events that may be the cause of the concern about their practice. These may include addiction, poor physical or mental health, relationship breakdown, or loss of work. They may be further traumatised by having to re-live these events during the process.

The changes we want to make reflect the practice in criminal, family and employment jurisdictions, ensuring we can support the participation of a wider range of people than are covered by the current wording.



Supporting vulnerable witnesses to provide evidence

We wish to provide support for a broader range of witnesses. In order to make sure the Committee can support witnesses effectively and make reasonable adjustments for individuals (in line with its duties under the Equality Act 2010 and relevant equalities legislation in Northern Ireland) we propose to amend the rules, replacing the narrow definition and dated terminology currently used and clarifying the Committee's powers, allowing them to better recognise and respond to different types of vulnerability. The amended rules will:

- Allow the Committee to adopt adjustments it considers necessary to enable it to receive evidence from vulnerable witnesses, while maintaining the duty to ensure proceedings are fair and just
- Remove the narrow definition of vulnerable witnesses and replace with a power to make a holistic and person-centred assessment, which proactively considers the wellbeing and welfare of witnesses and all the circumstances of the case.

We want to strike a balance between supporting witnesses to give clear and objective evidence and ensuring that the nurse, midwife or nursing associate's right to a fair hearing is upheld.

The changes that we want to make mirror the approach that the GMC has set out in rule 43 of its Fitness to Practise Rules for Anaesthesia Associates and Physician Associates.¹²



To what extent do you agree or disagree with the proposed change to allow our Committees to better support vulnerable witnesses?

Reviewing the drafting of the rules amendments

In this section we seek views on the specific wording of the changes to the rules as we have drafted them, to ensure that it effectively reflects the policy intent that we have set out in each of the sections of this document.

The draft rules Amendment Order can be found alongside this consultation [here](#). We have also created a separate document, called a [Keeling schedule](#), which shows how the affected rules will look if the amendments are made.

You can choose to skip this section if you do not wish to feed back on the specific wording of the rules.

Proposed changes:

- Powers to appoint legally qualified chairs
- Strengthened case management powers
- Ability to send and share information via an online account or portal
- Increased flexibility for inviting representations
- Increased flexibility for timescales for representations
- Increased flexibility for minimum notice of meetings or hearings
- Supporting vulnerable witnesses to provide evidence.



For each change, please say how effectively or ineffectively the drafting reflects the policy as set out in the previous questions?

Development of guidance to support the changes we are making

We set out how we make decisions in guidance that is [available online](#).

To support the changes that we are proposing in this consultation we will develop guidance to support NMC decision makers, the Committees, professionals on our register and the public. Before we do this, we will need to consider how we best use the new powers set out in the rules, and sequence changes carefully.

We will ensure that we engage with stakeholders on the development of this guidance and will publish it when it has been agreed.

Equality, diversity and inclusion

We have a duty under the Equality Act 2010 to have due regard to the need to eliminate discrimination and to advance equality of opportunity when we carry out our regulatory functions. This is known as ‘the public sector equality duty’.

We think the changes we have set out in this document will support our ongoing work to improve outcomes for people with protected characteristics, some of whom we know are overrepresented in Fitness to Practise processes. The responses to this consultation will help us collect evidence to help us to assess the equality impact of our proposals, which we will publish with the response to this consultation. However, we’ve set out below our initial summary view of potential impacts, from our preliminary engagement.

- Our proposals around use of legally qualified panel chairs and strengthened case management powers aim to ensure that proceedings run more smoothly and reduce the length of our hearings. This will help reduce the stress experienced and the time that registrants are involved in our processes, particularly where no action is needed. They will be particularly beneficial for people with health conditions or other vulnerabilities. We hope they will also improve the experience for registrants who are not formally represented.
- Our proposals for timescales for representations will bring improvements for people who might find it difficult to respond within a 28 day period.
- Changing how we support witnesses by replacing the narrow definition and dated terminology currently used will allow panels to better recognise and anticipate the adjustments that might be needed for people with a wider range of vulnerabilities and disabilities.

We will use responses to update the assessment we have undertaken and feedback may cause us to change our proposals or put in place mitigating actions. Such mitigation may, for example, focus on how we plan, design and implement new processes and develop guidance for the use of new case management powers. We will want to ensure that all registrants, including those who are unrepresented, have clear expectations and guidance on how our new powers are used and how they can adhere to and benefit from the changes. We may also put in place specific monitoring of the early operation and impact of our process on those with protected characteristics.



When thinking about the proposed changes to Fitness to Practise rules, can you identify any potential impacts – positive or negative – on some individuals more than others based on their protected characteristics?

By protected characteristics we mean age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

Welsh language

As the regulator for nurses and midwives across the UK and nursing associates in England¹³ we are committed to making sure that our decisions consider the effects, if any, on opportunities to use the Welsh language, and on treating the Welsh language no less favourably than the English language.

Standards issued by the Welsh Language Commissioner require us to identify and consider the effects of our proposals, as set out in this document, on the use of the Welsh language, and to introduce any measures required to either mitigate any negative impact as well as bolster any positive impact. Drawing on the responses to the questions below, we will highlight any relevant impacts, and our proposed response to these, within our report on the findings of this consultation.



Can you identify any positive or negative impacts the proposed changes might have on the Welsh language or Welsh speakers?

Could the proposals be revised in any way to increase opportunities for people to use the Welsh language and to help treat it no less favourably than English?

How to respond

We welcome feedback from any individual affected by the proposed changes set out in this consultation. We also ask you to share some information about yourself so that we can understand what different groups of respondents say about our proposals. Your comments will not be attributable to you.



You can access our online survey [here](#). You can also find the draft Amendment Order (which would amend the current rules and the Keeling schedule) via [this link](#). If you cannot submit your response using our online survey, please contact us at consultations@nmc-uk.org for an alternative format.

While all respondents can remain anonymous, if you are responding on behalf of an organisation, we'll ask for your name and organisation. We will also ask if you are happy for your comments to be attributed to your organisation in reporting.

Glossary

Admit evidence

To admit evidence is to allow it to be considered when making a decision. If a Committee decides that evidence is not admissible, this means that they will not consider it when making their decision.

Adverse inferences

An adverse inference is a negative conclusion that can be reached, for example where a registrant chooses not to give evidence or to provide relevant documents. In such a situation the Committee might conclude that this means the registrant has no good explanation for their alleged conduct or reasonable response to the case against them.

Case management directions

Case management directions are decisions about how the proceedings will be run and include instructions which the NMC and the registrant must follow in preparation for the hearing. They can be standard directions (which are issued for all cases or certain categories of cases) or case specific.

When directions are “binding” on a future Committee this means the Committee is obliged to follow and uphold the direction.

Legal assessor

A legal assessor is a qualified lawyer whose role is to advise the decision makers on the correct legal process, but who doesn't get involved in the decision making.

Material change of circumstances

A material change of circumstances refers to a significant change since a decision or direction was made, and the changed circumstances would have made a difference to the decision or direction.

Northern Ireland equalities legislation

There are several pieces of equalities legislation in Northern Ireland, as listed by the Equality Commission Northern Ireland. See here: [ECNI - The Law, Equality Legislation, Equality Commission, Northern Ireland](#).

Notice of hearings and meetings

We are required to notify a registrant of any hearing or meeting where the Committee panel will reach a decision on their Fitness to Practise case.

Our legislation

Our Order and rules. See here: [Our order and rules - The Nursing and Midwifery Council](#).

Practice Committee panels (hearings and meetings)

We have two Practice Committees in our Fitness to Practise process:

- The Investigating Committee
- The Fitness to Practise Committee.

Our Practice Committees are made up of professionals on our register and lay people outside of these professions.

Decisions are reached by a panel of three Committee members, one of whom will act as the Committee Chair.

The panel can reach their decision in a meeting or at a hearing.

See here: [Meetings and hearings - The Nursing and Midwifery Council](#).

Preliminary meeting

Preliminary meetings can be conducted by a panel or a Chair of the Fitness to Practise Committee. They are arranged to resolve issues in advance of the hearing or meeting where the Committee will reach a decision on the Fitness to Practise case.

Representations

When we invite the registrant to make representations, this is their opportunity to respond to the concerns which we are considering about their fitness to practise and any evidence we've gathered.

Rules

Rules are secondary legislation which sets out details about our regulatory processes, and are made using powers set out in the Nursing and Midwifery Order 2001. Our rules must be approved by the Privy Council and laid in Parliament before they can come into force.

Endnotes

- 1** The relevant rules for this consultation are the Nursing and Midwifery Council (Fitness to Practise) Rules 2004 and the Nursing and Midwifery Council (Practice Committees) (Constitution) Rules 2008 (as amended): <https://www.nmc.org.uk/globalassets/sites/documents/legislation/legislation-updated/fitness-to-practise-rules-2004-consolidated-text-31-august-2020.pdf> and [Practice Committee and Constitution Rules](#).
- 2** Medical Professionals Tribunal Service 'Report to Parliament 2018', page 8: [MPTS Report to Parliament 2018](#).
- 3** Article 34 of the Nursing and Midwifery Order 2001.
- 4** Detail about how legal assessors provide advice is set out in the Nursing and Midwifery Order 2001 (Legal Assessors) Order of Council 2004 (SI 2004/1763) (as amended): <https://www.nmc.org.uk/globalassets/sites/documents/legislation/nursing-and-midwifery-order-2001-legal-assessors-order-of-council-2004.pdf>.
- 5** Rule 31(8) of The Nursing and Midwifery Council (Fitness to Practise) Rules 2004.
- 6** Rule 18 of The Nursing and Midwifery Council (Fitness to Practise) Rules 2004.
- 7** Ryan-Blackwell G & Wallace L (2024) [Witness to harm; Holding to account: What is the importance of information for members of the public who give evidence and may be witness in a regulatory hearing of a health or care professional?](#) Health Expectations 27: e14168 <https://doi.org/10.1111/hex.14168>.
- 8** Wallace L (2024) [Customer care, personalised care - it's just not good enough. More compassion is needed in complaints-handling.](#) PSA Blog 4 April 2024.
- 9** NMC (2022) [Ambitious for Change: Phase 2 Report](#), Nursing and Midwifery Council, London.
- 10** Finn, G., P. Crampton, A. Kehoe, et al (2022) Experiences of GDC fitness to practise participants 2015 - 2021: A realist study General Dental Council, London. Finn, 2022; Maben 2020, Worsley, 2016; RCN 2024.

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- 11** Sorbie A, Garippa L (2024) '(Re)constructing 'witness vulnerability': An analysis of the legal and policy frameworks of the statutory regulators of social work and social care professions in the UK', *The British Journal of Social Work*. Vol 55, Issue 2, March 2025, pages 744-762.
 - 12** General Medical Council (Fitness to Practise) (Anaesthesia Associates and Physician Associates) Rules 2024 - [2.4 General Medical Council \(fitness to practise\) \(anaesthesia and physicians associates\) rules 2024](#).
 - 13** The Welsh government is planning to introduce nursing associates as a regulated role in Wales, with the NMC as the regulator. In order to do this an amendment will need to be made to our legislation to make us the regulator. At the time of publication of this consultation the UK government is considering the best way to do this.

This document is also available
in Welsh [on our website](#).

Mae'r ddogfen hon hefyd ar gael yn y
Gymraeg [ar ein gwefan](#).



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

23 Portland Place,
London W1B 1PZ
+44 20 7637 7181
www.nmc.org.uk

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 The Nursing and Midwifery Council