

# Open Council 2 July 2025 (website version)

MEETING  
2 July 2025 10:00 BST

PUBLISHED  
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## Meeting of the Council

To be held from **10:00** on Wednesday 02 July 2025  
Council Chamber, 23 Portland Place, London W1B 1PZ

### Agenda

**Ron Barclay-Smith**  
Chair of the Council

**Ben Wesson**  
Acting Council Secretary

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|-------------------------------|---|-----------|---|
| <b>1</b>                      | <b>Welcome and Chair's opening remarks</b>  | NMC/25/52 | <b>10:00</b>                                |
| <b>2</b>                      | <b>Apologies for absence</b>  | NMC/25/53 |   |
| <b>3</b>                      | <b>Declarations of interest</b>   | NMC/25/54 |   |
| <b>4</b>                      | <b>Minutes of the previous meeting</b><br><br>Chair of the Council  | NMC/25/55 |   |
| <b>5</b>                      | <b>Summary of actions</b><br><br>Secretary  | NMC/25/56 |   |
| <b>Matters for discussion</b> |   |           |   |
| <b>6</b>                      | <b>Executive report</b><br><br>Interim Chief Executive and Registrar/Executive                              | NMC/25/57 | <b>10:10-<br/>10:40</b><br><i>(30 mins)</i> |
| <b>Matters for decision</b>   |   |           |   |
| <b>7</b>                      | <b>Audit Committee Annual Report 2024-2025</b><br><br>Chair, Audit Committee                                | NMC/25/58 | <b>10:40-<br/>10:55</b><br><i>(15 mins)</i> |
| <b>8</b>                      | <b>Draft Annual Report and Accounts 2024-2025</b><br><br>Interim Chief Executive and Registrar              | NMC/25/59 | <b>10:55-<br/>11:25</b><br><i>(30 mins)</i> |
| <b>9</b>                      | <b>Draft Annual Fitness to Practise Report 2024-2025</b><br><br>Executive Director, Professional Regulation | NMC/25/60 | <b>11:25-<br/>11:55</b><br><i>(30 mins)</i> |

## Matter for discussion

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- 10 **Professional Standards Authority Report** NMC/25/61 **11:55-12:15**  
Executive Director, Resources and Technology Services (20 mins)

*Lunch break (40 mins)*

**12:15-12:55**

## Matter for decision

- 11 **EDI Strategic Objectives and 2025-2026 Year 1 actions** NMC/25/62 **12:55-13:50**  
Interim Executive Director, People and Culture (50 mins)
- 12 **Appointment of Assistant Registrars** NMC/25/63 **13:50-14:00**  
Executive Director, Professional Regulation (10 mins)

## Matters for discussion

- 13 **Questions from observers** NMC/25/64 **14:00-14:15**  
Chair (Oral) (15 mins)

## Matters for information

- 14 **NMC values** NMC/25/65  
Interim Executive Director, People and Culture
- 15 **Appointments Board Annual Report 2024-2025** NMC/25/66  
Chair of Appointments Board
- 16 **Chair's actions taken since the last meeting** NMC/25/67  
Chair

**CLOSE**

**14:15**

Meeting of the Council  
Held on Wednesday 21 May 2025 by videoconference

## Minutes

Ron Barclay-Smith	Chair
Sue Whelan Tracy	Member
Eileen McEneaney	Member
Claire Johnston	Member
Flo Panel-Coates	Member
Rhiannon Beaumont-Wood	Member
Lindsay Foyster	Member
Lynne Wigens	Member
Deborah Harris-Ugbomah	Member
Margaret McGuire	Member
Peter Herbert	Independent Adviser

### NMC Officers

Paul Rees	Interim Chief Executive and Registrar
Lesley Maslen	Executive Director, Professional Regulation
Donna O'Boyle	Acting Executive Director, Professional Practice
Emma Westcott	Acting Executive Director, Strategy and Insight
Alice Hilken	General Counsel
Matthew Hayday	Chief of Staff and Secretary to the Council
Alice Horsley	Senior Governance Manager

### For item 7:

Miranda Stotesbury	Deputy General Counsel
Nicola Burns-Muir	Specialist Adviser
Richard Reid	Principal Legal Adviser

### For item 8:

Karen Lanlehin	Head of NMC Culture Transformation
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### For item 9:

Tracey MacCormack	Assistant Director for Midwifery
Jacqui Williams	Senior Midwifery Adviser (Education)

### For item 10:

Sophia Hunt	Head of Education and Quality Assurance
Paula Holt	Senior Nursing Advisor

*A list of observers is at Annexe A.*

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## Minutes

### **NMC/25/36 Welcome and Chair's opening remarks**

1. The Chair welcomed all attendees and observers to the meeting.
2. The Chair extended a special welcome to Donna O'Boyle, who had been appointed as Acting Executive Director, Professional Practice, and was attending her first meeting in role.
3. The Chair introduced himself and said a few words about his experience as a chair, including at British Transport Police Authority (BTPA), where he had been Chair for the past seven years. The Chair also provided brief details about his career in the Royal Air Force and subsequently in a number of Chief Executive roles, including within health and care services. The Chair noted that he looked forward to working with colleagues at the NMC and acknowledged the need to deliver organisational change at pace. The Chair paid tribute to his predecessor, Sir David Warren, who had provided leadership through a challenging period at the NMC.
4. The Chair congratulated Eileen McEneaney on revalidating on 30 April 2025.
5. The Chair highlighted that 5 May and 12 May respectively marked International Day of the Midwife and International Day of the Nurse – days to celebrate the many achievements of nursing and midwifery professionals on the NMC register.

### **NMC/25/37 Apologies for absence**

1. There were apologies received from Anna Walker and Nadine Pemberton Jn Baptiste, Council members, and Gavin Kennedy, Interim Executive Director, People and Culture.

### **NMC/25/38 Declarations of interest**

1. The following declarations of interest were recorded:
  - a) **NMC/25/46 Item 11: Fitness to Practise: update on our casework performance** – All registrant Council members, and the Acting Executive Director, Professional Practice, declared an interest.
2. These interests were not considered material such as to require the individuals concerned to withdraw from the discussion.

### **NMC/25/39 Minutes of the previous meeting**

1. The minutes of the meeting on 26 March 2025 were agreed as an

accurate record and signed by the Chair.

2. Relating to **NMC/25/22: Annual Corporate Plan and Budget 2025-2026** – the commitment to deliver a planned schedule of minor improvements to 23 Portland Place in 2025-2026 should be captured as an action.

**Action:** Amend the minutes/actions of the meeting on 26 March 2025 to capture the commitment to deliver a planned schedule of minor improvements to 23 Portland Place in 2025-2026 as an action and submit to the Chair for signature.  
**For:** Secretary to the Council.  
**By:** 2 July 2025

#### **NMC/25/40 Summary of actions**

1. The Council noted progress on actions arising from previous meetings.
2. Arising from **NMC/25/06: Quarterly corporate performance report** – Whilst it was not considered possible to have a single metric to capture NMC colleagues' views relating to the modernisation of internal systems, a review was underway as to how this qualitative feedback could be reported to the Council in a more efficient and effective way. It was noted that it was important that there was a joined-up measure of the benefits and improved user experience related to the Modernisations of Technology Services, rather than just a project-by-project view.
3. Arising from **NMC/24/81 and NMC/24/96: Transforming the NMC culture: responding to the Independent Culture Review** – the due dates in the summary of actions appeared to be repeatedly crossed out, which suggested there were delays in delivery, but it was confirmed that this was not the case and was a formatting issue.

#### **NMC/25/41 Quarterly corporate performance report**

1. The Interim Chief Executive and Registrar (CER) introduced the quarterly corporate performance report, noting that since the last Open Council meeting on 26 March, the NMC was continuing to make gradual improvements.
2. The CER welcomed the new Chair of the NMC, Ron Barclay-Smith, who took up post on 1 April 2025, succeeding Sir David Warren, who had served his full term of almost four years.
3. The CER welcomed Donna O'Boyle who had been appointed as Acting Executive Director, Professional Practice, attending her first meeting of the Council. He also noted that this would be the last Open Council meeting for Matt Hayday, Chief of Staff, who was leaving the NMC on

30 May 2025 and thanked him for all he had done for the NMC.

4. The CER noted that work was underway to implement the Culture Transformation Plan, which was formally unveiled at the last Open Council meeting. Relating to the implementation of the Plan, the following points were highlighted:
- a) The NMC had signed the UNISON Anti-Racism Charter. A clear sign of the NMC's commitment to becoming an anti-racist organisation.
  - b) Consultation regarding a new hybrid staff working model was underway. In line with one of the recommendations in the Independent Culture Review (ICR), to ensure consistency around attendance in the office, the NMC was consulting on a two-day-a-week formula. The plan was for the new hybrid staff working model to launch in September 2025, subject to the outcome of the consultation, to support the NMC to build a new positive, empowering and inclusive culture.
  - c) The NMC was also consulting with staff around new values for the organisation.
  - d) The coaching programme for all managers was being rolled out, including the first coaching session on effective leadership carried out with the Executive Board, facilitated by expert leadership coach Jeanette Purcell. There was also coaching underway relating to psychological safety, facilitated by Sri Kalindindi.
  - e) Work was underway to make permanent appointments across the Executive Board, to fill roles currently covered by 'acting' or 'interim' members. A new Executive Director, People and Culture had been appointed and an announcement regarding the identity of the appointee would be made on 22 May. Gavin Kennedy, the current Interim Executive Director, People and Culture, had decided not to apply for the substantive position, although his work in the interim role had been welcomed. Interviews would be held later in the week for the substantive Executive Director, Strategy and Insight role, and next week interviews would be held for the substantive Executive Director, Communications and Engagement. The recruitment campaign for the permanent Chief Executive and Registrar had also launched.

5. The CER noted that gradual improvements to the Fitness to Practise (FtP) process continued, with the proportion of cases closed within 15 months up to 68.7 percent, against a target of 80 percent. Whilst there was still significant work to do, it was encouraging to see this headline figure continue to improve, up from 60 percent in August 2023.

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6. The CER informed the Council that he was receiving increasingly positive feedback from external stakeholders, as well as internal colleagues about the NMC moving in the right direction. He noted that Bejoy Sebastian, the President of the Royal College of Nursing (RCN), alongside whom he gave a keynote speech at the Kerala Nurse UK conference on 17 May 2025 in Leicester, attended by 1,000 delegates, had commented that colleagues at the RCN were starting to feel a sense of hope about improvements at the NMC. Although it was acknowledged that the NMC still faced a lot of issues and there was still much work to do to address these. The CER reported that he had also had positive meetings recently with Mike Nisbett, Northern Ireland Health Minister, and Neil Gray, Scottish Cabinet Secretary.

7. The Executive Director, Resources and Technology Services highlighted the following points:
- a) The financial position remained secure at the end of the 2024-2025 financial year. The deficit was higher than originally budgeted, with the main drivers being the costs of additional specialist support from PwC, a new provision made for past FtP Legal Assessor costs, and lower than expected income due to a reduced numbers of overseas-trained professionals applying to join the NMC register. It was expected that the number of overseas-trained professionals applying to join the NMC register would continue to reduce, with the impact on income expected to be more significant in future years.
  - b) This was the final report on the Corporate Plan for 2024-2025. Overall, whilst the NMC had met most of its deliverables, there were significant delays across the portfolio.
  - c) The Equality, Diversity and Inclusion (EDI) Plan had been reconfigured to be the EDI Strategic Objectives which underpinned the Culture Transformation Plan.
  - d) The NMC Online project to replace legacy online systems had experienced technical and resourcing challenges, with a change request, following this meeting, seeking the Council's approval to extend delivery from May 2025 to November 2025. Whilst the delay caused by technical and resourcing challenges was only a couple of months, work on the systems could not take place between July-October due to concern about impacting the high volume of registrations during these months.
  - e) Proposals for reporting on the new corporate plan for 2025-2026 would be presented to the Council at its Seminar session on 10 June 2025.
  - f) Relating to strategic risks, the capacity of the NMC's people, delivery expectations and prioritisation remained a key risk. The

corporate plan for 2025-2026 would be revised over the summer months to account for additional actions relating to the proposed turnaround work, the Professional Standards Authority (PSA) report, and the upcoming publication of Ijeoma Omambala KC's report, ahead of submission to the Council in the autumn. The aim of these revisions would be to relieve some pressure on colleagues.

- g) The wording of the strategic risk description for organisational change had been updated to reflect the volume of turnover, particularly at senior level, and the level of changes the NMC was experiencing.

8.

In discussion, the following points were noted:

- a) The request that updates relating to political context account for all four UK countries.
- b) The 'RAG rating' for the Corporate Learning Approach had changed from 'amber' to 'red' as the Log and Learn system and process 'go-live' date had been postponed to June 2025. The delay was due to a lack of the required technical skills on the supplier's side.
- c) It was acknowledged that an instant incident reporting system was essential to a transparent learning culture. Assurance was provided that Change and Continuous Improvement colleagues were working with Serious Event Review (SER) leads in each directorate, to highlight the importance of reporting SERs and to ascertain what current systems were capable of recording. The majority of SERs were reported from the Professional Regulation directorate – more than half the NMC's workforce sat in the directorate.
- d) It was agreed that the key performance indicators (KPIs) for the Objective Structured Clinical Examinations (OSCE) would be reviewed, particularly relating to the average number of OSCE offered per month across the NMC's five test centres.
- e) Relating to the enquiries and complaints performance dashboard, the service volumes were decreasing. Currently, customer feedback surveys were only issued in certain circumstances. Once the FtP process quality assurance programme was further underway there would be more frequent customer feedback surveys and metrics available about the process.
- f) The Council was assured that stringent measures were in place to mitigate the NMC's cyber security risk. This was critical as the NMC held a large amount of personal data and the cyber security risk was heightened across the UK, following the recent high-

profile cyber-attacks. A detailed technical explanation of the NMC's approach to cyber security would be shared with the Council.

- g) Relating to the recent confirmation from the Department of Health and Social Care (DHSC) that the NMC's legislation would be changed during this Parliament, assurance was provided that the NMC retained resource dedicated to Regulatory Reform in the Strategy and Insight directorate as well as the General Counsel team.
- h) Professionals on the register were avidly awaiting the Principles for Advanced Practice, which were being launched at the end of May 2025. Work would be prioritised and sequenced to ensure the regulation of Advanced Practice was delivered to an outstanding standard by 2028. A flexible resource model was being developed in Professional Practice to manage the current resource stretch across projects.
- i) The NMC had a small in-house research team which took a coordinated approach to reviewing information gathered across various surveys, with information shared on the insight section of the NMC's website. This information also formed the basis of the suite of insight reports produced by the NMC, including the Spotlight on Nursing and Midwifery Report, the NMC's annual insight report.
- j) The NMC had been impressed by the operation established and the support provided by PwC. Over 12 weeks, PwC progressed over 200 of the NMC's low-risk FtP cases at the Screening stage towards a decision. All decisions made on cases were made by NMC staff. The NMC had not outsourced capacity at the Screening stage previously and it proved a valuable contingency option, particularly at times of unexpected peaks. A detailed update on the Turnaround Plan was to be presented to the Council at its Confidential meeting on 10 June.

**Action:** A detailed technical explanation of the NMC's approach to cyber security would be shared with the Council.

**For:** Executive Director, Resources and Technology Services

**By:** 2 July 2025

**NMC/25/42 Safeguarding stocktake update**

1. The Acting Executive Director, Professional Practice introduced the item, noting that individual's wellbeing was at the forefront of the NMC's safeguarding approach.

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2. The Specialist Adviser, Employer Link Service highlighted the following points:

- a) The Safeguarding Hub was established in September 2024 and since then all new referrals were reviewed to identify safeguarding and wellbeing concerns. These concerns were streamed to the hub and a safeguarding risk assessment was undertaken on any incidents of abuse, neglect or exploitation.
- b) Safeguarding resources in the form of policy guidance, a safeguarding handbook and a decision tree were being launched. A helpline had also been established for colleagues to access immediate support and guidance for emergency and urgent concerns.
- c) The Safeguarding Hub had two primary functions: Is the safeguarding concern serious enough to restrict a registrant practice or if the concern does not meet the threshold for a fitness to practice investigation does the NMC need to share information externally with statutory safeguarding partners. The hub does this by supporting the teams with information collection and ensuring information that was shared was proportionate to the risk.
- d) All colleagues at the NMC required safeguarding training and education based on their level of engagement with people in their daily role. The revised mandatory level 1 training would be implemented by the end of Q1 2025-2026.

3.

In discussion, the following points were noted:

- a) The update marked the end of the comprehensive stocktake of the NMC's safeguarding activities, following the findings of the ICR in July 2024.
- b) The Council welcomed the detail provided in the update and the clarity about the NMC's role and remit with regards safeguarding.
- c) The Council Safeguarding leads had attended the Safeguarding Hub earlier in the month and were impressed by the range of work and the person-centred approach.
- d) KPIs for the Safeguarding Hub relating to referrals and timeframes were being developed. Any underlying safeguarding issues would always be addressed straightaway. There was an internal safeguarding escalation process as part of which Professional Regulation, Safeguarding and Legal colleagues worked in collaboration.
- e) The Council requested that outcome data be included in future Safeguarding updates to show the impact of the work of the Safeguarding Hub on the experience of people referred to the NMC and on patient safety.

- f) Key next steps included developing the ‘after-action review’ process to ensure learning was captured, the development of safeguarding training and education for colleagues, and ensuring appropriate support was available for all colleagues working on safeguarding issues.
- g) Multidisciplinary working was essential to the continued reduction of the level of safeguarding risk at the NMC. This multidisciplinary approach included ongoing case discussions at a strategic level to pull out thematic learning and risk planning and mitigation discussions. The next stage was to fully embed the Safeguarding approach at the NMC.
- h) Further incorporating EDI considerations to the Safeguarding approach was a key part of next steps.
- i) Disclosure and Barring Service (DBS) checks were integrated to the NMC’s recruitment process. Data about DBS checks at the NMC would be reported to the Council at its next meeting. This information was shared with the People and Culture Committee on a regular basis as part of the People Plan updates.

4.

On behalf of the Council, the Chair thanked colleagues for the comprehensive Safeguarding update. The Council would look forward to receiving quarterly Safeguarding progress reports, including outcome measures and risk trend data.

<b>Action:</b>	<b>Report data about DBS checks at the NMC to the Council at its next meeting.</b>
<b>For:</b>	<b>Acting Executive Director, Professional Practice / Interim Executive Director, People and Culture</b>
<b>By:</b>	<b>2 July 2025</b>
<b>Action:</b>	<b>Include outcome data in Safeguarding Board quarterly update reports to show the impact of the work of the Safeguarding Hub on the experience of people referred to the NMC and on patient safety.</b>
<b>For:</b>	<b>Acting Executive Director, Professional Practice</b>
<b>By:</b>	<b>24 September 2025</b>

**NMC/25/43 Implementation of Independent Culture Review recommendations progress update**

1. The CER introduced the item.
2. The Head of NMC Culture Transformation noted that whilst it was always going to take longer than a year to implement the ICR recommendations fully, there had been good progress made. The following examples of good progress were highlighted:
  - a) The increase in the ethnic diversity of registrant Panel members from 15 percent to 23 percent.

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- b) Engagement with colleagues on revising the NMC’s values and consulting with colleagues on hybrid working arrangements.
- c) The CER was undertaking his second round of quarterly Town Hall engagement sessions with colleagues.
- d) Coaching on psychological safety and leadership coaching had commenced, as committed through the Culture Transformation Plan.

3. The Head of NMC Culture Transformation noted that work was underway to assess the difference these actions were making to the culture at the NMC. An updated approach to outcome measures related to culture transformation at the NMC would be presented to the Council in July. This work would be connected to the People Strategic Objectives and the development of the EDI Strategic Objectives, which together would help to demonstrate a complete picture of culture change at the NMC.

4. The Executive Director, Professional Regulation noted that the ICR recommendations on FtP relating to Screening were rated as ‘amber’ reflecting the progress made. It was highlighted though that there were significant pressures at the Investigations and Adjudications stages. Whilst there was a risk that targets would not be met, activity and improvements were being reviewed as part of the turnaround plan, with a clearer revised trajectory available once decisions on the plan were made.

5. In discussion, the following points were noted:
- a) The Council commended the progress made towards implementing the ICR recommendations. The work to develop outcome measures to ascertain the impact of the work was welcomed.
  - b) The Council thanked colleagues who had used and were involved with the Empowered to Speak Up Service. It was important that any issues and themes raised were reported to leadership colleagues and informed the programme of coaching for senior colleagues.
  - c) Diversity on the Executive Board was defined in terms of protected characteristics as set out in the Equalities Act 2010.
  - d) HR colleagues were ‘dip sampling’ completed Ambitious Appraisal forms to assess the quality of conversations held.
  - e) Relating to the visibility of the Executive Board, the CER was holding Town Hall engagement sessions with staff quarterly and physically at each of the NMC’s offices. A virtual Town Hall session was also held as part of the quarterly schedule, reflecting the NMC’s hybrid working model and ensuring the events were accessible and inclusive. Additionally, virtual biweekly online all

- staff update sessions were held by the CER.
- f) The NMC was developing an anti-racism action plan. This was wider than the People Plan as it also covered ensuring the NMC did all it could to eliminate biases from its processes for registrants.
  - g) It was positive that the NMC was working more collaboratively with other agencies to share information and safeguarding concerns. A query was raised as to whether there might be further opportunity to engage with Unite, Unison and the Royal College of Nursing and the Royal College of Midwifery to improve the support provided to unrepresented registrants in the FtP process.
  - h) The suggestion that there be further consideration about the provision of pro-bono support to unrepresented registrants in the FtP process.

**Action:** An updated approach to outcome measures related to culture transformation at the NMC would be presented to the Council in July.  
**For:** Interim Executive Director, People and Culture  
**By:** 23 July 2025

**NMC/25/44 Midwifery annual report**

1. The Acting Executive Director, Professional Practice introduced the Midwifery annual report. It was noted that amidst ongoing concerns in maternity services, the Council had requested greater assurance that midwifery was being considered within the NMC’s regulatory work and was aligning to the UK maternity narrative. The NMC midwifery team developed a midwifery live tracker to outline their work and the first draft of this was presented to the Council in May 2024. The midwifery team had reported updates to the Council through the regular Executive Board Report and the Midwifery annual report provided an overview of the work undertaken by the team between May 2024 and April 2025.
2. In discussion, the following points were noted:
  - a) The midwifery team had developed a new governance framework and refreshed midwifery panel, now called the Midwifery Strategic Advisory Group (MSAG). The refreshed group would continue to use the expert views of its members to inform its work.
  - b) The membership of the MSAG had been reviewed to reflect protected characteristics and vulnerabilities and to strengthen the voices of women and midwives. It had also been reviewed to include a pregnancy loss support network.

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- c) Priorities for the midwifery team over the year had included addressing Black maternal health outcomes in the UK. Work had been undertaken with the Race and health observatory on decolonising the curriculum and reviewing care pathways for black and brown babies. The suggestion that the use of social media as a mechanism of engagement relating to this priority be explored with Communications and Engagement colleagues.
- d) The Midwifery team had engaged with trans network colleagues regarding the title 'Midwife', with the consensus being that the title was not problematic as it did not relate to being a woman. Trans network and LGBTQ+ network colleagues had not yet been invited to be members of MSAG, but their inclusion would be considered as part of the MSAG review in December 2025, with a view to coopting their involvement.
- e) Improving the experience of internationally educated midwives was also an important part of the Midwifery team's work.
- f) The Midwifery team had co-produced new principles to support safe, individualised midwifery care in response to rising requests for freebirth and sometimes, care from unregulated people breaching article 45 (protected function). A public launch of these principles was being planned.
- g) There had been work to map the implementation of the standards of proficiency for midwives in practice, as well as to map the standards against the recommendations in key maternity inquiries.
- h) A survey on the impact of the mapping tool had been sent to Heads of Midwifery and Directors of Midwifery across the UK, but the response rate was low. Alongside the disappointing response rate, the responses received demonstrated a lack of understanding of the ask and/or the standards' role in supporting safe midwifery practice.
- i) There was further work required to embed the standards of proficiency, with a webinar planned for Heads of Midwifery and Directors of Midwifery in the summer to discuss the role of the standards of proficiency in promoting safe and effective midwifery care.
- j) NHS England had been asked to comment on incorporating the standards of proficiency for midwifery to the workforce framework, but the NMC was waiting to hear a response.
- k) Multidisciplinary work was essential within midwifery services, and it was important to engage with the Royal College of Obstetricians and Gynaecologists.

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- l) The suggestion that there be more of a focus on outcomes measures in next year's midwifery annual report.

## **NMC/25/45 Education Quality Assurance**

### **10.1 Annual Report 2023-2024**

1. The Acting Executive Director, Professional Practice introduced the Education Quality Assurance Annual Report for the academic year 2023-2024.
2. In discussion, the following points were noted:
  - a) During the year the NMC's 16 year relationship with its former quality assurance service provider, Mott MacDonald, was closed. There had been a recent internal audit on education quality assurance at the NMC, which included reviewing the challenges associated with onboarding the new education quality assurance service provider. These challenges had been exacerbated by a period of increased activity levels with critical and escalating concerns related to education quality assurance.
  - b) The significant period of change for the education quality assurance team had brought opportunities for learning and improving.
  - c) The need to understand what was happening in pre-registration education across the four UK countries resulted in the Mandatory Exceptional Report (MER), which at first review indicated a high number of concerns to pursue. This resulted in a comprehensive review of 1,128 pre-registration programmes and enabled the NMC to take timely and pragmatic steps to support a small number of approved education institutions (AEIs) where concerns had been identified. The areas of risk identified related to simulated practice learning.
  - d) Alongside MER, the NMC was using media intelligence and internal intelligence to proactively identify concerns.
  - e) Relating to the high level of critical concerns and the associated work to provide adequate support to the AEIs, staff and students in these circumstances, the NMC was able to take on two one-year fixed term contract posts to provide specialist support, advice and guidance to AEIs where there was a critical concern, or to work closely with a practice learning partner where the NMC had a critical concern.
  - f) There had been increased support and engagement provided by the NMC directly to AEIs, which had allowed the NMC to close many of the concerns identified.

- g) Common conditions for the refusal of approval of a programme related to the implementation and monitoring of protected learning time and the engagement of people who use services and their carer representatives (or other stakeholders). Challenging AElS to improve these areas by increasing webinars and walk-throughs was an important part of what the education quality assurance team wanted to achieve in future years.
- h) The NMC was working to develop relationships with four country education groups, with a quality assurance officer dedicated to each of the devolved nations.
- i) Student feedback about AElS provided a huge source of data and the NMC was striving to make full use of this data. Themes from the feedback were broad ranging and did include EDI and on occasion racism.

**10.1 Canterbury Christ Church University – withdrawal of programme approval: Lessons learned and progress with recommendations for improvement**

3.

The Acting Executive Director, Professional Practice introduced the lessons learned from the Canterbury Christ Church University (CCCU) withdrawal of programme approval.

4.

In discussion, the following points were noted:

- a) A report was written by an independent education consultant. The version of the report presented to the Council was a summarised and anonymised version with emphasis on the lessons to be learned.
- b) The summary presented demonstrated the shift in how Education Quality Assurance (EdQA) and the directorate operated in relation to EdQA, with most of the recommendations for improvement that emerged from this report having been delivered, and others in the process of being completed. All the recommendations were being progressed as a matter of priority.
- c) University staff and students and health and care colleagues had commented on the change in the NMC’s approach to EdQA, describing a kind, pragmatic and non-adversarial approach. Colleagues at the Council of Deans of Health had also provided positive feedback about the NMC’s engagement with stakeholders which had led to AEl Deans, Heads of School and their NMC official correspondents being much more proactive in asking for advice and reporting exceptions to the NMC.
- d) The report represented a difficult period for CCCU colleagues. The NMC and CCCU had worked closely and honestly to

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improve and enhance its nursing and midwifery provision, which was positive.

- e) The NMC was working with other regulators, including the Office for Students, to consider approaches to the management of programmes – including nursing and midwifery programmes – should universities need to close provision in what was a fiscally challenging period for the higher education sector.

**NMC/25/46 Fitness to Practise: update on our casework performance**

1. The Executive Director, Professional Regulation introduced the item. The following points were highlighted:

- a) There continued to be good progress on casework performance, with more FtP decisions made and a record 806 Screening decisions made in March 2025.
- b) The overall caseload had been falling since December 2024, down to 6,357 in March 2025.
- c) There were more cases being closed within 15 months of being opened, compared to this time last year. This KPI had been steadily improving over the year and was still on an upward trend.
- d) There were fewer older cases in the caseload (2,010 older than 1.5 year) this year, compared to a higher figure (3,308) last year.
- e) Cases could become older because of factors such as needing to wait for a third party, such as the police, to finish their investigation before work could be progressed. The NMC was also dependent on registrants and witnesses replying to queries and their availability for hearing dates.
- f) On 6 May 2025, significant changes to the Screening guidance went live, which made it simpler and quicker for decisions to be made at this stage. This work was part of the FtP Plan to improve the very first part of the FtP process.

2. In discussion, the following points were noted:

- a) As part of the development of the EDI Strategic objectives, there would be further insight and trend data available about EDI and the length of time individuals were involved in the FtP process.
- b) To reduce the number of older cases, a focus on improving the Investigations and Adjudications stages of the FtP process was important. Relating to Adjudications, the NMC was incorporating learning from other organisations to improve operational excellence.

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- c) Data from the FtP process had recently been provided to the Chief Nursing Officers (CNOs). The NMC was now undertaking its own review and analysis of the data, which would include reviewing and comparing data about referrals across the four UK countries. The support provided by the CNOs and Debora Sturdy, Chief Nurse for Adult Social Care, was commended.
- d) Some data in the tables was presented as figures and some in percentages and it would be helpful if this was consistent. This was the first iteration of providing some of the data on the oldest cases, and this would be refined in future.

3.

On behalf of the Council, the Chair thanked the NMC teams for their hard work towards building a sustainable FtP service of excellence for the future. The Chair noted that the Council would continue to monitor the progress of casework performance and would be interested to hear further information relating to the data insights shared with the CNOs.

**NMC/25/47 Panel member reappointments**

1. The Chief of Staff introduced the item.

2. **Decision: The Council approved the Appointments Board’s recommendations to reappoint the eight Panel Members listed at Table 1 in Annexe 1 of the paper for a second term of four years from 6 July 2025 to 5 July 2029.**

3. *Secretary’ note: Tom Ayers was incorrectly identified as being eligible for reappointment at the March 2025 meeting. This was not the case and Mr Ayers was only required to complete his training in order to not be removed as a panel member. Mr Ayers was not included in the Panel Members reappointed.*

**NMC/25/48 Questions from observers**

1. The Chair invited questions and comments from observers (see **Annexe B**).

**NMC/25/49 Investment Committee Report**

1. The Chair of the Investment Committee provided an oral report of the latest meeting on 14 May 2025. The following points were noted:
- a) The Committee’s decision in January 2025 to de-risk the portfolio had been successful in minimising the impact of recent economic volatility.
  - b) The Committee was content that a robust procurement exercise had taken place to appoint the new investment adviser, Cazenove.

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- c) The Committee received assurances about the transition arrangements between the former investment adviser, Sarasin, and the new investment adviser, Cazenove.

**NMC/25/50 People and Culture Report**

1. The Council noted the People and Culture Committee Report.

**NMC/25/51 Chair's actions taken since the last meeting**

1. There have been no Chair's actions.

**Closing remarks**

1. The Chair thanked all attendees and observers for joining the meeting.

*Confirmed by the Council as a correct record:*

**SIGNATURE:** .....

**DATE:** .....

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## Annexe A: Observers

### External observers

#### External Observers

Nasreen Anderson	Senior Associate, Financial Conduct Authority
Carl Barber	Forensic CPN, FOLS, SPF
Peter Bates	Director NMCWarch:Registrant Care CIC
Sonja Bunting	Clinical Nurse Interviewer, NHS
Lucy Catterall	Head of Legal RCN
Sarah Hand	Neonatal Clinical Leadership Fellow, NHSE Midlands
Rosie Hart	Senior Research Support Officer University of Greenwich
Jan High	Associate Professor - Lead for Practice Education Leeds Trinity University
Bridget Hoad	Senior Education Manager – Nursing NHS England
Deborah Hughes	Co-ordinator The Midwives Haven
Yvonne Jacobs	Clinical interviewer NHS Professionals
Rhys McCarthy	Scrutiny Officer Professional Standards Authority
Bren McInerney	N/A
Aurora Medonica	Senior Lecturer in Advanced Clinical Practice Oxford Brookes University
Gillian Meldrum	Retired Midwife
Ntombizifikile Mkoyana	College Assessor Fikile's Unique Global Services
David Munday	Lead professional officer Unite the union
Raluca Oaten	Research and Policy Associate FNF
Miah Patel	RMN Cygnet
Denise Phillips	Matron Guys & St Thomas NHS foundation Trust
Mairead Rant	Matron Kings College Hospital
Akshita Raval	Staff Nurse University Hospitals of Leicester NHS Trust
Wilfredo Vitao	Practice Educator George Eliot Hospital
Molly Yeardsley	Midwifery Leadership Fellow, NHS England
Yasmin Ullah	NMC Appointments Board member
Michelle Lyne	Midwifery Leadership Fellow
Debra Shrewsbury	General Practice Nurse Clinical Leadership Fellow, NHS England (Midlands)
Michelle Russell	
Lesley Downer	
Sarah Aitken	Senior Policy Manager

#### Press

Madeliene Anderson News and Features Writer, Nursing in Practice

#### NMC staff observing

Sharon Dawson Governance Manager  
Janice Cheong Senior Executive Business Manager  
Niamh Fleming Programme Manager

Carole Haynes  
Mahin Uddin  
Caitlin Law  
Clare Minchington  
Claudia Tunstell

Senior Policy Officer  
Governance Assistant  
Senior External Affairs Officer  
Audit Committee Partner Member  
Governance Officer and Assistant to the Chair

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## Annexe B: Observer questions

**Question:** *I am really pleased to hear there is a renewed focus on safeguarding by Nicola. As a registrant who is currently involved within an NMC process has there been consultation with registrants who have lived experience and how can we be reassured that these much needed changes are applied in real time?*

- Michelle Russell

**Response:** *Please see the response below regarding the work underway to capture the lived experience of our FtP process.*

*Regarding the application of the changes to the safeguarding approach, reassurance that the safeguarding team and professional support team work together to support registrants within the FTP processes who have wellbeing and complex mental health concerns. With the introduction of the safeguarding hub we have appointed a number of mental health practitioners with expertise and experience who can provide advice and guidance on how best to support and signpost registrants to appropriate resources.*

**Question:** *The NMC still have not been transparent with the safeguarding report and the interviews Professor Nancy Fontaine conducted with nearly 40 registrants who had been through FtP. These powerful stories need to be shared so that proper learning can occur to avoid any further loss of life during the FtP process. What assurances will the Council Chair give that this will happen alongside robust lessons learnt, publicly available on those registrants who have taken their own lives during FtP so that we can all work towards reducing this acute risk to our professionals?* - Cathryn Watters, NMC Watch

**Response:** *The interviews conducted by Nancy Fontaine form part of a wider piece of work on registrant experiences, incorporating literature review and analysis of data from feedback mechanisms and complaints. We plan to publish an overview of this work, which is currently being finalised. Thirty interviews were conducted, and participants were a mix of registrants with experience of FtP and people who had supported them. We're grateful to everyone who generously offered to talk about their experience. It is valuable and powerful testimony which has already been shared with our Professional Regulation senior team. We undertook this work to help us design a better feedback mechanism on FtP, so that we can continually hear and learn from all participants in the process, for the purposes of improvement. This, together with our safeguarding hub and strengthened safeguarding expertise will help to ensure that people in our regulatory processes are properly supported.*

**Question:** *Question for Paul Rees: Have any staff members raised concerns directly to him (both verbally and in writing) about either the ongoing toxic culture at the NMC or concerns around the NMCs handling of safeguarding? If yes, what are the nature of those concerns?* – Michelle Russell

**Response:** *Since the publication of the Independent Culture Review last year, we've taken significant steps to ensure staff feel safe and supported in raising concerns.*

We've increased the ways in which colleagues can speak up within the organisation, including commissioning a Freedom to Speak Up Guardian to provide an additional, confidential route for staff to share concerns. We've also published a new Culture Transformation Plan, which places psychological safety at its heart. Creating an environment where people feel confident to speak up without fear of reprisal is fundamental to the culture we are building.

A key response to the Independent Review was the establishment of a dedicated safeguarding function and team within our Professional Practice Directorate. This team plays a central role in ensuring our approach to safeguarding is robust, accountable, and informed by expert input.

We are committed to ongoing improvement and to creating a culture where everyone feels heard and respected.

**Question: We have heard several references today to outsourcing - including screening cases. Firstly, who holds responsibility for decisions made and how do the NMC ensure their safeguarding responsibilities are maintained in these cases? And secondly, how are registrants assured this is a good use of their fees, rather than a NMC target drive and why are the NMC unable to meet these targets within their resources? – Michelle Russell**

**Response:** PwC provided support for Screening casework in January-March 2025. PwC helped us to review and progress cases but did not make any Screening decisions – this responsibility stayed with the NMC. We had a number of controls in place around this work, including around our safeguarding responsibilities. For example, PwC colleagues spent time being trained on our screening and safeguarding processes, the lower risk Screening cases we asked them to help with had been firstly reviewed by our safeguarding hub before we decided which cases to provide to PwC, there were ongoing discussions about support for people, quality and checking between our Screening team and PwC on the cases. Whilst PwC helped to review and progress around 200 Screening cases, as part of this work they have also provided some insights and best practice for our operations, which we are taking on board to improve our in-house work.

Our FtP teams are handling a lot of change at the moment, progressing our FtP plan improvement work as well as undertaking their business as usual work and engaging in briefings and workshops relating to the NMC's work on changing our organisational culture. We have seen excellent progress by the Screening team in the last few months, and to maintain this momentum and meet our Screening backlog target as outlined in the Independent Culture Report recommendations, we were keen to ensure we kept progressing a number of cases at Screening, whilst the team spent time during January to March looking at our ways of working with PwC. The review into how we work has helped us think about how we might boost our improvements, and ensure the improvements we make are effective and sustainable into the future.

**Question: We have received feedback expressing concern from a number of universities across the UK as to the security of courses that educate people to enable them to join the NMC register. Are you picking up similar concerns and,**

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***if you are, are you reflecting these concerns to UK governments?*** - David Munday, Lead professional officer Unite the union

**Response:** *We are aware that there is a lot of change across the Higher Education sector with many universities restructuring and offering redundancy to staff. Our Approved Education Institutions (AEIs) keep us informed of significant change alongside their mitigation plans so that we are able to remain assured of the quality of the delivery of approved nursing, midwifery and nursing associate programmes.*

**Comment:** *Claire Johnston spoke about trade unions and fitness to practise and hoping that further work could be done. Unite, UNISON, RCM and RCM are meeting this week with colleagues from the NMC, on top of our regular meetings, to further develop a webinar that will be advertised to all registrants on FtP processes scheduled for June.* - Dave Munday, Lead professional officer Unite the union

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## Council

### Summary of actions

<b>Action requested:</b>	Summarises progress on completing actions from previous Council meetings.  The Council is asked to <b>note</b> the report.
<b>Key background and decision trail:</b>	This paper is a standing update to the Council for information on actions agreed at previous meetings.
<b>Key questions:</b>	Has appropriate progress been made in respect of actions agreed at previous meetings?
<b>Annexes:</b>	None.
<b>Further information:</b>	If you require clarification about any point in the paper or would like further information, please contact the author or the director named below.
	Acting Secretary: Ben Wesson Phone: 020 7681 5988 <a href="mailto:ben.wesson@nmc-uk.org">ben.wesson@nmc-uk.org</a>

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Minute	Meeting date	Title / theme	Status	Action	Action owner	Update	Due date
<b>NMC/24/96</b>	27 November 2024	<b>Transforming NMC culture: responding to the Independent Culture Review</b>	Complete	Schedule a discussion about EDI at an Open Council meeting to agree a framework for inclusive language to be used consistently by the NMC.	Secretary to the Council / Interim Executive Director, People and Organisational Effectiveness	This is incorporated into the EDI Strategic Objectives, which is an agenda item for this meeting.	27 November 2024  29 January 2025  26 March 2025  21 May 2025  2 July 2025
<b>NMC/24/98</b>	27 November 2024	<b>Independent Culture Review report update (Oral)</b>	Complete	Consider opportunities for Council members to meet with the chairs of Staff Networks and Union members to foster their understanding of cultural issues and	Secretary	The Chair of the Council has meetings scheduled with Employee Forum and Network Co-Chairs on 30 June and 16 July.  The Independent Adviser to the Council is also meeting with each of the Network Co-Chairs.  There will be opportunities	29 January 2025  26 March 2025  2 July 2025

				culture change at the NMC.		for the People and Culture Committee to meet with staff network colleagues during its scheduled meeting time. At its next meeting on 3 July, the People and Culture Committee are meeting with Culture Transformation Network colleagues.	
<b>NMC/25/05</b>	29 January 2025	<b>Summary of actions</b>	Complete	As part of the work underway to update the EDI Strategic Objectives, there would be consideration as to the timeline for presenting the governance structures and performance measures relating to EDI for discussion at Open Council, alongside a framework for inclusive language to be used	Interim Executive Director, People and Culture	<p>EDI Strategic Objectives, is an agenda item for this meeting.</p> <p>Following feedback at the People and Culture Committee meeting on 28 April, a new approach to metrics and evaluation relating to EDI Objectives will be presented to the next Committee meeting on 3 July. This will align with the corporate reporting provided to the Council.</p>	<p>21 May 2025</p> <p>2 July 2025</p>

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				consistently at the NMC.			
<b>NMC/25/20</b>	26 March 2025	<b>Executive Report</b>	In progress	Provide the Council with the findings of the annual perception survey, including detail about response rates and any variation in these rates post the Independent Culture Review.	Executive Director, Strategy and Insight	Not yet due.	24 September 2025
<b>NMC/25/22</b>	26 March 2025	<b>Annual Corporate Plan and Budget 2025-2026</b>	In progress	Provide an update report to the Council on the Corporate Plan and Budget in September or October 2025.	Executive Director, Resources and Technology Services	Not yet due.	24 September 2025
<b>NMC/25/22</b>	26 March 2025	<b>Annual Corporate Plan and Budget 2025-2026</b>	In progress	Submit the KPI framework to the Council for review once complete	Executive Director, Resources and Technology Services	Not yet due.	23 July 2024

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<b>NMC/25/23</b>	26 March 2025	<b>Safeguarding update</b>	In progress	Provide a paper setting out the approach to Council member champion and lead roles.	Secretary	The Council member champion and lead roles will be reviewed as part of the upcoming Council effectiveness review (the approach to which is an item for 23 July Open Council). A paper setting out the approach to the roles will then be submitted to the Council, reflecting the outcomes of the Council effectiveness review and the views of the incoming Assistant Director, Governance and Secretary to the Council.	30 May 2025  24 September 2025
<b>NMC/25/25</b>	26 March 2025	<b>Fitness to Practise: update on our casework performance</b>	In progress	Present the recommendations relating to the FtP process emerging from PwC's work.	Executive Director, Professional Regulation	Not yet due.	23 July 2025
<b>NMC/25/27</b>	26 March 2025	<b>Pay Gap and WRES Report</b>	In progress	In future Pay Gap and WRES reports include data about the overall demographic among the local population.	Interim Executive Director, People and Organisational Effectiveness	Not yet due.	25 March 2026

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<b>NMC/25/22</b>	26 March 2025	<b>Annual Corporate Plan and Budget 2025-2026</b>	In progress	Share with the Council the schedule of minor improvements to 23 Portland Place planned for 2025-2026.	Executive Director, Resources and Technology Services	Not yet due.	23 July 2025
<b>NMC/25/39</b>	21 May 2025	<b>Minutes of the previous meeting</b>	Complete	Amend the minutes/actions of the meeting on 26 March 2025 to capture the commitment to deliver a planned schedule of minor improvements to 23 Portland Place in 2025-2026 as an action and submit to the Chair for signature.	Secretary	The minutes (and actions) of the meeting on 26 March 2025 were amended accordingly and have been signed by the Chair.	2 July 2025
<b>NMC/25/41</b>	21 May 2025	<b>Quarterly corporate performance</b>	Complete	A detailed technical explanation of	Executive Director, Resources and	An update on the NMC's approach to cyber security is available to the Council	2 July 2025

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		<b>report</b>		the NMC's approach to cyber security would be shared with the Council.	Technology Services	on Board Intelligence, <i>Document Library</i> bookcase, <i>PSA Reports</i> , <i>Other Key Publications and Briefings</i> shelf.	
<b>NMC/25/42</b>	21 May 2025	<b>Safeguarding stocktake update</b>	Complete	Report data about DBS checks at the NMC to the Council at its next meeting.	Acting Executive Director, Professional Practice / Interim Executive Director, People and Culture	The latest data about DBS checks at the NMC is available to the Council on Board Intelligence, <i>Document Library</i> bookcase, <i>PSA Reports</i> , <i>Other Key Publications and Briefings</i> shelf.	2 July 2025
<b>NMC/25/42</b>	21 May 2025	<b>Safeguarding stocktake update</b>	In progress.	Include outcome data in Safeguarding Board quarterly update reports to show the impact of the work of the Safeguarding Hub on the experience of people referred to the NMC and on patient safety.	Acting Executive Director, Professional Practice	Not yet due.	24 September 2025

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<b>NMC/25/43</b>	21 May 2025	<b>Implementation of Independent Culture Review recommendations progress update</b>	In progress	An updated approach to outcome measures related to culture transformation at the NMC would be presented to the Council in July.	Interim Executive Director, People and Culture	Not yet due.	23 July 2025
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<b>Key</b>	
In progress	For items not yet due
Rescheduled	Where work has been deliberately replanned/ rephased
Overdue	Unplanned delay to the work
Complete	Completed actions are reported once as Complete
Closed	Only use once an item is moved to the archive

## Council

### Executive report

<b>Action requested:</b>	<b>Describe the topic:</b> The Council is asked to <b>discuss</b> the Executive’s report on key developments during 2025-2026, up to 2 July 2025.  <b>For discussion</b>	
<b>Key questions:</b>	<b>Questions this paper addresses:</b>  1. What progress has been made in our work to deliver our corporate priorities?  2. How have we responded to key developments in the external environment that have impacted professionals, the public, colleagues, stakeholders and the NMC?	
<b>Key background and decision trail:</b>	This paper provides an update on key developments <b>since the last Council meeting on 21 May 2025</b>  The Executive Report is structured around the five agreed priorities of the 2025-2026 Corporate Plan.	
<b>Annexes:</b>	None	
<b>Further information:</b>	If you require clarification about any point in the paper or would like further information, please contact the author or the director named below.	
	Author: Orfhlaith Kearney <a href="mailto:Orfhlaith.Kearney@nmc-uk.org">Orfhlaith.Kearney@nmc-uk.org</a>	Interim Executive Director: Miles Wallace <a href="mailto:Miles.wallace@nmc-uk.org">Miles.wallace@nmc-uk.org</a>

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# Executive report

## Discussion

### Key developments in the wider landscape

#### *Political landscape*

- 1 We are engaging with the Department of Health and Social Care (DHSC) about the protection of the title of 'nurse'. This follows the department's announcement on 12 May that 'nurse' will become a protected title under UK law.
- 2 Meanwhile, The Minister of State for Health, Karin Smyth MP, wrote to us on 9 June to inform us that DHSC is considering the Welsh government's request to regulate nursing associates. She expressed her commitment to continued joint working and wider reform efforts. We will continue to engage with the Minister and the Welsh government on this.
- 3 On 11 June 2025, the Interim Chief Executive and Registrar and the Chair of Council met with Karin Smyth MP. The agenda covered culture transformation, fitness to practise (FtP) improvement, the Professional Standards Authority review, Ambitious for Change research, and the forthcoming Omambala publication. We also updated on activity to support families involved in the Nottingham maternity inquiry.
- 4 We have established a working group to support NMC's response to the *For Women Scotland* case, which is a UK Supreme Court decision on the definition of the terms man and woman in the Equality Act 2010. The working group has a remit to:
  - a. Identify the impacts of the case with reference to the NMC's regulatory and workforce policies and processes and Equality and Human Rights Commission guidance.
  - b. Keep up to date with further developments arising from this judgement.
  - c. Provide communications support to help the NMC respond to enquiries about our position on the recent Supreme Court ruling by internal or external stakeholders.
- 5 We have continued to update devolved administrations and key stakeholders on our work to improve our FtP processes, culture transformation and wider NMC priorities, including:
  - a. On 1 May 2025, when the Chief Information Officer, and Registrant Council Member, Eileen McEneaney, met with the Department for Health Northern Ireland
  - b. On 8 May 2025, when the Interim Chief Executive and Registrar, and Acting Executive Director of Professional Practice met with Neil Gray MSP, the Cabinet Secretary for Health and Social Care.

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- 6 With devolved administration elections coming up (Senedd, 7 May 2026; Scottish Parliament, 7 May 2026; Northern Ireland Assembly, on or before 7 May 2027) we are considering the implications of these on our major consultations for next year.

**Key progress against the five focus areas of our 2025-2026 corporate plan:**

**1: Build a new culture and implement the learning from reviews**

*Culture transformation*

- 7 See agenda item 11 for updates on our People and Equality, Diversity and Inclusion Strategic Objectives, and Ambitious for Change research.
- 8 See agenda item 13 for an update on the NMC's values.
- 9 The first meeting of the internal Culture Transformation network took place on 3 June. The network will bring their own unique experiences and perspectives to the network to support culture transformation at the NMC.
- 10 As part of our commitment to address the issues raised within the Independent Culture Report, we continue to work towards a consistent hybrid working model. We heard from over 1,100 colleagues across the NMC as part of our hybrid working consultation and we will introduce a new model – minimum 40 percent office attendance – on 29 September 2025. We are working to ensure all our offices can support our new way of working and are fit for purpose.
- 11 In May we delivered several events to mark International Day of the Midwife and International Nurses Day 2025. As well as publicly celebrating the contributions of professionals on our register, these efforts also aimed to recognise registrants working at the NMC and aligning all colleagues around a shared sense of purpose.
- 12 We also held several events for Pride Month and Carers Week to celebrate colleagues, encourage broad and diverse conversation, and help build cultural awareness.
- 13 EDI training for all staff will begin over summer and will include a roll out of six new EDI learning modules including conscious inclusion and EDI for leadership.

*Professional Standards Authority Performance Review 2023-2024*

- 14 See agenda item 10 for an update on the Professional Standards Authority Performance Review 2023-2024.

*Public inquiries*

- 15 On 14 June, the Interim Chief Executive and Registrar met with families affected by the independent review into maternity services at Nottingham University Hospitals NHS Trust. We continue to meet regularly with Donna Ockenden's review team and with the police to ensure we are adequately sharing information and supporting the review's progress.
- 16 We submitted two witness statements to the Lampard Inquiry which is investigating the deaths of people in mental health inpatient settings in Essex, England. Our

statements were included in the inquiry's April hearings. We will continue to work closely with the inquiry team on any further requests they may have.

## **2: Strengthen leadership at the organisation to drive through change**

### *Senior leadership recruitment*

17 We have appointed a new Executive Director of People and Culture, Ravi Chand CBE, and Executive Director of Strategy and Insight, Emma Westcott – each appointment followed a competitive process. Ravi will join us on 7 July, while Emma assumed her role effective immediately after serving as Acting Executive Director of Strategy and Insight since February.

18 We have also appointed Professor Donna O'Boyle as Acting Executive Director of Professional Practice.

19 We are recruiting for a permanent Chief Executive and Registrar, and two permanent Executive Directors: Communications and Engagement and Professional Practice.

### *Council member recruitment*

20 We are recruiting for two new members to join our Council from October 2025 – one registrant and one lay person. The successful candidates will replace Claire Johnston and Sue Whelan Tracy when their terms end on 30 September 2025.

## **3: Improve fitness to practise**

### *FtP improvement*

21 We are continuing to see improvement as we implement our FtP plan. We concluded an average of 69.8 percent of FtP cases within 15 months during May 2025. This is an increase from 68.7 percent in April 2025 and the average trend has been steadily improving over the year.

22 The volume of FtP decisions we make has also been increasing, meaning more people seeing their cases progress or conclude. In June 2024-May 2025, we made 10,800 decisions (an average of 900 per month in this 12-month period), compared to 9,550 decisions in the previous 12-month period (796 per month).

23 To help address ongoing challenges and enhance and accelerate our FtP improvements, we have been going through a process of analysing recommendations from PwC, considering what we want to take forward and how. Decisions are currently being made by our Executive Board and Council.

24 A more substantive update on our FtP work will be provided at the open Council meeting on 23 July.

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**4: Maintain our other core regulatory functions, including developing our standards to support nursing and midwifery professionals and protect the public**

*Developing and implementing our standards to support professionals in the four nations*

- 25 On 10 June, we published our new Principles for Advanced Practice which set out, for the first time, what is expected of registered nurses and midwives who are taking on complex, autonomous and expert roles commonly referred to as ‘advanced practice’. Our communications, including a short video and two webinars, were designed to encourage professionals and employers to use the principles to help deliver safer care.
- 26 Meanwhile, we have begun planning engagement with colleagues and stakeholders as part of our Code and revalidation reviews. We will soon advertise for an independent Chair to lead a stakeholder steering group. We will also begin asking our stakeholders what they would like to see in the new Code and what changes they would like to see us to make to the revalidation process. We have held early discussions about the reviews with our Public Voice Forum, Professional Strategic Advisory Group and Advanced Practice Steering Group.
- 27 On 19 May, colleagues in our Professional Practice team alongside Independent Steering Group Chair, Professor Alex McMahon, delivered a webinar about the NMC’s review into practice learning, The webinar highlighted themes and evidence collated through the review’s four nation stakeholder engagement to date, the review’s five key lines of enquiry and the importance of partnership working. Approximately 450 people attended.

*Midwifery update*

- 28 We are preparing to publish our Principles for Supporting Women’s Choices in Maternity Care. To support this work, midwifery experts in our Professional Practice team are collaborating with our communications colleagues to produce a video which highlights the role of the midwife, and how midwives work to support women’s choices during the pregnancy and postpartum journey.

*Annual registration data report March 2025*

- 29 On 18 June, we published our latest annual registration data report for the period 1 April 2024 to 31 March 2025. At the same time, we published our leavers’ survey, which looks at why people left the register.
- 30 Our register has reached a record high – 853,707 – but the rate of growth has decelerated, mainly due to a slowdown in international recruitment. The number of UK-educated professionals joining our register for the first time has continued to grow but at a slower rate and not by enough to offset the fall in international recruitment.

31 More than one in 10 people who leave the register continue to cite their physical and mental health as the main reason.

32 We conducted interviews with Sky News Radio, LBC, BBC Radio Scotland, and Radio News Hub. Other national outlets such as BBC, The Independent, Metro, and Daily Express also reported on our data. We also received coverage across the devolved nations and in the trade press.

#### *Improved approach to Education Quality Assurance*

33 We held two conferences to share our new vision for the delivery of NMC Education Quality Assurance (EdQA) and discuss how we can work with approved education institutions (AEIs) to build trust and regulate NMC approved programmes in a safe and supportive way. We visited Birmingham on 13 May and Edinburgh on 21 May. Approximately 150 people from across the UK attended the conferences and provided positive feedback. We hope to hold more events like this in the future.

### **5: Address our most significant challenges**

#### *Occupational English Testing*

34 One of the ways we protect the public is by maintaining the integrity of our register. When concerns were raised about potential fraud in relation to some Occupational English Testing (OET) at a test centre in Chandigarh, India, we launched an investigation. In total, this affected 68 registered nurses and 63 applicants.

35 In all cases, we concluded there was not sufficient evidence to prove individuals were involved in test fraud. We have now communicated this outcome to all those affected.

36 As we could not prove fraud, we will not be taking any further regulatory action if the individuals provide us with alternative English language evidence (as their original tests results were withdrawn by OET). They have until 1 August 2025 to provide this. So far, there are still approximately 30 nurses who need to provide alternative language evidence.

#### *Computer based testing*

37 We are progressing regulatory action in response to concerns about the Yunnik test centre in Nigeria. The Assistant Registrar has considered 241 complete applications for those with fraud concerns. 210 have been refused on the basis that they do not meet the character requirements for registrations. 11 applications have been approved.

38 We have concluded 23 registration appeals for applicants seeking to appeal an Assistant Registrar's decision. Six have been allowed and 17 have been dismissed.

39 Since the hearings started in March 2024, 30 registrants have had a fraudulent entry hearing outcome. Of those, 19 have been removed from the register after fraud was found proved by an independent panel, and 11 people have been allowed to remain on the register after the panel found fraudulent entry was not proved.

40 We have been working to hear an average of two cases per week. A further 34 hearings (both Incorrect/Fraudulent Entry and Registration Appeals) are scheduled to take place by mid-August 2025 and work is in progress to increase the pace of hearings. We are aiming to schedule the remaining 51 hearings by December 2025.

## Next Steps

The Council is invited to discuss the updates in the Executive report.

## Implications

The following were considered when preparing this paper:

Implication:	Yes/No/NA	Location if in paper:	Content if not in paper:
Public protection/impact for people.	Yes	1,7,15,16,21,22, 25,28,34,37	
The four country factors and considerations.	Not applicable		
Resource implications including information on the actual and expected costs involved.	Not applicable		
Risk implications associated with the work and the controls proposed/ in place.	Not applicable		
Legal considerations.	Not applicable		
Midwives and/or nursing associates.	Yes	28	

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Equality, diversity, and inclusion and Welsh Language impact.	Yes	7,12,13	
Stakeholder implications and any external stakeholders consulted.	Yes	Stakeholder engagement captured throughout the paper.	
Regulatory Reform.	Not Applicable		

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## Council

### Audit and Risk Committee’s Annual Report to Council 2024-2025

<b>Action requested:</b>	<p>Provides Audit and Risk Committee’s annual report to the Council 2024-2025</p> <p><b>For decision</b></p> <p>Recommendations at paragraph 54.</p>
<b>Key background and decision trail:</b>	<p>This is the Audit and Risk Committee’s annual report for the period under review, 2024-2025. The Committee met during the financial year under review. Year-end related meetings were held in June 2025 and those discussions are included in this report.</p> <p>The remit of the Audit and Risk Committee is to support the assurances on internal controls and systems that are provided to Council by the Executive by:</p> <ul style="list-style-type: none"> <li>- reviewing the comprehensiveness and reliability of assurances on governance,</li> <li>- Reviewing the adequacy of risk management, and the control environment and</li> <li>- Reviewing the integrity of system for the production of financial statements and the accompanying narrative in the annual report.</li> <li>- Review the annual report on fitness to practice, and make recommendations as to its adoption by Council.</li> </ul> <p>The four lines of defence model is a well-established concept for helping to identify and understand the different contributions various sources of assurance can provide. These are:</p> <ul style="list-style-type: none"> <li>• First line - Control frameworks and day-to-day controls: includes the overall risk management systems and control frameworks i.e. the way risks are managed and controlled day-to-day by those staff colleagues responsible for delivering specific objectives or processes</li> </ul>

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	<ul style="list-style-type: none"> <li>• Second line - Management review: the way the organisation oversees the control framework so that it operates effectively</li> <li>• Third line - Internal audit: objective assurances provided independent of staff and management able to report direct to Audit and Risk Committee or Council.</li> <li>• Fourth line – External Audit: assurance from external independent bodies such as the external auditors and other external assurance providers.</li> </ul>		
<b>Key questions:</b>	<ol style="list-style-type: none"> <li>1. Considering the key areas of focus and outputs from Audit and Risk Committee for 2024-2025, has the committee demonstrated how it has effectively discharged its responsibilities for the period under review?</li> <li>2. Is this an adequate reflection of the committee’s activity for the year in question?</li> </ol>		
<b>Annexes:</b>	None.		
<b>Further information:</b>	<p>If you require clarification about any point in the paper or would like further information, please contact the Secretary of the Audit and Risk Committee.</p> <table border="1" data-bbox="379 1223 1404 1366"> <tr> <td data-bbox="379 1223 858 1366">           Secretary: Peter Clapp            Phone: 020 7681 1289  <a href="mailto:peter.clapp@nmc-uk.org">peter.clapp@nmc-uk.org</a> </td> <td data-bbox="858 1223 1404 1366">           Audit and Risk Committee Chair:            Deborah Harris-Ugbomah FCA         </td> </tr> </table>	Secretary: Peter Clapp Phone: 020 7681 1289 <a href="mailto:peter.clapp@nmc-uk.org">peter.clapp@nmc-uk.org</a>	Audit and Risk Committee Chair: Deborah Harris-Ugbomah FCA
Secretary: Peter Clapp Phone: 020 7681 1289 <a href="mailto:peter.clapp@nmc-uk.org">peter.clapp@nmc-uk.org</a>	Audit and Risk Committee Chair: Deborah Harris-Ugbomah FCA		

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## Discussion

1 This report covers the period of 1 April 2024 to 31 March 2025 and reports on the activity and issues considered by the Audit and Risk Committee for that financial year. The Council is asked to accept this Annual Report from the Audit and Risk Committee for the year 2024-2025.

### Purpose of Audit and Risk Committee’s Annual Report

2 The Council is required to maintain a sound system of internal controls to safeguard the quality and impact of its services, assets, and investments. The existence of the Audit and Risk Committee, in conjunction with the other Council committees, provides an independent check on the organisation’s system of governance for operational, corporate, and financial risk management. It also provides assurances to Council on the internal controls of the organisation as one of the means used to assure itself as to the quality and effectiveness of arrangements in these areas.

3 This report to the Council draws on our activities for the 2024-2025 financial year. This report’s purpose is to:

- set out how the Audit and Risk Committee satisfied both its current Terms of Reference plus any additional mandatory statutory or regulatory obligations
- supply all declarations and recommendations to Council as required of the Audit and Risk Committee

### Introduction and overview

4 The Audit and Risk Committee is an independent source of review and reports on the NMC’s attainment of effective governance, internal control systems and financial management and reporting processes. The Committee focuses on the framework for effective and appropriate quality, mitigating financial management and financial reporting risks, the robustness of corporate and operational internal controls, and other related assurances that underpin the delivery of the corporate strategy.

5 The Audit and Risk Committee’s role is twofold:

- to offer an independent consideration of the NMC’s internal controls and systems (through an evaluation of the key lines of defence) and an independent consideration of in-year reporting in effect in the organisation, and
- to oversee the relevant risk and control environment in which the NMC operates including quality, systems, controls and, processes which may have an impact on the regulator’s ability to meet its objectives. This includes ensuring the effectiveness of internal, operational and external audit functions, the adequacy of risk management processes and the internal control environment. The Audit and Risk Committee also seeks to satisfy itself that the Council is sufficiently informed to enable it to adequately review strategic issues of importance, and evaluate the effectiveness with which critical business risks and opportunities are addressed.

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- 6 The Committee advises the Council as to the adequacy and effectiveness of the systems of internal controls, and its arrangements for governance processes. The Committee also offers recommendations for Council’s consideration prior to formal approval of the NMC’s Annual Accounts and Financial Statements, management’s Letter of Representation, and Annual Report narrative to the Financial Statements for the year.
  - 7 In carrying out its duties the Committee draws on, but is not limited to, the work of internal and external audit, the work of management and third-party suppliers for quality, counter-fraud and cybersecurity, and other performance reports from management.
  - 8 At the Council meeting in July 2024, Council received a commitment from the Chair of the Committee to upgrade the current format and function of the existing Committee: providing specific oversight and challenge of recommendation implementation (whether from internal audit, external audit or other external experts), greater oversight of how strategic corporate risks are being managed and specific assurances on the robustness of the NMC’s systems and internal controls. In line with this commitment, the Committee’s workplan has been reviewed and amended, introducing new items (such as an overview of key insights from the CER, implementing opportunity to hear the ‘staff voice’ briefing) and securing two Independent members who have been recruited to broaden the existing Committee’s skillset.
  - 9 We welcomed the in-year transfer of the ‘staff voice’ opportunity to the People and Culture Committee who are closely aligned with key assurances in the development of both NMC staff wellbeing and the culture transformation plan.

**Committee conclusion on governance, risk management and control**

- 10 Council should recognise that any assurance given is never absolute, and that assurance about the effectiveness of NMC’s internal controls remains a collective responsibility of Council. The highest level of assurance that can be provided is a reasonable assurance that there are no major weaknesses in risk management, control and governance processes (i.e. system of internal control) for all its corporate and services delivery.
- 11 The Committee has reflected on a range of issues including the Internal Audit annual opinion and report 2024-2025, the findings of the National Audit Office (NAO) and the views of the Interim Chief Executive and Registrar, in their capacity as Accounting Officer. A note on the committee’s reflections on the level of assurance over the year, and the response from the Interim CER has been provided on Board Intelligence for Council. The outcome of this is reflected in the Annual Governance Statement (AGS) of the statutory 2024 – 2025 Annual Report.
- 12 **The opinion of the Audit and Risk Committee is that the system of internal controls and processes for the year ended 31 March 2025 are adequate and effective and may be relied upon by the Council. Notwithstanding this**

**assessment, the Committee asks Council to seek its own assurances on the timely delivery of the recommendations in this report.**

13 The Council is also asked to receive and consider the recommendations at the end of this report.

**Information supporting the Committee’s 2024-2025 Opinion**

14 Below is a summary of the information, significant issues considered, and key sources of assurance the committee relied upon when formulating its conclusion for the year 2024-2025:

**Management Assurances**

15 In 2024-2025, the NMC has managed some significant organisational challenges whilst addressing a high level of executive director level churn. To support this work, the Committee received assurances from management for key areas of work during the year.

**Culture Transformation**

16 One area of focus for the Committee has been scrutinising the oversight and governance arrangements for the culture transformation plan. This oversight requires governance changes for both Council and Council committees. This was agreed and under the leadership of our new chair, will be folded into this plan over the 2025/26 year.

**Fitness to Practise**

17 It is the Committee’s view that the work undertaken by staff with external partner, PwC in the final quarter of the year was a critical step towards improving the performance in our FtP processes. The Committee commends the Executive for their work in bringing PwC on board, structuring the work for the areas of significant challenge and how staff responded positively to their findings.

18 An area of focus for the Committee is ensuring effective quality standards are consistently embedded across the NMC. To provide assurance on the quality framework in place for fitness to practise the Committee requested an advisory report from PwC as part of their turnaround activity. On reviewing this report, the Committee was concerned that there are gaps in quality standards at the NMC and that priority should be given to not only putting in place a quality framework and, but also completing assessment of how well the NMC is meeting those standards.

**Prioritisation**

19 Effective prioritisation is an area that the NMC can further strengthen. In particular, the NMC has a tendency to allow the scope of activities to creep, so that even when a decision has been made to de-prioritise an area, the scope widens again. The Committee has received updates on progress and sought assurance on key risks within the work, for instance around effective prioritisation. The Committee has also scrutinised plans for oversight which are being further developed to ensure that there

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are effective systems in place to oversee and scrutinise progress. The Executive is taking forward work to strengthen the approach of the portfolio board and develop mechanisms for assurance on prioritisation.

### **Log and Learn System**

20 Developing the NMC's approach to corporate learning and incident reporting has been an area of focus for a number of years. Whilst progress has been made, the implementation of the new incident reporting system, Log and Learn, has experienced successive delays: the new system was expected to launch in October 2024 but was only launched in June 2025. Both the Committee and the Executive recognise the importance of progressing this work and that the success of this work is rooted in delivering culture change. It will also be important to link this work to the development of the escalation policy so that Council and Committees are made aware of relevant incidents in a timely manner.

### **Internal controls and risk management**

#### **Annual review of risk management effectiveness**

21 The Committee considered the annual review of risk management effectiveness in June 2025. The 2024-2025 review concluded that we have substantial assurance across three of our directorates (People and Organisational Effectiveness, Resources and Technology Services, and Strategy and Insight), partial assurance across two directorates (Communications and Engagement, and Professional Practice) and reasonable assurance for one directorate (Professional Regulation). Results were similar to last year, with the exception of Professional Regulation, which has improved from partial to reasonable assurance this year. The areas of weakness for those that only attained 'partial' assurance were mostly for low eLearning completion rates. There was also a need for more detailed analysis on progressing EDI improvements and ensuring risk scores reflected the controls in place.

22 Overall, while the Committee is content with the assurance provided by the annual review of risk management and notes that it aligns with the Internal Audit opinion, it recognises the need to strengthen key areas, in particular:

- Developing the approach to assessing how effectively controls are operating, including ensuring, including looking at controls related to the delivery of the corporate plan.
- Strengthening the collective oversight by the Executive on risks, for instance through extended sessions on performance and risk. As well as, strengthening risk ownership within directorates. The Committee is pleased to note that this work is already planned.

#### **Comprehensive Assurance Reviews**

23 The Committee has an annual programme of Comprehensive Assurance Reviews which deep dive into key risks or issues. The 2024-2025 plan was based on analysing

the risk register and the internal audit programme to identify potential areas of focus. The Committee considered two reviews one on Technology and the other on working with employers. Going forward the Committee will reflect on how it can further strengthen the use of deep dives to enrich and inform assurances received.

### **Serious event reviews (SERs) and data breaches**

24 The Committee reviews SERs twice a year. This included a full year report (received for the prior year in June each year) with analysis of trends and figures for incidents reported for the last 18 months. The number of SERs for 2024-2025 was in line with those for the previous year.

25 As noted earlier in this report, supporting the organisation to strengthen its approach to corporate learning has been a key area of focus for the Committee. As part of implementing the new approach the Committee will receive new reporting to strengthen oversight.

### **Single tender actions (STAs)**

26 The Committee reviews the STA log every twice a year as an indicator of the health of the procurement function. The NMC's arbitrary target is to have no more than 12 STAs. Following work by the procurement team to strengthen our processes, in recent years the NMC has met this target, However, in 2024-2025, there were 24 STAs, double the target. This is partly due to the pressure the organisation is under but also points to a need to further strengthen our processes. The Executive have given assurances that they will progress this work and report back to the Committee.

27 More widely, the Committee has requested assurances on cost efficiencies and value for money, given the level of investment being made, the number of single tender actions and the growth in headcount in the last few years.

28 To reflect the new Procurement Act 2023, new metrics will be implemented for overseeing procurement, which the Committee will scrutinise for 2025-2026.

### **Anti-fraud, bribery and corruption**

29 The Committee receives an update on anti-fraud, bribery, and corruption at each meeting. During 2024-2025, there was two instances of fraud. One related to a bank mandate fraud and the other related to fraudulent use of accommodation and travel systems. In both cases the Committee was assured that the Executive had taken robust action. No other instances of fraud, bribery or corruption were detected during the year. Management is completing a review of the accommodation and travel system to ensure any further abuses are identified and effective deterrents are enforced by managers. The committee will review this work within the 2025-2026 year.

30 There were no reported incidents or offences in the NMC's supply chain under the Modern Slavery Act 2015.

31 The Committee reviewed the revised anti-fraud and bribery policy and the new International registration fraud policy. The Committee was assured by the policies, in

particular noting the thoughtful work undertaken by teams to ensure mitigations were in place to avoid bias and discrimination in this process.

### **Cyber security**

32 At its meeting on the 12 June 2024, the Committee sought assurances on the NMC's cyber security defences, with a focus on the third party cybersecurity assurances. As well as verbal assurances at the meeting, the Chief Information Officer also provided written responses which have been shared with the Council. During the year, the Committee considered further assurances on cyber attack incident scenario planning and received a Comprehensive Assurance Review on Technology at the NMC.

### **Whistleblowing**

33 The Committee reviewed an update on the whistleblowing log at each meeting and received assurances as to the overall progress from one of the Whistleblowing leads on Council. During 2024–2025, the Committee received updates on three sets of whistleblowing concerns, two that were raised in 2024–2025 and one that was raised in 2023–2024.

34 The first set of concerns related to aspects of our regulatory casework and our workplace culture. Nazir Afzal and Ijeoma Omambala were commissioned to investigate these concerns. The findings from Nazir Afzal and Rise Associate's Independent Culture Review are being addressed through the Culture Transformation Plan. The findings from Ijeoma Omambala's work are expected later in the summer.

35 The second set of concerns were about a number of areas within the NMC, including safeguarding and the role of registrants within the NMC, as well as raising concerns about our workplace culture, in particular, some aspects of leadership. These concerns were investigated and recommendations made to improve our approach. The implementation of recommendations is being reported to Council.

36 The third set of concerns related to the standard of case preparation. The investigation found that there were assurance mechanisms in place that ensure the quality of the service, and while there were areas for improvement, there were plans in place to take action.

37 Whistleblowing policy review: The Committee notes the importance of progressing this work and embedding a revised policy effectively. The Committee was due to review an updated policy in February 2025, however, as this is being folded into a more comprehensive staff policy, this action has been understandably delayed. The revised policy will be agreed by the end of July 2025. This work will draw together learning from various sources to strengthen our approach and align it with the Culture Transformation Plan and the findings of the Independent Culture Review.

38 In November 2024, the Governance team – which leads on whistleblowing – was moved into the newly formed Office of the Chair and Chief Executive. The Committee notes the appropriateness of this transfer from the People and Organisational

Effectiveness Directorate as this now places whistleblowing directly under the scrutiny of the Chair and CER.

### Internal audit

39 The programme for 2024–2025 consisted of six internal audits. During the year it was agreed that an internal audit on Strategy – Customer Satisfaction and Experience would be replaced with an internal audit on Data Quality

Internal Audit Assignment	Opinion	Recommendations		
		High	Med	Low
Financial controls, including registration fees	Substantial Assurance	0	0	1
New panel members – recruitment and EDI arrangements	Reasonable Assurance	1	4	1
Business Continuity Plans	Reasonable Assurance	0	3	2
Contract management and outsourced arrangements and assurance mechanisms	Reasonable Assurance	0	6	2
People and Culture - Recruitment	Reasonable Assurance	1	4	1
Data quality	Partial Assurance	2	5	1
<b>Total number of recommendations</b>		<b>4</b>	<b>22</b>	<b>8</b>

40 As noted in the table, one audit received an assessment of partial assurance, the data quality audit. The purpose of the review was to consider the policies and procedures in place around data quality and whether these provide a standardised approach to the entry of data. The review considered a selection of four data sets and found that while the overall caseload KPI is guided by a methodology and guidance, there were other areas that needed strengthening, for example the NMC does not have an established suite of policies, procedures and operational guidance which detail the required processes to source, validate and report on data. The review also

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found scope for improving the current data governance process by establishing a data quality framework and resuming meetings of the appropriate oversight group. The Executive is taking forward work to strengthen the approach.

41 The Committee noted that all recommendations had been accepted by management. Nine actions from prior year reports were overdue and not implemented. The majority of these (seven) relate to the Serious Event Review audit and were delayed due to the delays in the implementation of the new Log and Learn system. Ensuring the implementation of the system is an area of focus for the Executive. All other recommendations from audits, where action has fallen due in the period, have been implemented or were superseded

42 The Committee accepted the 2024-2025 Head of Internal Audit's annual internal audit opinion which stated that: *"The organisation has an adequate and effective framework for risk management, governance and internal control. However, our work has identified further enhancements to the framework of risk management, governance and internal control to ensure that it remains adequate and effective."*

43 The Committee is content with the Internal Audit annual opinion and report for 2024-2025, noting that its assessment is based on:

- the areas considered by the audit programme
- The internal auditor opinion that further enhancements to the internal control framework need to be done to ensure that it remains adequate and effective.

44 The Committee reviews the effectiveness of internal audit services on an annual basis and the 2024-2025 annual review was considered on 19 June 2025. The Committee and the Executive agree that internal audit is being used effectively to respond to issues as they emerge during the year. The Committee is also pleased that the areas that were identified for improvement in the previous review – around planning and process - had received improved feedback this year.

45 The Committee has approved the Internal Audit work programme for 2025–2026. It will continue to review the work programme and will amend the plan should new priorities emerge.

### **External Audit**

46 The Committee approved the external audit arrangements proposed by the National Audit Office (NAO) for the external audit and certification of the NMC's annual accounts for the year ending March 2025.

47 At its meeting in June 2025, the Committee reviewed the external auditors and NAO findings reports and considered the letter of representation for 2024-2025. The Committee noted the representations provided to the Council Chair and the Chief Executive and Registrar as Accounting Officer recommends these to Council for review, and recommends the signing of the Letter of Representation by the Chief Executive and Registrar as Accounting Officer.

### Integrity of financial statements and Annual Report and Accounts 2024-2025

48 The Committee carried out its annual review of accounting policies and agreed no changes were necessary for 2024-2025. The Committee scrutinised the narrative to the draft Annual Report and Accounts 2024–2025, including the Annual Governance Statement, in April and again in June 2025. The Committee agreed to recommend that the Council reviews the financial statements, note any comments from the committee as to the narrative in the Annual Report (as included in the information provided to Council) and approves the 2024-2025 Annual Report and Accounts.

### Fitness to Practise annual report 2024-2025

49 The Committee scrutinised the draft Annual Fitness to Practise Report 2024–2025 in June 2025. The Committee agreed to recommend that the Council approves the 2024-2025 Annual Fitness to Practice Report.

### Committee membership and attendance and evaluation

Attendance by committee members is summarised below:

Committee Membership	2024 – 2025 Related Meetings							Total Attendance	
	24 Apr	12 Jun	24 Jun	7 Oct	4 Nov	9 Dec	26 Feb	No.	%
Derek Pretty*	P	N/A	N/A	N/A	N/A	N/A	NA	1/1	100
Deborah Harris-Ugbomah**	O	P	P	P	P	P	P	6/6	100
Eileen McEaney	P	P	P	P	A	P	P	6/7	86
Clare Minchington	N/A	N/A	N/A	N/A	O	O	O	N/A	N/A
Joyce Sarpong	NA	NA	NA	P	P	P	P	4/4	100
Sue Whelan Tracey	A	P	A	P	P	P	P	5/7	71
<b>TOTALS</b>	<b>67%</b>	<b>100%</b>	<b>67%</b>	<b>100%</b>	<b>75%</b>	<b>100%</b>	<b>100%</b>		

Key: P = Present, A = Apology received, X – Absent, O - Observed as designate, NA- non applicable

\* Derek Pretty's term of office on Council came to an end on 30 April 2024.

\*\* Following appointment to Council as a lay member, Deborah Harris became Chair of Audit and Risk Committee (formerly Audit Committee) on 1 May 2024.

50 The Committee has welcomed the continued regular attendance of the Interim and Acting Chief Executive and Registrar, as Accounting Officer, along with the Executive Director of Resources and Technology and Executive Director of People and Culture. Other senior executives attend when presenting papers and when internal audit reports for their areas are being considered.

51 The Committee has also welcomed the consistent attendance of the Internal Auditors (RSM) and the National Audit Office (NAO) at its meetings. In keeping with good practice, the Committee has held meetings with each at appropriate junctures during the year without management being present.

52 The Committee undertakes an annual effectiveness review; key learnings will be reported to Council.

53 Given the information in this report, the Committee believes it has complied with its terms of reference including the amendments agreed during the year and confirms it has evidenced how it discharged its responsibilities for period under review, the year ended 31 March 2025.

#### **Committee recommendations**

54 The Committee submits the following recommendations for Council consideration:

- Complete the agreed development of the formal oversight processes to support the culture transformation plan
- Establish appropriate quality standards across all of the NMC's work
- Embed and assess existing quality frameworks where these exist,
- strengthen the current risk management processes and strengthen data controls and data governance
- Ensuring systems in place to demonstrate effective prioritisation
- Complete and agree the planned revisions to the current whistleblowing policy and newly introduced escalation policy and embed their use in short order
- Reflect on risk appetite in light of recent reports relating to historic performance
- Ensure appropriate grip and pace on both cost efficiencies and value for money (VfM), given the level of financial investment being made, the number of single tender actions reported and the level of growth in headcount in the last few years.
- Effectively implement the new Log and Learn process, underpinned by a change management plan that embeds the new approach and creates a culture of open learning.

In regards to the NMC's statutory reports, the Committee recommends:

- 54..1. the Council to agree that the Letters of Representation from the NAO should be signed by the Chair and the Chief Executive and Registrar.
  - 54..2. the Council to note that, subject to any findings between year end and the date of signing, the auditors, have no expectation of requiring additional non-standard representations
  - 54..3. the Council to review and approve the 2024 – 2025 Annual Report and Accounts.
  - 54..4. the Council to review and approve the 2024 – 2025 Annual Fitness to Practice Report.
- 55 The Committee has provided written reports to Council throughout the year and noted where recommendations have been taken forward.
- 56 Finally, the committee notes with appreciation the hard work and continued focus of all senior management and staff who work to maintain our systems of internal controls.

## Implications

The following were considered when preparing this paper:

Implication:		Location if in paper:	Content if not in paper:
Public protection/impact for people.	Not Applicable		
Safeguarding considerations	Not Applicable		
The four country factors and considerations.	Not Applicable		
Resource implications including information on the actual and expected costs involved.	Not Applicable		
Risk implications associated with the work and the controls proposed/ in place.	Not Applicable		The role of the Committee is to give assurance to Council that the NMC has effective governance, risk management and internal controls in place.

Legal considerations.	Yes		Statutory compliance for completion of external audit and representations
Midwives and/or nursing associates.	Not Applicable		
Equality, diversity, and inclusion and Welsh Language impact.	Yes		Ensuring EDI is appropriately taken into account in the Committee's work remains a key focus.
Psychological Safety	Yes		Ensuring the committee provides channels for challenge and any concerns about the Committee's work
Stakeholder implications and any external stakeholders consulted.	Not Applicable		
Regulatory Reform.	Not Applicable		

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## Council

### Draft NMC Annual Report and Accounts 2024-2025

<b>Action requested:</b>	<p>Presents the draft NMC Annual Report and Accounts for the year ended 31 March 2025 for approval, along with the letter of representation to the National Audit Office (NAO).</p> <p>For decision</p> <p><b>Council is recommended to:</b></p> <ul style="list-style-type: none"><li>• <b>confirm that in its view the NMC is a going concern</b></li><li>• <b>authorise the Chair and Chief Executive and Registrar to sign the letter of representation to the external auditors on behalf of the Council members as Trustees (Annexe 3)</b></li><li>• <b>authorise the Chair and Chief Executive and Registrar to sign the letter of representation to the NAO (Annexe 3).</b></li><li>• <b>approve the Annual Report and Accounts for submission to Parliament.</b></li></ul>
<b>Key background and decision trail:</b>	<p>The Nursing and Midwifery Order 2001 (“the Order”) requires us to produce an annual report and accounts in the form determined by the Privy Council, and a strategic plan, to be laid in Parliament by the Privy Council. The annual report also serves as the trustees’ report to the Charity Commission for England and Wales and the Office of the Scottish Charity Regulator and must comply with Charity Commission requirements.</p> <p>Under the Privy Council’s Accounts Determination, the accounts must be prepared in compliance with the Charities Statement of Recommended Practice (SORP), and with the <i>Government Financial Reporting Manual</i> issued by HM Treasury (“FReM”) to the extent that those requirements clarify, or build on, the requirements of the Charities SORP. Both of these are, in turn, based on Financial Reporting Standard 102 (FRS102) issued by the Financial Reporting Council.</p> <p><b>Responsibilities</b></p> <p>The Executive is responsible for preparing the Annual Report and Accounts in accordance with our statutory obligations. People and Culture Committee is responsible for reviewing the Remuneration Report. The Audit and Risk Committee is responsible for reviewing the annual report and accounts before they are submitted to the</p>

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	<p>Council for approval. The Council is responsible for approving the Annual Report and Accounts for submission to the Privy Council for laying in Parliament.</p> <p><b>Decision trail</b></p> <p>Executive Board reviewed drafts of the Performance Review, Annual Governance Statement and Financial Review on 8 April 2025 (EB/25/120) and reviewed an updated draft on 27 May 2025 (EB/25/207) and recommends it for approval by Audit and Risk Committee.</p> <p>People and Culture Committee reviewed the draft Remuneration Report on 28 April 2025 (PCC/25/28c)</p> <p>Audit and Risk Committee reviewed the draft Annual Report, the audit completion report and letters of representation on 19 June 2025 (ARC/25/52). The Committee recommends:</p> <ul style="list-style-type: none"> <li>• the Council to agree that the Letters of Representation from the NAO should be signed by the Chair and the Chief Executive and Registrar</li> <li>• the Council to review and approve the 2024 – 2025 Annual Report and Accounts</li> </ul>
<p><b>Key questions:</b></p>	<ol style="list-style-type: none"> <li>1. Does the report provide readers with the right information to understand the organisation, our purpose, the key risks to the achievement of our objectives and our operating and financial performance during the year?</li> <li>2. Are the draft accounts consistent with member’s knowledge and expectations of our finances from their review of our management accounts and budgets?</li> </ol>
<p><b>Annexes:</b></p>	<p>The following annexes are attached to this paper:</p> <ul style="list-style-type: none"> <li>• Annexe 1*: Annual Report and Accounts 2024-2025</li> <li>• Annexe 2: Review of Going Concern</li> <li>• Annexe 3: Letter of representation to the NAO</li> </ul> <p><b>*Please note that Annexe 1 is not included in the public Council papers. This is so that we comply with strict rules not to publish the content of the report before it is submitted to Parliament.</b></p>

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<b>Further information:</b>	If you require clarification about any point in the paper or would like further information, please contact the author or the director named below.	
	Author: Peter Clapp <a href="mailto:peter.clapp@nmc-uk.org">peter.clapp@nmc-uk.org</a>  Tony Phillips <a href="mailto:tony.phillips@nmc-uk.org">tony.phillips@nmc-uk.org</a>	Chief of Staff: Ben Wesson <a href="mailto:Ben.wesson@nmc-uk.org">Ben.wesson@nmc-uk.org</a>  Executive Director: Helen Herniman <a href="mailto:helen.herniman@nmc-uk.org">helen.herniman@nmc-uk.org</a>

## Discussion

- 1 The draft Annual Report and Accounts 2024–2025 are at Annexe 1.

### Annual Report

#### Foreword, Our role and Performance review sections

- 2 The performance review needs to focus on impact and describe how we have made a difference for the professionals on our register, the public and other stakeholders. It should provide readers of the report with the right information to understand the organisation, our purpose, the key risks to the achievement of our objectives and our operating and financial performance during the year. Infographics will be used in the final designed version, similar to last year.

#### Our strategy and Strategic Plan 2025-2026

- 3 The strategic plan section is a summary of our corporate plan for 2025-2026 which was approved by Council in March 2025. The NMC is required by the Order to publish and lay before Parliament a strategic plan.

#### Financial review

- 4 The financial review section includes a high level summary of the accounts, including key variances compared to 2023-2024 and to budget and a summary of the reserves and investment policies.

#### Remuneration Report

- 5 The report covers Council member remuneration and expenses; Executive ('Senior Key Personnel') reward and expenses; employee reward; and gender, disability and ethnicity pay gap information. Individual disclosures have been shared with Executive and previous Executive members.

## Annual Governance Statement

- 6 This section should provide the reader with a clear understanding of the dynamics and control structure of the organisation and an assessment of the principal risks to corporate objectives. It must include key disclosures relating to governance, risk, and control, such as information security lapses. To ensure it meets requirements it has been drafted in line with NAO guidance.

## Accounts

- 7 Particular aspects of the accounts to note are:

7.1 The worse position relative to budget shown by our £21.8 million net deficit position. This is addressed in our financial review.

7.2 The £3.1 million provision relates to an employment tribunal case brought by one of our legal assessors (note 17). In prior years this provision represented our best estimate of the potential wider costs of an employment tribunal case brought by one of our panel members. In April 2025, the final rulings in that case crystallised our liability to our panel members and, as a result, £1.7 million of the provision at 31 March 2024 has been paid to panel members and the remaining £1.4 million has been transferred to accruals, pending payment in this financial year. The provision at 31 March 2025 represents our best estimate of the potential wider costs of an employment tribunal case brought by one of our legal assessors. The provision, as well as being of significant size, reflects some key assumptions, for instance with regard to the basis of calculation of holiday pay and the numbers of past years we need to provide for. We have taken internal and external legal advice on these issues and believe we have made appropriate judgements based on these.

7.3 The unquantified contingent liability (note 24) results from the High Court judgement that amendments made to Virgin Media's pension scheme were invalid because the scheme's actuary did not provide the associated 'Section 37 certificate' now deemed necessary. The High Court's decision has wide ranging implications, affecting other schemes, including the NMC's defined benefit pension scheme (which no longer has any members accruing future benefits), that made amendments between April 1997 and April 2016. A decision on whether to undertake detailed investigation into any potential impact for the Scheme lies with the independent trustees and has not yet been taken. We are, therefore, recognising an unquantified contingent liability as at 31 March 2025.

- 1.1 The unrealised gain of £2.6 million on our long and short term investments shown on our statement of financial activities (SoFA), along with the total value of these investments of £41.6 million shown on our balance sheet. These are discussed as part of the financial review.

7.4 The defined benefit pension scheme valuation for the purposes of these accounts being in surplus at end of the financial year as was the case last year. The valuation itself contains a significant number of actuarial assumptions (for instance around life expectancy) which we have reviewed by our independent actuaries and which are reviewed by our auditors. In line with our legal advice we are also of the view that the possibility of recovery of the calculated surplus is remote. In line with FRS102 this means, as last year, we have applied an 'asset ceiling adjustment' to bring the net position on the pension scheme to neither a deficit nor a surplus. In the financial review, we also mention that the most recent triennial review also shows the scheme to be in surplus. The financial review also seeks to provide reassurance to deferred members – for instance that the future management of the surplus remains with the pension trustees who are independent of the NMC.

7.5 Employee information at note 9. This shows a 13 percent increase in staff costs, a 9 percent increase in the average numbers of colleagues and a 26 percent increase in higher paid colleagues earning more than £60,000. These increases reflect further recruitment, including the appointment of more senior staff in some areas, and annual pay rises.

7.6 Our spend on consultancy (note 8) reveals an increase from £0.9m in 2023-24 to £3.5m in 2024-25. This has been driven by our spend on external support to improve our fitness to practise operations.

### Going concern

8 A key dimension of our auditor's opinions on our annual accounts is based on an assessment by us as to whether we are a 'going concern'. Broadly this is an assessment, owned by the Executive and Council, that we have the financial resources aligned with plans sufficient to enable us to continue to operate for at least the next 12 months at the date (in July) that the accounts and audit opinions are formally signed.

9 Our review at **annexe 2** concludes that the NMC is a going concern. In summary, this is on the basis that, even if we assume continued spend and income in 2026-27 in line with 2025-26, we will still have reserves of around £20 million at 31 March 2027. This would mean we are still viable at least 12 months after the accounts are signed although below the lower end of our approved year end reserves of cash and other liquid investments of £30 million. In practise, this position should improve since, given the relatively tight financial position implied during 2026-27, and in line with what we said in our paper to Council in March 2025 (NMC/25/22) we are currently considering options to improve that position through cost reduction supported by improved efficiency as well as actively considering the need for a fee rise following due consultation.

**10 Recommendation: The Council is recommended to confirm that in its view the NMC is a going concern.**

## Letters of representation

11 At its meeting on 19 June 2025, the Audit and Risk Committee considered the NAO Completion Report 2024–2025 (ARC/25/51) including the draft letter of representation to the NAO (**Annexe 3**). The Committee was content to recommend to the Council that it authorise the Chair and Chief Executive and Registrar to sign the draft letters of representation. A verbal update will be given at the meeting if there are any changes to the draft letter of representation.

**11.1 Recommendation: Subject to any updates at the meeting, the Council is recommended to authorise the Chair and Chief Executive to sign the letter of representation to the NAO (Annexe 3).**

**11.2 Recommendation: Subject to any comments, the Council is invited to approve the Annual Report and Accounts for submission to Parliament.**

## Next Steps

12 Subject to the Council's approval and the post balance sheet review, the Annual Report and Accounts will be signed, electronically, by the Chair of Council and by the Chief Executive and Registrar, as Accounting Officer.

13 Having been signed by the NMC and auditors, the report can then be laid in Parliament, along with the Annual Fitness to Practise Report. We are due to lay the reports ahead of the parliamentary summer recess.

14 The Annual Report and Accounts will also be submitted to the Charity Commission for England and Wales and the Office of the Scottish Charity Regulator in advance of their respective deadlines of 31 January 2026 and 31 December 2025.

## Communications

15 Once laid before Parliament, the Annual Report and Accounts will be published on the NMC website, along with the Annual Fitness to Practise Report. The Reports will also be published in Welsh. We are also producing an *Easy Read* version.

16 After submission to Parliament, the Reports will be sent out electronically to each of the devolved administrations, our stakeholders and partners across the four countries, to those we work with and internally to colleagues.

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## Implications

The following were considered when preparing this paper:

Implication:		Location if in paper:	Content if not in paper:
Public protection/impact for people.	Yes	Para. 2	Our Annual Report and Accounts set out how we fulfil our regulatory role to protect the public.
Safeguarding considerations	Yes		The Annual Report includes a section on safeguarding.
The four country factors and considerations.	Yes		The Annual Report must reflect work across the four nations.
Resource implications including information on the actual and expected costs involved.	Yes		Resources to deliver the Annual Report and Accounts are already included in relevant budgets.
Risk implications associated with the work and the controls proposed/ in place.	Yes		Failure to comply with our statutory reporting requirements could compromise trust and confidence in the NMC.
Legal considerations.	Yes		The Annual Report and Accounts have been prepared in accordance with the NMC's legal obligations.
Midwives and/or nursing associates.	Yes		Our Annual Report and Accounts reflect our work on midwifery and nursing associates.
Equality, diversity, and inclusion.	Yes		As required by the Order, our Annual Report must describe the arrangements we have put in place for complying with our obligations and adhering to good practice in relation to equality and diversity. We have sought to strengthen EDI content by more effectively embedding it throughout the report.

			As usual, the report will be published in both English and Welsh.
Stakeholder implications and any external stakeholders consulted.	Yes		Once the Council has approved the Annual Report and Accounts and following submission to and publication by Parliament, it will be distributed (electronically) to key stakeholders as well as being placed on the NMC website.
Regulatory Reform.	Yes		We know that regulatory reform will require us to produce reports for each of the devolved nations. The governance team is taking forward with colleagues how we can develop our approach to meet additional reporting and data requirements.

## Annexe 2: Review of going concern

### Issue

1. As part of its review of the annual report and accounts each year, the Executive Board, Audit and Risk Committee and then Council need to consider whether the NMC is a 'going concern'. The standard letters of representation to our auditors, the National Audit Office (NAO), normally include Council's confirmation that the NMC is a going concern. Going concern is also addressed within the accounts themselves as part of Note 1.

### Context

2. This note and the attached schedules represent the information that our Executive Board, Audit and Risk Committee and Council need to consider in providing the view as to whether the NMC is a going concern.
3. Going concern is always a consideration for auditors since the financial statements of any organisation are normally prepared on the basis that it will continue to operate for the foreseeable future – so is a 'going concern'. The 'foreseeable future' in this context can be taken to be a period of at least 12 months from the end of the reporting period and typically at least a year after the accounts are signed.
4. The focus on going concern by auditors for all organisations has increased in recent years. Although inflation is now lower and more stable than in the recent past there continues to be concern about economic and financial stability being driven by factors such as the continuing war in Ukraine, the potential for widened conflict in the Middle East, uncertain international trading conditions and UK economic performance. There is also focus since we had a significant budget deficit in 2024-25, and have budgeted for a £24 million deficit in 2025-26.

### Discussion

5. The Executive Board and the Audit and Risk Committee view is that our position as regards going concern is a strong one. The evidence to support this is set out below.

### Budget

6. Our income, nearly all derived from registrant fees, is very reliable certainly in the short term with registrant numbers continuing to increase. We had some 853,707 professionals on our permanent register at 31 March 2025, over three percent more than a year ago.
7. In March 2025, Council approved a £24 million deficit budget for 2025-2026, capital spend of £6 million and so an associated decrease in reserves of £30 million. We are currently developing plans for 2026-2027, so are still developing

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an indicative budget for that year. However, if we assume continued spend and income in 2026-2027 as being in line with that budgeted for 2025-2026, and project forward from our May 2025 cash and investment reserves of £74.9 million, we will still have reserves of around £50 million at 31 March 2026 and £20 million at 31 March 2027. This would mean we are still viable during 2026-2027 but would be below the lower level of our approved year end reserves range £30 million.

8. Our management accounts for the first two month, to 31 May 2025, at **schedule 1**, show that since 31 March 2025 financial performance has been slightly, £1.4 million, worse than budget. However, we are able slow spend over the remainder of the year and are confident that we will be in line with budget at year end.
9. We also maintain strong systems of financial management with monthly reports to the Executive Board and quarterly financial reports to Council. One aspect of this will be to assess the impact, and our response to it, of the external environment, including the issues outlines at paragraph 4. It also means that, should we need to put a short term brake on spend to preserve cash, we could although it would have impacts on our performance.

### **Regulatory Reform**

10. On the issue of regulatory reform on which the DHSC has completed consultation exercises in 2021 and 2023 and passed legislation in the form of the Anaesthesia Associates and Physician Associates Order 2024, there is a clear presumption that the regulatory activities that we undertake will continue.

### **Attached:**

#### **Schedule 1: Draft management accounts at 30 May 2025**

## Nursing and Midwifery Council Financial Monitoring Report

£'m	May 2025 Year-to-Date				Full Year
Income	Actual	Budget	Var.	Var. (%)	Budget
Registration fees	17.0	17.0	-	-	103.5
Other	0.8	0.8	-	-	5.0
<b>Total Income</b>	<b>17.8</b>	<b>17.8</b>	<b>-</b>	<b>-</b>	<b>108.5</b>
<b>Expenditure</b>					
<u>Core Business</u>					
Professional Regulation	12.0	11.2	(0.8)	(7%)	68.5
Resources & Technology Services	4.2	4.2	-	-	26.4
People & Culture	0.9	0.8	(0.1)	(12%)	5.0
Office of the Chair and Chief Executive	0.9	0.9	-	-	5.8
Professional Practice	1.4	1.3	(0.1)	(6%)	8.3
Strategy & Insight	0.6	0.6	-	-	4.7
Communications & Engagement	0.5	0.6	0.1	17%	3.8
<b>Directorate - Core Business</b>	<b>20.5</b>	<b>19.6</b>	<b>(0.9)</b>	<b>(5%)</b>	<b>122.5</b>
<u>Corporate</u>					
Depreciation	0.6	0.6	-	-	3.7
PSA Fee	0.4	0.4	-	-	2.4
Apprenticeship Levy*	0.1	0.1	-	-	0.3
Contingency	-	0.3	0.3	100%	1.5
Specialist External Support	0.5	-	(0.5)	100%	-
Panellist and other hol pay provision	-	-	-	-	0.7
<b>Total Corporate</b>	<b>1.6</b>	<b>1.4</b>	<b>(0.2)</b>	<b>(11%)</b>	<b>8.6</b>
<b>Total Core Business</b>	<b>22.1</b>	<b>21.0</b>	<b>(1.1)</b>	<b>(5.2%)</b>	<b>131.1</b>
<b>Surplus/(Deficit) excluding Programmes</b>	<b>(4.3)</b>	<b>(3.2)</b>	<b>(1.1)</b>	<b>(34%)</b>	<b>(22.6)</b>
<b>Programmes &amp; Projects</b>					
Modernisation of Technology Services* *	1.2	1.1	(0.1)	(6%)	5.9
Technology Improvements	-	-	-	-	0.6
Modern Workplace for Me	-	-	-	-	0.0
Functional master & data project	-	-	-	-	0.3
People & Culture Investigation	0.1	-	(0.1)	(100%)	0.0
D&A FtP caseload improvement	-	-	-	-	0.1
Legislative Change	0.1	0.1	-	-	0.94
<b>Total Programmes/Projects</b>	<b>1.4</b>	<b>1.2</b>	<b>(0.2)</b>	<b>(17%)</b>	<b>7.9</b>
<b>Total Expenditure including capex</b>	<b>23.5</b>	<b>22.2</b>	<b>(1.3)</b>	<b>(6%)</b>	<b>139.0</b>
<b>Capital Expenditure</b>	1.2	1.2	-	-	6.4
<b>Total expenditure excluding capex</b>	<b>22.3</b>	<b>21.0</b>	<b>(1.3)</b>	<b>(6%)</b>	<b>132.6</b>
<b>Net income</b>	<b>(4.5)</b>	<b>(3.2)</b>	<b>(1.3)</b>	<b>(40%)</b>	<b>(24.1)</b>
Unrealised Gains/(Losses)	-	-	-	-	
<b>Net Surplus/(Deficit) excluding capex</b>	<b>(4.5)</b>	<b>(3.2)</b>	<b>(1.3)</b>	<b>(40%)</b>	<b>(24.1)</b>
<b>Investment (Cash and Investments)</b>	<b>83.3</b>	<b>74.9</b>	<b>(8.4)</b>	<b>(10%)</b>	

\*Apprenticeship Levy is a tax paid to HMRC

NB Figures are subject to rounding

\*\*Including Paypoint workstream

Balance Sheet (£'m)	Mar-25	May-25	Change	Change %
<b>Fixed Assets</b>				
Tangible and Intangible Fixed Assets	40.4	40.9	0.5	1%
Investments	41.6	41.7	0.1	0%
<b>Total Fixed Assets</b>	<b>82.0</b>	<b>82.6</b>	<b>0.6</b>	<b>1%</b>
<b>Current Assets</b>				
Debtors	4.7	4.1	(0.6)	(13%)
Fixed notice bank deposits	29.6	20.8	(8.8)	(30%)
Cash	12.1	12.4	0.3	2%
<b>Total Current Assets</b>	<b>46.4</b>	<b>37.3</b>	<b>(9.1)</b>	<b>(20%)</b>
<b>Total Assets</b>	<b>128.5</b>	<b>119.9</b>	<b>(8.6)</b>	<b>(7%)</b>
<b>Liabilities</b>				
Creditors	(64.9)	(60.8)	4.1	6%
Provisions	(3.9)	(3.9)	-	-
<b>Total Liabilities</b>	<b>(68.8)</b>	<b>(64.7)</b>	<b>4.1</b>	<b>6%</b>
<b>Net Assets</b>	<b>59.7</b>	<b>55.2</b>	<b>(4.5)</b>	<b>(8%)</b>
<b>Total Reserves</b>	<b>59.7</b>	<b>55.2</b>	<b>(4.5)</b>	<b>(8%)</b>
<b>Free Reserves</b>	<b>19.2</b>	<b>14.3</b>	<b>(4.9)</b>	<b>(25%)</b>
<b>New Reserves measure - total cash/investment</b>	<b>83.3</b>	<b>74.9</b>	<b>(8.4)</b>	<b>(10%)</b>

Statement of Cash Flows (£'m)	May-24	May-25
<b>Cashflow from operating activities</b>		
Surplus/(Deficit) (YTD)	(1.7)	(4.5)
Adjustment for Depreciation (Non-cash)	0.7	0.6
(Gains)/Losses on Investments	0.3	-
Investment/Dividend income	(0.1)	(0.1)
(Increase)/Decrease in current assets	1.1	0.6
Increase/(Decrease) in liabilities	(5.4)	(4.1)
<b>Net Cash inflow/(outflow) from operating activities</b>	<b>(5.1)</b>	<b>(7.3)</b>
<b>Cashflow from investing activities</b>		
Capital Expenditure (YTD)	(1.5)	(1.2)
<b>Net Cash inflow/(outflow) from investing activities</b>	<b>(1.5)</b>	<b>(1.2)</b>
<b>Cashflow from financing activities</b>		
Short term deposit investments	-	-
<b>Net Cash inflow/(outflow) from financing activities</b>	<b>-</b>	<b>-</b>
<b>Cumulative net increase/(decrease) in cash and cash equivalent at month end</b>	<b>(6.6)</b>	<b>(8.5)</b>
Cash & Cash Equivalent at the beginning of the year	62.7	41.7
<b>Cash &amp; Cash Equivalent at the end of the month</b>	<b>56.2</b>	<b>33.2</b>

NB Figures are subject to rounding

The Comptroller and Auditor General  
National Audit Office  
157-197 Buckingham Palace Road  
Victoria  
LONDON  
SW1W 9SP

## LETTER OF REPRESENTATION: NURSING AND MIDWIFERY COUNCIL 2024-25

Dear C&AG

We acknowledge as Chief Executive and Registrar and as Chair of the Council, on behalf of the Council our responsibility for preparing accounts that give a true and fair view of the affairs as at 31 March 2025 and their incoming resources and application of resources and cash flows of the Nursing and Midwifery Council for the year ended 2024-25.

In preparing the accounts, We were required to:

- observe the accounts direction issued by the Privy Council, including the relevant accounting and disclosure requirements and apply appropriate accounting policies on a consistent basis;
- make judgements and estimates on a reasonable basis;
- state whether applicable accounting standards have been followed and disclosed and explain any material departures in the accounts; and
- make an assessment that the Nursing and Midwifery Council is a going concern and will continue to be in operation throughout the next year; and ensure that this has been appropriately disclosed in the financial statements.

We confirm that for the financial year ended 31st March 2025:

- My did not staff authorise a course of action, the financial impact of which is that transactions infringe the requirements of regularity as set out the Nursing and Midwifery Order 2001 and Privy Council directions thereunder;
- having considered and enquired as to the Nursing and Midwifery Council compliance with law and regulations, we have disclosed to you any actual or potential non-compliance that could have a material effect on the ability of the Nursing and Midwifery Council to conduct its business or whose effects should be considered when preparing financial statements;
- all accounting records have been provided to you for the purpose of your audit. All other records and related information, including minutes of all management meetings which you have requested have been supplied to you. Furthermore, you have been granted unrestricted access to persons within the Nursing and Midwifery Council from whom you determined it necessary to obtain audit evidence;
- the information provided regarding the identification of related parties and relevant transactions is complete; and the related party disclosures in the financial statements are adequate; and
- all transactions undertaken by the Nursing and Midwifery Council have been recorded in the accounting

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records and are properly reflected in the financial statements.

All material accounting policies as adopted are detailed in note 1 to the financial statements.

## **INTERNAL CONTROL**

We acknowledge as Chief Executive and Registrar and as Chair on behalf of the Council our responsibility for the design, implementation and maintenance of internal controls to prevent and detect error and I have disclosed to you the results of my assessment of the risk that the financial statements could be materially misstated.

We confirm that we have reviewed the effectiveness of the system of internal control and that the disclosures we have made are in accordance with the determinations by the Privy Council on the Governance Statement.

## **FRAUD**

We acknowledge as Chief Executive and Registrar and as the Chair on behalf of the Council our responsibility for the design, implementation and maintenance of internal controls to prevent and detect fraud and we have disclosed to you the results of my assessment of the risk that the financial statements could be materially misstated as a result of fraud.

We have disclosed to you any knowledge of fraud or suspected fraud affecting the Nursing and Midwifery Council involving management, employees who have significant roles in internal control, or others where the fraud could have a material effect on the financial statements.

We have disclosed to you any knowledge of any allegations of fraud or suspected fraud, affecting the Nursing and Midwifery Council's financial statements communicated by employees, former employees, analysts, regulators or others.

## **ACCOUNTING ESTIMATES**

We acknowledge as Chief Executive and Registrar and on as Chair behalf of the Council our responsibility to make judgments and estimates on a reasonable basis.

We confirm that the methods, the data, and the significant assumptions used by the Nursing and Midwifery Council in making accounting estimates and related disclosures are appropriate to achieve recognition, measurement or disclosure that is reasonable in the context of the Nursing and Midwifery Order 2001 and privy council direction thereunder.

## **GOING CONCERN**

We have assessed whether the going concern basis of accounting is appropriate for the Nursing and Midwifery Council. The plans for future actions upon which this assessment is based are feasible. The assumptions made in my assessment are reasonable and appropriate in the context of the Charities SORP (FRS 102) 2019.

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## **ASSETS**

### General

All assets included in the statement of financial position were in existence at the reporting date and owned by the Nursing and Midwifery Council, and free from any lien, encumbrance or charge, except as disclosed in the financial statements. The statement of financial position includes all tangible and intangible assets owned by the Nursing and Midwifery Council.

### Non-Current Assets

All assets over £5,000 are capitalised. Depreciation is calculated to reduce the net book amount of each asset to its estimated residual value by the end of its estimated useful life in the Nursing and Midwifery Council's operations.

### Other Current Assets

On realisation in the ordinary course of the Nursing and Midwifery Council's operations the other current assets in the statement of financial position are expected to produce at least the amounts at which they are stated. Adequate provision has been made against all amounts owing to the Nursing and Midwifery Council which are known, or may be expected, to be irrecoverable.

### Pensions

The pension surplus is not recognised in the financial statements as the Nursing and Midwifery Council do not have an unconditional right to the benefits from the assets. We confirm that this treatment is appropriate in line with my review of scheme documentation and the related legal advice.

## **LIABILITIES**

### General

All liabilities have been recorded in the statement of financial position in accordance with the Nursing and Midwifery Order 2001 and privy council direction thereunder.

### Provisions and Contingent Liabilities

Provision is made in the financial statements for dilapidations and legal proceedings as result of employment tribunals for legal assessor claims for worker status. The legal assessors' provision has been estimated on the basis that payments will be made over the entire life of the legal assessors' contracts rather than limiting the liability to the prior two years. We confirm that this assumption is reasonable in the circumstances.

We have disclosed to you all actual or possible litigation and claims whose effects should be considered when preparing the financial statements. All such matters have been accounted for and disclosed in accordance with the Nursing and Midwifery Order 2001 and privy council direction thereunder.

We are not aware of any action which is or may be brought against the Nursing Midwifery Council under the Insolvency Act 1986.

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## OTHER DISCLOSURES

### Results

Except as disclosed in the financial statements, the results for the year were not materially affected by transactions of a sort not usually undertaken by the Nursing Midwifery Council, or circumstances of an exceptional or non-recurring nature.

### Unadjusted Errors

The following unadjusted errors have been brought to our attention:

- £63k net effect for irrecoverable VAT included in the SOFA which should have been recorded as a prepayment.
- (£150k) worst case scenario for provisions where settlement was probable

We consider the effect of these unadjusted errors to be immaterial, both individually and in aggregate, to the financial statements taken as a whole.

### Events after the Reporting Period

All matters regarding events occurring subsequent to the date of the financial statements, and for which the financial statements require adjustment or disclosure, have been adjusted or disclosed.

Chief Executive and Registrar

[Name]

[Position]

[Date]

Chair of the Council of NMC

[Name]

[Position]

[Date]

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## Council

### Draft Fitness to Practise Annual Report 2024-2025

<p><b>Action requested:</b></p>	<p>The Council is invited approve the draft Annual Fitness to Practise (FtP) Report 2024–2025.</p> <p><b>For decision</b> The Council is <b>recommended</b> to approve the draft Annual Fitness to Practise Report 2024-2025 at Annexe 1.</p>
<p><b>Key background and decision trail:</b></p>	<p>The Nursing and Midwifery Order 2001 mandates we must prepare for Parliament a statistical report which sets out the efficiency and effectiveness of our operations. It must also provide details of the arrangements the Council has put in place under Article 21(1)(b) to protect members of the public from professionals on the register whose fitness to practise is impaired.</p> <p>This report is prepared annually alongside the Annual Report and Accounts and will be laid before Parliament following the Council’s approval.</p>
<p><b>Key questions:</b></p>	<p><b>Questions this paper addresses:</b></p> <ul style="list-style-type: none"> <li>• Does the draft report provide an accurate reflection of our fitness to practise (FtP) activity?</li> <li>• Are there sufficient assurances about the actions we are taking to address the FtP caseload through the improvement plan?</li> <li>• Does the report give appropriate insight into how we are ensuring equality, diversity and inclusion are embedded across the FtP process?</li> <li>• Does the draft report provide assurances to the public about actions we are taking to safeguard members of the public and/or professionals involved in our fitness to practise process?</li> </ul>
<p><b>Annexes:</b></p>	<p>The following annexe is attached to this paper:</p> <p>Annexe 1: Draft Annual Fitness to Practise Report*</p>

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	<b>*Please note that Annexe 1 is not included in the public Council papers. This is so that we comply with strict rules not to publish the content of the report before it is submitted to Parliament.</b>	
<b>Further information:</b>	If you require clarification about any point in the paper or would like further information, please contact the author or the director named below.	
	Author: Claire Davidson Phone: 020 7681 5733 <a href="mailto:claire.davidson@nmc-uk.org">claire.davidson@nmc-uk.org</a>	Executive Director: Lesley Maslen Phone: 020 7681 5641 <a href="mailto:lesley.maslen@nmc-uk.org">lesley.maslen@nmc-uk.org</a>

# Draft Fitness to Practise Annual Report 2024–2025

## Discussion

- 1 The draft Annual Fitness to Practise (FtP) Report follows a similar format to previous years. It meets our statutory duty under Article 50(2) of the Nursing and Midwifery Order 2001 to provide Parliament with a report detailing the efficiency and effectiveness of our FtP processes and public protection arrangements.
- 2 This year's report outlines the significant strategic investment to improve timeliness, quality, and person-centredness in FtP casework.
- 3 The draft report was considered by the Executive Board at their meeting on 27 May 2025 and by the Audit Committee on 19 June and their comments have been incorporated into this version for Council.

## Report highlights

- 4 The report notes our performance highlights from the year including:
  - 4.1 **Timeliness:** Improved case progression, with 68.4% of cases concluded within 15 months (2023-2024: 61%).
  - 4.2 **Screening efficiency:** Highest number of screening decisions in a single month in the last five years achieved in March 2025 against a backdrop of higher than forecasted referral numbers.
  - 4.3 **Reduced case age:** Median case age has decreased at several FtP stages, directly improving the experience for those involved.
  - 4.4 **Hearing improvements:** Increasing the number of hearings held in-person.
- 5 The report also summarises key deliveries from the FtP Plan, which was launched in March 2024 and, where applicable links these to the delivery of recommendations from the Independent Culture Review (ICR):
  - 5.1 Expansion of screening teams;
  - 5.2 Case allocation by complexity and risk;
  - 5.3 Introduction of case-weighting tools and referral scoping;
  - 5.4 Increased outsourcing to our external legal partners to free up internal resource;
  - 5.5 Stabilisation of our workforce with over 140 roles converted from fixed term to permanent contracts; and
  - 5.6 Advisory support brought in from PwC, Anthony Omo and Professor Donna O'Boyle to strengthen delivery.

6 Details of EDI improvement work contained with the report includes:

6.1 A successful EDI-focused recruitment campaign leading to the appointment of 149 new panel members, increasing the representation of Black, Asian and Minority Ethnic people in the panel member pool; and

6.2 The launch of an EDI pre-assessment (pre-EQIA) tool to embed equality considerations earlier in decision making about changes to our ways of working.

7 Highlights of the support provided to the public and professionals includes:

7.1 Continued development of advocacy and intermediary support services

7.2 Establishment of new safeguarding referral pathways

7.3 Summary of the volumes of helpline and employer advice requests handled

### Risks and Challenges

8 The report highlights some the main challenges we have faced to our performance this year:

8.1 Referral volumes remain high and significantly exceed forecasts, risking sustained pressure on systems and people; and

8.2 Interim Order KPI performance fell short of our 80% within 28 days target (actual performance 65.8%), reflecting the growing complexity of our caseload.

9 The report acknowledged that further decisive action is needed to sustain progress and manage future demand.

10 **Recommendation: The Council is recommended to approve the draft Annual Fitness to Practise Report 2024-2025 at Annexe 1.**

### Next Steps

11 Following Council's approval, the draft report will be submitted to the Privy Council to be laid before Parliament prior to the summer recess alongside the Annual Report and Accounts. Colleagues will be drawing up plans for publication including sharing the report with stakeholders.

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## Implications

The following were considered when preparing this paper:

Implication:		Location if in paper:	Content if not in paper:
Public protection/impact for people.	Yes	Throughout report	
Safeguarding considerations	Yes	Page 23	
The four country factors and considerations.	Yes	Pages 9, 26	
Resource implications including information on the actual and expected costs involved.	Not Applicable		Resource for production of the report is part of BAU.
Risk implications associated with the work and the controls proposed/ in place.	Yes		Failing to comply with our statutory reporting requirements would compromise trust and confidence in our ability to regulate. We have robust processes in place to ensure compliance and this work is built into core business activity for Professional Regulation.
Legal considerations.	Yes		We ensure that our statutory annual reports meet the legislative requirements set out in the Nursing and Midwifery Order 2001 (as amended).
Midwives and/or nursing associates.	Yes	Throughout report	We provide a breakdown of our data

			to show the proportion of nurses, midwives and nursing associates throughout the statistical summary section.
Equality, diversity, and inclusion and Welsh Language impact.	Yes	Page 21	
Stakeholder implications and any external stakeholders consulted.	Yes		The report will be shared with stakeholders at the point of publication.  When stakeholders request FtP information from us, for example within freedom of information request, we might direct them to the annual fitness to practise reports because these contain the requested information.
Regulatory Reform.	Yes		Having a reduced caseload will provide us with capacity to adapt effectively to regulatory reform changes.

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## Council

### Professional Standards Authority Report

<b>Action requested:</b>	<b>Professional Standards Authority Report</b>  <b>For noting</b>  The Council is asked to <b>note</b> the report.
<b>Key background and decision trail:</b>	<ul style="list-style-type: none"> <li>• Every year, the Professional Standards Authority (PSA) reviews and reports on all 10 professional regulatory bodies for health professionals in the UK and social care in England to ensure they are protecting the public in line with the 18 Standards of Good Regulation.</li> <li>• These performance reviews are carried out over a three-year cycle. Every three years, the PSA conducts an intensive ‘periodic review’ and in the other two years, it monitors performance and produces shorter reports<sup>1</sup>.</li> <li>• The NMC’s performance review for the 2023-2024 period (covering 1 July 2023 – 30 June 2024) was a periodic review, which reflects a particularly challenging time for the organisation.</li> <li>• In light of the Independent Culture Review, the PSA extended the 2023-2024 review period to cover the period 1 July 2023 to 31 December 2024.</li> <li>• The PSA originally planned to report in two stages, January 2025 and April 2025, to progress the performance review and take account of the Omambala investigations. However, given the further delays in the release of the Omambala report, the PSA changed its plan after assessing the first eight Standards in January and has now reported on all 18 Standards of Good Regulation (SOGR).</li> <li>• We provided full and robust responses to both sets of PSA recommendations and the draft report. This included factual corrections and updates for relevant workstreams to ensure the</li> </ul>

<sup>1</sup> These performance reviews are separate to the Independent Oversight Group, although findings are likely to be of interest to members.

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	<p>PSA had an up to date and accurate picture of our performance.</p> <ul style="list-style-type: none"> <li>The report was published on 19 June 2025.</li> </ul>			
<p><b>Key questions:</b></p>	<ul style="list-style-type: none"> <li>What did the PSA's performance review find?</li> <li>What actions are we taking to improve performance against the 18 SOGR?</li> </ul>			
<p><b>Annexes:</b></p>	<p>The following annexe is attached to this paper:</p> <ul style="list-style-type: none"> <li><b>Annexe 1:</b> Professional Standards Authority Periodic Review - Nursing and Midwifery Council 2023-2024.</li> <li><b>Annexe 2:</b> PSA escalation letter to Secretary of State.</li> <li><b>Annexe 3:</b> PSA escalation letter to the Vice-Chair of The Health and Social Care Select Committee.</li> </ul>			
<p><b>Further information:</b></p>	<p>If you require clarification about any point in the paper or would like further information, please contact the author or the director named below.</p> <table border="1" data-bbox="416 1151 1402 1514"> <tr> <td data-bbox="416 1151 858 1514"> <p>Author: Lucy Llewellyn Phone: 020 7681 5582 <a href="mailto:lucy.llewellyn@nmc-uk.org">lucy.llewellyn@nmc-uk.org</a></p> <p>Author: Adefemi Adeniyi Ogunleye Phone: 020 7681 5247 <a href="mailto:adefemiadeniyi.ogunleye@nmc-uk.org">adefemiadeniyi.ogunleye@nmc-uk.org</a></p> </td> <td data-bbox="858 1151 1402 1514"> <p>Executive Director: Helen Herniman Phone: 020 7681 5481 <a href="mailto:Helen.Herniman@nmc-uk.org">Helen.Herniman@nmc-uk.org</a></p> </td> </tr> </table>		<p>Author: Lucy Llewellyn Phone: 020 7681 5582 <a href="mailto:lucy.llewellyn@nmc-uk.org">lucy.llewellyn@nmc-uk.org</a></p> <p>Author: Adefemi Adeniyi Ogunleye Phone: 020 7681 5247 <a href="mailto:adefemiadeniyi.ogunleye@nmc-uk.org">adefemiadeniyi.ogunleye@nmc-uk.org</a></p>	<p>Executive Director: Helen Herniman Phone: 020 7681 5481 <a href="mailto:Helen.Herniman@nmc-uk.org">Helen.Herniman@nmc-uk.org</a></p>
<p>Author: Lucy Llewellyn Phone: 020 7681 5582 <a href="mailto:lucy.llewellyn@nmc-uk.org">lucy.llewellyn@nmc-uk.org</a></p> <p>Author: Adefemi Adeniyi Ogunleye Phone: 020 7681 5247 <a href="mailto:adefemiadeniyi.ogunleye@nmc-uk.org">adefemiadeniyi.ogunleye@nmc-uk.org</a></p>	<p>Executive Director: Helen Herniman Phone: 020 7681 5481 <a href="mailto:Helen.Herniman@nmc-uk.org">Helen.Herniman@nmc-uk.org</a></p>			

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# Professional Standards Authority Report

## Discussion

- 1 On 19 June 2025, the Professional Standards Authority (PSA) published its performance review of the NMC. This report summarises our performance against the PSA’s 18 Standards of Good Regulation (SOGR) and covers a particularly challenging period for the NMC: 1 July 2023 to 31 December 2024.
- 2 A copy of the report is included in **Annexe 1**.

### Report findings

- 3 The PSA used the Independent Culture Review (ICR) as a key piece of its evidence base. It also indicated that the forthcoming Omambala report will be of interest when it considers our performance for the 1 January – 31 December 2025 period.
- 4 Of the 18 SOGR, we met 11 Standards. This marks a significant shift from previous reviews where we met all but one (Standard 15) of the 18 Standards. A table of the seven Standards we did not meet and the PSA’s specific concerns is included below.

Standard		PSA concerns
2	The regulator is clear about its purpose and ensures that its policies are applied appropriately across all its functions and that relevant learning from one area is applied to others.	The issues within the NMC, both operationally and culturally, are sufficiently serious for the PSA to conclude that this Standard is not met.
3	The regulator understands the diversity of its registrants and their patients and service users and of others who interact with the regulator and ensures that its processes do not impose inappropriate barriers or otherwise disadvantage people with protected characteristics	Regulators must meet all four outcomes to meet the overarching Standard. We met three of the four.  The ICR made numerous critical findings about the extent to which EDI is embedded in the NMC’s work, and the extent to which policies are being followed in practice. The ICR heard from a range of evidence sources, across which there was a consistent theme of concerns about the NMC’s ability to identify and address issues relevant to EDI. On this basis, Outcome 1 was not met.

4	The regulator reports on its performance and addresses concerns identified about it and considers the implications for it of findings of public inquiries and other relevant reports about healthcare regulatory issues.	The PSA identified inconsistencies within the NMC's fitness to practise (FTP) and education quality assurance reporting.  The PSA was also concerned that the NMC has failed to implement and embed the findings and recommendations of previous reviews.
9	The regulator has a proportionate and transparent mechanism for assuring itself that the educational providers and programmes it oversees are delivering students and trainees that meet the regulator's requirements for registration, and takes action where its assurance activities identify concerns either about training or wider patient safety concerns.	The PSA identified some significant concerns about the NMC's ability to effectively monitor and quality assure approved education institutions. By the end of the review period, our improvement plan had not yet been finalised and the PSA had concerns about our ability to implement it.
10	The regulator maintains and publishes an accurate register of those who meet its requirements including any restrictions on their practice.	The PSA was concerned about the number of registrants who may have joined the register fraudulently, and the time it was taking us to resolve these concerns.
15	The regulator's process for examining and investigating cases is fair, proportionate, deals with cases as quickly as is consistent with a fair resolution of the case and ensures that appropriate evidence is available to support decision-makers to reach a fair decision that protects the public at each stage of the process.	The PSA identified continued areas of weakness in the NMC's performance, and noted that our FTP cases are taking too long to process.

17	The regulator identifies and prioritises all cases which suggest a serious risk to the safety of patients or service users and seeks interim orders where appropriate.	The PSA identified concerns about the NMC’s performance against this Standard from multiple different sources, such as the safeguarding audit. Due to the number of relevant issues raised regarding our performance which remain ongoing as of the end of the review period, this Standard is not met.
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- 5 These concerns are well known to us, with many having been highlighted in the ICR. We take this very seriously and we are progressing at pace with improvements – ensuring that we focus on, and deliver against, our core purpose of protecting the public, promoting confidence in the professions and maintaining standards.
- 6 We are now well underway with our Culture Transformation Plan, which has already been acknowledged by key stakeholders as making a real difference.

**Escalation**

- 7 The PSA writes to the Secretary of State and Vice-Chair of The Health and Social Care Select Committee if any regulator misses a particular Standard three or more years running. As this is the fourth year that we have not met Standard 15, the PSA has escalated this in accordance with its policy. A copy of each letter is included in **Annexes 2 and 3.**

**Staff support and communications**

- 8 The People team has been involved from an early stage to support colleagues. The team ran dedicated 1:1 meetings with Heads from affected areas to highlight key messages and remind colleagues of support services. The People team has also supported the PSA & Review Groups team during NMC-wide webinars and huddles. This has empowered leaders to support colleagues with any concerns they have about the report.
- 9 The report’s publication was supported by a comprehensive communications plan for internal and external stakeholders. The strategy focused on proactively communicating with stakeholders who have influence over the NMC, avoiding being defensive but focusing on the significant changes we’ve put in place to improve.
- 10 Internally, we emphasised that the report reflects the conditions and context of a particularly challenging year in the NMC’s history. The report highlights some of the significant, high-profile challenges we faced during that period, since when we have started to turn the organisation around.

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## **Actions to improve performance**

- 11 Our turnaround plans include a comprehensive FTP plan underpinned by major investment, and a three-year Culture Transformation Plan. Alongside this, there have been significant changes in NMC leadership, which will help us drive forward our improvements. Paul Rees took up post as interim Chief Executive and Registrar on 20 January 2025 and Ron Barclay-Smith joined as Chair on 1 April 2025.

### Fitness to practise

- 12 Since the period covered by the PSA report, we have steadily been turning around the FTP process, with figures showing consistent improvement. This includes rolling out additional roles in the Professional Regulation directorate and investing £3.4m on bringing in PwC to help us spot improvements that can be made to the process.
- 13 In July 2023, at the start of the period covered by the PSA report, the monthly rolling timeliness average figure for completing cases end-to-end within 15 months was 60.8%, against a target of completing 80% of cases end-to-end within 15 months. Furthermore, since the period covered by the report, we have delivered an average of 624 screening decisions (closures or progressions) over the twelve months to May 2025 – compared to an average of 457 for the same period to May 2024. We have also introduced updated screening guidance to help us focus on the right cases by taking a risk-based approach, empowering our teams to make prompt decisions to close cases which do not require regulatory action.
- 14 We have also established a safeguarding hub, so that all new referrals are triaged to provide appropriate support at the outset. Our failure to deal with safeguarding concerns was a key concern highlighted by many during the period covered by the PSA review.
- 15 Alongside resolving cases more quickly, we are committed to improving the way members of the public interact with us. We will be working with Professor Louise Wallace, from the Open University, who is a registered clinical and health psychologist to help us review and improve our public-facing information, following a review she did of the materials of all the health professional regulators.

### Education quality assurance

- 16 We are also driving change in other areas of our regulatory remit, including strengthening our approach to education quality assurance. In 2025, we have provided additional resource for the team to strengthen relationships with approved education institutions (AEIs) on a regional basis. We have introduced an evidence sampling process to test the strength and reliability of the self-declarations made by AEIs in our annual self-reporting requirements. We have also hosted two education quality assurance conferences for AEI colleagues, to make sure we are being clear and transparent about our learning and improvement journey.

### The integrity of our register

- 17 In addition, we continue to make progress towards protecting the integrity of the Register. As part of this, our fraudulent entry cases continue for 48 people on the Register who gained their computer-based test (CBT) at the Yunnik site. To date we have removed 19 of those people from the Register. Having investigated concerns raised with us by English language test provider OET, we have concluded there is not sufficient evidence to prove that 68 individuals on the Register were involved in test fraud, therefore no further action is needed.
- 18 Meanwhile, after careful consideration, we are assured that graduates who joined the Register with a shortfall in practice learning hours had nonetheless met the required competencies under our standards and made up for the shortfall in practice learning hours with their supervised professional practice once on the Register. Again, no further action is required.

### Culture transformation and EDI plans

- 19 We are currently rolling out our comprehensive, three-year Culture Transformation Plan, which was published on 19 March, eight and a half weeks after Paul Rees took up post. Paul held town hall meetings with 770 staff across all sites in his first five weeks in post, with suggestions and ideas informing the plan.
- 20 Under the plan:
- We have signed the UNISON Anti-Racism Charter;
  - We are taking radical steps to reduce our ethnicity pay gap, such as ensuring ethnically diverse shortlists where there are Black, Asian and ethnic minority candidates who meet the minimum requirement;
  - We are regearing our flagship mentoring programme to ensure that 80 percent of participants are Black, Asian and ethnic minority;
  - We are delivering coaching to all managers on embedding EDI, values-based decision making, ensuring psychological safety and enjoying work;
  - We are delivering coaching to senior managers on strong and effective leadership;
  - We have consulted with staff on bringing people back to the office two days a week from late September; and,
  - We have consulted with staff on a new set of values.
- 21 We have also published ambitious new EDI targets as part of a broader set of headline EDI strategic objectives to achieve equity for nursing and midwifery professionals and for our colleagues. The targets are to:
- Eliminate disparities of treatment based on ethnicity and gender in the NMC's fitness to practise processes by 2030;

- Eliminate the disproportionate pattern of FtP complaints received from employers in relation to ethnicity by 2030;
- Eliminate disproportionate outcomes in nursing and midwifery education and training by 2035;
- Eliminate disparities in the representation of Black, Asian and ethnic minority NMC colleagues in the upper two pay quartiles, starting now; and,
- Eliminate ethnicity, gender and other pay gaps by 2030.

22 The targets have been informed by Ambitious for Change – an NMC research programme to better understand how different groups are affected by our processes.

23 The latest phase of this research, by the University of Greenwich, found no bias in our final decisions/outcomes, but did find disparities in how the NMC handled some cases involving Black professionals compared to white professionals, and male professionals compared to female professionals.

#### Internal ways of working

24 We have also reviewed our internal PSA performance reporting process to ensure more robustness in our engagement, scrutiny and reporting of our performance against the SOGR. The process, which will be discussed at Executive Board in mid-July, includes:

- More frequent engagement with the PSA and internally with PSA Champions and working leads;
- Better gathering of evidence in line with the PSA evidence framework;
- Proactive information sharing between NMC and PSA;
- Introduction of a ‘confidence level’ model to assess internally how we’re doing against each Standard on a quarterly basis;
- Regular engagement with PSA champions (monthly for the seven not met Standards and quarterly for the 11 met Standards) to track progress and monitor confidence levels;
- Quarterly reporting to Executive Board and Council ensuring greater awareness and visibility of where we are against the Standards on a continual basis; and,
- Introduction of an annual external audit of our performance against all the Standards which will allow us to take a more objective view on the position.

### **Next Steps**

25 Executive Board will consider our internal PSA performance review process in mid-July, which will be launched immediately subject to Executive Board approval.

- 26 The PSA & Review Groups team will provide a progress report, alongside our confidence level assessment for each Standard, to Executive Board and Council in October 2025.
- 27 The PSA & Review Groups team will continue to engage with the PSA to establish plans for reporting on the 2025 review period.

## Implications

The following were considered when preparing this paper:

Implication:		Location if in paper:	Content if not in paper:
Public protection/impact for people.	Yes	9	
Safeguarding considerations	Yes	5; 13	
The four country factors and considerations.	Not Applicable		
Resource implications including information on the actual and expected costs involved.	Not Applicable		
Risk implications associated with the work and the controls proposed/ in place.	Not Applicable		
Legal considerations.	Not Applicable		
Midwives and/or nursing associates.	Yes	Throughout	
Equality, diversity, and inclusion and Welsh Language impact.	Yes	20-22	
Stakeholder implications and any external stakeholders consulted.	Yes	Annexe 2	
Regulatory Reform.	Not Applicable		

# Nursing and Midwifery Council

## Performance Review Periodic review 2023/24

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## About this report

This is our report on the performance of the Nursing and Midwifery Council (NMC) in 2023/24. We were originally due to publish our report by September 2024. However, in Autumn 2023 the NMC commissioned three independent reviews to look into issues raised in whistleblowing disclosures. We delayed our report so that we could take the outcomes of these reports into account.

The first of the three independent reviews, the Independent Culture Review (ICR), was [published](#) in July 2024. Its findings included serious concerns about the NMC’s culture and governance. It made 36 recommendations, which the NMC has accepted. In response, we set up the Independent Oversight Group (IOG) to monitor the NMC’s work to address these findings and recommendations. The IOG includes senior representatives from all four UK governments, professional bodies, and relevant experts (including from patient and service-user groups). There is more information about the IOG on our [website](#).

The other two reviews have not yet been published. These are both being led by Ijeoma Omambala KC: one into the NMC’s handling of the fitness to practise cases identified through the whistleblower’s concerns, and the other into the NMC’s handling of whistleblowing disclosures. The terms of reference for the reviews are published on the NMC’s [website](#).

We believe it is in the public interest for us to report on the NMC’s performance in a timely way. We are publishing our report now without waiting any longer for the evidence from the two outstanding independent reviews.

Our report covers the period from 1 July 2023 to 31 December 2024. It is based on the information we have already gathered, including findings from the ICR where relevant. We have explained in the report where we think the evidence from the ongoing independent investigations may be relevant to our view of the NMC’s performance.

We are clear that the findings and any recommendations from the Omambala reviews are important. We will consider them in detail when they are available, including deciding how we can most appropriately report on what they tell us and whether there is further action we need to take.

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## Key findings and areas for improvement

### Response to whistleblowing disclosures

The NMC has been working to respond to serious concerns raised in whistleblowing disclosures. It commissioned three independent reviews, two of which had not yet been published by the time we completed our review. The published ICR made numerous critical findings about the NMC’s organisational culture, and the NMC accepted all its recommendations. We note that the concerns are serious, and we had regard to the findings of the published ICR where relevant, alongside the other evidence available to us. We will consider the findings of the other two reviews when they are available.

### Equality, Diversity and Inclusion (EDI)

The whistleblowing concerns included concerns about discrimination and the organisational culture of the NMC. We saw that the NMC has processes in place to promote EDI, but given the findings of the ICR, we could not be assured that these processes were working effectively. The NMC has acknowledged that it needs to develop its capability in EDI, and has begun work on a range of improvement actions. We saw that the NMC’s standards and guidance promote non-discriminatory, respectful, compassionate, and kind care. However, we were not assured that the NMC has effectively embedded EDI into its work. Therefore Standard 3 was not met.

### Education quality assurance

We noted some serious concerns about the NMC’s work to assure the quality of education and training. Having identified issues about a training provider’s compliance, the NMC carried out a mandatory self-reporting exercise where it required all training providers to send information about compliance with its standards. In our view, the need for such an exercise illustrated a failure of the NMC’s routine monitoring. The NMC had also carried out an internal review of its education quality assurance work, which identified a number of serious risks, and limitations on the NMC’s ability to mitigate them. The NMC started work on an improvement plan, but this was still in development by the end of our review period. Therefore Standard 9 was not met.

### Accuracy of the register

Around 350 graduates from a university training course were added to the NMC’s register when they had not completed the required practice hours. When it became aware of the issue, the NMC contacted the affected graduates to request information about further practice learning they may have undertaken; most but not all had responded by the end of the review period. A number of other people may have joined the register fraudulently in relation to instances of large-scale fraudulent applications. The NMC is investigating these matters and has taken steps to improve its fraud prevention processes. However, maintaining an accurate register is a core function of a regulator, and a large number of people were added to the NMC’s register without meeting its requirements. Therefore Standard 10 was not met.

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## **Fitness to practise**

The NMC is still taking too long to deal with fitness to practise cases. It has been working to an action plan to clear its backlog but had made only limited progress during the review period, partly because it had received more referrals than expected. Therefore Standard 15 was not met.

Concerns about the NMC’s safeguarding capability were identified through the whistleblowing disclosures. Safeguarding is identified as the NMC’s highest strategic risk, and it has taken action to improve its ability to detect and address cases. However, an internal audit identified that there had been cases where the NMC had not taken action that was necessary from a safeguarding perspective. Even a small number of safeguarding failings could amount to a serious risk to the public. Therefore Standard 17 was not met.

The evidence we saw from our audit of a sample of cases did not give us serious concerns about the NMC’s routine decision-making. One of the independent reviews into whistleblowing disclosures will be reviewing a sample of fitness to practise cases, and we will consider the outcomes of the review when available.

# Nursing and Midwifery Council

## Performance review report 2023/24

### Key findings

**About our performance reviews** [page 1](#)

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**General Standards** Standard 1 [page 2](#)

Standard 2 [page 2](#)

Standard 3 [page 4](#)

Standard 4 [page 10](#)

Standard 5 [page 14](#)

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**Guidance and Standards** Standard 6 [page 16](#)

Standard 7 [page 17](#)

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**Education and Training** Standard 8 [page 17](#)

Standard 9 [page 19](#)

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**Registration** Standard 10 [page 22](#)

Standard 11 [page 24](#)

Standard 12 [page 25](#)

Standard 13 [page 26](#)

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**Fitness to Practise** Standard 14 [page 26](#)

Standard 15 [page 27](#)

Standard 16 [page 31](#)

Standard 17 [page 33](#)

Standard 18 [page 36](#)

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## About our performance reviews

We have a statutory duty to report annually to Parliament on the performance of the 10 regulators we oversee. We do this by reviewing each regulator’s performance against our Standards of Good Regulation and reporting what we find. The judgements we make against each Standard incorporate a range of evidence to form an overall picture of performance. Meeting a Standard means that we are satisfied, from the evidence we have seen, that a regulator is performing well in that area. It does not mean there is no room for improvement. Where we identify areas for improvement, we pay particular attention to them as we continue to monitor the performance of the regulator. Similarly, finding that a regulator has met all of the Standards does not mean perfection. Rather, it signifies good performance in the 18 areas we assess.

Our performance reviews are carried out on a three-year cycle; every three years, we carry out a more intensive ‘periodic review’ and in the other two years we monitor performance and produce shorter monitoring reports. Find out more about our review process [here](#). We welcome hearing from people and organisations who have experience of the regulators’ work. We take this information into account alongside other evidence as we review the performance of each regulator.




This is a periodic review report on the Nursing and Midwifery Council and covers 1 July 2023 to 31 December 2024.

## About the NMC

The NMC regulates the practice of nurses and midwives in the United Kingdom, and Nursing Associates in England. It has **850,707 professionals** on its register (as at 31 December 2024).

## About the NMC’s performance for 2023/24

For this review, the NMC met 11 out of 18 of our Standards of Good Regulation. These Standards provide the benchmark against which we review performance. Meeting or not meeting a Standard is not the full story about how a regulator is performing. Our report provides more detail about the NMC’s performance this year.

Standards of Good Regulation met 2023/24		
	General Standards	2 out of 5
	Guidance and Standards	2 out of 2
	Education and Training	1 out of 2
	Registration	3 out of 4
	Fitness to Practise	3 out of 5
	<b>Total met</b>	<b>11 out of 18</b>
<b>Standards met 2020-23</b>		
	2022/23	17 out of 18
	2021/22	17 out of 18
	2020/21	17 out of 18

## General Standards

### 1 | The regulator provides accurate, fully accessible information about its registrants, regulatory requirements, guidance, processes and decisions.

- 1.1 The NMC continues to provide a range of information through its website. We have not identified any concerns about the accuracy or the accessibility of the information published.
- 1.2 The NMC published its *Spotlight on nursing and midwifery* report in August 2023, which included data about the professionals on its register. It published an additional *Spotlight* report in September 2024.
- 1.3 The NMC launched a social media campaign ('#OurCode') in March 2024 to encourage students to reflect on the NMC's regulatory requirements.
- 1.4 The NMC had included in its corporate plan for 2023-24 a commitment to create a new website, but this was paused due to other priorities.
- 1.5 Last year we noted that stakeholders had called for the NMC to facilitate remote access for observers to Council meetings. The NMC told us this was to be addressed by a planned refit of its Portland Place offices. However, that work has now been rescheduled due to other priorities, such as the increased investment in fitness to practise (FTP). One stakeholder noted in its feedback that it is still asking the NMC to facilitate remote access to Council meetings to improve their accessibility. The NMC conducts a proportion of Council meetings online with observer access, and we have not been made aware of any new concerns about the accessibility of Council meetings.

### Conclusion

The NMC continues to publish information and we have not identified concerns about its accuracy or accessibility. We are satisfied that this Standard is met.

### 2 | The regulator is clear about its purpose and ensures that its policies are applied appropriately across all its functions and that relevant learning from one area is applied to others.

- 2.1 The ICR noted that 'Concerns around the NMC neglecting its core purpose were frequently shared throughout our engagement not just from staff, but also from senior nursing and midwifery stakeholders from outside the organisation.' Respondents said that 'there had been a cultural shift in the last few years, away from the NMC's core business of Fitness to Practise and moving into trying to influence other areas such as policy.'

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| 3  | 2.2 NMC staff reported to Rise that its culture ‘is preventing the NMC from fulfilling its key purpose.’  |
| 4  | 2.3 The ICR was critical of the NMC’s governance, saying that it had ‘led to mistrust, there is little faith in decision making and the duty of candour responsibility for healthcare professionals to be honest when things go wrong has become anathema at the NMC.’  |
| 5  | 2.4 The ICR concluded that ‘... the NMC had strayed from its central mission’ and recommended that ‘The NMC needs to retain a focus on its core regulatory purposes, and how best to deliver its mandate to protect the public within a changing environment.’  |
| 6  | 2.5 The NMC has acknowledged that its culture and performance are intrinsically linked. We have heard from the NMC, at Council meetings and at IOG meetings, how it is taking steps to address its culture. The NMC has recognised that it needs to balance both immediate, urgent actions and the need to embed sustainable change. It said: ‘When faced with challenges before, we have increased resources but have not successfully tackled underlying causes or cultural issues.’  |
| 7  | 2.6 In its Council papers of 24 September 2024, the NMC accepted the 36 recommendations in full and said: ‘We have started tackling these issues with urgency. However, eliminating the problems and transforming our culture successfully will take time, and our proposed plan envisages a multi-year transformation programme.’  |
| 8  | 2.7 The ICR highlighted the issues around timeliness of FTP decision-making, including the significant backlog of cases. In response to the ICR, the NMC undertook a six-month review of its FTP improvement plan. This was presented to Council in January 2025, and incorporated the findings and recommendations of Anthony Omo, who was seconded from the General Medical Council (GMC). The NMC’s FTP performance is discussed under Standards 14 to 18; however, it is noted that the NMC did not meet Standards 15 and 17, and it was a finely balanced decision as to it meeting Standards 16 and 18. |
| 9  | 2.8 The NMC’s <a href="#">corporate plan</a> for 2024-2026 contains five priority outcomes: Progressing fitness to practise referrals in a safe and timely way; Build an inclusive, high-performance learning culture; Modernise our internal systems, tools, policies, and processes; Contribute to workforce strategies and support professionals in the four nations; and Strengthen the integrity of the register. The NMC attaches strategic risks to each of these priority outcomes, all of which were rated Red <sup>1</sup> or Amber at the end of the review period.                                |
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<sup>1</sup> The NMC does not provide definitions for its Red, Amber or Green (RAG) ratings in its Council papers. It scores its strategic risks out of 25, which is reached by multiplying a score out of 5 for impact by a score out of 5 for likelihood. A score of 25 is therefore the highest possible risk rating. A score of 16 or above results in a Red rating.

- 2.9 The ICR emphasised the need for sustainable and effective leadership. The NMC continues to have a number of vacancies at Executive Director level, for which there are currently numerous Interim Directors. The NMC has taken steps to implement one of the ICR recommendations focused on eliminating the use of fixed-term contracts and interims, for example by moving 140 staff in FTP from fixed-term to permanent contracts. However, instability at senior leadership level remains a concern.

## Conclusion

Overall, the NMC met 11 out of the 17 other Standards. We have seen issues across a number of the NMC's regulatory functions during the review period. The NMC's corporate plan contains five priority outcomes, and all key strategic risks connected to these are either rated Red or Amber. The ICR concluded that '... the NMC had strayed from its central mission' and recommended that 'The NMC needs to retain a focus on its core regulatory purposes, and how best to deliver its mandate to protect the public within a changing environment.'

Taken together, the issues within the NMC, both operationally and culturally, are sufficiently serious for us to conclude that this Standard is not met.

# 3

**The regulator understands the diversity of its registrants and their patients and service users and of others who interact with the regulator and ensures that its processes do not impose inappropriate barriers or otherwise disadvantage people with protected characteristics.**

- 3.1 As part of our new approach, we have broken down the Standard into four separate outcomes. For a regulator to meet the Standard, we would need to be assured that the regulator has met all four of the outcomes. Our assessment of the NMC's performance against the four outcomes is set out below.

### **Outcome 1: The regulator has appropriate governance, structures and processes in place to embed EDI across its regulatory activities**

- 3.2 The NMC publishes information on the diversity of both its Council members and FTP panellists. It also publishes gender, ethnicity and disability pay gap reports, and uses the questions from the NHS Workforce Race Equality Standard in its annual employee survey to allow it to compare the results with other large organisations.
- 3.3 The NMC has an EDI plan setting out its EDI objectives, priorities and actions for 2022-2025. The plan lists the NMC's four overarching EDI objectives:
- Reflect our values as a regulator that prioritises the needs and wellbeing of the nursing and midwifery progressions and the public

- Make sure we show good equality practice as an employer
- Use EDI data in a strategic and coordinated way, both internally and with partners across the health and care sector
- Tackle health inequalities by using our platform to advocate for better care for everyone accessing services.

3.4 The NMC routinely considers the EDI implications of changes to its policies in Council papers and through Equality Impact Assessments (EQIA). The NMC told us that it utilises an EQIA toolkit which encourages staff to regularly equality impact assess their work.

### *Good Practice*

The NMC told us that the toolkit and accompanying guidance 'set out a step-by-step decision-making process to support colleagues in why and when to carry out an EQIA. It sets out the fundamental elements for colleagues to consider, including an auditable EQIA review process. The EDI team reviews EQIAs to oversee compliance with our equality duties and to identify opportunities to strengthen our framework and build organisational competence.'

The NMC's EQIA toolkit gives it a structured means of considering when EQIAs might be required and how to approach them. We consider that the EQIA toolkit demonstrates good practice in encouraging and supporting staff to take account of EDI in the NMC's work.

3.5 In March 2024, the NMC published its corporate plan for 2024-26, which included five reprioritised areas of work over the next two years, including 'building an inclusive, high-performance learning culture.' Under this heading, the NMC committed to act on learning from independent investigations, to learn from and act on recommendations from external inquiries, to improve data collection and incident reporting, to deliver its EDI action plan, and to review a sample of FTP cases to look for risks of bias and discrimination.

3.6 The ICR was published in July 2024. It made numerous critical findings about the extent to which EDI is embedded in the NMC's work, and the extent to which policies are being followed in practice. It heard from a range of evidence sources, including surveys, people's accounts of their own experiences (including about discrimination and harassment) and reflections on organisational culture, across which there was a consistent theme of concerns about the NMC's ability to identify and address issues relevant to EDI.

3.7 In response to the ICR's findings and recommendations, the NMC said that it needs to tackle issues urgently but also acknowledged that 'eliminating the problems and transforming our culture successfully will take time, and our

proposed plan<sup>2</sup> envisages a multi-year culture transformation programme.’ We consider this approach to be reasonable in principle, as the NMC acknowledged that changes recommended in previous reviews have not been sustained.

- 3.8 The NMC has engaged with its staff and stakeholders, including through the IOG, to develop the plan. At the end of the review period, some of the work was still in development and there is limited evidence about the impact of the work that has been undertaken to embed EDI throughout the organisation.
- 3.9 Whilst we recognise and welcome the work the NMC has started to address these issues, fundamental issues have been identified with this aspect of the NMC’s performance that have not yet been fully resolved. Outcome 1 is therefore not met.

**Outcome 2: In terms of EDI, the regulator ensures that registrants and students are equipped to provide appropriate care to all patients and service users, and have appropriate EDI knowledge and skills**

- 3.10 The NMC Code clearly stipulates the need for registrants to treat people as individuals and uphold their dignity. It requires registrants to take reasonable steps to meet people’s language and communication needs, and to treat people fairly and without discrimination, bullying or harassment.
- 3.11 The NMC’s standards of proficiency for nurses, midwives and nursing associates require registrants to provide and promote non-discriminatory, respectful, compassionate, and kind care, and take account of any need for adjustments. The NMC’s standards include clear requirements for registrants to provide care in an inclusive way, although these are more explicit and detailed in the standards for midwives than for nurses and nursing associates.
- 3.12 The NMC’s *Standards framework for nursing and midwifery education (2023)* provide that the NMC will only approve programmes where the learning culture is ethical, open and honest, is conducive to safe and effective learning that respects the principles of equality and diversity, and where innovation, inter-professional learning and team working are embedded.
- 3.13 In April 2024, the NMC launched a campaign titled *Seeing the whole person supports better care*. It encourages professionals to reflect on how seeing the person as a whole can improve practice and promote person-centred care.

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<sup>2</sup> The NMC presented an action plan to the IOG on 2 October 2024, and a culture transformation plan on 28 November 2024.

### Good Practice

The NMC published guidance on: *Being inclusive and challenging discrimination; Combatting Racial Discrimination; and Freedom of expression and fitness to practise*. The NMC's standards require registrants to challenge discrimination, and it publishes resources to help registrants understand and meet their responsibilities. We consider this to be demonstrative of good practice.

3.14 We are assured that the NMC meets this Outcome.

### Outcome 3: In terms of EDI, the regulator makes fair decisions across all regulatory functions

3.15 The NMC has a range of guidance making clear the seriousness of allegations of racism and other discriminatory behaviour. Its guidance on screening includes discrimination and harassment as factors making a concern more serious, and therefore more likely to require investigation. Its guidance on seriousness emphasises that concerns around bullying, harassment, discrimination and victimisation should be taken very seriously.

### Good Practice

The NMC publishes EDI data tables annually, which includes data on registrants by age group, disability, ethnicity, gender, gender identity, religion or belief and sexual orientation. The latest data shows an increase from last year (from an already high base) in the proportion of data held. The tables also include data on the same diversity characteristics for those at each stage of the FTP process. We consider that the completeness of the NMC's EDI data, and its regular publication of detailed EDI data tables, amounts to good practice.

3.16 The NMC uses its own data and research it has commissioned to identify where its processes and decisions might be affecting people differently on the basis of shared characteristics. It has found some evidence of differential outcomes associated with some characteristics. Its *Ambitious for Change* research seeks to better understand the reasons for different experiences, and the NMC will also be undertaking further work with employers to understand reasons for differential referral rates. However, the focus of this research appears still to be on understanding the issues rather than action to deliver improved outcomes. Moreover, it is five years since the NMC launched *Ambitious for Change*, and its Phase One (2020) and Phase Two (2022) reports both identified evidence of differential outcomes. There appears to be a gap in the extent to which its further work is focused on action to address this.

3.17 The NMC does not currently collect EDI data on those raising FTP concerns. Early in the review period, the Executive Board agreed that the NMC should start

collecting data from members of the public making FTP referrals. The NMC said that this will be implemented when the relevant system changes can be made; however, by the end of the review period, this had not been enacted.

- 3.18 Whistleblower concerns were raised in October 2023 around the management of FTP cases. The whistleblower considered that the NMC’s management of FTP cases is being impacted negatively both by its internal culture and by the need to clear its backlog of cases. They stated that this results in failures to fully investigate cases, and failures to address discriminatory application of policies, as well as systematic harassment of staff who challenge practices in any way.
- 3.19 In response to the whistleblowing concerns, the NMC instructed Ijeoma Omambala KC to undertake a review into the NMC’s handling of a number of FTP cases. This review has been delayed, and we decided to assess the NMC on the evidence available to us during the review period.
- 3.20 The ICR highlighted numerous examples of concerns around the NMC’s approach to discrimination, including racism, and of bias in decision-making. The ICR did not review these cases, and while it is possible that some of these cases are included in the sample for the Omambala review, we have not been able to confirm this.
- 3.21 We conducted an audit of a sample of 40 FTP cases, which gave rise to a limited number of concerns. Our audit provided assurance that the NMC’s policies are applied appropriately and do not lead to differential outcomes on the basis of protected characteristics.
- 3.22 The findings of the Omambala review into the NMC’s management of FTP cases is highly likely to be relevant to this Outcome. We will review this and consider its findings when this becomes available; however, on the balance of the evidence available during the review period, this Outcome is met.

#### **Outcome 4: The regulator engages with and influences others to advance EDI issues and reduce unfair differential outcomes**

- 3.23 The NMC has been active in engaging with and seeking feedback from a wide range of stakeholders. We have seen that it has taken steps to secure input from groups it would not otherwise have heard from, including groups of patients and service users, and registrants who share protected characteristics. The NMC’s response to the computer-based test (CBT) and occupational English test (OET)<sup>3</sup> issues, discussed in further detail under Standard 11, demonstrated awareness of possible unintended consequences for overseas-qualified professionals.
- 3.24 We have seen examples of the NMC seeking feedback from a diverse range of stakeholders in its consultations. For example, in April 2024, the NMC set up a

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<sup>3</sup> The NMC has been investigating allegations of fraud at a computer-based test (CBT) centre in Nigeria, and at an occupational English test (OET) centre in India. This is discussed in more detail under Standards 10 and 11.

new engagement forum for international nursing and midwifery associations<sup>4</sup> (INMA). This was established in recognition of the racism, discrimination, and inequality that some internationally educated and diaspora professionals experience in the workplace and in the NMC's own processes (as evidenced in the *Ambitious for Change* research).

### Good Practice

We consider that the NMC has demonstrated good practice in the range of its engagement activity and the evidence that this has influenced its regulatory work.

- 3.25 The NMC reports to its Council on how it has monitored and learned from inquiries, and runs cross-organisational workshops to identify actions and help embed lessons learned. It reviewed its Code and standards against the findings from the Ockenden and East Kent reviews and published a statement in response to the Birthrights' inquiry report into racial injustice and human rights in UK maternity care, the Five X More Black Maternal Experience report, and the Invisible report into the maternity experience of Muslim women.
- 3.26 The NMC is a member of the regulatory EDI forum, and of the Business Disability Forum, Stonewall Diversity Champions and Inclusive Employers, all of which it can approach for advice, policy reviews and training opportunities for colleagues.
- 3.27 We note the potential for issues raised in the whistleblowing concerns to affect the NMC's ability to engage effectively with stakeholders about EDI. However, we have seen strong evidence for all indicators under this outcome, and we are therefore assured that this Outcome is met.

### Conclusion

The ICR made numerous critical findings about the extent to which EDI is embedded in the NMC's work, and the extent to which policies are being followed in practice. The ICR heard from a range of evidence sources, across which there was a consistent theme of concerns about the NMC's ability to identify and address issues relevant to EDI. On this basis, Outcome 1 was not met. On the evidence available during the review period, we were satisfied that Outcomes 2, 3 and 4 were met.

The NMC met three out of four outcomes under this Standard; accordingly, the Standard is not met.

<sup>4</sup> Now called the International and Diaspora Nursing and Midwifery Associations.

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Whilst the Standard was not met, we identified the following examples of good practice: the EQIA toolkit, which encourages and supports staff to take account of EDI; the completeness of the NMC’s EDI data, and its regular publication of detailed EDI data tables; the NMC’s standards, which require registrants to challenge discrimination, and the resources it publishes, which help registrants to understand and meet their responsibilities; and the range of the NMC’s engagement activity in respect of EDI, including evidence that this has influenced its regulatory work.

We recognise that the Omambala reviews are likely to make findings relevant to this Standard, and we will assess these findings when they are available as part of the next review period.

## **4 | The regulator reports on its performance and addresses concerns identified about it and considers the implications for it of findings of public inquiries and other relevant reports about healthcare regulatory issues.**

- 4.1 The NMC continues to report regularly on performance to its Council. Performance reports include monthly performance against organisational Key Performance Indicators (KPIs), and there is a standing item to update on the progress of the FTP improvement plan.
- 4.2 The NMC was designated as a core participant in the Thirlwall Inquiry and gave evidence in writing and by appearing at the Inquiry. The report is due to be published in November 2025. The NMC’s cross-organisational Inquiries Working Group considered the findings of the Brook House Inquiry and the Independent Review into Greater Manchester Mental Health Foundation Trust (Edenfield) in the course of the review period.
- 4.3 The NMC undertook a mapping exercise in response to the findings of the Care Quality Commission (CQC) National Review of Maternity Services 2022-2024. Through this exercise, the NMC gained assurance that midwives, at the point of registration, have the skills to detect and escalate to an appropriate healthcare practitioner when a woman or newborn infant has complex needs or complexities. It also determined through this exercise that the skills for high dependency are gained after initial registration, if required for a midwife’s scope of practice.

### **ICR findings**

- 4.4 The ICR reflected on the recent history of reports into performance and cultural issues at the NMC, and found that the NMC has failed to implement and embed recommendations from these reviews. It also reflected on the whistleblowing disclosures which had led the NMC to commission the review; while it did not specifically investigate the circumstances of the whistleblowing disclosures, it reviewed documents describing the reaction of senior managers, and it spoke to staff who reported that ‘there was anger felt towards the whistleblower from senior

leaders and that issues raised were seen as a source of irritation rather than an opportunity for learning...'

4.5 The ICR found that 'The resistance we saw to the whistleblower encapsulates a wilful deafness to criticism and a culture that is seemingly not open to feedback and opportunities to improve when things go wrong.'

4.6 The ICR made a number of recommendations relevant to the NMC's capacity to report on its performance and address concerns. For example:

- Recommendation 8 to 'improve its operational data and performance reporting'
- Recommendation 20: develop an anti-racist action plan, including that 'An ambitious set of targets (cultural and quantitative) and milestones should be developed to drive forward the Plan, ensuring that there is a clear line to the insights gained from this Review, and that previous research findings and reports are tackled once and for all.'
- Recommendation 22: to continue publishing annual pay gap reports, including a need to improve the reporting of disability data.
- Recommendation 34: 'The NMC needs to transform itself into a data driven organisation to support the more effective and efficient delivery of its regulatory processes. As part of its Modernisation of Technology Services programme and its data strategy, the NMC should urgently seek to improve its data maturity to enable open access of data in the near future.'

### **NMC response to ICR**

4.7 The NMC accepted the ICR recommendations in full, and acknowledged that it has 'not developed on all the recommendations of previous reports and have failed to make sustainable and lasting change.'

4.8 The NMC acknowledged that its culture and performance are intrinsically linked, and to deliver sustainable change, it is prioritising its colleagues, FTP and culture. It has revised its FTP, People and EDI plans to take account of the recommendations. The majority of the recommendations have been incorporated into these existing structures, which the NMC said will facilitate the process of embedding them, and all recommendations have a senior responsible officer for accountability.

4.9 At the request of the Department of Health and Social Care, we established the IOG to oversee the NMC's response to the ICR, and the Omambala reviews when they become available. The group meets every six weeks to consider various facets of the NMC's improvement plans.

4.10 The NMC presented its action plan to transform its culture to the IOG in October 2024, outlining the urgent steps taken by the NMC to address unacceptable behaviours and its progress against the ICR recommendations. The NMC has engaged with its staff to develop the action plan, during which it identified a

tension between ‘the expectation of external stakeholders who want to see rapid progress on actions, and the desire of many colleagues for the organisation to ensure they feel included and have meaningful opportunities to shape the direction of travel, so that progress can be sustained.’

- 4.11 The NMC has developed a culture transformation plan, which was published on 19 March 2025. Staff were afforded time and space to engage with this process, and the Interim Chief Executive and Registrar led in the shaping of the plan following his appointment in January 2025. This is a reasonable approach in light of the previous failures to embed and sustain culture change. However, we consider that there needs to be clear, consistent messaging as to the plan, whether this latest iteration of the plan overrides the previous plans presented to the IOG on 2 October 2024 and 28 November 2024, as well as its objectives and indicators against which progress can be measured.

### Reporting on performance

- 4.12 The NMC produces a strategic risk exposure report on a quarterly basis to Council. By the end of the review period, there were 10 Red-rated risks. This does not necessarily illustrate a decline in performance, and indeed it may reflect more accurate or comprehensive reporting. However, several of the risks reflect on limitations in the NMC’s ability to report accurately on performance, or address concerns.
- 4.13 The NMC’s highest rated risk relates to safeguarding. This issue is discussed in more detail under Standard 17, as it relates to the NMC’s ability to identify and prioritise cases that suggest a serious risk to the public. The risk has been rated at the highest possible level since October 2024 and remained at that level at the end of the review period. The score was raised owing to ‘the findings of the recent internal safeguarding audit’, and in November 2024 the NMC noted that ‘the anticipated findings of the recent safeguarding audit and the review of cases undertaken by the specialist advisor in Professional Practice shows that there has been a failure to identify and act on safeguarding concerns.’ We have not seen these internal reports, but we can infer from the published information that they found significant problems and/or risks in the NMC’s approach.
- 4.14 Safeguarding, and the associated strategic risk rating,<sup>5</sup> is reported to Council on a quarterly basis within the NMC’s performance dashboards on its priority outcomes. The NMC also has a standing item at each Council meeting to update on its FTP casework progress, which provides a general update on safeguarding. However, since the publication of the ICR, there has not been a substantive item on safeguarding at any of the NMC’s Council meetings, despite the strategic risk rating increasing to the highest possible rating.

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<sup>5</sup> Strategic risk REG24/01 ‘We fail to meet our statutory safeguarding responsibilities to protect people who come into contact with the NMC through our work from abuse or mistreatment’

- 4.15 The Safeguarding Board quarterly report was due to be presented to Council in November and was originally referred to as a substantive agenda item. However, the report did not form part of the papers and was removed as an agenda item. The report was subsequently published after the meeting on the NMC's Council meetings webpage for the November meeting. The publication of the report does not of itself demonstrate Council discussion and oversight of this issue, the NMC's highest strategic risk.
- 4.16 The NMC has been developing measures and performance reporting arrangements for its improvement plans, and these have been scrutinised at the IOG.
- 4.17 We have seen that the NMC continues to report in detail on FTP performance to Council meetings. At the January 2025 Council meetings, which covers performance to the end of our review period, the NMC presented a combined 23 pages of narrative and data, and the associated minutes record 10 points noted by the Council. We also noted that questions have been raised by stakeholders about the clarity of NMC reporting and strength of Council oversight. For example, at the IOG meeting on 2 October 2024 the group 'sought assurances from the Chair of the NMC as to Council monitoring the planned improvements and the action plan more widely', and at the November 2024 Council meeting one attendee asked 'what checks have Council members put in place to ensure that information being reported to them is an accurate representation of what is happening within the NMC?'<sup>6</sup>
- 4.18 At the IOG meeting on 28 November 2024, the NMC presented an item on its governance and assurance framework, during which it said that 'Council receives the information necessary to give it assurance on the implementation of the cultural transformation and fitness to practise plans.' The NMC adjusted its governance framework following the ICR, by establishing a culture transformation steering group<sup>7</sup>. The NMC also said that the Charity Commission was satisfied that Council are being properly informed of and involved in the management and handling of the issues, and that they saw no failure of governance.
- 4.19 We have also identified inconsistencies in the NMC's FTP reporting. In the January 2025 Council papers, the NMC described a reduction in the median case age at screening as a positive impact of the NMC's action plan, which began in 2024. However, a subsequent chart showed that the median case age at screening has been higher since March 2024 than the period immediately before, and has remained broadly stable since then. The minutes of the November Council meeting recorded that 'good progress made in reducing the median case age was commended. The way median case age was presented to the Council would be reviewed to ensure it was clear.'

<sup>6</sup> In response to this question, the NMC said: 'The Council has commissioned three independent investigations into the concerns raised to ensure it understands the necessary action in response to them. The Council holds the Executive to account through Council as well as Council Committee meetings.'

<sup>7</sup> The first meeting of the culture transformation steering group was held in April 2025.

- 4.20 Under Standards 9 and 10, we set out concerns around the NMC’s inability to report reliably on relevant data. Notably, in relation to Standard 9, there is evidence of a failure in the NMC’s routine controls, and significant concerns about the NMC’s capacity, resources and expertise to implement its education quality assurance (QA) improvement plan, particularly given the high number, and severity, of areas of risk.
- 4.21 The Omambala reviews are highly likely to make findings on matters relevant to this Standard, in terms of the NMC’s performance in addressing concerns raised about it. We will consider the findings of the Omambala reviews, and the NMC’s response, as part of the next review period.

## Conclusion

We have seen considerable evidence of routine public reporting, including the NMC’s public acceptance of the ICR’s recommendations and the work and material prepared for Council and the IOG. However, we have identified inconsistencies within the NMC’s FTP reporting, and there are significant gaps in respect of the NMC’s ability to report on its education QA function.

The ICR described ‘a culture that is seemingly not open to feedback and opportunities to improve when things go wrong.’ It found that the NMC has failed to implement and embed the findings and recommendations of previous reviews, which the NMC accepted.

We recognise the efforts the NMC has taken to address the concerns highlighted in the ICR. It has reviewed its various improvement plans and incorporated a number of the ICR recommendations within these existing structures to facilitate the process of embedding them. The NMC has engaged with the IOG on a frequent basis, providing an extra level of scrutiny on its improvement plans. However, there are numerous concurrent recognised problems associated with this Standard, and it will take time to fully address all of the issues. Accordingly, this Standard is not met.

## 5 | The regulator consults and works with all relevant stakeholders across all its functions to identify and manage risks to the public in respect of its registrants.

- 5.1 The NMC responded to a variety of consultations by regulatory and other bodies throughout the review period, including the GMC and PSA consultations on regulatory reform, the Health and Care Professions Council (HCPC) consultation on English language requirements and the Scottish government consultation on banning conversion practices. It also issued joint statements with other regulators, for example in April 2024 the NMC, together with the CQC and GMC, issued a joint statement welcoming the introduction of ‘Martha’s Rule’. In May 2024, the NMC signed up to a framework for sharing intelligence between health and care regulators in Northern Ireland, including Northern Ireland Social Care Council (NISCC) and Regulation and Quality Improvement Authority (RQIA).



## What we heard from stakeholders

We received positive feedback about the NMC's engagement with stakeholders, as we have done in recent years.

One stakeholder 'welcomed the NMC's leadership in several areas of innovation in regulation [...] On a strategic level, [we sit] alongside the NMC on several UK-wide forums such as Chief Executives of Regulatory Bodies (CEORB) and Directors of Regulation of Health and Social Care in the UK. The NMC are regular and valued attendees at these networks, contributing fully and effectively to those discussions.

Another stakeholder highlighted positive engagement in relation to a range of work, such as the CBT and OET fraud issues, and changes to English language requirements. Overall, it said there was 'a sustained commitment to engage and explain from the NMC, as well as substantive efforts to align with other regulators.'

Another stakeholder told us that it has good engagement with the NMC at a senior level. It takes part in stakeholder engagement groups in relation to regulatory reform and FTP.

Another stakeholder commented positively on the NMC's engagement with it at different levels of the respective organisations. It also said that the NMC engages well with its members.

Another stakeholder said it has positive and frequent engagement with the NMC, and considered that it managed the communications around the CBT cases well. It would like the NMC to make more country-specific information available.

- 5.2 Throughout the review period, the NMC has regularly considered what steps it needs to take to communicate and engage with stakeholders. It routinely includes sections within its Council papers to exhibit its engagement with stakeholders. One example is a bespoke analysis it undertook to provide a baseline of stakeholders' experiences of the FTP process, with a focus on professionals. It has used this baseline as a progress measure, and is using feedback to further inform the enhancements to the FTP plan.
- 5.3 The NMC's review of practice learning entailed significant engagement with stakeholders, the public and student groups. Additionally, it actively engaged with its steering and advisory groups to build consensus on recommendations. Separately, the NMC shared its *Spotlight on Nursing and Midwifery* reports with a targeted group of stakeholders to highlight issues.

- 5.4 The NMC convened regulatory stakeholder meetings in relation to the CBT and OET issues throughout the review period. It has also been engaging with representative bodies such as the Nigerian Nurses Charitable Association UK and the British Indian Nurses Association.
- 5.5 The NMC’s public voice forum continues to meet and have input into its work. The report of the advanced practice work noted the contribution of the forum.
- 5.6 The ICR made two recommendations in connection with stakeholder engagement. In response to the review, the NMC acknowledged it ‘could have done more to engage stakeholders early and consistently’. The NMC has taken reasonable steps to improve transparency and collaborative working with stakeholders. This has been particularly notable in its engagement with the IOG, learnings from which have informed both its FTP improvement and cultural transformation plans

### Conclusion

There is considerable evidence to show that the NMC works with and engages its stakeholders to manage and mitigate risks to the public. This Standard is met.

## Guidance and Standards

### 6

**The regulator maintains up-to-date standards for registrants which are kept under review and prioritise patient and service user centred care and safety.**

- 6.1 The NMC continues to maintain Standards for its registrants. It published an update to its post-registration Standards in April 2024 with a minor change of wording.
- 6.2 In March 2024, the NMC’s Council approved the proposal that additional regulation of advanced practice is required. The NMC will develop standards of proficiency for advanced practice and associated programme standards; advanced practice training courses would be brought into the remit of the NMC’s education quality assurance activity, and registrants’ revalidation will include their advanced practice.
- 6.3 We have received positive feedback about the NMC’s work in this area and we are assured that it is taking a reasonable approach. We will monitor this work as it continues.

### Conclusion

The NMC has standards for its registrants, and we have seen evidence of the NMC ensuring they remain up to date. This Standard is met.

# 7

**The regulator provides guidance to help registrants apply the standards and ensures this guidance is up to date, addresses emerging areas of risk, and prioritises patient and service user centred care and safety.**

- 7.1 The NMC continues to provide guidance for its registrants. In this review period, it has published a range of new resources, including [resources](#) for midwives, [resources](#) for nursing and midwifery leaders and [guidance](#) for registrants on freedom of expression. In March 2024, the NMC launched a social media campaign to encourage students to reflect on what it means to practise in line with the NMC’s Code, with further resources available in its student hub.
- 7.2 In August 2024, the NMC published a statement in response to the riots that took place that month. This statement reminded health and care professionals of the guidance that the NMC developed with NHS England and NHS Confederation on combatting racial discrimination against ethnic minority nurses, midwives and nursing associates. The NMC also wrote directly to all registrants, and part of this provided guidance about refusing care when faced with racism, violence or aggression by a member of the public.
- 7.3 In September 2024, the NMC shared a blog on Martha’s Rule, explaining its significance and how it relates to nursing and midwifery professionals’ practice. The blog encouraged all registrants to ensure they are familiar with their local processes to enable them to escalate concerns relating to patient safety and ensure that Martha’s Rule is embedded in practice.
- 7.4 The NMC has been working to strengthen its guidance on the remote prescribing of medicines used for aesthetic treatments to ensure it is fulfilling its duty to protect the public. The NMC said that this would better align its position with other regulators who require professionals to carry out face-to-face consultations before prescribing for aesthetic purposes. The NMC published a statement in August 2024 setting out its plans to gather views from stakeholders.

## Conclusion

The NMC continues to publish guidance, and produced further guidance this year which reflects areas of known or emerging risk. This Standard is met.

## Education and Training

# 8

**The regulator maintains up-to-date standards for education and training which are kept under review, and prioritise patient and service user centred care and safety.**

- 8.1 The NMC continues to maintain standards for education and training providers and this Standard was met last year. However, we identified issues that we wanted to

follow up on, specifically, the evaluation of increased use of simulated practice learning, the impact of the changes to education programme standards regarding the use of simulated practice learning, and concerns raised by some stakeholders.

- 8.2 Last year, the NMC changed its programme standards to allow training providers to deliver up to 600 hours of practice learning by simulation, up from 300 hours previously. During the Covid-19 pandemic, 20 education providers had been given approval to deliver up to 600 hours of simulated practice and they had been due to undertake an evaluation of their experience, but this was not complete by the time the NMC increased its limit.
- 8.3 The NMC told us that the education providers involved have '*established a supportive community of practice*', with which the NMC meets monthly. The providers also submit quarterly reports to the NMC. The NMC published the evaluation report in September 2024.<sup>8</sup> The report found that there were significant benefits of simulated practice learning, but there can be financial challenges in delivering it consistently.
- 8.4 Some stakeholders identified risks with an increased use of simulation, such as students having less opportunity to develop soft skills, and the burden it would place on education providers to offer simulation that is capable of replacing real-life practice. We received feedback this year that education providers found implementing the standards straightforward, and welcomed the flexibility of them, but some were not able to take advantage of this due to the significant resources required.
- 8.5 We heard some concerns from stakeholders last year that the NMC's Standards for Student Supervision and Assessment (SSSA) and its standards for pre-registration nursing in relation to mental health may not be adequate. We have not seen any further evidence to substantiate these concerns this year.
- 8.6 We received positive feedback on the NMC's engagement with stakeholders, both in relation to education and in other areas of work. We were also reassured by the breadth of engagement the NMC has undertaken with the sector specifically in relation to the SSSA, including Q&A sessions, webinars and publishing information following discussions with the sector.
- 8.7 The NMC has been approving all relevant Approved Education Institutions (AEIs) against its updated standards of proficiency for specialist community public health nurses, following their initial introduction in 2022. All AEIs were due to be approved by 1 September 2024, however a number of AEIs requested approval after the deadline. This meant that the affected AEIs were requesting approval for the spring 2025 intake, resulting in a slight contraction in the availability of post-registration programmes for a brief time.

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<sup>8</sup> <https://www.nmc.org.uk/globalassets/sitedocuments/simulated-practice-learning/reports/2024/evaluation-of-simulated-practice-learning-in-pre-registration-nursing-programmes.pdf>

- 8.8 The NMC is currently reviewing nursing and midwifery practice learning for pre-registration courses. It has established an independent steering group with an external chair, and it has commissioned the Nuffield Trust to carry out research to inform this review. We have received positive feedback from stakeholders about this work.

## Conclusion

We have not seen further evidence to substantiate the concerns raised with us last year, we have received broadly positive stakeholder feedback, and relevant work is in progress in this area. On that basis, this Standard is met, and we will continue to monitor any further developments.

# 9

**The regulator has a proportionate and transparent mechanism for assuring itself that the educational providers and programmes it oversees are delivering students and trainees that meet the regulator’s requirements for registration, and takes action where its assurance activities identify concerns either about training or wider patient safety concerns.**

- 9.1 We have been monitoring some significant issues in relation to the NMC’s work to assure the quality of education and training.
- 9.2 The NMC withdrew approval for Canterbury Christ Church University (CCCU) midwifery course in May 2023, following concerns about the practice learning environment it relied upon. The NMC later discovered that the CCCU nursing programme had been miscalculating students’ practice learning hours, which meant that remedial action was needed before some graduates could join the register.<sup>9</sup>
- 9.3 The NMC subsequently undertook extraordinary reviews at two other AEIs in March 2024. Evidence from these reviews indicated that students had received practice learning hours for activities that did not meet the standards for practice learning. Consequently, the NMC decided to require mandatory exceptional self-reporting from all AEIs, to establish whether there were similar issues elsewhere.
- 9.4 The NMC received responses from 95 AEIs in all. It undertook manual triangulation and mapping of these responses. The NMC’s education quality assurance documentation and information were collected and stored in multiple places, meaning that it was forced to adopt manual approaches to establish

<sup>9</sup> Under the current arrangements, students must complete at least 2,300 practice hours as part of their pre-registration training programme to be eligible to join the NMC’s register.

accuracy and to identify and mitigate risk. The NMC accepted that ‘this drawback highlights the limited progress in our ambition to having a data-driven approach’ to education quality assurance.

- 9.5 The findings from the exercise were reported to Council in September 2024, six months after the initial extraordinary reviews. The analysis identified a number of issues concerning non-compliance with standards which the NMC had not detected through its routine monitoring. These included some basic elements of an education quality assurance function, such as clear requirements about how to calculate the required practice hours. Some graduates had joined the register without having completed the required number of practice hours.<sup>10</sup> The review identified variation in the use of reflective practice and ‘practice related activities’, as well as disparity in the counting of breaks as practice learning hours.
- 9.6 The NMC has acknowledged that further clarity is needed, and it plans to co-produce a policy position on student breaks and reflective learning for the forthcoming academic year. A review is also ongoing into practice learning and the NMC’s pre-registration standards.
- 9.7 The NMC reviewed its risk management approach in light of the analysis. It was satisfied that the failures to meet the relevant standards<sup>11</sup> represented a risk to students’ learning journey and experience, rather than to patient safety. While it committed to remedying the issues, the NMC said that ‘without any other data to suggest new entrants to the register were not capable of safe and effective practice, we believe the risk to professional practice and patient safety is low.’ We were not assured by the NMC’s view that AEIs’ non-compliance with its standards does not represent a significant risk, particularly given the gaps the NMC identified in its data. In our view, the need for a separate exercise to request and manually collate information about AEIs’ compliance with the NMC’s standards indicated a failure in its routine controls. We noted that the NMC’s approach to securing compliance continued to rely on AEIs’ self-assessments in circumstances where the same AEIs had previously failed to identify or declare relevant issues, and it was not clear to us how the NMC had assured itself this was sufficient.



### What we heard from stakeholders

One stakeholder told us that education quality assurance is the area of most concern for its members. It noted concerns around the consistency of guidance from the NMC in relation to self-reporting, reapprovals and when to report by exception, and felt that the NMC’s definition of practice hours is open to interpretation and requires greater clarity.

Another stakeholder spoke positively of the NMC’s focus on learning lessons from the withdrawal of approval of Canterbury

<sup>10</sup> See Standard 10 below.

<sup>11</sup> The NMC’s [Standards for Student Supervision and Assessment](#).

Christ Church midwifery course, with a particular focus on the wellbeing of students.

- 9.8 The NMC is developing an education quality assurance improvement plan after an internal review identified numerous significant risks, and limitations on the extent to which these are currently being managed. The areas of risk included: the limited capacity of its assurance processes to meet the demands of ongoing monitoring; the increasing volume and seriousness of concerns about AEIs; and a shift to a new quality assurance partner, which might be an opportunity for long-term improvement, but which carried risks at the point of transition. The NMC acknowledged that it does not currently have the capacity in terms of data, processes, or resource within the team, to manage these risks effectively.
- 9.9 The education quality assurance improvement plan also identified significant risks associated with the NMC's limited data capability: it is currently unable to access a single view of an AEI's assurance history, which the NMC said 'has led to a number of issues where concerns have been raised and [it] has been unable to respond quickly and effectively with confidence due to difficulties in identifying and gathering relevant information'. The NMC said that these limitations in its data capability mean it is 'not confident that it has a complete picture of where all students undertake their placement learning.' It accepted that this is a 'significant intelligence gap which could result in critical concerns in relation to a placement not being identified.'
- 9.10 The education quality assurance improvement plan proposed to run over the course of 18 months. The plan was still at the approval stage by the end of the review period. The NMC's public reporting to its Council identified a high risk around its education quality assurance work. We recognise that the NMC is currently facing several high-risk areas across its work, but we were concerned about the limited progress to address the serious risks it had identified. Furthermore, given the challenging context, we had concerns about whether the NMC has the capacity, resources and expertise to successfully implement the plan.

## Conclusion

Some significant concerns have been identified about the NMC's ability to effectively monitor and quality assure AEIs. By the end of the review period, the NMC was in the process of developing an improvement plan to address these. However, this was not finalised and we had concerns about the NMC's ability to implement it. This Standard is not met.

## Registration

# 10

**The regulator maintains and publishes an accurate register of those who meet its requirements including any restrictions on their practice.**

- 10.1 We carried out a check of a sample of 50 register entries where registrants had been subject to final fitness to practise hearings. The check did not identify any concerns about the accuracy of the information displayed on the register.

### Fraudulent applications to the register

- 10.2 The NMC saw an increase in the number of incorrect and fraudulent entries to the register over the review period. It has been investigating three separate instances of large-scale fraudulent applications for registration:

- alleged fraud at a computer-based test centre in Ibadan, Nigeria (CBT cases)
- alleged fraud at an OET language testing centre in Chandigarh, India (OET cases)
- and fraudulent applications using a forged Pakistan Nursing Council stamp (PNC cases).

### CBT cases

- 10.3 Overseas-trained applicants must successfully complete tests to demonstrate their professional skills before they can join the NMC register. Part of this process is a computer-based test (CBT), which can be taken at various centres around the world. The NMC has been investigating allegations of fraud at a CBT centre in Nigeria.

- 10.4 As described in Standard 11 below, the NMC's investigation included both applicants and registrants. Forty-eight registrants were alleged to have gained entry to the register fraudulently. By the end of the review period, the NMC had completed nine hearings; in seven of these cases, individuals were found to have joined the register fraudulently and were removed. Hearings are expected to continue until the end of 2025.

### OET cases

- 10.5 The Occupational English Test (OET) is one of the tests the NMC accepts as evidence of English language skills for overseas-trained applicants. The NMC has been investigating allegations of fraud at an OET centre in India. The allegations concerned 68 registrants. Its investigation was ongoing at the end of the review period.

### PNC cases

- 10.6 We considered the NMC's response to this issue in last year's monitoring report. This year the NMC provided an update on the conclusion of its investigation. Of the 112 cases, 81 had been found to be legitimate; a further seven had already lapsed from the register; and 16 were removed for fraudulent entry. An Assistant

Registrar reviewed the remaining eight cases in September 2024 and decided to close them in line with the relevant guidance as, after repeated enquiries, there was a lack of evidence to support the allegation of fraudulent entry.

### **NMC response**

- 10.7 The NMC has taken steps to review and improve its processes to detect and prevent registration fraud. An external audit in April 2024 found that its controls were soundly designed and made some recommendations for improvements. The NMC has developed a new Registrations Fraud Policy and Process, which introduced a central governance structure with clear reporting channels and protocols for the sharing of intelligence across the organisation. It has also developed a Widespread Registrations Fraud Management Framework, which sets out the process for responding to future incidents of widespread fraud. The NMC has also taken steps to improve how it works with third parties such as companies providing test centres.
- 10.8 By the end of our review period, it was not yet clear how many people may have joined the register fraudulently in relation to the CBT and OET issues.

### **Shortfall in practice hours**

- 10.9 As noted at Standard 9 above, the NMC found that some AEIs had not been complying with its standards. As a result, 352 registrants from one AEI had joined the NMC's register despite not having completed enough practice learning hours during their course. The NMC wrote to these registrants in September 2024 to obtain further information about any subsequent practice learning they may have completed. We understand it did not take steps to seek objective corroboration. By the end of the reporting period, 44 of the 352 affected graduates had not responded.
- 10.10 As noted in relation to Standard 9, we considered that the AEI's miscalculation of the NMC's practice hours requirements, and the NMC's inability to detect this before the affected individuals graduated and joined the register, reflected a failure of the NMC's controls in relation to education quality assurance.

## **Conclusion**

The total number of people added to the register without meeting the NMC's requirements is over 350, and could be over 400, depending on the outcomes of the CBT and OET investigations. The NMC's register is so large that this amounts to a relatively small proportion, but we consider it a large number of individuals to be registered in error. Maintaining an accurate register is a key function and duty of a regulator, in the interests of public safety and public confidence.

The NMC has added a large number of people to the register who had not met its requirements, and by the end of our review period it had not been able to fully remedy the situation. Whilst it has taken steps to mitigate the risk of widescale fraud in the future and has begun to develop work to improve its controls in education quality assurance, we were not sufficiently assured about the NMC's ability to ensure the

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integrity of the register during the period under review. Accordingly, this Standard is not met.

## **11 | The process for registration, including appeals, operates proportionately, fairly and efficiently, with decisions clearly explained.**

- 11.1 As noted under Standard 10, this year the NMC has been investigating a significant volume of allegations of fraud in respect of the CBT and OET issues.
- 11.2 Concerns about the CBT centre were first reported in May 2023. The test provider identified evidence of suspicious activity. The NMC worked to gather further information. Although not everyone who took a CBT at the affected test centre was suspected of fraud, the NMC determined that it could not rely on any tests completed there. It required all those affected to retake their CBT, so that it could be sure it had reliable evidence of their competence to join the register.
- 11.3 Some of the people affected had already joined the register; others had applications still in progress. The NMC investigated 48 registrants under its fraudulent entry process; it referred 669 applications for a decision by an Assistant Registrar where it suspected possible fraud.
- 11.4 By the end of our review period, the NMC had completed 11 fraudulent entry hearings. Assistant Registrars had made decisions on 200 of the 427 applications where applicants suspected of fraud had successfully retaken a CBT. Most of these applications were refused. The NMC received a significant number of appeals against decisions to refuse registration, and had completed a small proportion of these appeal hearings by the end of the review period.
- 11.5 The NMC has taken steps to update and support affected individuals and organisations. It extended its Careline service to those affected, and has been working with Nigerian Nurses Charitable Association UK to deliver webinars on the process. It has held regular briefings for employers and other stakeholder organisations.
- 11.6 The OET investigation commenced in May 2024 and was originally expected to conclude by September 2024; however, it remained ongoing by the end of the review period. At that point, the NMC had sent a summary of the evidence to 46 of the 68 affected registrants. They were invited to respond and to submit any related evidence. The NMC was still awaiting evidence from OET for the remaining 22 registrants, and those individuals had not received a summary of the evidence by the end of the review period.
- 11.7 We recognise that these cases presented numerous challenges for the NMC, including:
- the high volume of cases, which challenged its capacity – particularly in relation to hearings, where its ability to schedule and complete hearings has been

limited by the availability of its own independent panellists and registrants' representatives

- the nature of the evidence, which is complex and often limited
- the fact that it is reliant on third parties for evidence relevant to its investigations.

11.8 We are aware that stakeholders including representatives of registrants and employers are concerned about the time it is taking. We, too, are concerned, though again we recognise that the NMC must investigate thoroughly and fairly, and that some factors outside the NMC's control have affected how quickly it can make progress.

## Conclusion

The NMC has investigated a large number of allegations of fraudulent applications to the register. We are concerned about how long it is taking to complete this work, but we recognise that the NMC has been faced with a large number of complex cases, which it must investigate and resolve fairly. It has also been taking steps to support and update those affected. On balance, this Standard is met. The NMC needs to ensure this work is appropriately prioritised so that the remaining cases are resolved without further delay.

## 12 Risk of harm to the public and of damage to public confidence in the profession related to non-registrants using a protected title or undertaking a protected act is managed in a proportionate and risk-based manner.

- 12.1 There have been no substantive changes to the NMC's approach to illegal practice and misuse of protected titles, this year, and we have not seen any evidence of significant concerns about this aspect of its work.
- 12.2 We are aware that stakeholders have been in discussion with the NMC about protection of the health visitor title. The Institute of Health Visiting reported that it has raised this issue with the NMC, and one stakeholder told us that it had useful discussions with the NMC about this issue.
- 12.3 In September 2024, the NMC reported that it had updated its Standard Operating Procedure for potential breaches to the Protected Title/Protection of a Title of a Registered Nurse, Midwife or Nursing Associate<sup>12</sup> and Protection Function of the Midwife<sup>13</sup>. This was part of its work with stakeholders to develop a set of principles

<sup>12</sup> Article 44, Nursing and Midwifery Order (2001)

<sup>13</sup> Article 45, Nursing and Midwifery Order (2001)

for individualised care for women giving birth outside maternity units, in response to increasing concerns around freebirth and care from unregulated people.

## Conclusion

We have no concerns about the NMC's performance against this Standard. This Standard is met.

## 13 | The regulator has proportionate requirements to satisfy itself that registrants continue to be fit to practise.

- 13.1 The second phase of the NMC's *Ambitious for Change* research<sup>14</sup> considered evidence of differences in revalidation rates associated with different protected characteristics. Whilst it did not hear from people with some of the characteristics associated with lower rates of revalidation, the findings were still consistent with previous research. The NMC will be carrying out further work with disability organisations and networks, to understand the barriers to revalidation faced by disabled professionals.
- 13.2 We noted last year that the NMC had deferred its planned review of revalidation, and did not identify any significant concerns about this. We do not have any other concerns about the NMC's approach to revalidation.

## Conclusion

There have been no significant changes to the NMC's approach to revalidation in this review period. We will continue to monitor the progress of its work in this area. This Standard is met.

## Fitness to practise

## 14 | The regulator enables anyone to raise a concern about a registrant.

- 14.1 The NMC reports on the number of referrals it receives into its FTP function. Between April 2023 and March 2024, the NMC received 5,774 referrals, an increase of around 14% from the previous 12 months. For the following year, April

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<sup>14</sup> <https://www.nmc.org.uk/about-us/equality-diversity-and-inclusion/edi-research/ambitious-for-change-research-into-nmc-processes-and-peoples-protected-characteristics/>

2024 to March 2025, the NMC received 6,550 referrals, a further increase of 13% from the previous year.

- 14.2 The continuing increase in referrals being received by the NMC suggests that there are unlikely to be inappropriate barriers to anyone raising a concern with it about a registrant. However, we also note the challenges that a higher number of referrals creates for the rest of the NMC's FTP processes and improvement work.
- 14.3 The NMC's Employer Link Service (ELS) continues to help with progressing FTP cases and supporting employers with advice on making referrals. In its annual report on this service for 2023/24, the NMC noted that it received over 1,000 calls, the highest it has ever received, with 55% being advised to make a referral. This service includes a process for quality assuring advice and following up on calls where the service advises an employer to make a referral. The evidence suggests this service is a helpful way to support appropriate FTP referrals being made

## Conclusion

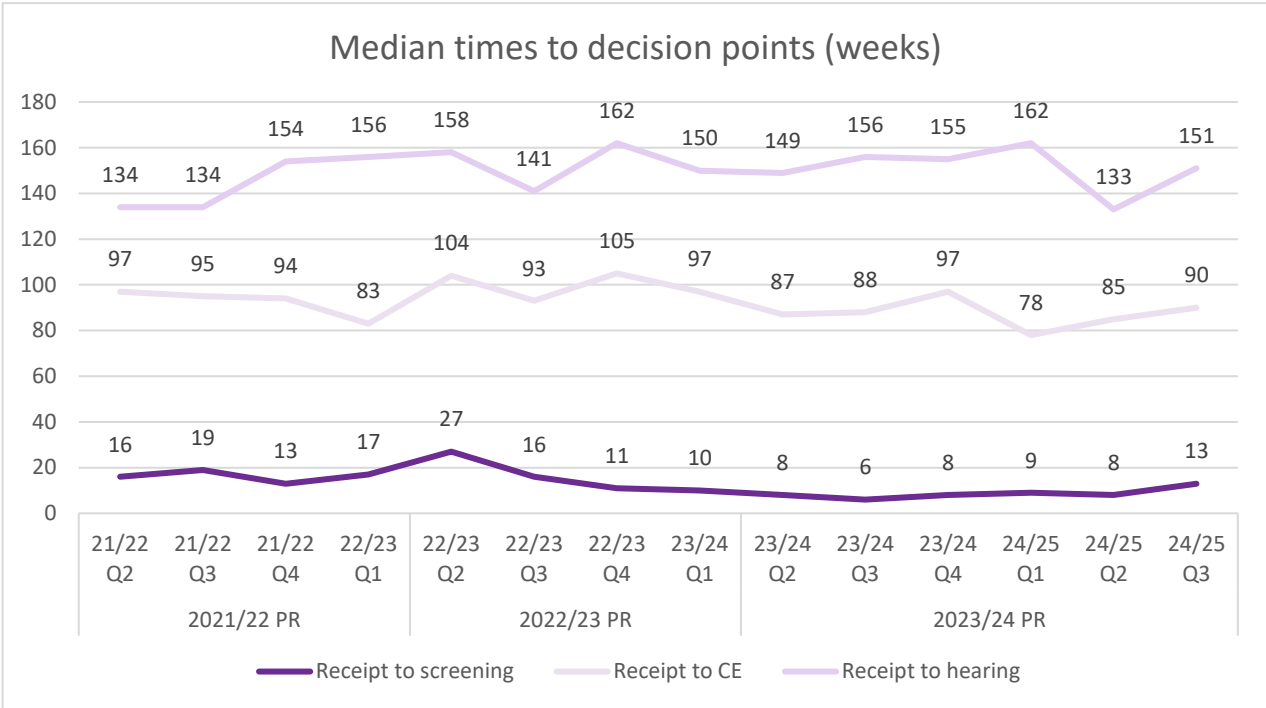
The NMC is receiving an increasing volume of referrals, which suggests it is not placing inappropriate barriers to referrals being made. It also uses the ELS to support employers with advice on making appropriate referrals. This Standard is met.

# 15

**The regulator's process for examining and investigating cases is fair, proportionate, deals with cases as quickly as is consistent with a fair resolution of the case and ensures that appropriate evidence is available to support decision-makers to reach a fair decision that protects the public at each stage of the process.**

- 15.1 The NMC has not met this Standard since 2018/19. We have written to the Secretary of State under our escalation policy because the NMC has repeatedly not met this Standard.

15.2 The chart below shows the median times to decision points as recorded in our dataset, up to the end of this review period.



15.3 The chart shows that, for the majority of this review period, the time taken from receipt of cases to a screening decision has been lower than in previous performance reviews. However, this has increased in the final quarter, which is likely to be a result of the NMC closing more of its older cases at the screening stage.

15.4 The time from receipt of a case to a Case Examiner decision appears to have slightly decreased in this review period, which is positive, and the time from receipt of a case to a decision at a hearing has fluctuated but remained largely unchanged on average compared to the previous review period.

15.5 Whilst there are some positive indications in the above data, the overall time taken for FTP cases to conclude remains concerning.

15.6 The number of cases waiting for a hearing to start at the NMC is also concerning, as it has increased from 872 at the start of the review period to 1,064 at the end of the review period, with a median age of 148 weeks. The overall volume of old cases held by the NMC has not shown significant improvement compared to the previous review period, either. Whilst the volume of such cases decreased in the first four quarters of this review period, from 2,971 at the end of the last review period, to 2,654 at the end of June 2024, it has since increased to 2,947 cases that are over a year old.

## Fitness to practise improvement

- 15.7 In March 2024, the NMC approved its latest improvement plan. This plan involves investing £30 million over three years and includes seven key areas of work, including safe and swift progression of cases at screening and investigations, and improving the quality and timeliness of decisions at the adjudication stage. It has headline success measures for the average caseload ages at each stage of the process, including a target of two months at screening by March 2025. As of the end of December 2024, this was at 23 weeks, compared to 24 weeks in March 2024.<sup>15</sup>
- 15.8 In January 2025, the NMC noted that its FTP plan had 'undergone significant review and adaptation of the past months.' It is currently in 'Phase 1: Stabilisation' with its focus being on eliminating its backlog of unallocated screening cases and better management of its older cases. Phase 2 will be 'Improvement' and Phase 3 will be 'Steady State'.
- 15.9 The NMC has successfully reduced the cases awaiting allocation at the screening stage, from 949 in April 2024 to 419 by the end of the review period. However, this is only one step towards dealing with its screening cases. The overall number of cases at the screening stage is more relevant. At the start of this review period, it was 2,247, by the end of March 2024, it was 2,894, and at the end of the review period, it was 2,969.
- 15.10 There are signs of improved performance at the screening stage. The NMC has invested in this part of the process and in the final six months of the review period, it averaged 553 screening decisions per month, compared to 475 in the six months prior to that. This has not led to a decrease in the caseload, due to the NMC receiving a high number of referrals, but it is a positive step.
- 15.11 With respect to its work on older cases, the NMC has noted that teams are actively focusing on the oldest cases, with staff at each stage of the FTP process reviewing the 10 oldest cases every month, with an aim to progress them. It is not clear from reporting if the NMC is making significant progress with clearing its older cases. The significant increase in the time to make a screening decision in the chart above reflects older cases having decisions made at screening. However, as also noted above, the number of cases over a year old has been increasing since June 2024, and in particular, the number of cases over three years old has continued its long-term upward trend.
- 15.12 Other impacts that the NMC notes have resulted from its improvement plan include a significant reduction in the number of cases needing a legal review at the Case Preparation and Presentation stage, a significant increase in the number of cases with an allocated hearing date, and case-weighting tools being put in place to ensure a fair distribution of work across the NMC teams. These are all steps towards improving performance, but we do not consider these steps to be

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<sup>15</sup> This has decreased to 19 weeks as of March 2025, but this post-dates our review period.

evidence that the NMC has made significant progress in its overall FTP performance.

- 15.13 Some of the challenges that the NMC has noted in relation to its improvement plan include a higher number of referrals than anticipated, and the need for the plan's focus to expand into areas such as safeguarding and cultural changes. It has also noted that it underestimated how long it would take to implement productivity improvements and changes whilst improving timeliness, and the NMC stated that due to its historic underinvestment in its people and building its capabilities, it is harder to deliver sustained improvements.

### Audit findings

- 15.14 Our audit identified a number of cases where there were significant delays, which was to be expected, given the data on the NMC's timeliness. In three out of 18 cases we reviewed at screening, and three out of 13 cases we reviewed at the case examiner stage, we felt that the decision-makers did not have sufficient information to make a reasonable decision.<sup>16</sup>
- 15.15 In two of the three screening cases, the NMC reopened them, sought further information, and then closed them. In three of the four other cases, we felt that the information would have been unlikely to affect the outcome or would have been unlikely to be available, if the NMC had sought it.

### Independent Culture Review

- 15.16 The ICR made findings about the timeliness, fairness and proportionality of the NMC's FTP process. In its introduction, it noted that the NMC commissioned the ICR due to the whistleblower's disclosures, which included allegations that a 'deep seated toxic culture' was leading to skewed and failed investigations.
- 15.17 The report featured feedback from panel members. This included positive feedback, with some panel members considering the hearings to be fair, inclusive, collaborative, respectful and supportive to all participants. However, some panel members provided critical feedback, noting that there are people chairing NMC hearings who 'do not understand what discrimination is' and 'don't support vulnerable people', and the hearings can be 'slow and drawn out'.
- 15.18 The ICR made recommendations to the NMC, which it accepted in full. The recommendations are often relevant to more than one of our Standards. Some that were relevant to this Standard included that the NMC should commit to eliminating the screening backlog by 2025, and that the NMC must engage more effectively with stakeholders to ensure they are efficiently and effectively using resources to complete more adjudications decisions each month.

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<sup>16</sup> The NMC did not agree with all of our findings in the audit.

## Other work undertaken by the NMC

15.19 The NMC has published revised guidance for decision-makers, to strengthen it in respect of concerns arising outside of registrants' professional practice. It is allocating panels to hearings 10 weeks in advance, as opposed to two weeks in advance, allowing them more time to prepare for the panels. The NMC also appointed the Director of FTP and General Counsel at the GMC on a short secondment, to offer advice on improvements in its regulatory work.

### Conclusion

The NMC does have areas of improving performance against this Standard, and it is investing significant money and effort in trying to improve. However, there continue to be areas of weakness in the NMC's performance, and in particular its FTP cases are taking too long to process. Therefore, this Standard is not met.

**16** | **The regulator ensures that all decisions are made in accordance with its processes, are proportionate, consistent and fair, take account of the statutory objectives, the regulator's standards and the relevant case law and prioritise patient and service user safety.**

### Agreed removals

- 16.1 The data on agreed removals showed a significant increase in the number of applications for agreed removal in 2023/24, when changes to the process came in. There were 339 applications of which 154 were granted, compared to 108 applications, of which 60 were granted, in 2022/23. The total number of applications and the successful applications decreased in 2024/25 but remain significantly higher than 2022/23.
- 16.2 The NMC evaluated the changes it made to the guidance for its agreed removal process, which noted that decisions on removal were being made earlier in the process, and without full admissions to the FTP concerns. In some cases, it was not clear what information had been reviewed by the decision maker, and some decision makers raised concerns about the NMC taking a proactive approach to encouraging professionals to consider agreed removal.
- 16.3 Our audit included reviewing a sample of cases where the agreed removal decision had been made before a referral to the case examiners to decide if there was a case to answer. We did not identify any concerns about the NMC's use of this process, and identified two cases which we considered demonstrated the benefits of the new process. Specifically, these were cases which, under the old process, would have likely been drawn out and stressful for the registrant, but under this process were able to proceed to agreed removal, with public protection maintained.

## Independent Culture Review

- 16.4 The ICR did not review any individual cases, but it heard evidence from a number of respondents with direct experience of cases. It noted that there were ‘multiple examples where safeguarding cases have been closed down by screening teams on the basis that risks occurred in registrants’ private lives’ and quoted accounts from NMC staff of very serious referrals being inappropriately closed at screening. It also heard evidence from respondents who expressed concern about the fairness of the NMC’s decision-making in relation to EDI considerations.
- 16.5 The ICR drew a clear link between the NMC’s internal culture and the fairness and robustness of its decision-making. This was also flagged by the whistleblower and the handling of a number of cases involving issues such as alleged discrimination and safeguarding is under investigation by Ijeoma Omambala KC. The NMC has acknowledged that the ICR has damaged stakeholders’ confidence and trust in the leadership of the organisation and their views on the NMC’s ability to make safe and effective decisions that prioritise patient and service user safety.
- 16.6 Some of the recommendations made by the ICR which were relevant to this Standard included that the NMC should develop a quality assurance framework which ensures that there are consistent standards across its FTP work which applies to internal and outsourced teams, and that it should clarify the relationships between legal teams across the NMC and the role of legal expertise in multi-professional teams. The NMC is still at an early stage with respect to both of these recommendations.

## Audit findings

- 16.7 In addition to finding a good level of assurance with respect to the NMC’s agreed removal decisions, we were assured by other decisions we reviewed in our audit. Our sample size was small compared to the overall size of the NMC’s caseload, but we saw a range of types of referrals from different sources and we saw a high degree of consistency in our findings. We did not have any concerns about the outcome in 90% of the cases reviewed.
- 16.8 There were two decisions made in screening where we identified concerns which engaged some of the considerations from the ICR. We saw one case involving an allegation of domestic violence, where the NMC did not seek further information and referenced its guidance on criminal cautions and convictions that was in place at the time. We saw another case where the NMC did not seek further information about an allegation of harassment on the grounds of disability. In both cases, the NMC reopened the cases after we raised them, sought further information, and subsequently closed the cases.<sup>17</sup>

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<sup>17</sup> These cases are the cases referenced at paragraph 15.15.

## Quality assurance of decisions

16.9 The NMC's work to assure and improve the quality of its decisions, following the concerns raised in the ICR, remains at an early stage. This is partly because the Omambala review will further inform its work in this area. However, the NMC has noted that with respect to quality assurance, its initial focus is streamlining data capture and reporting to help drive learning and improvement. It is also in the process of considering its future quality assurance framework for FTP.

### Section 29

16.10 We have initiated 23 appeals of decisions made by the NMC during this review period and continued to provide learning points to the NMC where we identify them in our reviews of its decisions. Of the appeals that have concluded, 17 were settled by consent, two were upheld, and one was withdrawn. This does represent an increase in the number of appeals compared to the previous review period, where we initiated nine.<sup>18</sup> However, given the number of NMC cases we review and the relatively small number of appeals, we do not consider this to represent a significant cause for concern, but we will monitor this in future performance reviews.

### Conclusion

The evidence of the NMC's performance against this Standard is mixed, and the Omambala review of decisions made by the NMC will be particularly relevant to this Standard. We will review this and consider its findings when this becomes available.

Our audit did not identify any significant concerns, but it was a small sample size. The ICR did identify significant concerns, but it did not review any specific cases.

It is clear that the NMC must improve with respect to its decision-making and our decision against this Standard was finely balanced. However, given the assurance from our audit, which did look at specific cases, we determined that this Standard is met.

## 17 | The regulator identifies and prioritises all cases which suggest a serious risk to the safety of patients or service users and seeks interim orders where appropriate.

17.1 The NMC's KPI for interim order timeliness is that they are imposed within 28 days of opening a case. Its target is for 80% of interim orders to be imposed within this timeframe, but it consistently does not meet this target. However, the NMC does consistently have over 50% of interim orders imposed within this timeframe. Whilst

<sup>18</sup> This review period lasted 18 months, whereas the previous review period only lasted 12 months. However, this still represents a significant increase in the number of referrals.

direct comparisons between regulators can be challenging due to differences in their processes, the NMC's performance in this area does compare favourably to the other regulators we oversee.

17.2 Our audit of 40 FTP cases did not identify any cases where the NMC failed to consider an interim order when it was necessary. We saw some instances of risk assessments not being completed in a timely manner, or being insufficient, but we did not have significant concerns overall.

17.3 We received feedback from a senior nursing stakeholder, who raised concerns about a high-profile FTP case which they felt illustrated significant and systemic issues that undermined the credibility of the FTP process. The NMC commissioned a review of the case and was assured that it had been dealt with appropriately, though the stakeholder remained concerned. The NMC has established an oversight group, including this stakeholder and others, to oversee this FTP case and other associated cases.

### Independent Culture Review

17.4 The ICR contains multiple examples raised by NMC staff of cases involving allegations which appear to be clearly high-risk, but which were closed at the Screening stage. These included allegations of abuse against children, allegations of accessing indecent images of children and allegations of sexual assault. Whilst the ICR did not review individual cases, this feedback does highlight concerns about the NMC's ability to identify cases which suggest a serious risk to the public.

17.5 Other concerns raised within the ICR included that:

- NMC staff spoke of "safeguarding generally being devalued across the NMC"
- Senior leaders and staff at the NMC reported concerns about a 'lack of a safeguarding lens in casework despite the availability of expert advice and support internally'
- There is an "absence of a clinical voice in the (safeguarding) process" which 'was highlighted as a key reason why public protection was not paramount'
- 'A number of seasoned professionals shared candid concerns that the current safeguarding function was not delivering the NMC's duty as required by the Charity Commission. In the last year there has been multiple Serious Event Reviews relating to the potential failure of the NMC to appropriately handle allegations of physical or sexual abuse against children occurring outside of clinical settings.'

17.6 Many staff highlighted safeguarding mistakes to the ICR team, others added that they didn't think lessons were being learned, and a number of people claimed to have taken warnings to senior leadership about safeguarding failures, which hadn't been taken seriously.

17.7 The ICR made multiple recommendations in relation this area, which the NMC accepted. These included that complex and serious cases should be managed by a specialist team, the NMC should urgently reviewed its responsibilities regarding the delivery of safeguarding responsibilities in line with the Charity Commission, and that the NMC should develop a safeguarding hub alongside clear messaging from the executive that safeguarding is a priority.

## Safeguarding

17.8 The NMC established its Safeguarding Board in June 2024, which held four meetings in this review period, including an extraordinary meeting following the publication of the ICR. It has a safeguarding working group, which reports directly to the Safeguarding Board and is responsible for delivering work that strengthens the safeguarding function.

17.9 It also launched its safeguarding hub in September. This enables additional checks for safeguarding risks early in the process, when new referrals are received. The safeguarding hub reviews new referrals for potential safeguarding or wellbeing components and advises NMC staff on the best way to manage them. Early feedback on the work of the safeguarding hub from NMC staff has been positive.

17.10 Other action taken by the NMC in relation to safeguarding includes developing a process for making referrals to the Charity Commission, conducting a Training Development Needs Analysis with training being provided to all NMC staff, and recruiting further staff to work in safeguarding.

17.11 We also note that the NMC's safeguarding team is undertaking After Action Reviews for significant safeguarding incidents, to feed into Serious Event Reviews, after the Serious Event Review process became overwhelmed with the number of safeguarding incidents raised. Whilst it is positive that the NMC is now better at identifying safeguarding incidents, this does raise concerns about the NMC failing to identify safeguarding incidents previously.

17.12 As noted at Standard Four, the NMC's highest strategic risk relates to safeguarding, and this risk has been rated at the highest possible level for both impact and likelihood since October 2024. In the NMC's risk reporting in November 2024, it noted that 'the anticipated findings of the recent safeguarding audit and the review of cases undertaken by the specialist advisor in [Professional Practice] shows that there has been a failure to identify and act on safeguarding concerns.'

17.13 This is an area of focus for the NMC, and it is positive to see the NMC undertaking work to improve performance. However, the NMC itself notes that it had been failing to identify and act on safeguarding concerns, and safeguarding continues to be the NMC's biggest strategic risk. This clearly raises concerns about the NMC's performance in this area over the course of the review period.

## Conclusion

There are concerns raised about the NMC's performance against this Standard from multiple different sources, including the ICR and the NMC's public reporting on safeguarding. We note that this Standard relates to high-risk areas, where smaller numbers of issues may be sufficient to amount to significant concerns. The NMC's reporting and the action it is taking demonstrates that it recognises the risk. However, due to the number of relevant issues raised regarding the NMC's performance which remain ongoing as of the end of the review period, this Standard is not met.

## 18 | All parties to a complaint are supported to participate effectively in the process.

- 18.1 The ICR made findings in relation to this Standard. It noted that safeguarding failings at the NMC included failings with respect to registrants in the FTP process. Several people spoken to as part of the ICR argued that drawn out investigations had been a contributory factor to six nurses taking their lives in the prior year. The ICR also included comments from senior NHS and nursing figures suggesting that the NMC's FTP process is combative and adversarial.
- 18.2 The ICR recommended that the NMC 'needs to review the contact and case update arrangements for registrants and witnesses to ensure they have a better experience and make improvements as needed.' The NMC accepted this recommendation, as it did with all of the ICR's recommendations.
- 18.3 We reviewed 40 of the NMC's FTP cases as part of our audit and found customer service issues in nine of those cases. One of these was a concern about a registrant's wellbeing which had been mentioned in the referral and not been picked up or actioned until 17 months later. The other issues were generally low-level, and we did not have significant concerns. They included a lack of updates to an employer for 10 months and letters to registrants not being appropriately tailored to the case.
- 18.4 Other concerns we identified in relation to this Standard were that an analysis of 50 corporate complaints showed professionals frequently complain about insensitive language and a lack of support for vulnerable people, and responses to the NMC's FTP experience feedback survey noted that less than half of the respondents were asked if they needed reasonable adjustments. We also received some concerns from both individuals and organisations regarding the support for professionals involved in the FTP process.
- 18.5 The NMC has begun taking steps to improve in this area. This includes increasing the proportion of hearings taking place in person, training panel members on good case management, including when to intervene if the process is becoming too adversarial, and it has recruited professional liaison officers to support professionals involved in the FTP process.

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## Conclusion

The evidence of the NMC's performance against this Standard is mixed. The ICR noted concerns about the NMC's support for registrants and made a relevant recommendation that the NMC accepted. We also received some concerns from other sources. However, our audit of 40 FTP cases mostly identified only low-level issues, and we can see that the NMC is undertaking work to improve its performance in this area. We know that all regulators are taking steps to make their processes less adversarial, and we do not see evidence that the NMC is doing less work than other regulators in this area. Therefore, on balance, we have concluded that this Standard is met.

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**Professional Standards Authority for Health and Social Care**  
16-18 New Bridge Street  
London EC4V 6AG

Telephone: **020 7389 8030**  
Email: **info@professionalstandards.org.uk**  
Web: **[www.professionalstandards.org.uk](http://www.professionalstandards.org.uk)**

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for Health and Social Care  
June 2025



16–18 New Bridge Street  
London EC4V 6AG  
020 7389 8030  
professionalstandards.org.uk



**Wes Streeting MP**  
**Secretary of State for Health and Social Care**  
**House of Commons**  
**London**  
**SW1A 0AA**

**12 June 2025**

Dear Mr Streeting,

**Regulatory performance of the Nursing and Midwifery Council (NMC)**

On 19 June, we will publish our review of the performance of the NMC in the year 2023/24, covering the period from 1 July 2023 to 31 December 2024. The NMC’s performance during the review period has caused us considerable concern, and I am writing to you on behalf of the Board of the Professional Standards Authority to inform you of the action we are taking, in line with our escalation policy<sup>1</sup>. I attach a copy of our report, which is under embargo until publication on 19 June.

About the Professional Standards Authority

The Professional Standards Authority (PSA) reports to Parliament and the devolved administrations each year on the performance of the 10 statutory health and social care professional regulators<sup>2</sup>. We judge a regulators’ performance against our 18 Standards of Good Regulation (the Standards), which cover five cross-cutting standards as well as the four key regulatory functions: guidance and standards; education and training; registration; and fitness to practise. Each Standard is assessed as being ‘met’ or ‘not met’. Every three years, we conduct an intensive ‘periodic review’ and in the other two years, we monitor performance and produce shorter ‘monitoring reports’. For the NMC, 2023/24 was a periodic review year.

Our 2023/24 performance review

The Independent Culture Review (ICR) of the NMC was published in July 2024. The ICR made a number of critical findings about the NMC’s culture and governance, and made 36 recommendations, which the NMC accepted in full. Two further reviews into

<sup>1</sup> [Professional Standards Authority process for escalating performance review concerns](#)

<sup>2</sup> These are the General Chiropractic Council, the General Dental Council, the General Medical Council, the General Optical Council, the General Osteopathic Council, the General Pharmaceutical Council, the Health and Care Professions Council, the Nursing and Midwifery Council, the Pharmaceutical Society of Northern Ireland, and Social Work England.

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the NMC’s handling of a number of fitness to practise cases and its handling of whistleblowing disclosures are being undertaken by Ijeoma Omambala KC. We had intended to wait for the findings from these reviews before reporting, however these have been repeatedly delayed.

We believe it is in the public interest for us to report on the NMC’s performance in a timely way. We are publishing our report now without waiting any longer for the evidence from the two outstanding independent reviews.

We have identified weaknesses in multiple regulatory functions during 2023/24 which have led us to conclude that the NMC has not met 7 of our 18 Standards this year. Our report sets out our findings in detail, which are summarised below:

- **Standard 2:** we identified performance issues across a number of the NMC’s regulatory functions, and this was reflected in the NMC’s own strategic risk register. Moreover, the ICR concluded that ‘... the NMC had strayed from its central mission’ and recommended that ‘The NMC needs to retain a focus on its core regulatory purposes, and how best to deliver its mandate to protect the public within a changing environment.’
- **Standard 3:** the NMC did not meet Outcome 1 under this Standard because of limited evidence about the impact of the work that has been undertaken to embed EDI throughout the organisation. It met the other three Outcomes and we identified examples of good practice. The ICR made numerous critical findings about the extent to which EDI is embedded in the NMC’s work and whether policies are followed in practice. The Omambala reviews are likely to make findings relevant to this Standard, and we will consider these when available as part of the next review period.
- **Standard 4:** we saw considerable evidence of routine public reporting, however we identified inconsistencies in the NMC’s fitness to practise reporting. Also, there are significant gaps in respect of the NMC’s ability to report on its education quality assurance function. The ICR found that the NMC has failed to implement and embed some of the findings and recommendations of previous reviews, and the NMC accepted that it has not addressed all the recommendations from previous reports. The PSA established the Independent Oversight Group in 2024 to monitor the work of the NMC in addressing all the recommendations of the ICR.
- **Standard 9:** we identified significant concerns about the NMC’s ability to effectively monitor and quality assure Approved Education Institutions (AEIs). The NMC is in the process of developing an education quality assurance improvement plan, however this was not finalised by the end of the review period.
- **Standard 10:** maintaining an accurate register is a key function of a regulator, in the interests of public safety and public, and we were not sufficiently assured about the NMC’s ability to ensure the integrity of the register during the period under review.
- **Standard 15:** the NMC is investing significant money and resources in trying to improve the timeliness of its fitness to practise function, and there are some

areas of improving performance. However, cases are still taking too long to process, and it continues to have a significant backlog. The NMC has not met this Standard since 2018/19.

- **Standard 17:** the ICR highlighted significant concerns around safeguarding, and the NMC reported that an internal audit showed that there has been a failure to identify and act on safeguarding concerns. The NMC has taken steps to strengthen its safeguarding capabilities, however safeguarding remains the NMC's highest-rated strategic risk.

Our assessment of the NMC's performance in 2023/24 is notable in that it is only the second time, after the Pharmaceutical Society of Northern Ireland in 2023/24, that a regulator has not met this many Standards in a single year.

#### Next steps

Our legislation does not provide us with any power to require action to be taken by the regulators in response to our reports. We will continue to monitor the NMC's performance closely, both through our performance review and the Independent Oversight Group chaired by the PSA, and will provide you with annual updates until the issues we have identified are resolved. We will also consider the Ijeoma Omambala KC reviews in detail when they are available, including deciding how we can most appropriately report on what they tell us and whether there is further action we need to take. In the meantime, we would welcome the opportunity to meet with you to discuss the NMC's performance and how it can be supported to improve.

I have copied this letter to Ron Barclay-Smith, Chair of the NMC, and I am writing in similar terms to the Vice-Chair<sup>3</sup> of The Health and Social Care Select Committee.

Yours sincerely,



Caroline Corby  
Chair

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<sup>3</sup> The Chair of the Committee is on parental leave.

16–18 New Bridge Street  
London EC4V 6AG  
020 7389 8030  
professionalstandards.org.uk



**Paulette Hamilton MP**  
**Vice-Chair of The Health and Social Care Select Committee**  
**House of Commons**  
**London**  
**SW1A 0AA**

**12 June 2025**

Dear Ms Hamilton,

### **Regulatory performance of the Nursing and Midwifery Council (NMC)**

On 19 June, we will publish our review of the performance of the NMC in the year 2023/24, covering the period from 1 July 2023 to 31 December 2024. The NMC's performance during the review period has caused us considerable concern, and I am writing to you on behalf of the Board of the Professional Standards Authority to inform you of the action we are taking, in line with our escalation policy<sup>1</sup>. I attach a copy of our report, which is under embargo until publication on 19 June.

#### About the Professional Standards Authority

The Professional Standards Authority (PSA) reports to Parliament and the devolved administrations each year on the performance of the 10 statutory health and social care professional regulators<sup>2</sup>. We judge a regulators' performance against our 18 Standards of Good Regulation (the Standards), which cover five cross-cutting standards as well as the four key regulatory functions: guidance and standards; education and training; registration; and fitness to practise. Each Standard is assessed as being 'met' or 'not met'. Every three years, we conduct an intensive 'periodic review' and in the other two years, we monitor performance and produce shorter 'monitoring reports'. For the NMC, 2023/24 was a periodic review year.

#### Our 2023/24 performance review

The Independent Culture Review (ICR) of the NMC was published in July 2024. The ICR made a number of critical findings about the NMC's culture and governance, and made 36 recommendations, which the NMC accepted in full. Two further reviews into

<sup>1</sup> [Professional Standards Authority process for escalating performance review concerns](#)

<sup>2</sup> These are the General Chiropractic Council, the General Dental Council, the General Medical Council, the General Optical Council, the General Osteopathic Council, the General Pharmaceutical Council, the Health and Care Professions Council, the Nursing and Midwifery Council, the Pharmaceutical Society of Northern Ireland, and Social Work England.

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the NMC’s handling of a number of fitness to practise cases and its handling of whistleblowing disclosures are being undertaken by Ijeoma Omambala KC. We had intended to wait for the findings from these reviews before reporting, however these have been repeatedly delayed.

We believe it is in the public interest for us to report on the NMC’s performance in a timely way. We are publishing our report now without waiting any longer for the evidence from the two outstanding independent reviews.

We have identified weaknesses in multiple regulatory functions during 2023/24 which have led us to conclude that the NMC has not met 7 of our 18 Standards this year. Our report sets out our findings in detail, which are summarised below:

- **Standard 2:** we identified performance issues across a number of the NMC’s regulatory functions, and this was reflected in the NMC’s own strategic risk register. Moreover, the ICR concluded that ‘... the NMC had strayed from its central mission’ and recommended that ‘The NMC needs to retain a focus on its core regulatory purposes, and how best to deliver its mandate to protect the public within a changing environment.’
- **Standard 3:** the NMC did not meet Outcome 1 under this Standard because of limited evidence about the impact of the work that has been undertaken to embed EDI throughout the organisation. It met the other three Outcomes and we identified examples of good practice. The ICR made numerous critical findings about the extent to which EDI is embedded in the NMC’s work and whether policies are followed in practice. The Omambala reviews are likely to make findings relevant to this Standard, and we will consider these when available as part of the next review period.
- **Standard 4:** we saw considerable evidence of routine public reporting, however we identified inconsistencies in the NMC’s fitness to practise reporting. Also, there are significant gaps in respect of the NMC’s ability to report on its education quality assurance function. The ICR found that the NMC has failed to implement and embed some of the findings and recommendations of previous reviews, and the NMC accepted that it has not addressed all the recommendations from previous reports. The PSA established the Independent Oversight Group in 2024 to monitor the work of the NMC in addressing all the recommendations of the ICR.
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areas of improving performance. However, cases are still taking too long to process, and it continues to have a significant backlog. The NMC has not met this Standard since 2018/19.

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Our assessment of the NMC's performance in 2023/24 is notable in that it is only the second time, after the Pharmaceutical Society of Northern Ireland in 2023/24, that a regulator has not met this many Standards in a single year.

#### Next steps

Our legislation does not provide us with any power to require action to be taken by the regulators in response to our reports. We will continue to monitor the NMC's performance closely, both through our performance review and the Independent Oversight Group chaired by the PSA, and will provide you with annual updates until the issues we have identified are resolved. We will also consider the Ijeoma Omambala KC reviews in detail when they are available, including deciding how we can most appropriately report on what they tell us and whether there is further action we need to take. In the meantime, we would welcome the opportunity to meet with you to discuss the NMC's performance and how it can be supported to improve.

I have copied this letter to Ron Barclay-Smith, Chair of the NMC, and I am writing in similar terms to the Secretary of State for Health and Social Care, Wes Streeting MP.

Yours sincerely,



Caroline Corby  
Chair

## Council

### EDI (Equality, Diversity and Inclusion) Strategic Objectives and 2025-2026 Year 1 Actions

<p><b>Action requested:</b></p>	<p>The NMC’s EDI work now comes under Culture Transformation and the Culture Transformation Plan. The EDI Strategic Objectives, flagship targets and 2025-2026 actions will help to achieve our culture vision by embedding EDI and advancing regulatory fairness.</p> <p><b>For decision</b></p> <p><b>Recommendation: the Council is recommended to approve the objectives, targets and actions set out in the EDI Strategic Objectives and 2025-2026 actions.</b></p>
<p><b>Key background and decision trail:</b></p>	<ul style="list-style-type: none"> <li>• The following have been engaged or consulted in the development of the document and its actions:           <ul style="list-style-type: none"> <li>- Executive Directors</li> <li>- Council at the Council Away Day 30 April</li> <li>- Other delivery teams</li> <li>- Staff network Chairs</li> <li>- All external strategic advisory forums</li> <li>- Culture Transformation Steering Group</li> <li>- Culture Transformation Board</li> <li>- The GMC’s EDI Team and Regulation Leaders</li> <li>- NMC Leadership Cohort Briefing</li> </ul> </li> <li>• The scope of this document was discussed with Executive Board on 6 February 2025. The draft of this document was then shared on 3 June 2025.</li> <li>• The core content on objectives, targets and actions was shared and discussed at the Executive and Council Away Day on 30 April 2025.</li> <li>• This paper responds to findings in the ICR (Independent Culture Review), including Recommendation 20 on becoming an anti-racist</li> </ul>

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	organisation. It also responds to findings in the PSA report on Standard 3, and the Ambitious for Change recent research on fitness to practise and bias.	
<b>Key questions:</b>	<ul style="list-style-type: none"> <li>• What will the NMC focus on in advancing EDI in the next year and why? What are we aiming for in the longer-term in this space?</li> <li>• How will the NMC become an anti-racist organisation? What does this mean to us?</li> </ul>	
<b>Annexes:</b>	<p><b>Annexe 1: EDI Strategic Objectives and 2025-2026 Year 1 Actions</b></p> <p><b>Annexe 2: Findings from our Ambitious for Change research</b></p> <p><b>Annexe 3: Full research report from the University of Greenwich</b></p>	
<b>Further information:</b>	If you require clarification about any point in the paper or would like further information, please contact the author or the director named below.	
	<p>Author: Preth Rao  Head of Strategy and Project Lead for EDI Strategic Objectives  <a href="mailto:Preth.Rao@nmc-uk.org">Preth.Rao@nmc-uk.org</a></p>	<p>Executive Director:  Gavin Kennedy  <a href="mailto:Gavin.Kennedy@nmc-uk.org">Gavin.Kennedy@nmc-uk.org</a>  Emma Westcott  <a href="mailto:Emma.Westcott@nmc-uk.org">Emma.Westcott@nmc-uk.org</a></p>

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# EDI Strategic Objectives and Year 1 2025-2026 Year 1 actions

## Discussion

- 1 The EDI Strategic Objectives and 2025-2026 actions presented form part of our Culture Transformation Plan.
- 2 They represent ambition, as illustrated by our five new flagship targets, to eliminate discrimination and disparities across our regulation and in our workforce and positive actions measures to address our substantial ethnicity pay gap.
- 3 Whilst being ambitious, we are also being pragmatic and realistic about what we can deliver over the next 12 months. We have, where possible, aligned actions with other key activities undertaken by the organisation, such as updates to the NMC Code and updating our approach to procurement, and improvements in Fitness to Practise (FtP).
- 4 Whilst we have planned key activities by quarter, we will need to be flexible in terms of delivery, as some activities and endeavours are more expansive and starting from a less developed base, such as work on EDI and education, or de-biasing our decision-making in regulation. This work is evolving. Much of this work would be expected to continue and progress in the following two years of culture transformation and annual updates to our EDI actions.
- 5 The objectives, targets and actions have been developed by comprehensively looking at our evidence (ICR, HR and People Data, Regulatory Data, Ambitious for Change) and key frameworks, such as the PSA's Standard 3 on EDI for good regulation. Annexe two summarises findings from our Ambitious for Change and other relevant research and the full report from the University of Greenwich is provided in Annexe three.
- 6 The project team has also engaged with internal and external stakeholders, the Executive Team and other delivery teams across Directorates as highlighted above. The GMC relationship has been critical for target development.
- 7 We shared early sight of the objectives with Council on 30 April 2025 and have responded to feedback from the meeting and feedback received afterwards from members of Council. This includes ensuring that the wording of targets is clearer. Working to develop annual metrics for progress against targets and using consistent language.
- 8 Council members were clear that we want these actions and ambitions to have impact and lead to better outcomes, so ongoing delivery and measurement will be key.

- 9 The full document is planned for publication in late July, but flagship targets will be communicated in June as part of our publication plan for the Ambitious for Change fitness to practise case review research from the University of Greenwich.
- 10 The combined actions presented here represent an unprecedented investment in EDI learning and coaching at all levels of the organisation, which will start in June-July. It also marks a commitment to mainstream EDI in our infrastructure, ways of working, and our regulation. Communicated in part through targets that make clear that we will no longer tolerate bias and discrimination and disparities as a regulator, employer and organisation that delivers public value.
- 11 **Recommendation: the Council is recommended to approve the objectives, targets and actions set out in the EDI Strategic Objectives and 2025-2026 actions.**

## Next Steps

- 12 The designed version of the EDI Strategic Objectives, including an easy-read version will be published in the week commencing 21 July.

## Implications

The following were considered when preparing this paper:

Implication:		Location if in paper:	Content if not in paper:
Public protection/impact for people.	Yes	Page 1, paragraph 5.	
Safeguarding considerations	Not Applicable		
The four country factors and considerations.	Yes	Page 2, paragraphs 2-5.	
Resource implications including information on the actual and expected costs involved.	Not Applicable for paper		Resource implications are factored into the plans, while some aspects of work are still being scoped, we anticipate most of this

			work will be from existing resources
Risk implications associated with the work and the controls proposed/ in place.	Yes		Content in EDI Plan PMO highlight reports.
Legal considerations.	Yes		The Equality Act is a consideration in all that we do and forms the basis of the EQIA that is being developed.  The Act and code of practice on positive action will also be considered on specific actions on recruitment and career progression. The Public Sector Equality Duty is also a driver for regulatory fairness.
Midwives and/or nursing associates.	Yes	Page 3-4 regulation targets.  Pages 14-16 regulatory fairness actions.	
Equality, diversity, and inclusion and Welsh Language impact.	Yes	This is the focus of this entire document. There will be a Welsh translation of the document.	

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Stakeholder implications and any external stakeholders consulted.	Yes	Page 2, page 4.	
Regulatory Reform.	Not Applicable		Although we will monitor this work and adjust plans as needed to align with it

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## EDI Strategic Objectives and 2025-2026 Year 1 actions

### Foreword

In the past, we have set ambitious commitments on equality, diversity and inclusion (EDI), as a regulator and employer. However, our data and recent insight, including from the Independent Culture Review (ICR) and external research on our fitness to practise (FtP) decision-making, makes clear: we have not made enough progress - we need to accelerate addressing this.

In 2021 we said regulation cannot be truly effective without a robust approach to upholding equality and tackling discrimination. We go further to say - EDI must become part of who we are, embedded as a core principle in everything we do.

This is why we are making an unprecedented investment in EDI training and coaching for all colleagues, the Executive, Council and FtP panel members in the next year.

This strategic document sets out our vision for EDI transformation at the NMC through:

- Our new EDI Strategic Objectives (under the Culture Transformation Plan)
- Five new flagship EDI targets to eliminate disparities in regulation, and for our workforce
- An anti-racism vision for the NMC, underpinned by signing the Unison Anti-Racism Charter
- 2025-2026 Year 1 actions over the next 12 months in five key areas of work.

We are proud that we have committed to flagship targets inspired by similar pledges from regulators like the General Medical Council (GMC). These will drive our progress towards becoming an anti-racist organisation—a commitment we made in 2024 when we accepted all 36 ICR recommendations. While our evidence and insight-based focus is on ethnic inequalities, changing how we think, act, and measure will help us tackle all forms of discrimination. This is essential to uphold public protection and restore trust in the NMC's regulation and culture.

Our NMC Culture Transformation Plan set out a vision of an inclusive culture for everyone, underpinned by a strong anti-racist ethos. To bring this to life, to unify and hold ourselves accountable, we have developed a vision of what anti-racism means for the NMC:

- We strive for an NMC where anti-racism is embedded in every aspect of our role as a regulator and employer. Through fairness, transparency, and equity, we will challenge bias, dismantle barriers, and drive meaningful change
- We are committed to fostering a safe, inclusive, and accountable culture, where colleagues, professionals, and the public feel heard, valued, and empowered. Through active bystander intervention, allyship, and data-driven action, we will embed anti-racism in our policies, decisions, and regulation

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- We will act on lived experience, hold ourselves and others accountable, and ensure race never determines outcomes. By leading with integrity and purpose, we will drive justice, strengthen belonging, and build a fairer future for all.

The NMC’s Culture Transformation Plan details our EDI improvement work through our ‘Embedding EDI’ and ‘Regulatory Fairness’ culture transformation pillars. This document builds important further detail, including actions over the next 12 months. Planning annually allows us to be more targeted and realistic and to evaluate our impact and make adjustments where needed.

**The external strategic EDI context**

The Covid-19 pandemic exposed deep-rooted inequalities in the UK’s health and care system. Staff from Black, Asian, and ethnic minority backgrounds were disproportionately affected, with higher mortality rates linked not only to frontline exposure but also to structural discrimination and pre-existing health disparities. In response, the sector has taken significant steps: England’s Health and Care Act established Integrated Care Systems with a duty to reduce health inequalities, and NHS England launched the Core20PLUS5 Framework to focus on the most deprived communities and key clinical areas.

NHS Wales launched a Race Equality Action Plan for Wales (2021-2024) that included specific commitment for local health boards to address systemic racism. NHS Scotland published the Race Equality Framework in 2023, which commits to tackling racism in the health service, with local health boards required to develop anti-racism action plans.

Despite this progress, inequalities persist. Workforce surveys across the UK show that staff from Black, Asian, and ethnic minority backgrounds continue to face bullying, harassment, and underrepresentation in senior roles. Disabled staff report poor workplace adjustments and limited career progression, while people with learning disabilities and autism experience systemic failures, including premature deaths. Transgender individuals face long waits for care and ongoing stigma. These challenges are compounded by wider societal debates around EDI.

To strengthen accountability, the UK Government has consulted on introducing mandatory ethnicity and disability pay gap reporting for large employers under the forthcoming Equality (Race and Disability) Bill. This would mirror existing gender pay gap requirements and may include obligations for employers to publish action plans to address disparities.

**EDI Strategic Objectives for culture transformation:**

Over the next three years, we are aiming to:

- Build a positive, empowering and inclusive culture for colleagues
- Achieve greater diverse representation and reduce pay gaps, focusing on ethnicity and gender

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- ❑ Put EDI at the heart of our infrastructure and decision-making, including governance, processes and prioritisation
- ❑ Ensure greater regulatory fairness and a reduction in disparities for groups across our regulatory processes
- ❑ Become an anti-racist organisation

### **NMC EDI targets: regulation and our workforce**

To drive real progress, we are setting more ambitious targets to tackle discrimination and differential outcomes- both in our regulation (students and professionals) and within our workforce.

These targets are based on clear evidence of disparities, many of which have existed for a long time. In some areas, like our workforce and fitness to practise outcomes, we have strong data to guide us. In others, such as education, we need to build a stronger evidence base to help shape future targets.

That’s why our ambitions vary by area: in some, we aim to eliminate disparities within five years; in others, within ten. And in areas we directly control, such as recruitment and career progression, we’re acting immediately. We know that eliminating disparities is a tall order. But we’re not alone - other regulators have set similar ambitions on improving their performance on equality, bias and discrimination.

#### **Regulation targets:**

##### **1 Eliminate disparities in treatment based on ethnicity and gender in the NMC’s fitness to practise processes by 2030**

Supporting initiatives:

- Include EDI and de-biasing as key criteria in FtP quality assurance
- Deliver proactive de-biasing measures in the FtP process
- EDI training for all staff, including a focus on regulation. This will be built on through ongoing evaluation and measurement
- Review FtP guidance library and Standard Operating Procedures (SOPs) with EDI as key criteria

##### **2 Eliminate the disproportionate pattern of FtP complaints received from employers in relation to ethnicity by 2030**

Supporting initiatives:

- Survey employers to understand their measures to mitigate against bias in referrals
- Share best practice with employers on avoiding bias in referrals
- Instigate bias checks in our FtP referral process

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### **3 Eliminate disproportionate outcomes, based on ethnicity, in nursing and midwifery education and training by 2035**

Supporting initiatives:

- Establish a baseline of evidence on disproportionate outcomes
- Update the NMC Code to more strongly address discrimination in different forms
- Include EDI robustly in AEI approvals and NMC education quality assurance, using our standards for education as a basis
- Continue monitoring performance against EDI elements in our standards, engage AEIs where needed and offer support.

By 2030 we expect to see evidence of a measurable increase in acceptance rates to all courses, reduction in attainment gaps and improved satisfaction and inclusion for ethnic minority students.

#### **Workforce EDI targets:**

### **4 Eliminate disparities in the representation of Black, Asian and ethnic minority NMC colleagues in the upper two pay quartiles, starting now**

Supporting initiatives:

- Set metrics to ensure greater ethnic minority staff participation in career development programmes.
- Introduce values-based and equitable interviewing practices.
- Adhere to equal opportunities best practice in recruitment and retention and explore use of positive action measures, where appropriate.
- Encourage greater declaration of EDI data to build a more solid evidence base for pay gap reporting and measurement.
- Conduct an NMC employee career life-cycle analysis, using an EDI lens to more deeply understand the drivers of workforce disparities.

### **5 Eliminate ethnicity, gender and other pay gaps 2030**

The initiatives above will affect movement on pay gaps.

By setting these targets and making progress on the related initiatives, we aim to address bias and discrimination, both within our own organisation and across the wider system.

#### **How we have developed our objectives, targets and 2025-2026 actions:**

The ambitions set out in this document are informed by our Culture Transformation Plan and commitments, People Strategic Objectives, robust data and evidence, legal responsibilities, and the Professional Standards Authority's Standard 3 on EDI. They also reflect insights from our EDI experts, colleague and stakeholder feedback,

external forums such as the Public Voice Forum and the International and Diaspora Nursing and Midwifery Associations Forum. Input from other regulators and organisations advancing key EDI issues, including regulatory fairness and anti-racism, have also been considered.

### **The NMC context:**

### **Our evidence and data:**

#### **Our workforce**

We have a persistently higher than average ethnicity pay gap for the UK public sector at 22% and it has risen slightly since last year. The ethnicity pay gap is stark when measured as both an average and also as a median pay gap. The median ethnicity pay gap is 32.3%. Our data does not show a disability pay gap. We do have a gender pay gap at 5.2% (mean) and 7.8% average. The average helps us to understand the overall size of the gap but can be skewed by some outliers, such as a small number of senior people. The median is less skewed by outliers and demonstrates the more typical distribution and pay of employees, taking the middle point as a comparison. It is helpful to understand structural inequalities.

We have an issue with a lack of ethnic diversity in our most senior grades. This lack of representation starts from manager level. To illustrate, whilst 17% of our workforce are from Black, African, Caribbean or Black British backgrounds and 17% are also from Asian or Asian British backgrounds, only 7.1% and 5.8% of Heads, Assistant Directors and Deputy Directors are from Black and Asian backgrounds respectively.

#### **Our regulation**

Since 2019, our FtP research and data has consistently shown disparities. Compared to the proportions on our register, concerns are disproportionately raised about professionals who are male, aged 41–60, disabled, Black, trans, or LGB. Employers refer more male and Black professionals compared to our register, and statistical analysis confirms that being male, trans, bisexual, having an unknown disability status, or being Black increases the likelihood of referral. These groups—especially Black and male professionals—are also more likely to have their cases progress further, with some evidence of bias in how cases are handled, though not in final outcomes.

Independent research we commissioned in 2024, conducted by the University of Greenwich and Kingston Race Equalities Council, found evidence of bias in how we manage cases involving Black and male professionals. This included closer scrutiny of evidence and inconsistent application of interim order conditions of practice, sometimes resulting in unworkable requirements. No bias was found in final decisions or in cases involving disabled professionals or those with unknown sexual orientation. We also explored barriers to revalidation for disabled professionals, who complete the process at lower rates due to challenges with practice hours, Continuing Professional Development, and employer support—especially when working flexibly or facing discrimination.

These findings have deepened our understanding of where our processes must improve to be fairer and more inclusive. They are directly shaping our EDI strategic objectives and our upcoming revalidation review.

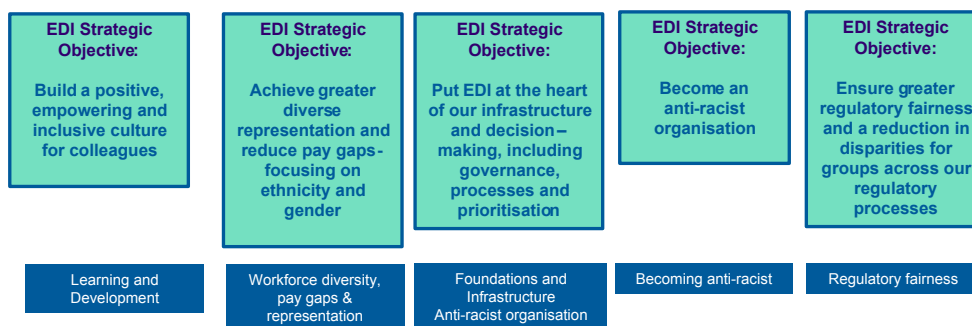
**Key achievements so far:**

Since 2022 we have made progress across a number of areas. These achievements form the foundation for our new EDI objectives and vision.

We’ve commissioned qualitative research to understand the experiences of disabled professionals in revalidation and looked at the comparative experience and treatment of professions in our FtP process. We attained Level 1 of the Disability Confident Scheme and are working towards Level 2. Our people policies have been reviewed to embed a stronger and more consistent EDI lens, and we’ve introduced a dedicated EDI advisor to support inclusive thinking and leadership at the executive level.

We’ve improved our workforce data collection and visibility, helping to drive transparency and accountability. To support a more inclusive culture, we launched a Freedom to Speak Up Ambassador scheme through the National Guardian Service and a network of staff Empowered to Speak Up Ambassadors, giving colleagues safe, supported ways to raise concerns and promoting psychological safety across the organisation.

**2025-2026 (Year 1) actions to deliver against our EDI strategic objectives**



Five areas of focus and action in 2025-2026 to deliver EDI strategic objectives

In 2025-2026 we have focused our activities in five areas of work to make progress on our EDI objectives and our vision for EDI improvement. There is natural overlap between the workstreams, and sometimes actions in one workstream will support a wider range of EDI goals.

The actions detailed below are what we intend to focus on in the next 12 months. However, we will need to be agile and prioritise within these actions if we need to change approach or respond to new information or challenges.

## Learning and development – 2025-2026 (Year 1) actions

We currently have varying levels of knowledge and understanding of EDI in our workforce and as a regulator. This is something that we need to improve, so that EDI is embedded in our culture, ways of working and decision-making. We are investing significantly in training all NMC colleagues, including the Executive and Council on EDI to enhance awareness, attitudes and drive forward EDI-informed decision-making. Following recent research findings, we have rolled out specific training for early decision-makers in FtP to help mitigate against bias and we will build on existing EDI training for FtP panel members. We will continue to evaluate learning during the year, plugging gaps where needed.

### Learning and development 2025-2026 – Year 1 actions by quarter

#### Q2: July-Sep 2025-2026

- Support people teams to review the effectiveness of existing mandatory inclusive recruitment training for all recruitment panel members
- Roll out de-biasing training for FtP early decision-makers and assess whether additional learning and development is required following KC Omambala's report
- Continuous roll out of EDI learning modules 1 and 2 and piloting of modules, 3,4,5 and 6
- Work with people teams to build EDI and reciprocal benefits for staff mentors into the design and roll out of reverse mentoring.

#### Q3: Oct-Dec 2025-2026

- Evaluate the effectiveness of the EDI module for regulatory lawyers and FtP case-work colleagues. Use findings to develop and deliver EDI refresher learning in FtP
- Continuous roll out of EDI learning modules and evaluation
- Evaluate and update existing EDI learning for FtP panel members, to enhance EDI competency in their decision-making and align with new EDI learning frameworks.

#### Q4: Jan-Mar 2026-2027

Continuous roll out of EDI learning modules and evaluation. Plus, review take-up.

### Q1: Apr-Jun 2026-2027

- Assess EDI confidence of the NMC Leadership Group - to inform future learning and development required, including to advance anti-racism and de-biasing
- Work with people teams to review and monitor the completion and impact of EDI learning
- Support the evaluation of leadership coaching - psychological safety and embedding EDI practice
- Continuous roll out of EDI learning modules and evaluation.

### Workforce diversity, pay gaps and representation 2025-2026 – (Year 1) actions

Structural inequality and underrepresentation in our workforce mean we are not yet fostering the fair, inclusive, and unbiased culture we aspire to—particularly at senior levels, where diverse perspectives and experiences are essential.

In 2025–2026, we will set new workforce EDI targets to increase the representation of colleagues from Black, Asian, and ethnic minority backgrounds in roles at grade 6 and above, alongside targets to reduce ethnicity and gender pay gaps. We will define metrics for incremental progress and use insights from the employee lifecycle to identify further actions needed to meet these goals. To support fairer recruitment and progression, we will continue rolling out and evaluating values-based and equitable recruitment methods, assess the potential for expanded use of positive action, and set ambitious participation targets for ethnic minority colleagues in our career development programmes. We will also work with people colleagues to explore further ideas for developing an inclusive talent pipeline and monitor the effectiveness of all interventions to inform our 2026–2027 planning. We will deepen our understanding of issues by taking an intersectional lens.

### Workforce diversity, pay gaps and representation 2025-2026 – Year 1 actions by quarter

#### Q2: July-Sep 2025-2026

- Establish measurement and data collection approach for new flagship workforce EDI targets. Set metrics for annual progress and exploring feasibility of intersectional reporting
- Assess employee career life-cycle EDI findings. Support managers to interpret and respond to EDI data
- Implement stretching metric of 80% ethnic minority colleague participation in career development programmes - Rising Together and Rising Higher

- Use positive action to make offers to ethnic minority candidates where two top candidates have been scored equally at interview
- Positive action – ensure ethnic diversity at interview (dependent on applicants and meeting minimum criteria)
- Use assessments and values-based interviewing for all senior roles - to mitigate against bias.

**Q3: Oct-Dec 2025-2026**

- Identify new targeted actions to help meet flagship EDI targets, following employee career life-cycle assessment. This includes the scope to further use positive action measures in recruitment and career progression
- Support managers to interpret and positively respond to HR EDI data.

**Q4: Jan-Mar 2026-2027**

- To review and monitor the impact of talent programmes such as Rising Together and Rising Higher in advancing Black, Asian and ethnic minority colleagues' career progression and representation at higher grades in the NMC
- To develop options for developing an inclusive talent pipeline with People and Culture colleagues
- Working with people teams to report to Audit Committee when we make exceptions to the pay policy to identify inequalities and key trends
- Assess the impact of introducing tests and assessments for all senior recruitment as a de-biasing measure.

**Q1: Apr-Jun 2026-2027**

- To review and monitor our approach to fairer and more equitable recruitment, including supporting People and Culture to assess the impact of values-based recruitment pilots
- Review our approach to narrowing the ethnicity, gender and other pay gaps, with updated data, including on inter-sectionality.
- Work on adjustments to interventions and actions, and the development of any new Year 2 actions.

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## Foundations and infrastructure 2025-2026 – (Year 1) actions

We recognise EDI is not yet fully embedded in and across the NMC - shaping how we work, plan, and make decisions. We will expand our EDI capacity by recruiting two Heads of EDI. We will also embed EDI more deeply into corporate functions such as procurement, business planning, risk, and reporting. A strengthened equality impact assessment approach (EQIA) will include an update to toolkits, templates, and an EDI evidence library. EQIAs will gain greater prominence in our corporate governance. We will review new governance arrangements for EDI which are aligned with Culture Transformation. We will address diversity gaps in our strategic stakeholder groups and embed anti-discrimination principles into ways of working.

### Q2: July – Sept 2025-2026

- Enhance EDI infrastructure starting with two Heads of EDI and aligning governance with the Culture Plan
- Produce EDI team playbook – providing clarity on roles and responsibilities
- Scope EQIA improvements needed
- Deliver new EDI evidence library to support colleagues to undertake EQIAs
- Support procurement team to develop stronger EDI approach at each procurement stage and to develop a Supplier Diversity Strategy
- Support people teams to expand data on EDI dashboards
- Complete assessment for level 2 of the Disability Confident Employer Scheme – to develop a more inclusive workplace
- Embed EDI in key FtP turnaround activities and corporate strategy development and planning.

### Q3: Oct-Dec 2025-2026

- Strengthen EQIA impact through stronger integration into governance papers- including reporting EQIA completion to Council and Executive
- Update EQIA: toolkit, standard operating process, templates, training
- Create strategic options for colleagues' EDI objectives in Ambitious Appraisals
- Build anti-racism/discrimination and inclusion principles into the term of reference (TOR) and induction for all external strategic forums and stakeholder groups

- Review staff engagement impacts from new EDI governance and the stopping of EDI Forum and EDI Leadership Group (EDILG)
- Support the work of NMC EDI staff networks by producing guidance on appropriate use
- Further build EDI into business planning, risk, reporting and change.

**Q4: Jan-Mar 2026-2027**

- Revisit EDI Function Review 2024 to assess whether the NMC is adequately resourced to meet EDI ambitions and objectives
- Update 2021 EDI style guide
- Audit and address gaps in the diversity within our existing strategic stakeholder groups
- Review the efficacy of new EDI governance in providing oversight and delivery support.

**Q1: Apr-Jun 2026-2027**

- Implement any further recommendations from the EDI Function Review 2024
- Evaluate new EQIA approach
- Monitor the EDI impacts from turnaround activities
- Support procurement team to roll out and report on new approach and EDI impacts
- Creation of year 2 EDI strategic objectives.

**Becoming an anti-racist organisation and regulator 2025-2026 – (Year 1) actions**

The Independent Culture Review of the NMC exposed the racism that too many of our colleagues’ experience, while our own research has shown that Black professionals face disproportionate and often worse treatment in our FtP processes. Students have also raised racism in practice learning as a critical concern. To address these issues, we must strengthen racial competence at every level of the organisation—challenging racism in all its forms, promoting anti-racist practice and allyship, and making more equitable, evidence-based decisions. This work is closely tied to our wider culture transformation, which includes building stronger leadership and creating greater psychological safety.

To guide and hold ourselves accountable, we have developed a vision statement for becoming an anti-racist organisation and adopted UNISON’s Anti-Racism Charter.

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The charter formalises our commitment to identifying, challenging, and dismantling structural racism and bias, and serves as a benchmark for embedding anti-racist principles across our policies, practices, and culture. It outlines clear expectations for leadership, organisational action, and equality auditing. We are implementing 17 of the 19 commitments within our first year and remain focused on completing the remaining actions in 2026–2027.

**Unison’s Anti-Racism Charter:**



In addition to the actions detailed below, actions in other themed areas will also be material in supporting us to advance an anti-racist ethos in everything that we do.

**Q2: July-Sep 2025-2026**

- Introduce and embed foundational EDI learning modules (1-6) for all colleagues that target attitudinal behaviours - such as microaggressions, being an active bystander and conscious inclusion. Including tailored elements for managers and senior leaders
- Develop a baseline and action plan to deliver 17 of the 19 Anti-Racism commitments in the Unison Anti-Racism Charter in the first year
- Identify and build a network of critical friends who have made progress on anti-racism to develop an evidence base on effective practices and drawn inspiration for continued improvement.

### Q3: Oct-Dec 2025-2026

- Identify disparities and help to embed good EDI practice in recruitment to ensure equality of opportunity and fairness at each stage of recruitment and in our overall approach
- In response to employee career life-cycle findings on inequality, develop targeted actions to reduce bias and disadvantage for Black, Asian and ethnic minority colleagues in recruitment. This will focus on grade 6 and above.
- Explore the opportunity for capturing richer EDI insights from colleagues through a range of input sources, building on Your Voice.

### Q4: Jan-Mar 2026-2027

Assess the cumulative impact so far of the People Strategic Objectives, EDI Strategic Objectives, Culture Transformation Plan and FtP Plan on advancing anti-racism and race equality.

### Q1: Apr-Jun 2026-2027

- Update and review delivery against the NMC Unison Charter Anti-racist action plan
- Work with the NMC's Leadership Group, wider colleagues and our external Strategic Forums to develop actions against the additional two areas that have been deferred from Unison's Anti-racism Charter, ensuring anti-racism is embedded across our work.
- Build suggestions into Year 2 actions.

### Regulatory fairness 2025-2026 – (Year 1) actions

Fairness is a fundamental regulatory principle, embedded in legislation and expected by the public, stakeholders and the nursing and midwifery students and professionals whose future our regulation impacts. That's why regulatory fairness is at the heart of our culture transformation and our EDI improvement work. Our data and evidence make clear that we need to address long-standing disparities across our regulatory functions. We are setting ambitious targets to eliminate disparities and tackle discrimination in: employer referrals to our fitness to practise, our own fitness to practise, and in education delivered by NMC approved education institutions (AEIs). Working in partnership with others and taking systematic action to remove and monitor bias in our processes- starting this year-will be key to restoring confidence in the NMC as a fair and effective regulator. In the long term, our goal is to ensure that every professional can trust the NMC to act as a fair, anti-racist, and inclusive regulator—and that we will hold employers and education institutions to account where bias is evident.

## Regulatory fairness 2025-2026 Year 1 actions by quarter

### Q2: July-Sep 2025-2026 (continues)

- Establish measurement and data collection approach to new regulation flagship EDI targets - engagement, data identification, gap analysis
- Introduce EDI monitoring in public referrals
- Survey employers on how they ensure fairness in their FtP referral process and review results
- To enhance confidence on FtP discrimination-related case decisions and strengthen staff engagement with FtP case clinics and learnings
- Strengthen EDI in the upcoming update to NMC Code and review of revalidation, including addressing barriers for disabled professionals
- Respond to EDI findings from the Practice Learning Review
- Build EDI into our approach to QA of FtP through assessing bias and consistency of decision-making on discrimination cases
- Explore diversifying FtP panels for those at most risk of bias, in response to recent research
- Identify ways to de-bias decision-making proactively across all regulation.

### Q3: Oct-Dec 2025-2026

- Collate best practice case studies from employers on mitigating bias in their FtP referrals and share with employers as part of follow up. Feed findings into NMC de-biasing work
- Support FtP colleagues to ensure communication with registrants and others is inclusive
- Support the review of the FtP Guidance Library and related Standard Operating Procedures (SOPs), focusing on agreed removals, interim orders and assessment of evidence - ensuring that EDI is a key line of enquiry (KLOE)
- Support the piloting of de-biasing proactive controls in FtP
- Support EDI to be built into regulatory turnaround activities
- Engage AEIs on EDI improvement target through data returns as part of education quality assurance.

#### Q4: Jan-Mar 2026-2027

- Continue to support Code and revalidation review projects.
- Continue to support work to mitigate against bias in referrals from employers – assess whether additional training is required for Regulation Advisers in ELS
- Review data from AElS on student inclusion to establish a baseline of performance on the EDI education target
- Support the piloting of de-biasing proactive controls in FtP.

#### Q1: Apr-Jun 2026-2027

- Support an inclusive engagement approach for Code and revalidation consultations
- Publish position on conversion therapy
- Assess public referral dataset to see if disparities remain
- Review results on bias and discrimination cases from new FtP Quality Assurance approach
- Identify if stronger de-biasing measures are needed across regulation such as checklists/Standards of Proficiency to assess for bias in employer referrals, or in other parts of our regulation
- Review all available EDI regulatory fairness data to plan for Year 2 actions.

#### Outcomes and measures

Each of the five work areas supporting our EDI strategic objectives sets out the specific change we want to see. We will monitor and measure:

- Progress against our five flagship EDI targets and set metrics for related and incremental progress during the year. This is already in train for our workforce targets where we have clear data
- Continue to measure colleagues' views on bullying, harassment and discrimination in the workplace, and their confidence on whether we would respond appropriately through the Your Voice staff survey
- EDI data on our workforce, including breakdowns at key parts of the employee lifecycle and percentage breakdowns of people with different characteristics at different pay quartiles

- The efficacy of our EDI learning, including coaching
- The completion rate of equality impact assessments.

### NMC EDI data tables – April 2025

#### The NMC’s workforce:

#### NMC staff gender breakdown:

Female 70%	Male 30%
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#### NMC staff ethnicity breakdown

White	42%
Black, African, Caribbean or Black British	17%
Asian or Asian British	18%
Mixed or multiple ethnic groups	4%
Other ethnic group	2%
Unknown	17%

#### NMC staff health condition

Non-health condition	69%
Health condition	12%
Prefer not to say	4%
Unknown	15%

#### NMC staff mean pay gap, April 2025

Mean Pay Gap	Annual Gap (2025)	Current	Trending
Gender	5.2%	5.4%	0.2%
Ethnicity	22.0%	22.0%	0.0%
Health Condition	-10.9%	-10.9%	0.0%

## NMC staff median pay gap, April 2025

Median Pay Gap	Annual Gap (2025)	Current	Trending
Gender	7.8%	7.9%	0.1%
Ethnicity	32.3%	32.3%	0.0%
Health Condition	-11.7%	-10.6%	-1.1%

## Breakdown of NMC grades by ethnicity, April 2025

Current Distribution	1-4	5-7	8-11	Director
Asian or Asian British	22.1%	16.0%	5.8%	0.0%
Black, African, Caribbean or Black British	24.1%	12.3%	7.1%	0.0%
Mixed or Multiple Ethnic Groups	3.9%	3.7%	5.2%	0.0%
Other Ethnic Group	3.1%	2.0%	0.6%	0.0%
Black, Minority Ethnic Total	53.3%	34.1%	18.7%	0.0%
White Total	27.3%	52.0%	65.8%	75.0%

\*Use NMC Staff Ethnicity breakdown data above to interpret

## Recruitment data by ethnicity, April 2025 – year to date

Recruitment	Applicants	Hire Rate %
Asian or Asian British	110	0.0%
Black, African, Caribbean or Black British	63	0.0%
Mixed or Multiple Ethnic Groups	19	0.0%
Other Ethnic Group	10	0.0%
Black, Minority Ethnic Total	202	0.0%
White Total	73	0.0%

\*This data is for campaigns run in 25/26 open or closed

EDI data on professionals on the NMC register:

Ethnic diversity of professionals on the NMC register – March 2024 and March 2025

Percentage of people on the register by declared ethnic group		
Ethnicity	31/3/2024	31/3/2025
Asian or Asian British	16.40%	17.40%
Black, African, Caribbean or Black British	12.10%	13.00%
Mixed or multiple ethnic groups	0.90%	0.90%
Other ethnic group	1.20%	1.20%
Prefer not to say	2.80%	2.70%
Unknown	0.03%	0.01%
White	66.60%	64.80%
<b>Total</b>	<b>100%</b>	<b>100%</b>

Proportion of UK and internationally trained professionals on the NMC register from 2020 – 2024. Data taken, March 2025.

	UK trained	Internationally trained	Total
2019-2020	83.90%	16.10%	100.00%
2020-2021	83.30%	16.70%	100.00%
2021-2022	81.20%	18.80%	100.00%
2022-2023	79.20%	20.80%	100.00%
2023-2024	77.00%	23.00%	100.00%

Percentage of people on the register by gender, March 2024 to March 2025

		31/3/2024	31/3/2025
The register	Gender		
	A woman	88.90%	88.80%
	A man	11.09%	11.20%
	Unknown	0.00%	0.00%
<b>Total</b>		<b>100%</b>	<b>100%</b>

**Percentage of people on the register by disability March 2024 to March 2025**

<b>Disability</b>	<b>31/3/2024</b>	<b>31/3/2025</b>
No	94.10%	94.60%
Yes	3.06%	2.10%
Prefer not to say	2.80%	3.20%
Unknown	0.03%	0.01%
<b>Total</b>	<b>100%</b>	<b>100%</b>

## Annexe 2: Findings from our Ambitious for Change research

Purpose	
1	Provides an update on what we know from our previous research and the latest Ambitious for Change research from the University of Greenwich that has informed the EDI strategic objectives and targets.
Background	
1	The EDI Strategic Objectives, targets and 2025-2026 actions have been informed by evidence we have on the impact of our regulatory processes on different groups of professionals. This evidence dates back to 2017.
2	The findings from our latest Ambitious for Change research will be published alongside our flagship EDI targets in June, while the full EDI strategic objectives document is planned for publication in late July.
Discussion	
3	As a regulator, it is our responsibility to tackle inequality and promote diversity and inclusion in everything we do. That starts with scrutinising our own processes and the way we engage with everyone, to make sure we are fair and accessible. It also means holding people to account and working with our partners to tackle inequalities that cut across the education, health and social care sector.
4	In 2019 we launched our Ambitious for Change research – a programme of work aimed at understanding - and ultimately reducing - disparities experienced by professionals with different protected characteristics.
5	Our previous <a href="#">research</a> and <a href="#">data</a> have highlighted disparities in the experiences and outcomes of certain groups of professionals in our regulatory processes. This includes differences in our education, overseas registration, revalidation, and fitness to practise processes.
6	In fitness to practise (FtP), our previous work found differences in which groups of professionals are more or less likely to have their case progress through FtP and be struck off or suspended at adjudication stage:

6.1 Professionals who are male, disabled, Black or whose sexual orientation is unknown are more likely to progress further through the FtP process than those who are female, not disabled, white, or heterosexual.

6.2 Professionals who are male and/or disabled are more likely to receive the most serious outcomes—such as being struck off or suspended—at the hearing stage, compared to those who are female and/or not disabled.

7 We have done a number of pieces of work to try to understand why these differences are happening.

8 Our previous work has found that male professionals are referred to us more often for more serious concerns such as sexual misconduct and behaviour or violence, which tend to be [treated seriously in our process](#). These types of concerns are likely to result in more severe regulatory actions, such as suspension or striking off because they are often seen as [difficult to remediate](#).

9 We also know from our previous work that male professionals demonstrate insight or remediation less often than women. We consider demonstrating insight as a mitigating factor that influences FtP decisions and have found that professionals who demonstrate insight and strengthen their practice as part of FtP investigations are less likely to receive outcomes that restricts the scope of their future practice.

#### **Research commissioned from the University of Greenwich**

10 At the start of 2024 we commissioned the University of Greenwich, with support from Kingston Race and Equalities Council (KREC), to review a sample of fitness to practise cases to explore whether bias or discrimination may have influenced our decision-making. The full report is included in Annexe 3.

11 The researchers examined 288 FtP cases that we had closed between 2019 and 2023. To better understand who is affected by our processes, the researchers focused on cases involving four comparison groups:

11.1 Male and female professionals

11.2 Black and white professionals

11.3 Disabled and non-disabled professionals

11.4 Heterosexual professionals and those whose sexual orientation is unknown (because they preferred not to tell for us, for example).

12 The researchers examined similar types of cases at various stages of our FtP process to determine whether cases involving certain groups of professionals are handled differently to others.

13 The research found evidence disparities that might be attributable to bias in how we handled some cases involving Black professionals compared to white

professionals, and male professionals compared to female professionals. No evidence of bias was found in the outcomes of final decisions we made on these cases, or how we handled cases involving disabled professionals or those whose sexual orientation is unknown.

- 14 The analysis showed that, in some instances, we scrutinise evidence more closely in cases involving Black and male professionals, while similar evidence is more often accepted at face value for white and female professionals. The researchers found that overseas qualifications and professional references are not always given the same weight as those from UK employers. This disproportionately impacts internationally educated Black professionals.
- 15 The researchers also found that interim order conditions of practice are not always applied consistently. For example, sometimes we give Black and/or male professionals Interim Order Conditions of Practice that are difficult to meet because they are too broad or unfeasible, making it difficult for them to strengthen their practice or remediate meaningfully.
- 16 Several factors affected all professionals. This included inconsistent information about the importance of reflective accounts and evidence of insight and remediation on our decisions. Not having formal representation also affected outcomes – [as shown in our previous research](#). While all professionals could experience these issues, they had a cumulative effect on Black and/or male professionals, resulting in a greater disadvantage.
- 17 These differences in how we deal with cases involving male and/or Black professionals is caused by variation in how we interpret and apply our FtP policies and guidance. Although the researchers judged our policy and guidance to be broadly aligned with our values and generally enabling and upholding fairness, they found that such variation was largely confined to cases involving male and/or Black professionals.
- 18 The report makes a series of recommendations on how we can improve our existing FtP policies, guidance and processes, to ensure greater fairness and consistency including:
  - 18.1 Quality assuring communication with professionals
  - 18.2 Standardising supporting materials for professionals subject to fitness to practice proceedings
  - 18.3 Clarifying areas of policy and guidance that are subject to differing interpretations such as assessment of evidence as part of investigations, interim orders and agreed removals.

**Emma Westcott**  
**Executive Director of Strategy and Insight**  
17 June 2025

Item 11: Annexe 3  
NMC/25/62  
2 July 2025



# **Ambitious for Change: A Review of the Nursing and Midwifery Council's (NMC) Fitness to Practise Process**

**Radu Cinpoes and John Azah  
April 2025**

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# Executive summary

## Context and purpose

- The Nursing and Midwifery Council (NMC), the independent professional regulator for nurses and midwives in the UK, and nursing associates in England launched in 2019 its ‘Ambitious for Change’ research programme aimed at assessing the impact of its Fitness to Practise (FtP) processes on different groups of professionals.
- The primary goal of the NMC’s Fitness to Practise framework is to protect the public. This is done through ensuring the health, safety, and wellbeing of the public, maintaining confidence in nursing and midwifery professions, and upholding professional standards. Regulatory actions focus on managing future risks to patient safety, not punishing professionals for past mistakes, and are taken swiftly and transparently when necessary. The management of risks is ensured through a process that allows professionals to demonstrate insight and learning by reflecting on actions and by taking steps to strengthen practice. Thus, the engagement with reflection and learning are important factors in determining outcomes of regulatory actions.<sup>1</sup>
- In phase one of the programme, quantitative research<sup>2</sup> found outlying patterns in how groups of professionals based on protected characteristics experience outcomes of regulatory processes. Disparities were identified in the case of the following groups:
  - Black professionals compared to White professionals.
  - Male professionals compared to female professionals.
  - Disabled professionals compared to non-disabled professionals.<sup>3</sup>
  - Professionals with unknown or withheld sexual orientation information compared to heterosexual professionals.
- Starting from findings showing disparities in how groups are treated in the FtP process, this report aims to find out why differences in outcome occur in the cases involving Black relative to White professionals, male relative to female professionals, disabled relative to non-disabled professionals, and professionals with unknown or withheld information on sexual orientation relative to heterosexual professionals.
- The report looks qualitatively at two areas where potential bias might explain differences in how professionals proceed through the FtP stages:
  - FtP process – drawing on 270 cases involving registered nurses and midwifery professionals.
  - FtP policies and guidance.

## Findings

The research findings respond to two key research questions.

**Research Question 1:** How far, if at all, does bias or discrimination in the fitness to practise decision-making process explain differences in how far particular groups progress in the fitness to practise and the outcome they receive at the end of it?

- **There is evidence of bias** which explains differences in outcomes in cases involving **Black professionals** (compared to white professionals), and in cases involving **male professionals** (compared to female professionals).
- Differences in outcomes are explained by:
  - **Direct factors:**
    - Bias in how **data and evidence** are considered in the FtP process.
    - Bias in how different **restrictions** (e.g. Interim Conditions of Practice) are placed on professionals.
  - Indirect factors:
    - The uneven **level of support** provided to professionals while not showing bias in itself, has indirect consequences on the level of engagement in **reflection and remediation** activities.
    - The presence of **formal representation** supporting professionals in the FtP process.<sup>4</sup>
- **No clear bias** is observed in the case of **disabled professionals** compared to those who are not disabled, and in the case of **professionals with unknown or withheld information on sexual orientation** compared to heterosexual professionals.

**Research Question 2:** To what extent does the content of current policies and guidance effectively promote equal opportunity and eliminate discrimination?

- The FtP policies and guidance documents align with the organisational values of **fairness, kindness, collaboration, and ambition**. They are **conducive to procedural fairness**.
- **Procedural fairness** was examined in terms of three dimensions:
  - **Instrumental** aims to ensure a fair and equitable FtP, by balancing the need to protect the public with the drive to encourage reflection and strengthening of practice.
  - **Dignitarian** accounts for the need to treat professionals with dignity and to respect their ability to exercise agency in determining their best interests.
  - **Public accountability** ensures fair and transparent representation of all relevant stakeholders.
- The examination of policies and guidelines reveals no discriminatory aspects. However, the investigation of the dynamic context linked to their application in

concrete cases reveals that, by design, they give people space to make different judgements. This can result in a large margin of interpretation that can produce inconsistent decisions and prejudice certain groups. Such policy and guidance areas include:

- Guidance on equitable treatment of evidence.
- The toolbox outlining Interim Order Conditions of Practice Orders.
- Guidance relating to Agreed Removal.

## Recommendations

The final focus of the research was to identify potential areas for improvement.

**Research Question 3:** Based on the analysis of the fitness to practise policies and guidance and the decision-making informed by these, are there any potential improvements that can be made to the existing fitness to practise policies, guidance, and processes in order to maximise fairness and consistency?

The report proposes recommendations in several areas. It suggests:

- Strengthened quality assurance to ensure that existing best practice of an **empathetic and supportive approach in communicating with professionals referred to FtP** is consistently applied.
- **Consistent provision of supporting materials** including case study examples of **reflection**. This is likely to enhance the professionals' engagement with reflection and remediation and may reduce differences based on protected characteristics.
- **Consistent documentation and advice on interpreting evidence** for NMC colleagues and independent panels investigating FtP cases, in order to minimise discrepancies in outcomes. This should include **guidance on evaluating qualifications and proof of good practice obtained overseas**, addressing existing disparities, especially for Black professionals. Additionally, **excluding hearsay and unreliable statements** from evidence would help ensure fairer outcomes.
- **Clearer guidance on applying Interim Order Conditions of Practice**. Evidence indicates significant variation in **interpreting and assigning conditions from the Conditions of Practice Library toolbox**. Establishing more specific parameters could ensure a consistent approach. This would help reduce disparities in outcomes that negatively affect Black and male professionals.
- **Guidance provided to Independent Panels on assigning Interim Order Conditions of Practice**. Conditions that inadvertently prevent professionals from securing employment and undertaking remedial actions undermine the educational and practice-strengthening goals of the FTP process. **Within the overall goal of ensuring public safety**, panels should ensure that **conditions of practice are feasible, allowing professionals to engage in meaningful remediation and learning activities**.

- Guidelines for **Agreed Removal Applications** (voluntary removal) to **clearly define conditions for rejection**. The guidelines should emphasize protecting the public while also **upholding the principle of presumption of innocence**.
- Policy guidelines for **Interim Orders** that address **the implicit pressure on professionals to admit fault during the reflection process**. Case examinations show that acknowledging what constitutes concerning behaviours or actions is important. However, professionals can still demonstrate good insight, reflection and learning that support good practice and patient safety, even when they deny having done the concerning acts alleged in the referrals.
- **Continuing work towards reducing the duration of the FtP process** to mitigate professionals’ disengagement.<sup>5</sup> It is common for professionals to have completely disengaged with the FtP process by the time they are struck off the register. Thoroughly **evaluating the underlying causes**, such as **difficulties in maintaining formal representation or the lengthy nature of the process**, can help **enhance confidence in both the process and the profession**.
- Considering the **corroborative evidence from these findings and previous NMC research**, which highlight discrepancies in how the FtP process treats certain categories of professionals, particularly Black professionals compared to White professionals, and male professionals compared to female professionals. Although this report does not identify systematic and deep-seated discrepancies due to its qualitative nature, **further investigation into the treatment of these categories and actions to reduce inconsistencies is recommended**. More in-depth research on these categories could reveal additional areas in the FtP process that explain outcome differences.

## I. Context

The Nursing and Midwifery Council (NMC), a statutory body since 2002, acts as the independent regulator for nurses and midwives in the UK, and nursing associates in

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England. It sets the standards of practice for over 840,000 nursing and midwifery professionals. Its role is to:

- Regulate – through promoting high education and professional standards; through maintaining the register of professionals, and through investigating concerns about registered professionals.
- Support – through developing resources and guidance for standards of practice, and empowering people.
- Influence – through sharing intelligence and practice with partners to shape decision-making processes in the sector and to promote a healthy and inclusive work environment.<sup>6</sup>

The NMC aims to embed equality, diversity, and inclusion principles in all areas of its work. This is explicitly articulated in the most recent five-year strategic plan (2020-2025), in which the organisation states: ‘We champion the values of equality, diversity and inclusion. We value the diversity of the people on our register, those they care for and our NMC staff. We believe that equality of opportunity is essential for people to do their jobs well’.<sup>7</sup>

To ensure that its commitment to equality, diversity and inclusion (EDI) values is represented in all areas of activities, the NMC launched in 2019 the *Ambitious for Change* research programme, which aims to gather detailed insights into practices, to identify areas for improvement, and to shape policy and decision-making processes accordingly. The project built upon the findings of the 2017 report commissioned by the NMC, which showed that Black and Ethnic Minority professionals were disadvantaged regarding FtP process and outcomes.<sup>8</sup> Phase one of the *Ambitious for Change* programme resulted in the 2020 report ‘Ambitious for Change: Research into NMC Processes and People’s Protected Characteristics’.<sup>9</sup>

The report took a quantitative approach analysing data from the 13,781 cases that received an outcome from the NMC’s FtP process between 2016 and 2019. It found that some protected characteristics correlate with how far professionals progress through various stages of the FtP process.<sup>10</sup> More specifically, Black professionals appear to go further through the stages of the FtP process compared to White professionals, but at the adjudication stage (the final stage in the NMC FtP process) they are no more likely to receive more serious outcomes. As with Black professionals, men are more likely to go further through the FtP process compared to women, but in contrast, men are also more likely to receive more serious outcomes at the end. Outcomes for professionals with unknown or withheld sexual orientation compared to heterosexual professionals are similar to those of Black professionals (they go further through the FtP stages, but do not receive more serious outcomes at the adjudication stage). Finally, outcomes for disabled professionals compared to non-disabled professionals are similar to those of

men (they go further through the FtP stages and are more likely to receive more serious outcomes).

Phase two of the project has so far produced the 2022 report ‘Ambitious for Change: Phase Two Report’<sup>11</sup>, which was looking to explain differences in referrals to FtP and revalidation rates. It involved speaking to professionals and employers about their experiences of fitness to practise and raised concerns about the clarity of NMC processes and expectations from professionals; issues with individual employers in areas such as appropriateness of referral and support through the NMC process; and broader systemic issues that perpetuate ‘insider’ and ‘outsider’ cultures.<sup>12</sup>

This report is part of Phase Two of the ‘Ambitious for Change’ research and sits within the broader framework of the initiatives carried out by NMC in the areas of equality, diversity, and inclusion (EDI). It represents a qualitative investigation into the NMC FtP process, examining the discrepancies linked to protected characteristics highlighted by Phase One of the research.

## II. Aims

The aim of the project is three-fold:

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## 1. Analysis of fitness to practise processes

The first aim is to provide an analysis of decision-making in the FtP process to assess whether or not it reveals biases that can explain differences in how far particular groups progress in the FtP process and the outcome they receive at the end of it. Particular attention will be placed on the following question:

Research Question 1: How far, if at all, does bias or discrimination in the fitness to practise decision-making process explain differences in how far particular groups progress in the fitness to practise and the outcome they receive at the end of it?

The purpose here is to investigate:

- whether or not decisions on cases that involve Black professionals compared to White professionals, male professionals compared to female professionals, disabled professionals compared to non-disabled professionals, and professionals with unknown or withheld sexual orientation information compared to heterosexual professionals were consistent with the policies and guidance in place at the time that the decision was made, given the evidence available to the decision makers at that point.
- whether or not decisions on similar/comparable cases that involve Black, male, disabled or professionals with unknown or withheld sexual orientation information were consistent with those that involve White, female, non-disabled or heterosexual professionals and if not, how far differences can be explained by the specific context or nature of the case, for example, the nature of the allegation, the professional's engagement with the investigation, etc.

## 2. Audit of fitness to practise policies and guidance

The second aim is to audit NMC policies and guidance documents concerning FtP to assess how they influence decision-making. The following question will guide this:

RQ2: To what extent does the content of current policies and guidance effectively promote equal opportunity and eliminate discrimination?

## 3. Lessons and recommendations

The final aim is to draw lessons from the analysis and provide recommendations to improve the NMC's FtP policies and procedures to enhance fairness and support the organisation's emphasis on equality, diversity, and inclusion principles.

RQ3: Based on the analysis of the fitness to practise policies and guidance and the decision-making informed by these, are there any potential improvements that can be

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made to the existing fitness to practise policies, guidance, and processes in order to maximise fairness and consistency?



### III. Conceptual considerations

The conceptual framework for the research focuses on the notion of organisational justice. Promoting fairness and equity as core organisational values and as drivers for

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internally consistent guidance, policies, and processes constitutes the reference point for the research. This notion of fairness and equity is more specifically operationalised based on current requirements by the Public Sector Equality Duty and other legislation relevant to the existence and purpose of the NMC.

The legal framework under which the NMC operates – the Nursing and Midwifery Order 2001 – states that its overall objective is the protection of the public. This is achieved through the pursuit of the following objectives:

- (a) to protect, promote and maintain the health, safety, and well-being of the public;
- (b) to promote and maintain public confidence in the professions regulated under this Order; and
- (c) to promote and maintain proper professional standards and conduct for members of those professions.<sup>13</sup>

The FtP case analysis will focus on exploring two dimensions of **organisational justice: procedural** (how the decision is made) and **distributive** (the fairness of the decision).

The **procedural dimension** will provide insight into whether existing policies and guidance are applied consistently when investigating allegations concerning FtP. The **distributive dimension** focuses on equitability in terms of outcomes that people across different protected characteristics groups receive.<sup>14</sup>

The second step would be to assess the robustness of the NMC policies and guidance relating to FtP processes. The report will have at its core the notion of procedural fairness as a concept that legitimises decision-making processes. This is an important key concept in the field of social justice, with particular application to legal and policy research.<sup>15</sup> Following research in health care, procedural fairness will be explored using **instrumental, dignitarian and public accountability** aspects.<sup>16</sup>

In pursuing these objectives, the NMC FtP process – through its investigation and panel-based adjudication mechanisms – adopts a court-like proceeding when dealing with concerns.

- The **instrumental aspect** of proceedings relates to prioritising public safety while taking an approach to justice that focuses on removing risks to patients by supporting professionals to take steps towards remediation and strengthening of practices. The policy emphasises that the NMC’s purpose is not to punish professionals but to assess their current FtP, in the public interest: ‘Evidence of the nurse, midwife or nursing associate’s insight and any steps they have taken to strengthen their practice will usually be central to deciding whether their FtP is currently impaired’<sup>17</sup>.

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- The **dignitarian aspect** relates to the inherent respect given to the professionals. Procedural fairness, in this sense, reflects the respect for individual agency and interests, by establishing a participative framework that ensures equity and legitimacy to the FtP process.<sup>18</sup>
- Finally, the **public accountability aspect** accounts for the transparency of the FtP process and the legitimate representation of a wide range of stakeholder interests in the FtP process.<sup>19</sup>



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## IV. Methodology

### Approach

The project aim was to tease out explanations concerning differences in outcomes relating to FtP processes. As such, the research used a qualitative research design. Through its interpretive nature and focus on context and meaning, qualitative research allows for nuanced and in-depth explanations of complex social phenomena and interactions. It also offers flexibility and adaptability when analysing data.<sup>20</sup> Thus, the research design is suited for understanding the extent to which protected characteristics play a role in how the FtP decision-making processes are being employed.

The research employed reflexive thematic analysis as a method of analysing FtP case file data. This technique is appropriate for investigating practices and accounts of practices and for analysing influencing individual and social factors that underpin particular phenomena and dynamics.<sup>21</sup> Themes develop through active involvement by the researcher (rather than passively emerging from data). The reflexive aspect of the analysis is given by the researcher being situated ‘at the intersection between data, analytic process and subjectivity’, in a process that ‘requires a continual bending back on oneself – questioning and querying the assumptions we are making in interpreting and coding the data’.<sup>22</sup> The thematic analysis focused on the latent (rather than semantic) level, examining underlying ideas, assumptions and interactions emerging from the data.<sup>23</sup>

### Sampling

Data sampling followed a disproportionate stratified random sampling method. The cases cover the period 2017-2023. The selection of cases was based on the following criteria: the type of allegation, the protected characteristics of the professionals, and the stage in the FtP process.

- **Allegations**

The purpose of this study was to compare decision-making processes on similar cases involving different groups of professionals. In order to ensure similarity of cases, allegations related to FtP were used as a proxy. Allegations related to FtP are coded based on three levels. The first level covers the general category of incidents. The second level unpacks the first level in more detailed sub-sets of incidents. The third level narrows incidents further into more detailed types. Figure 1 provides an illustrative (but not exhaustive) example of how allegations are subdivided across the three levels, using the Level 1 category ‘Patient care’.

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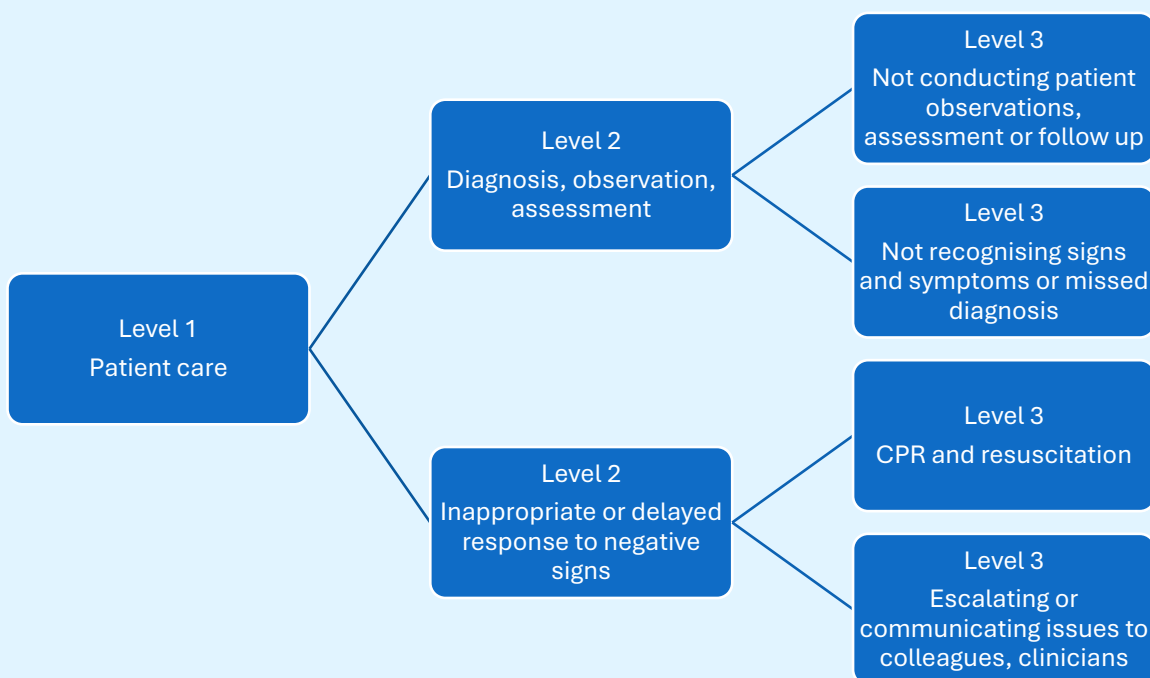


Figure 1: Example of allegations sub-divided across the three levels<sup>24</sup>

For the purpose of the research, cases were selected using the Level 2 coding of the allegations. This allowed for a more nuanced picture of cases. For instance, the Level 1 allegation category ‘Patient care’ is unpacked at Level 2 in allegations ranging from ‘Diagnosis, observation, assessment’ and ‘Inappropriate or delayed response to negative signs, deterioration, or incidents’ to ‘Handling patients’, ‘Other patient care issues’, etc. Thus, identifying cases based on more specific types of allegations makes for a closer comparison of similar issues.

- **Protected categories**

This criterion included four categories related to protected characteristics: Black, male, disabled, and unknown sexual orientation, each contrasted – for the purpose of a variation-finding comparison to their immediate counterparts: White, female, non-disabled, and heterosexual, respectively. These categories were highlighted in the previous quantitative research by the NMC in the ‘Ambitious for Change’ initiative as displaying differences regarding the progression into FtP processes and outcomes.<sup>25</sup>

- **Fitness to Practise stages**

The selection of cases followed all FtP stages, divided into four categories: allegations closed at screening, allegations closed at investigation, allegations closed at adjudication where the professional was found to be fit to practise (sometimes subject to conditions of practice), and allegations closed at adjudication where the professional

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found unfit to continue. The division of the ‘adjudication’ stage into these two outcomes allows us to observe potential differences in the severity of outcomes at this level between professionals from different protected categories.

To sum up, applying these stratifying criteria, the final sample was generated as follows:

- Eight groups of professionals were selected, paired on the basis of the protected characteristic they belong: Black-White, male-female, disabled-non-disabled, and unknown sexual orientation-heterosexual.
- For each pair group, three types of Level 2 allegations were selected based on their frequency across all 4 FtP stages (allegations closed at screening, allegations closed at investigation, allegations closed at adjudication where the professional was found fit to practise, and allegations closed at adjudication where the professional was found unfit to practise).
- For each of these units, three cases were selected randomly (one every third of the total number in each instance).
- This selection process generated 288 case files (N=288): 8 categories of professionals x 4 FtP stages x 3 most common allegations x 3 case files per instance (Table 1).

The ‘Conviction’ allegation (when occurring in the top three most common allegations) was discarded, and the next most common one was selected instead. This was done in agreement with the working group because allegations included under the ‘Convictions’ label are different from other allegations as they are essentially a process code and do not appear as an allegation in their own right (they are always used in conjunction with another allegation), thus potentially distorting results.

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Allegation type	Demographic characteristics of professionals	Screening	Investigation	Adjudication (fit to continue practise)	Adjudication (unfit to continue practise)
<ul style="list-style-type: none"> <li>Diagnosis, observation, assessment</li> <li>Patient and clinical records</li> <li>Inappropriate or delayed response to negative signs, deterioration, or incidents</li> </ul>	Black	9 cases (3 per allegation)	9 cases (3 per allegation)	9 cases (3 per allegation)	9 cases (3 per allegation)
	White	9 cases (3 per allegation)	9 cases (3 per allegation)	9 cases (3 per allegation)	9 cases (3 per allegation)
<ul style="list-style-type: none"> <li>Patient and clinical records</li> <li>Diagnosis, observation, assessment</li> <li>Bullying, intimidation or harassment</li> </ul>	Male	9 cases (3 per allegation)	9 cases (3 per allegation)	9 cases (3 per allegation)	9 cases (3 per allegation)
	Female	9 cases (3 per allegation)	9 cases (3 per allegation)	9 cases (3 per allegation)	9 cases (3 per allegation)
<ul style="list-style-type: none"> <li>Diagnosis, observation, assessment</li> <li>Patient and clinical records</li> <li>Mental health</li> </ul>	Disabled	9 cases (3 per allegation)	9 cases (3 per allegation)	9 cases (3 per allegation)	9 cases (3 per allegation)
	Non-disabled	9 cases (3 per allegation)	9 cases (3 per allegation)	9 cases (3 per allegation)	9 cases (3 per allegation)
<ul style="list-style-type: none"> <li>Patient and clinical records</li> <li>Diagnosis, observation, assessment</li> <li>Inappropriate or delayed response to negative signs, deterioration, or incidents</li> </ul>	Unknown/ undeclared sexual orientation	9 cases (3 per allegation)	9 cases (3 per allegation)	9 cases (3 per allegation)	9 cases (3 per allegation)
	Heterosexual	9 cases (3 per allegation)	9 cases (3 per allegation)	9 cases (3 per allegation)	9 cases (3 per allegation)

**Table 1: Selection of cases**

The thematic analysis followed the standard stages: data familiarisation, data coding, initial theme generation, theme development and review, theme refining, defining and naming themes, and thematic analysis write-up. This resulted in several cases being discarded because they included insufficient data (e.g., absent information or instances where cases were stopped because they were referred to the police for investigation), leading to a final sample of N=270 cases. The thematic analysis focused on the latent (rather than semantic) level, examining underlying ideas, assumptions and interactions emerging from the data.<sup>26</sup>

Following the process of development and refining, five themes were identified:

- Communication – how the FtP process and other relevant information are communicated to the professional.
- Data and evidence – the weight attached to the evidence used in decision-making during the FtP process.
- Response – the level of engagement by the professional with the process in terms of reflection, insight and remediation.
- Formal representation – whether the professional is represented during the FtP process by a legal or trade union representative.
- Decision – the rationale for the decision in the FtP process.

The FtP policy audit encounters the same difficulties associated with any such evaluation, which are generated by the moving target nature of policies, since changes often occur during the process. To manage this, the report will take a real-time evaluation framework approach, which follows the dynamic process of the policy as it unfolds.<sup>27</sup> Thus, the first step was a brief assessment of the FtP policy content in relation to the key values underpinning the work of the NMC: fairness, kindness, collaboration and ambition.<sup>28</sup> This was followed by a critical evaluation of policy aspects driven by evidence emerging from the analysis of the cases.

## Limitations

The research design has several advantages: it enables the processing of a large dataset, avoids pre-conceptions or pre-determined categories for analysis, and the depth of the investigation can help capture different experiences and perspectives. The research team approached the development of themes in two steps. In the first instance, each researcher engaged in data familiarisation independently. This allowed the process of coding and theme generation to emerge collaboratively and reflexively, which – as Brown and Clarke suggest – allows for a ‘richer, more nuanced reading of data’, instead of a primary focus on consensus.<sup>29</sup> The researchers’ different professional expertise (combining academic and policy research experience in extremism, discrimination, intolerance, human rights and social justice with practice-based policy and activism experience in race discrimination, asylum seeker rights, and community justice and equity) helped the reflective, collaborative process by allowing different perspectives on the data. Additionally, the researchers’ personal ‘stories’ allow for diverse views to be represented (both researchers are from a migrant background and have different ethnic characteristics, which are informative especially when exploring issues concerning racial bias).

The study comes with certain limitations. Importantly, the findings are not generalisable. Therefore, potential biases identified in FtP cases relating to professionals in a specific protected characteristic group cannot be extrapolated to the pair of protected characteristics groups. Nonetheless, emerging patterns in the data can be identified. Also, the reflexive nature of the analysis generates difficulties in the dependability and replicability of findings.<sup>30</sup> Finally, representing findings visually is difficult to achieve.

## Ethical concerns

While the research does not entail direct subject participation, the sensitive and confidential nature of the data required substantive ethical considerations. To address these concerns, a data-sharing agreement between the NMC and the researchers was signed stipulating the framework for data usage. Data was managed in compliance with the Data Protection Act 2018. Access to data was provided by the NMC using a secure platform for transfer that was only made available to the research team. The data was then stored in password-protected folders accessed only by the researchers. All data used in the analysis was anonymised and all information apart from the four category pairs based on protected characteristics (male/female, Black/White, disabled/non-disabled, and unknown or undeclared sexual orientation/heterosexual) and details of the country of training where relevant were excluded.



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## V. Results

Research Question 1: How far, if at all, does bias or discrimination in the fitness to practise decision-making process explain differences in how far particular groups progress in the fitness to practise and the outcome they receive at the end of it?

### Key findings

The analysis of the cases identified differences in how groups were treated in the FtP decision-making process.

- **Differences are visible in the case of Black and male professionals**, compared with White and female professionals, respectively.
- **No meaningful differences** are observed in the case of disabled and non-disabled professionals or **the case of professionals with unknown or undeclared sexual orientation and heterosexual professionals**.
- **In the case of Black and/or male professionals**, there are some cases showing **direct evidence of bias** in how **Case Examiners and panels consider evidence** and in terms of how **Conditions of Practice are being assigned**.
- **In the case of Black and/or male professionals, indirect factors also affect outcomes**. **Lack of supporting information** consistently provided by the NMC and **lack of formal representation** affect the response of the professionals and their level of **engagement with reflection and remediation**. This, in turn, has **negative consequences on outcomes**. These are indirect factors, because while they occur indiscriminately across the board, they tend to impact Black and/or male professionals more.

The analysis of the cases identified differences in how different groups were treated in the FtP decision-making process. Such variations were identified in the case of Black professionals when compared to white professionals and in the case of male professionals when compared to female professionals, and in both instances, they occur when cases progress to investigation and adjudication levels. Two sets of factors explain the differences. The first consists of direct instances of bias in the application of the FtP process. At the same time, the second is the consequence of broader issues that – while not explicitly pointing at Black and male professionals – indirectly affect the two groups more.

Due to the qualitative nature of the research (with small numbers of similar cases investigated), these findings cannot be generalised to the entire NMC caseload relating to each protected characteristics group. Also, it is important to note that case processes and outcomes are expected to fall within a margin of difference. Put simply, in different cases, examiners and adjudication panels may produce some variance in terms of their findings, because their assessment relies to some extent on interpreting available evidence. However, the fact that the differences in outcomes tend to affect specific categories of people points to a wider issue that requires further attention and consideration.

The thematic unpacking of the analysis sheds light on the direct and indirect differences in process and outcomes highlighted here. The analysis is divided into five themes developed through the examination of the data: communication, data and evidence, response from the professional, formal representation, and decisions.

## Communication

In summary:

Supporting information included in NMC’s written communication with professionals, especially in the early stages of the FtP process, has a positive influence on professionals’ engagement with reflection and remediation. In particular, the presence of case study examples to guide engagement has a positive effect. The absence of supporting information can influence reflection and remediation negatively. In conjunction with other indirect factors, this may affect Black and male professionals more.

Communication with professionals that are referred to the NMC tends to be appropriate and in line with the policy: it clearly states the reason (e.g., referral, investigation, hearing, etc.), provides detailed information about the process (with signposting to relevant policy), and guides the professional about next steps (e.g., advice on formal representation, on engagement, and support mechanisms, etc.).

There is variation in how the NMC communicates with professionals with an FtP referral. An example of such variation is the presence or absence of additional supporting information in the written communication<sup>31</sup> with the professionals. In some cases, the initial communication is accompanied by specific advice on the importance of reflective accounts and evidence of insight and remediation for the outcome of the FtP process. In these instances, detailed support regarding reflection embedded into the initial communication to professionals includes reflective account forms organised in sections that guide professionals through various aspects of the reflective process. Useful additional information includes fictional case study examples of reflections mapped against outcomes (e.g., a good reflection statement that led to a positive outcome,

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compared to a poor reflection statement or no reflection statement that led to an escalation of FtP process or restrictions of practice). Cases including additional information are much less numerous; in most cases, such information is not provided.

While the variations regarding the inclusion of additional information in the communication with the professional are random and do not align with group characteristics, there is evidence that in some cases, they – in conjunction with other factors – indirectly influence outcomes based on protected characteristics.

Additional support and information facilitate better professional reflection engagement, especially in cases with no or limited formal representation. Conversely, in cases with no formal representation and with no additional information provided by the NMC, the professional’s engagement with reflection and remediation is reduced and results in cases progressing further in the FtP process. The absence of supporting information from the NMC and the absence of formal representation have a cumulative effect. They affect the engagement with the FtP process and the outcomes for Black professionals and, to some extent, male professionals more than for White professionals and female professionals, respectively.

### Case Illustration

Black male nurse: the **initial communication included detailed information on reflection and fictional case study examples**. Despite the absence of formal representation, the **professional provides a thorough, reflective account**. The case is closed at Screening, and **the decision explicitly references the professional’s reflective evidence** (among other things).

Black female nurse: the **initial communication does not include additional information about reflection**. The **benefits of reflective engagement are only communicated in detail to the professional at the Investigation stage, but no fictional cases are provided**. The **professional only provides limited evidence of insight and reflection at the Interim Order hearings**. Formal representation is only present at the Investigation stage, and the professional represents themselves at the Interim Order hearings and is represented by spouse at the Adjudication level. In the initial stage, however, the case was progressed to investigation, despite a court decision on a case raised by the professional against the hospital confirming concerns about the employer allegations (that led to referral) and about the internal investigation and suspension of the professional by the employer.

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### Additional points to consider:

Another point to consider is the initial communication notifying professionals of FtP referral. All communication is factual and provides relevant information and resources about the scope and the structure of the FtP process. In some instances, communication additionally shows empathy towards the professional and provides reassurance about a fair and expeditious process. This is particularly visible in the email notifications to the professional, which are accompanied by a formal letter. Such communication illustrates good practice and reflects the values of fairness and kindness the NMC advocates.

## Data and evidence

In summary:

There is direct bias in how data and evidence are considered in some cases: supporting evidence is scrutinised further in the case of Black and male professionals. By contrast, it is more likely to be taken at face value in the case of White and female professionals, respectively. No differences are visible in the case of disabled and non-disabled professionals or in the case of professionals with unknown or undeclared sexual orientation and heterosexual professionals.

Generally, data and evidence are used thoroughly and consistently to inform investigations and decision-making. Investigators and Case Examiners go to great lengths to ensure testimonies, statements and references are obtained (from those raising concerns, current and previous employers, professional, witnesses, etc.).

However, there are instances in cases involving Black and/or male professionals where data and evidence are not considered on par with similar data and evidence involved in comparable cases with White and/or female professionals. While policy-compliant, interrogation of data and evidence, and decision-making based on reflection and remediation allow for a visible margin in outcomes. The margin is aligned with Black/White and male/female differences. Data and evidence are taken more at face value in cases of White/female professionals. Data and evidence are interrogated further in the case of Black/male professionals. There is no clear evidence of differences in the treatment of cases involving professionals with different sexual orientation and/or disability status.

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### Case illustration

Black female nurse: while there is evidence of previous underlying concerns about poor practice, a large part of the investigation focuses on allegations of the professional attending work under the influence of alcohol and alcohol addiction. Witness testimony suggesting the smell of alcohol on the professional was based on hearsay, and the line manager's statement specifically asserted that the professional did not smell nor appear under the influence of alcohol. In addition, a statement from the trust accommodation services (providing housing to the professional) makes gratuitously inflammatory statements about the professional's alcohol consumption habits. The investigation pursues these issues in detail (with DNA testing evidence requested from the professional to assess levels of alcohol abuse). It is important to note that the case was nuanced and raised other concerns. The Case Examiners expressed sympathy for the difficulties faced by the professional (health issues and homelessness). The outcome for the professional was a striking-off order issued by the FtP panel.

White female nurse referred by a member of the public: allegations refer to unprofessional behaviour and dishonesty. Evidence from the employer of several previous complaints about the professional about similar issues as in the referral, and from ombudsman investigation and internal investigation finding in favour of complainant appears not to factor significantly in the decision-making process. On the other hand, evidence of appraisal documentation that does not refer to any of the issues raised in previous complaints and that states that the professional had met all targets is taken at face value. In addition, while the professional denied all allegations, there is no evidence of reflection, learning or remediation. The Case Examiner investigation resulted in a no case to answer outcome.

Direct bias is visible in some instances in how evidence is considered: supporting evidence provided by Black or male professionals is scrutinised further while supporting evidence provided by White or female professionals is taken at face value.

Differences are also visible in the treatment of supporting evidence provided by professionals. Overseas qualifications and professional references are not given the same weight compared to references from UK employers. This pattern particularly affects Black professionals who trained and gained experience overseas before being employed in the United Kingdom.

On the other hand, there is no clear evidence of differences in the treatment of cases involving professionals with different sexual orientation and/or disability status.

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## Response

In summary:

The professionals' engagement with reflection and remediation varies across all groups. When considered alongside other indirect factors, such as the lack of supporting information provided by the NMC and the absence of formal representation, engagement by Black and/or male professionals is reduced in comparison with that by White and female professionals. No differences are visible for disabled and non-disabled professionals and for professionals with unknown or undeclared sexual orientation and heterosexual professionals.

The focus of the FtP process is addressing concerns that would impact public safety through remediation actions and not on punitive measures. As such, a meaningful engagement by professionals with the process constitutes a mitigating factor when outcome decisions are taken. Factors contributing to reducing risks to public safety and strengthening public trust in the profession are the degree of insight professionals show into their actions and the consequences deriving from such actions. A reflective process that accounts for these aspects and shows remorse for any harm caused reduces further risks to public safety. Most importantly, remediation actions taken by professionals in the form of steps towards correcting and strengthening practice are key criteria used in determining the likelihood of conduct being repeated and public safety being impaired.<sup>32</sup>

The cases examined suggest no visible bias in how NMC colleagues involved in the FtP process treat engagement that demonstrates remedial action and steps towards strengthening practice. However, when professionals reject or deny the allegations, they are often required to show a higher level of reflection and remediation than those who accept the allegation to demonstrate that they no longer present a risk to patients. There seems to be an implicit perception in the decision-making process that a lack of acknowledging failures by the professional is equivalent to a lack of remorse or insight. This is a case where fictional case studies with examples of reflections can provide helpful guidance on how reflection and insight can be demonstrated.

Providing effective reflection and remediation engagement while denying allegations remains a difficulty for professionals. However, the cases examined reveal instances where this is done successfully, without detriment to the professional.

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### Case illustration

Heterosexual female nurse: **allegations are firmly denied by the professional, who engages thoroughly with reflection in both internal debrief and FtP investigation. Reflective statements include factual and personal reflection on the allegations, strong insight and evidence of good practice, and reflection on how the professional consistently engaged in appropriate conduct that aligned with policy and practice.** In this case, the vague and convoluted nature of the public complaint and the lack of evidence accompanying it undoubtedly contributed to the no case-to-answer decision by the Case Examiner. However, **the quality of engagement by the professional was highlighted in the final decision, which reinforced the absence of a concern for public safety.**

While direct evidence of bias in how the reflection and remediation by professionals contribute to the FtP decision-making process, there are cumulative factors mentioned earlier that point to differences in outcomes visible in the case of Black professionals (compared to White professionals).

The level of engagement is enhanced by additional support in communication with professionals (i.e., reflection forms and fictional case study examples). More importantly, formal representative support facilitates much better reflection and remediation engagement. When both are absent, Black and/or male professionals are less likely to engage effectively in relevant reflection and remediation actions. This is particularly visible in the case of overseas professionals. This suggests either that the importance these factors play in the FtP decision-making process is not conveyed adequately to professionals or that the absence of suitable support through the process prevents some groups from taking full advantage of this dimension in the FtP process. Without detailed reflection forms and exemplary case studies, communication about referrals to professionals only includes a link to generic information about the importance of engagement.<sup>33</sup>

### Formal representation

In summary:

There is no direct bias based on whether professionals have formal representation or not during the FtP process. In the case of Black and/or male professionals, lack of representation cumulated with other indirect factors (lack of supporting information from NMC) may result in a lower level of engagement with reflection and remediation, which negatively affects outcomes.

There is no clear evidence of direct bias in terms of who has access to formal representation during the FtP process, but the investigation found that access to formal

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representation indirectly affects outcomes. This confirms wider research showing that professionals who are represented receive less serious sanctions.<sup>34</sup> There is evidence from cases that reflective accounts submitted without formal representation support are treated fairly by case examiners and adjudication panels. The emphasis is clearly put on the content of the reflection, not on the quality of the expression.

This suggests that professionals' submissions are assessed using an approach that focuses on inclusivity and diversity and is not influenced by cultural differences and/or language skills. In addition, there is no direct bias in cases where professionals represent themselves or are represented by lay persons. In the example below, while the Case Examiners found there was no case to answer, they issued a warning.<sup>35</sup>

### Case illustration

Black female nurse: the initial communication to the professional about the referral is comprehensive and empathetic, with good supporting information about engagement. The professional **submitted a comprehensive reflective account that demonstrates insight, remorse and concern for patients and their practice. The account also reflected the out of character nature of the incident with evidence of long positive practice, as well as remediation actions. The statement was submitted via a lay representative, who also provided a convincing statement requesting the dismissal of the case.**

While direct bias is not present in the FtP process relative to the issue of formal representation, there are indirect consequences linked to representation. As suggested earlier, the presence of formal representation can (alongside reflection forms and case studies) enhance both the level of engagement of professionals in reflective and remediation practices and the strength of the submission by generating more comprehensive and meaningful action. Also, the level of engagement by formal representatives impacts the quality of submissions to hearings (whether Interim Orders or adjudication ones). This, in turn, can influence outcomes. Lack of formal representation is more visible in the case of Black professionals (compared to other categories), especially those from overseas, and to a much lesser extent in the case of male professionals.

In short, the availability of formal representation and its engagement level in the case influence outcomes, with professionals who are not represented receiving more serious outcomes.

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### Case illustration

Male nurse: the Royal College of Nursing representative was very engaged in the case from the beginning, supporting the professional in preparing evidence and liaising consistently with the NMC colleagues involved. The professional was issued with Interim Conditions of Practice. At the first review of the Interim Conditions of Practice, the formal representatives present a compelling case leading to reduced conditions. The case made by the formal representatives at the Investigation was comprehensive, with substantive evidence included and, as a result, the Case Examiners issued a no case to answer decision.

The length of the FtP process is another factor that indirectly affects Black and overseas (internationally trained) professionals. Even though professionals are more likely to seek formal representation if an Interim Order hearing occurs or if the cases proceed beyond the Screening stage, lengthy proceedings raise difficulties in sustaining such representation, especially in cases leading to the Adjudication Stage. There are numerous instances where professionals are initially supported by formal representation, but that disappears later in the process. In several cases professionals are supported by legal representation in the early phases. As the cases progress, examples where solicitors inform the NMC that they are no longer representing the professionals who then represent themselves or are not able to attend hearings suggest that professionals may encounter difficulties with maintaining legal support. While this pattern is visible across the board, it indirectly affects Black professionals, who are less supported by formal representation to begin with.

### Case illustration

Black male nurse: the professional is initially represented by a solicitor through the referral to Investigation and during the Interim Order hearing. Subsequently, solicitors are no longer present, and the professional represents themselves at the IO review hearing and at the substantive hearing. The Adjudication panel assesses that while some of the charges are proven, no misconduct took place and based on evidence of remediation and training in new employment, it takes a no case to answer the decision.

## Decisions

In summary:

There is direct evidence of bias in decisions regarding the selection of specific Conditions of Practice. The bias affects Black and/or male professionals more than other categories of professionals. On a different note, the duration of the

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proceedings can result in the professionals disengaging with the FtP process. This disengagement is further impacted by uneven approaches to the Voluntary Removal guidance.

Decisions at all stages are considered in line with the policies, and significant effort is made to ensure a fair balance of probability. The justification for the decisions is transparently aligned with the policy. Adjudication panels follow a consistent approach to assessing the burden of proof, applying suitably civil standards based on the balance of probabilities.

At a more granular level, some decisions suggest uneven approaches that can indirectly produce different outcomes. Some cases suggest that Interim Order Conditions of Practice (IOCP) Orders can undermine employment and remediation. Although the main focus of a sanction is to ensure the public is protected, Conditions of Practice orders are sometimes applied in a way that is too broad or not tailored enough. As a result, this can undermine efforts to help professionals strengthen their practice or participate in meaningful remediation.

This flexibility is seen in relation to requirements from the professional to have frequent meetings with their line manager to discuss progress with their Personal Development Plan. In the case of Black and/or male professionals, the frequency of meetings imposed in the IOCP is often every two weeks. By contrast, in the case of White and/or female professionals, the frequency is set to monthly meetings without any apparent differences in the cases. At the same time, other Conditions of Practice are identical. This variation indirectly affects professionals' ability to engage in meaningful practice-strengthening and remediation activities. Very frequent meetings place a significant burden on employers in terms of monitoring personal development progress. In some cases, professionals are forced to leave employment because the employer cannot accommodate the requirement of the IO, or they are prevented from securing employment. This, in turn, renders professionals unable to evidence strengthening of practice and remediation, which prolongs the Interim Orders and negatively affects case outcome.

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### Case illustration

Male overseas nurse: the **Interim Conditions of Practice imposed biweekly meetings with the line manager** to assess personal progress. In that situation, the professional was dismissed from the Care Home because the employer could not accommodate the Conditions of Practice. The professional continued to work at the same care home in a volunteering, unpaid position to acquire evidence of strengthening practice and work towards remediation. Only in the subsequent Interim Order hearing did the conditions vary, reducing the frequency of meetings and the supervised personal development framework to reflect the remedial actions taken by the professional. The case outcome was that Case Examiners found no case to answer, and the Interim Order was lifted. (N.B. The professional had strong formal representation at all stages).

Black male nurse: the **Interim Conditions of Practice imposed a very detailed reflective and remediation plan overseen by the line manager**. The professional found it very difficult to meet the conditions because of the need for commitment placed on the employer. The Interim Order hearing acknowledges the professional's inability to secure employment as a registered nurse due to the Interim Conditions of Practice, but the Interim Order is maintained. The Adjudication decision is to impose Conditions of Practice similar to those of the Interim Order for twelve months. (N.B. In this case, the professional had no formal representation throughout the process).

Female nurse: the **Interim Conditions of Practice imposed monthly meetings with the line manager to assess personal progress (in the context of a serious case resulting in patient harm)**, and the Conditions of Practice are reduced at the Interim Order review. The Investigation found no case to answer. (N.B. In this case, the professional had union representation at the Interim Order hearing and a strong formal submission for the Investigation).

An important aspect emerging from the research is that at the Adjudication stage, striking-off decisions often happen in a context where professionals have completely disengaged with the process. The length of the process may be a contributory factor to this. In such cases, professionals tend to request Voluntary Removal (now known as Agreed Removal) from the register and leave the profession. In reference to the length of the FtP process, it is important to note that many cases investigated in this research project stretch over the Covid-19 pandemic, which has understandably caused significant delays and backlogs in the processing of cases and outcome decisions. In this context, it is difficult to assess whether prolonged cases are the result of the pandemic conditions or are a more endemic phenomenon.<sup>36</sup>

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### Case illustration

Black female midwife: following Interim Conditions of Practice for 18 months (confirmed in subsequent hearings), a Court Extension of the Interim Order and a further 12 months of Conditions of Practice and 12 months suspension, an Adjudication panel reaches a striking-off decision. **In the first instance, the professional engages in further training, secures a new employment position, and starts to collect evidence of remedial activities.** Further down the line, **the professional requests Voluntary Removal via a formal representative and then stops engaging with the FtP process, which is denied. The suspension and final striking-off order occur without the professional's engagement.**

## Other thematic findings

In the analysis process, several potentially relevant patterns unrelated to the research question emerged, summarised for future consideration and research.

Examining bias in the referral process was not part of the scope of the research. Nonetheless, in examining professionals' engagement with the FtP process, professionals made allegations that discrimination, bullying, and unfair treatment were the drivers for the referrals and informed the evidence provided in referrals. Given that such allegations come from Black and male professionals, in particular, this reveals potential biases in the referral process.

In some cases examined, the professionals suggested that environmental factors influencing performance and failings (staff shortages, busy and high-pressure environments, lack of training availability and support) rather than individual failures are responsible for failures in practice. Concerns about structural and environmental factors are particularly raised in cases related to care homes and nursing homes and tend to affect professionals employed via agencies more. These alleged biases behind referrals and the environmental factors often have a compounded effect. This is supported by case evidence. For example, there are instances of professionals with alleged poor performance in one institution, which is then followed by a referral. However, when the professional changes employment during the FtP process, they show evidence of very high performance in the new employment setting.

Examining the Voluntary Removal from the register, research noted some variability in decisions. Denial of Voluntary Removal from the register can happen on subjective grounds. However, decisions around Voluntary Removal did not involve bias in respect of protected characteristics.<sup>37</sup>

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### Case illustration

White female nurse: following Interim Conditions of Practice, **the professional (with no formal representation) requested a Voluntary Removal from the register. The request was denied due to an absence of ‘a genuine desire’ to leave the profession.** A Court Extension of the Interim Order is secured for 8 months, followed by an Interim Suspension Order for 18 months and a striking-off decision.

Finally, the phase one Ambitious for Change research showed that concerns raised by members of the public are less likely to progress through FtP stages than referrals from professionals and employers. This review did not identify any evidence of bias in how the FtP process engages with such referrals. The difference is largely caused by the fact that public referrals often focus more generically on the quality of care and, therefore, are difficult to attribute to individual practice or are less likely to reflect criteria aligned with FtP policy and process.

## Research Question 2: To what extent does the content of current policies and guidance effectively promote equal opportunity and eliminate discrimination?

### Key findings:

- The FtP policies and guidance evaluation shows their alignment with the NMC values of fairness, kindness, collaboration, and ambition.
- The FtP policies and guidance appear responsive to feedback and focused on promoting equal opportunities and fairness.
- However, when the policies and guidance are applied in practice, decisions can fall within a large margin of variation.
- The margin of variation in the decisions can directly or indirectly affect Black and/or male professionals more than the other categories.

The FtP policies and guidance audit is focused on two distinct elements. First, it reviews the alignment of the FtP policies and guidance with the NMC values. Second, it used the three dimensions of procedural fairness (instrumental, dignitarian, and policy accountability) to assess how well they are reflected when policies and guidance documents are applied in practice.

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## Policy and Guidance and the NMC values

The NMC builds its work on four key values that inform the way the organisation aims to promote excellence in nursing and midwifery that benefits the public (Figure 2).

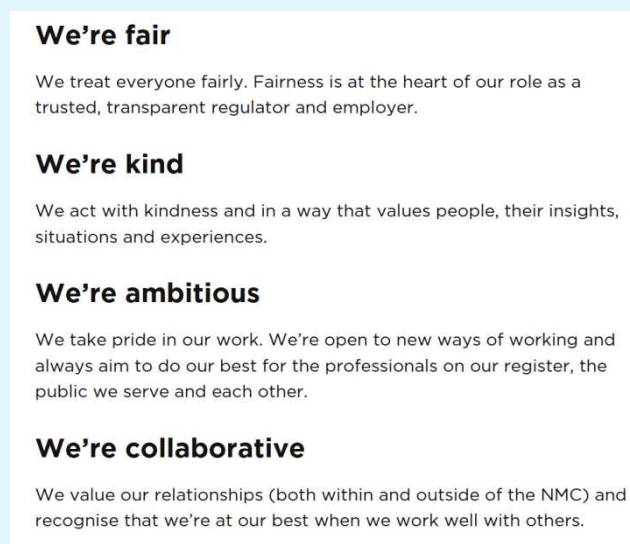


Figure 2: NMC values<sup>38</sup>

The real-time evaluation of the FtP policies and guidance reveals its alignment to the key NMC institutional values of fairness, kindness, ambition, and collaboration, as well as its dynamic, evolving nature.

### Fair

The NMC ensures it meets its requirements as a regulator to all concerns regarding the fitness to practise of all registered professionals practice raised by different stakeholders. NMC's policies and guidance make it clear that all FtP referrals – whether from members of the public, health care professionals, employers, or self-referrals – are given equal weight and are thoroughly investigated. This commitment to fairness is central to NMC's role as a transparent regulator.

The process is staggered across several stages: from initial assessment through the screening stage, to the Case Examiners' decision following an Investigation and finally to a final decision by an independent panel at the Adjudication stage.

The FtP process allows for thorough consideration of evidence and for frequent opportunities for professionals to respond to allegations, and there are clear criteria justifying levels of escalation with public safety and trust remaining at the heart of the policy. Evidence of insight and strengthened practice are influential in the decision-making process. This provides a valuable balance: it ensures public safety through a constructive approach based on professionals' education and remedial action to remove public risks.

## Kind

The corrective approach to professional practice reflects the overarching supportive ethos of the policy. This is evidenced by the focus on opportunities for professionals to reflect on incidents, demonstrate insight and remorse, learn from mistakes, and engage in remediation and strengthening of practice. The focus on removing risk through education and continuous professional development and improvement works at two levels. At the individual level, rather than being punitive, guidance offers professionals the opportunity to learn from mistakes, thus encouraging staff retention and confidence in practice. At the organisational level, it promotes an 'open and learning culture that's most likely to keep people receiving care and members of the public safe'.<sup>39</sup>

Another important feature of the FtP policy reflecting kindness is the value placed on professionals' insights, situations, and experiences. The policy accounts for the fact that context is relevant in evaluating whether risks to people in care exist. It acknowledges the 'role of other people, the culture and environment they were working in when something went wrong' in the decision-making process.<sup>40</sup>

## Collaborative

The collaborative value is embedded in NMC's policies and guidance documents through the involvement in the FtP process of all relevant stakeholders. This is visible at all levels. The referral mechanism is open so that concerns about professional practice can be raised by a broad range of contributors, including patients and members of the public. The format for the referral is simple and direct. The NMC ensures that concerns are pursued even when the person raising a complaint (this generally applies to referrals from members of the public) does not fully conform to the referral format. This encourages strong stakeholder engagement and ensures that meaningful improvements in practise are prioritised over following formal processes for their own sake.

When a concern is received, the investigation process involves all relevant parties. Evidence is thoroughly collected, documented, and evaluated. The views of the professionals are accounted for, and their engagement with the process is encouraged. Equally, Case Examiners and FtP committee panels gather views from employers, colleagues, witnesses, patients, and relatives when building a case relating to concerns over a professional's practise. Finally, decisions are clearly communicated to all parties, ensuring the loop is closed.

These mechanisms ensure that standards of care are met, and concerns are investigated transparently and in the spirit of collaboration.

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## Ambitious

The focus on producing the best outcomes for registered professionals, patient care and public protection and trust in the profession reflects the NMC’s goal to be ambitious. The FtP policy strives to ensure a fair and effective regulatory process which aims to secure the overarching aim of ensuring public protection and safety.

Important in this respect is the NMC’s approach that considers the FtP policies as ‘living’ documents that can constantly be improved, adapting and responding directly to lessons learnt from their application.

Recent improvements in the overall approach highlight a growing emphasis on equity, diversity and inclusivity, a stronger push towards developing support systems for professionals and a focus on life-long learning and strengthening of practice, as well as launching a referral helpline for people wanting to raise concerns about practise, and support for people involved in cases (including referrers, witnesses, and vulnerable individuals).<sup>41</sup> Importantly, efforts are being made to shorten the process and reduce case backlogs (especially in the context of delays caused by the Covid-19 pandemic). Major changes were recently made to the voluntary removal process, opening it to all stages of the FtP process.<sup>42</sup>

At face value, while the FtP policy appears to be effective in promoting equal opportunity and eliminating discrimination, the examination of the cases has shown areas in which the policy and guidance, as well as the process, can produce different outcomes for professionals. Moreover, different outcomes appear to affect negatively (either directly or indirectly) some groups, in particular, Black and male professionals (compared to White and female professionals). No clear differences are visible in the case of disabled, non-disabled, heterosexual and professionals with unknown or undeclared sexual orientation.

These differences in outcome are primarily based on how the policies are applied in practice. It is expected that in a situation where different case examiners and panels evaluate evidence, decision-making is likely to fall within a margin of variation. The issue is, however, that patterns are visible within this margin in relation to specific groups. This suggests the potential for strengthening policies and guidance documents to reduce such gaps.

## Procedural fairness

Picking up on three dimensions of procedural fairness (instrumental, dignitarian, and policy accountability), some policy and guidance areas are identified, which are responsible for potential bias and indirect negative influence of decision-making.

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Emerging as a social justice concept procedural fairness has been employed in a range of fields, including legal studies, public policy and health. In the context of health studies, the instrumental, dignitarian and public accountability dimensions represent:

Instrumental	Capacity to deliver justice
Dignitarian	Value in the interests of the autonomous individual
Public accountability	Legitimacy of the decision-making process for all stakeholders

Table 2: Three dimensions of procedural fairness<sup>43</sup>

### Instrumental dimension

**The instrumental dimension of the policy is concerned with ensuring a fair and equitable FtP process that, on the one hand, removes risks and reinforces public trust in the profession and, on the other, supports professionals in strengthening practice and promotes staff confidence in the process through a fair and open process.**

A key issue in this context is that professionals are treated equitably.

Evidence from the cases has shown differences in how evidence is being considered, influencing outcomes. This suggests that the policy and guidance allow such direct biases to occur. This is visible in cases where evidence of overseas practice is not given equal weight. Similarly, evidence of prior concerns about practice is not considered consistently. Finally, testimonies based on hearsay or incorporating biased statements appear to be taken at face value.

In addition to the direct factors highlighted above, indirect factors can influence outcomes. Some aspects of the policy covering Interim Orders open the possibility for flexible interpretation, which, in turn, leads to outcomes that prejudice specific groups of professionals. The Interim Order Conditions of Practice Library provides a valuable toolbox for panels setting conditions that can be imposed on professionals restricting their practice to ensure public safety. The wide range of conditions and the vague provisions of time frames in some cases result in panels often interpreting conditions loosely and even deviating from provisions. This results in uneven practice across cases. One concrete example emerging from cases is the use of Point 23 in the Conditions of Practice Library, which states:

‘You must engage with [X] on a frequent basis to ensure that you are making progress towards aims set in your personal development plan (PDP), which include:

- Meeting with [X] at least every [insert timeframe] to discuss your progress towards achieving the aims set out in your PDP’.<sup>44</sup>

The guidance accompanying this condition states: ‘Panels should set out: The minimum frequency of meetings and the name(s) / role of the person(s) who can supervise and support the PDP’.<sup>45</sup> The vagueness of the provision gives significant latitude to panels. As the case examination has shown, putting this into practice has resulted in a pattern of tougher timeframes being imposed on Black and/or male professionals than on other categories. The indirect consequence is that Black and/or male professionals found it difficult to manage such conditions, preventing effective remediation actions. Areas concerning the need for professionals to engage in personal development plans, logs, and reflective practice (points 17 to 22 in the Conditions of Practice Library) are also prone to too much flexibility, which can trigger inconsistent outcomes.

Another area of the Interim Order policy that opens the possibility for inconsistent interpretation and practice concerns the frequency of Interim Order review hearings: the policy states that ‘interim orders have to be reviewed every six months, by either the committee that made the order, or (if the case has been referred to the Fitness to Practise Committee) by the Fitness to Practise Committee’.<sup>46</sup> There is no provision clarifying the process when a review does not take place. While such a situation is very unlikely to happen, one of the cases analysed exposed such a situation. In that instance, the panel interpreted the policy to mean that if a review had not taken place, the conditions of the order remained in effect. This interpretation might prove prejudicial to the professional, as potential remedial action and removal of risk are not taken into account.

### **Dignitarian dimension**

**The dignitarian dimension addresses the respect for the dignity of the professional and facilitates their agency and ability to make decisions that serve their interests.**

In this context, the FtP policy emphasises the importance of insight and remediation shown by the professional in the outcome decisions. The guidance regarding insight, reflection and remediation offered to professionals subject to an FtP process varies significantly. The provision of supporting materials about reflection and remediation (detailed reflection forms and illustrative fictional case studies) is shown to facilitate better engagement with the process. However, guidance for a consistent use of such supportive materials in the communication with professionals is absent.

Also, the communication informing professionals about FtP referrals shows variation. Exemplary cases that display empathy for the professional’s situation are very much in line with guidance that emphasises a supportive and respectful approach to professionals. This can indirectly contribute to enhancing engagement and confidence in the process. However, there are significant disparities in the early communication with professionals.

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The focus on insight, remorse and remediation tends to implicitly prioritise the need for professionals to accept fault in relation to allegations. In the absence of more explicit guidance on this issue, decision-making processes give more weight to reflective accounts where fault is partially or totally accepted. A concrete instance of this issue emerged from a case showing that voluntary removal from the register was conditioned on the professional accepting fault, thus restricting the ability of professionals to exercise agency. It is essential to note the dynamic and evolving nature of the policy, which in this instance has rectified the problem, and voluntary removal is no longer conditioned by acceptance of fault.

Finally, the agreed removal guidelines clarifying application conditions can affect the dignitarian dimension of procedural fairness by effectively undermining what in the criminal justice sphere is referred to as ‘the presumption of innocence’, which in the context of the NMC is the presumption of fitness to practise, thus potentially resulting in wide margins of interpretation. The guidance states that: ‘more serious concerns where the nurse, midwife, or nursing associate’s conduct is likely to result in a striking-off order aren’t usually suitable for agreed removal’.<sup>47</sup> The wording in the guidance effectively anticipates the outcome of an FtPC, thus potentially prejudicial to a fair process.

### **Public accountability dimension**

**The public accountability dimension reflects the ability of the policy to ensure a transparent and equitable engagement by relevant stakeholders.**

This aspect is particularly relevant given the role of the NMC as a professional regulator in protecting the public and in maintaining public confidence in the professions.

In this context, the main area of concern emerges from the duration of the FtP process, especially in the more advanced stages. As the cases have demonstrated, this often results in professionals’ alienation from and disengagement with the process. Equally, lengthy proceedings also undermine the public confidence in the effectiveness of the process and implicitly in the safety and wellbeing of the public. It is important to stress again in relation to evidence emerging from the case analysis, that a large number of the cases investigated stretch throughout the Covid-19 pandemic that caused understandable delays.

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RQ3: Based on the analysis of the fitness to practise policies and guidance and the decision-making informed by these, are there any potential improvements that can be made to the existing fitness to practise policies, guidance and processes to maximise fairness and consistency?

There is evidence that the NMC’s approach to the FtP process, in terms of both policy and practice, is guided by an overarching concern to strike a fair balance between protecting public safety and interest, supporting professionals and addressing concerns about practice in a constructive and educative manner, and ensuring public accountability and transparency. That being said, there are areas of policy that could benefit from further clarification and strengthening to ensure consistency and fairness. In the area of implementation of policies and guidance, more effort is required to eliminate opportunities for bias in the decision-making process and to minimise the effect of indirect factors that can generate differences in outcomes based on protected characteristics.

Further work should be undertaken in these areas of policy and practice both individually and in relation to one another. More specifically, attention should be given to ensuring that:

- **Quality assurance around written communication with professionals regarding FtP** is strengthened to ensure consistent alignment with existing good practice that balances factual information with empathy and reassurance about the process. This will ensure the process remains rigorous while engaging with professionals in a supportive and dignifying manner.
- **Documentation sent to professionals includes exemplary cases of reflection/remediation linked to outcomes** and forms guiding the reflection process. Given that insight, reflection, and remediation are crucial to removing risk to practice, supporting professionals with adequate information is conducive to more meaningful engagement with the FtP process. This is also likely to mitigate differences in outcomes based on protected characteristics.
- **Consistent documentation and advice on how to interpret evidence for NMC colleagues involved in investigating FtP cases** to reduce the margin of differences in outcome. This could include guidance on considering and assessing evidence of qualifications and proof of good practice obtained overseas, which might address existing discrepancies, particularly in outcomes for Black professionals. Additionally, guidance on the exclusion of hearsay and spurious statements (due to concerns about credibility) from the evidence would ensure fairer outcomes.

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- **More precise guidance in applying Interim Order Conditions of Practice.** As evidence shows a wide margin of interpretation for selecting conditions of practice from the Conditions of Practice Library toolbox, more specific parameters could generate consistency in approach. This could mitigate existing differences in outcomes prejudicial to Black and male professionals.
- **Review of guidance to Independent Panels regarding Interim Order Conditions of Practice.** Interim Order Conditions of Practice that implicitly prevent a professional from securing employment and taking remedial action undermine the educational and strengthening of practice principles behind the FTP process. While the main concern remains public safety, within the frame of protecting the public, panels should consider making conditions of practice feasible, so that professionals can engage in meaningful remediation action.
- **Review of Agreed Removal Application** (voluntary removal) guidelines to clarify conditions for rejection. Guidelines should specifically focus on the need to protect the public while at the same time ensuring that the presumption of innocence principle is upheld.
- **Review causes of disengagement with FtP at the Adjudication stage.** The main drive behind professionals being struck off the register is disengagement with the FtP process. This suggests that evaluating causes thoroughly (e.g., the inability to maintain formal representation, the length of the process, etc.) can enhance confidence in the process and the profession.
- **Work on addressing the timely resolution of cases** to avoid disengagement and maintain public trust in the process. This is essential for both professionals involved in the FtP process and for public confidence.
- Provide **policy guidelines regarding Interim Orders**, addressing the implicit pressure on professionals to acknowledge fault in the reflection process. Case examinations reveal that even when professionals acknowledge concerning behaviours or actions but deny involvement, they can still demonstrate thorough insight and reflection, indicating their understanding of good practice.
- **Reflect on corroborative evidence** from these findings and previous NMC research that highlight discrepancies in how the FtP treats some categories of professionals (particularly Black professionals relative to White professionals and male professionals relative to female professionals). While findings in this report do not identify systematic and deep-seated discrepancies (mainly due to the qualitative nature of the investigation), further probing into the treatment of these categories and actions to reduce inconsistencies are advised. More in-

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depth research on these categories could uncover further areas in the FtP process that explain outcome differences.



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## VI. Conclusions

This report aimed to provide an analysis of the NMC FtP framework through a qualitative examination of cases and a brief audit of FtP policy and guidance. The study fits within a broad initiative by the NMC to probe its practices to ensure that they adhere to the organisational goal to promote fairness, diversity, and inclusion across all areas of activity. The programme entitled ‘Ambitious for Change’ was launched in 2019. The first phase investigated regulatory practices and found differences in outcomes based on the group characteristics.

This report is part of the second phase of the research programme. Its aim was to examine how different groups fare regarding the FtP process and outcomes. The research adopted a qualitative thematic analysis approach to investigating FtP cases for four pairs of professional groups: Black and White professionals, male and female professionals, disabled and non-disabled professionals, and professionals with unknown or undeclared sexual orientation and heterosexual professionals. Additionally, the report considered different dimensions of procedural fairness in assessing FtP policy and guidance.

The analysis was guided by three research questions. The first one looked at whether bias and discrimination explain differences in how different groups progress through the FtP stages and the outcome they receive. The second research question looked at whether current FtP policies and guidelines promote equal opportunities and eliminate discrimination. The final question tried to identify potential improvements in the FtP policies, guidelines, and process.

The research examined more than 250 cases, selected through a disproportionate stratified sampling method, covering the most common allegations at all stages in the FtP process (screening, investigation, adjudication where professionals are found to be fit to practise and adjudication where professionals are found unfit to practise).

The research found that there is direct evidence of bias, as well as indirect consequences of uneven practices that explain differences in outcomes between Black professionals and White professionals and between male professionals and female professionals. No similar patterns of difference were identified in the case of disabled and non-disabled professionals and in the case of professionals with unknown or withheld information on sexual orientation and heterosexual professionals.

The differences identified are visible across five themes: communication with professionals, the examination of data and evidence, the professionals’ response (in terms of engagement with insight, reflection, and remediation), availability of formal representation, and the basis for the decision (see Table 3).

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	Direct factors affecting outcome	Indirect factors affecting outcome
Communication		<ul style="list-style-type: none"> <li>• Lack of supporting information and case study examples in NMC communication.</li> <li>• Lack of empathy in NMC written communication with professionals.</li> </ul>
Data and evidence	<ul style="list-style-type: none"> <li>• Bias in how evidence is considered</li> </ul>	
Response		<ul style="list-style-type: none"> <li>• Lack of engagement with reflection and remediation (affected by the lack of supporting information and formal representation)</li> </ul>
Formal representation		<ul style="list-style-type: none"> <li>• Lack of formal representation (affects lack of engagement with reflection and remediation)</li> </ul>
Decision	Bias in the use of Conditions of Practice and variation in how Voluntary Removal decisions are approved.	

Table 3. Summary of direct and indirect factors affecting outcomes.

The policies and guidance review found that while they are broadly aligned with the organisational values and demonstrate procedural fairness, there are areas in the policy and guidance that contribute to the differentiated treatment of some groups.

Finally, the report contributes to the efforts by the NMC to ensure fair, transparent, and inclusive treatment to all registered professionals by recommending improvements to policy and practice, especially concerning empathetic and supportive communication, fair treatment of evidence, and clarity in guidance.

## List of references

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- <sup>1</sup> Our fitness to practise aims and objectives - The Nursing and Midwifery Council.
- <sup>2</sup> Ambitious for change: Research into NMC processes and people's protected characteristics.
- <sup>3</sup> This category refers to professionals that have not declared any disability.
- <sup>4</sup> 'Formal representation' here refers to legal or trade union representatives supporting professionals during the FtP process. This is contrasted to situations where professionals represent themselves or are represented by lay persons (e.g. family members, friends, members of their community).
- <sup>5</sup> It is important to note that the improvement of the FtP processes in terms of timeliness, making the process more efficient and reducing caseload are already accounted for by the NMC as a KPI in its 2023-2024 Annual Report. See: Annual Report and Accounts 2023-2024 and Strategic Plan 2024-2026.
- <sup>6</sup> What we do - The Nursing and Midwifery Council.
- <sup>7</sup> [nmc-strategy-2020-2025.pdf](#).
- <sup>8</sup> West E, Nayar S & Taskila T (2017) The Progress and Outcomes of Black and Minority Ethnic (BME) Nurses and Midwives through the Nursing and Midwifery Council's Fitness to Practise Process. University of Greenwich.
- <sup>9</sup> Ambitious for change: Research into NMC processes and people's protected characteristics.
- <sup>10</sup> Idem.
- <sup>11</sup> [nmc-ambitious-for-change-report.pdf](#).
- <sup>12</sup> Idem.
- <sup>13</sup> [the-nursing-and-midwifery-order-2001-consolidated-text.pdf](#).
- <sup>14</sup> See Saunders, M.N.K. & Thornhill, A. (2004). Trust and mistrust in organizations: an exploration using an organizational justice framework. *European Journal of Work and Organizational Psychology*, 13(4), 493-515, and Lilly, J.D. (2022). Organizational Justice. In: Farazmand, A. (eds) *Global Encyclopedia of Public Administration, Public Policy, and Governance*. Springer, Cham. [https://doi.org/10.1007/978-3-030-66252-3\\_2472](https://doi.org/10.1007/978-3-030-66252-3_2472).

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- <sup>15</sup> See Rottman, D. B. (2007). Adhere to procedural fairness in the justice system. *Criminology and Public Policy*, 6(4), 835-842.
- <sup>16</sup> Kirkham, R. *et al.* (2019) 'The procedural fairness limitations of fitness to practise hearings: a case study into social work', *Legal Studies*, 39(2), pp. 339–357. doi:10.1017/lst.2018.42.
- <sup>17</sup> Insight and strengthened practice - The Nursing and Midwifery Council.
- <sup>18</sup> Kirkham, R. *et al.* (2019) 'The procedural fairness limitations of fitness to practise hearings: a case study into social work', *Legal Studies*, 39(2), pp. 339–357. doi:10.1017/lst.2018.42.
- <sup>19</sup> Ibid.
- <sup>20</sup> Lim, W. M. (2024). What Is Qualitative Research? An Overview and Guidelines. *Australasian Marketing Journal*, 0(0). doi.org/10.1177/14413582241264619.
- <sup>21</sup> Braun, V. & Clarke, V. (2021). Thematic Analysis. In Lyons, E. & Coyle (eds.), A. *Analysing Qualitative Data in Psychology* (3<sup>rd</sup> ed). London: Sage, 129-147.
- <sup>22</sup> Braun, V. and Clarke, V. (2019) 'Reflecting on reflexive thematic analysis', *Qualitative Research in Sport, Exercise and Health*, 11(4), 589-597, doi.org/10.1080/2159676X.2019.1628806.
- <sup>23</sup> Braun, V. and Clarke, V. (2006) 'Using thematic analysis in psychology', *Qualitative Research in Psychology*, 3(2), 77-101. doi: 10.1191/1478088706qp063oa.
- <sup>24</sup> Figure 1 does not cover the whole of the Patient Care allegation and its underlying levels. It is a simplified depiction illustrating the branching out of each allegation into Level 2 and Level 3 sub-divisions.
- <sup>25</sup> Ambitious for change: Research into NMC processes and people's protected characteristics.
- <sup>26</sup> Braun, V. and Clarke, V. (2006) 'Using thematic analysis in psychology', *Qualitative Research in Psychology*, 3(2), pp. 77–101. doi: 10.1191/1478088706qp063oa.
- <sup>27</sup> Hanberger, A. (2001). What is the Policy Problem? Methodological Challenges in Policy Evaluation. *Evaluation*, 7(1), 45-62. <https://doi.org/10.1177/13563890122209513>.
- <sup>28</sup> Annual Report and Accounts 2023-2024 and Strategic Plan 2024-2026.

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<sup>29</sup> Braun, V. and Clarke, V. (2019) 'Reflecting on reflexive thematic analysis', *Qualitative Research in Sport, Exercise and Health*, 11(4), 589-597, doi.org/10.1080/2159676X.2019.1628806.

<sup>30</sup> Nowell, L. S., Norris, J. M., White, D. E., & Moules, N. J. (2017). Thematic Analysis: Striving to Meet the Trustworthiness Criteria. *International Journal of Qualitative Methods*, 16(1). <https://doi.org/10.1177/1609406917733847>.

<sup>31</sup> In discussing communication, the research focuses on the written communication which included emails and letters send by NMC colleagues to professionals during the FtP process.

<sup>32</sup> Insight and strengthened practice - The Nursing and Midwifery Council.

<sup>33</sup> Engaging with your case - The Nursing and Midwifery Council.

<sup>34</sup> Insight into Fitness to Practise December 2024.

<sup>35</sup> For NMC guidelines about warnings see: Warnings - The Nursing and Midwifery Council.

<sup>36</sup> See the Annual Fitness to Practise Report: 2020-21, which sets out the changes made to the FtP process during covid-19 and the impact this had on timeliness and caseload numbers.

<sup>37</sup> The issues concerning the denial of Voluntary Removal are reflected in the cases examined. However, it is important to emphasise – as mentioned earlier – that the new Agreed Removal policy and guidance that replaced Voluntary Removal in 2023, corrects some of these issues. For the current Agreed Removal policy, see: Removal by Agreement - The Nursing and Midwifery Council.

<sup>38</sup> Our values and behaviours - The Nursing and Midwifery Council.

<sup>39</sup> Aims and principles for fitness to practise - The Nursing and Midwifery Council.

<sup>40</sup> Taking account of context - The Nursing and Midwifery Council.

<sup>41</sup> Annual Report and Accounts 2022–2023 and Strategic Plan 2023–NMC Annual Report and Accounts 2022-2023 and Strategic Plan 2023-2025. See also: Our plan for fitness to practise 2024-2026.

<sup>42</sup> Annual Report and Accounts 2022–2023 and Strategic Plan 2023–NMC Annual Report and Accounts 2022-2023 and Strategic Plan 2023-2025.

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<sup>43</sup> Kirkham, R. *et al.* (2019) 'The procedural fairness limitations of fitness to practise hearings: a case study into social work', *Legal Studies*, 39(2), pp. 339–357.  
doi:10.1017/lst.2018.42.

<sup>44</sup> Conditions of practice library - updated 13 September 2019.

<sup>45</sup> Ibid.

<sup>46</sup> Interim orders, their purpose, and our powers to impose them - The Nursing and Midwifery Council.

<sup>47</sup> How we consider removal applications - The Nursing and Midwifery Council.

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**Corresponding author:**  
**Radu Cinpoes**  
**R.Cinpoes@gre.ac.uk**

**University of Greenwich**  
Old Royal Naval College  
Park Row  
London SE10 9LS

## Appointment of Assistant Registrars

<p><b>Action requested:</b></p>	<p>Appointment of additional Assistant Registrars to act on the Registrar’s behalf.</p> <p><b>For decision</b></p> <p>The Council is <b>recommended</b> to approve the appointment of the officers named at paragraph 6 as Assistant Registrars with delegated authority to review and decide on Agreed Removal applications.</p>
<p><b>Key background and decision trail:</b></p>	<ol style="list-style-type: none"> <li>1 The appointment of Deputy and Assistant Registrars is governed by Article 4(5) of the Nursing and Midwifery Order 2001 (‘the Order’).</li> <li>2 Standing Order 6.6 describes the process for the appointment of Deputy and Assistant Registrars by the Council:           <p><b>“6.6 Deputy and Assistant Registrars</b></p> <p><i>6.6.1 The Council may, upon the nomination of the Registrar, appoint a member of staff as a Deputy or Assistant Registrar.</i></p> <p><i>6.6.2 The Registrar may authorise in writing any person appointed by the Council under Standing Order 6.6.1 to act on her / his behalf in any matter.</i></p> <p><i>6.6.3 In determining whether to authorise a person under Standing Order 6.6.2, the Registrar shall ensure that (a) appropriate training, guidance, and procedures are available to enable the proper discharge of the delegated functions; (b) due consideration is given to (i) the segregation of duties, where appropriate; (ii) potential conflicts of interest.”</i></p> </li> </ol>
<p><b>Key questions:</b></p>	<ul style="list-style-type: none"> <li>• Why are we appointing additional Assistant Registrars now?</li> <li>• Who are the proposed additional Assistant Registrars and how are they supported?</li> <li>• What are the benefits and risks of doing this and how are they mitigated?</li> </ul>

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<b>Annexes:</b>	The following annexe is attached to this paper: <ul style="list-style-type: none"><li>Annexe 1: Schedule of training completed for the agreed removal decision making role.</li></ul>	
<b>Further information:</b>	If you require clarification about any point in the paper or would like further information, please contact the author or the director named below.	
	Authors: Ade Obaye Phone: 020 7681 5900 <a href="mailto:Ade.obaye@nmc-uk.org">Ade.obaye@nmc-uk.org</a>	Executive Director: Lesley Maslen Phone: 020 7681 5641 <a href="mailto:Lesley.maslen@nmc-uk.org">Lesley.maslen@nmc-uk.org</a>

# Appointment of Assistant Registrars

## Discussion

### The role of the Quality of Decision Making (QDM) team

- 1 The QDM team promotes and enables high quality, consistent and fair decision making at each point of the fitness to practise process. This is achieved through Assistant Registrars within the team who are responsible for:
  - 1.1 Screening decision reviews: Where requested or otherwise appropriate, Assistant Registrars can review an initial decision not to investigate a fitness to practise referral under Rule 2A of the Order.
  - 1.2 Case Examiner decision reviews: A decision that there is no case to answer; a recommendation that undertakings should be agreed with the registrant or that they should no longer apply; or a direction that allegations shouldn't be taken further can be reviewed under Rule 7A of the NMC (Fitness to Practise) Rules 2004.
  - 1.3 Agreed removals: Make decisions on applications from registrants in the fitness to practise process for removal from the register before a substantive outcome has been reached. Where removal is agreed, it provides immediate public protection and supports our aim to 'reach the outcome that best protects the public at the earliest, safest opportunity'.

### Why we need to appoint additional Assistant Registrars now

- 2 In October 2024, we expected Ijeoma Omambala KC's report investigating our handling of specific fitness to practise cases would be published in November 2024. We anticipated that this would trigger a significant number of requests for the types of reviews described at paragraphs 1.1 and 1.2.
- 3 In preparation to ensure there was enough decision-making resource across QDM for all workstreams, an additional seven Assistant Registrars from across the organisation were appointed to make agreed removal application decisions.
- 4 Although the Omambala reports have not yet been published, there has been a steady increase in the number of review requests (from an average of 25 per month to 39) and agreed removal applications (from an average of 27 per month to 30) received each month. The impact of the support from the additional Assistant Registrars has therefore been absorbed by these additional requests and applications. We continue to expect an increase of review requests from the publication of the Omambala reports in August 2025.
- 5 So there is enough capacity, we intend to engage a further ten Assistant Registrars from across the NMC to support decision making for agreed removals. This will free core QDM Assistant Registrar resource to focus on review requests.

## Who are the new Assistant Registrars and how are they supported?

- 6 All colleagues at Head level and above were invited to submit an expression of interest to be an Assistant Registrar. Ten applications received from colleagues across the NMC are listed below.
- Communications and Engagement
    - Selga Speakman-Havard, Head of External Affairs
  - Strategy and Insight
    - Darren Shell, Head of Policy and Legislation – Legislative Change
  - Professional Practice
    - Aditi Chowdhary-Gandhi, Head of Standards
    - Melaine Coward, Assistant Director for Education Quality Assurance
  - Professional Regulation
    - Jenny Collard, Head of Rapid Resolution Team
    - Maria Kavanagh, Chief of Staff
    - Roxanne Burns, Assistant Director for CBT
    - Sarita Wilson, Head of Screening
  - Strategy and Insight:
    - Darren Wheatley, Head of Insight Analysis
    - Natasha Dare, Head of Regulatory Policy
- 7 To be able to be appointed as Assistant Registrars, the Registrar is to be satisfied that: (a) appropriate training, guidance, and procedures are available to them to enable the proper discharge of their functions as an Assistant Registrar and; (b) due consideration has been given to (i) the segregation of duties, where appropriate and (ii) potential conflicts of interest.
- 8 All proposed Assistant Registrars have completed the training schedule included at Annexe 1. The QDM team allocate agreed removal applications for decision to each of the non-QDM Assistant Registrars in rotation. This ensures a fair spread of the workload and exposes the Assistant Registrars to a variety of applications to build their experience. All decisions made are peer-reviewed which also supports their learning. Finally, all decisions are reviewed by the QDM legal team to ensure quality and consistency of both the decision and the drafting.
- 9 Assistant Registrars are required to declare any conflict of interest with a case that is allocated to them. If this should occur, the case will be reallocated. This is particularly important for colleagues with Professional Regulation and will be closely monitored.
- 10 All Assistant Registrars require Disclosure and Barring Services (DBS) vetting. These checks are being completed for any of the proposed Assistant Registrars who don't already have one in place.

11 We are mindful of the additional workload that agreed removals places on already busy colleagues. While decisions take an average of two hours, the more complex applications, for instance involving safeguarding concerns, may require half a day. When allocating agreed removal applications, the QDM will always provide sufficient time for the decision to be made to meet the SLA. The team confirms with the Assistant Registrar that they are able to accommodate the decision in that timeframe. Where this isn't possible, application will be reallocated.

### **What are the benefits and risks to these appointments**

- 12 Appointment of these additional Assistant Registrars will create much-needed capacity within the QDM team to manage the expected increase in requests for reviews of decisions following publication of the Omambala reports.
- 13 We have seen that exposing a wide range of colleagues, who are not normally involved in fitness to practise cases, improves organisational understanding of this core regulatory function. This drives better decision making in those areas; for instance, a better understanding of the impact and complexities of applying policy and guidance can influence future changes in policy. Additionally, the challenge that colleagues with a different and new perspective can bring, enhances decision making in relation to specific cases and overall approach.
- 14 A key risk arises in relation to maintaining quality and consistency of decision making. The training goes a long way to mitigate this. However, the QDM legal team will undertake additional scrutiny to ensure quality and consistency are delivered. Mechanisms are already in place to provide feedback on themes and learning to ensure continuous improvement in the decision-making process. The additional strain in the immediate and short term this puts on the small team will be mitigated by General Counsel Team who will provide support. As the Assistant Registrars become more familiar with applying our guidance this support can be reduced.

### **Recommendation**

- 15 **The Council is recommended to approve the appointment of the officers named at paragraph 6 as Assistant Registrars with delegated authority to review and decide on Agreed Removal applications.**

### **Next Steps**

- 16 Once appointed, the individuals will be able to commence discharging the duties of the role.

## Implications

The following were considered when preparing this paper:

<b>Implication:</b>		<b>Location if in paper:</b>	<b>Content if not in paper:</b>
Public protection/impact for people.	Yes	Para 1.3	
Safeguarding considerations	Yes	Para 10	
The four country factors and considerations.	Yes	-	This applies to our regulatory work in all four countries.
Resource implications including information on the actual and expected costs involved.	Yes	-	None. The training of the new Assistant Registrars, their additional workload and support from GCT will be managed within existing budget.
Risk implications associated with the work and the controls proposed/ in place.	Yes	Para 14	
Legal considerations.	Yes	Background	
Midwives and/or nursing associates.	Yes	-	Agreed removals apply across all professions.
Equality, diversity, and inclusion and Welsh Language impact.	Not Applicable		
Stakeholder implications and any external stakeholders consulted.	Not Applicable		
Regulatory Reform.	Not Applicable		

## Schedule of training completed for the agreed removal decision making role

Topic	Description	Delivered by
<b>Training delivered on 5 June 2025</b>		
Introduction to Fitness to Practise	Overview of the Fitness to Practise process.	QDM Case Assessor (Assistant Registrar)
Agreed Removal Guidance	<p>Introduction to the guidance and how it works including key issues:</p> <ul style="list-style-type: none"> <li>• Heads of Impairment</li> <li>• What is Agreed Removal</li> <li>• Decision making</li> <li>• Guidance and broad principles/factors</li> <li>• Interests of the Registrant</li> <li>• Removal before investigation is concluded</li> <li>• Health and other types of conduct</li> <li>• Maker of the allegation</li> <li>• Public interest</li> <li>• Borderline and exceptional cases</li> <li>• Case study scenarios</li> </ul>	Senior Lawyer, Policy and Guidance
Safeguarding	<p>Overview of the NMC's Safeguarding responsibilities and how this applies to Agreed Removal decision making:</p> <ul style="list-style-type: none"> <li>• What is safeguarding?</li> <li>• Corporate responsibility for Safeguarding</li> <li>• Distinguishing between Safeguarding and Wellbeing</li> <li>• Safeguarding at the NMC</li> <li>• What is expected of Assistant Registrars</li> </ul>	Strategic Safeguarding Lead
Administrative process	Overview of the Agreed Removal administrative process	Decision Review Support QDM Manager
CMS	Overview of how to navigate the Case Management System	Decision Review Support QDM Manager

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Training delivered on 12 June 2025		
Agreed Removal case studies and discussion	Interactive session on reviewing and deciding on Agreed Removal applications	Senior Lawyer, Policy and Guidance  QDM Senior Lawyer  2 x QDM Case Assessors (Assistant Registrars)
Legal Reviews and Quality Assurance process  Redactions	Overview of the Legal support available and quality assurance process for Agreed Removal decisions  Overview of redaction and disclosure principles and how these apply to Agreed Removal decisions	QDM Senior Lawyer

## Council

### An update on the final NMC Values

<p><b>Action requested:</b></p>	<p>This paper provides an update to Council on the final organisational values which have been agreed.</p> <p><b>For noting</b></p> <p>The Council is asked <b>to note</b> the values and mnemonic as expressed in the main body of this paper and approved at Confidential Council on 10 June 2025</p>	
<p><b>Key background and decision trail:</b></p>	<ul style="list-style-type: none"> <li>• The Independent Culture Review recommended that the NMC revisit their values.</li> <li>• Implementation of The Culture Transformation Plan began in April and NMC colleagues were consulted on the values between April - May 2025.</li> <li>• The Council and Executive Board discussed the outputs from the consultation and five values were agreed in June.</li> </ul>	
<p><b>Key questions:</b></p>	<p>What are the organisational values that the NMC will adopt to drive culture transformation at the NMC?</p>	
<p><b>Annexes:</b></p>	<p>None</p>	
<p><b>Further information:</b></p>	<p>If you require clarification about any point in the paper or would like further information, please contact the author or the director named below.</p>	
	<p>Author: Charlotte Eimer <a href="mailto:Charlotte.Eimer@nmc-uk.org">Charlotte.Eimer@nmc-uk.org</a></p> <p>Author: Karen Lanlehin <a href="mailto:KarenTeresa.Lanlehin@nmc-uk.org">KarenTeresa.Lanlehin@nmc-uk.org</a></p>	<p>Interim Executive Director: Gavin Kennedy <a href="mailto:Gavin.Kennedy@nmc-uk.org">Gavin.Kennedy@nmc-uk.org</a></p>

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## An update on the final NMC Values

### Discussion

- 1 Following the all-staff consultation, at a joint meeting of the Council and the Executive in June, five proposed values were settled: Integrity; Fairness, Respectful, Equity and Effective.
- 2 This week in discussion with Executive Directors we have tweaked the expression of the values in various ways with an aim to introduce more consistency. It is not possible to arrive at a consistent set, as Integrity does not have an adjectival form. As a result, we are making the following proposal for the final set: Integrity; Fairness, Respect, Equity and Effectiveness.
- 3 One of the considerations when reflecting on how we will embed the values was for them to create a memorable word. Whilst not a word, this is reasonably memorable as I-FREE.
- 4 In the behaviour framework, we will ensure that the Respect value focuses on being respectful, rather than demanding respect, to honour the staff consultation.
- 5 **The Council is asked to note the final set of values and mnemonic as outlined in paragraphs 2 and 3 above.**

### Next Steps

- 6 The next steps are for the behaviour framework which will support the behaviours which will underpin the values, will be updated.

### Implications

The following were considered when preparing this paper:

Implication:		Location if in paper:	Content if not in paper:
Public protection/impact for people.	Yes		Our values will be integral to all our work as a regulator and employer

Safeguarding considerations	Yes		No specific safeguarding considerations for the purposes of this paper
The four country factors and considerations.	Yes		
Resource implications including information on the actual and expected costs involved.	Not Applicable		
Risk implications associated with the work and the controls proposed/ in place.	Not Applicable		
Legal considerations.	Not Applicable		No specific legal considerations
Midwives and/or nursing associates.	Yes		Our values reflect all aspects of our work as a regulator and as an employer, aligning with The Code where appropriate.
Equality, diversity, and inclusion.	Yes		
Stakeholder implications and any external stakeholders consulted.	Not Applicable		
Regulatory Reform.	Not Applicable		

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## Appointments Board Annual Report to Council 2024-2025

<b>Action requested:</b>	<p>Report to the Council on the work of the Appointments Board during 2024-2025.</p> <p><b>For noting</b></p> <p>The Council is asked to <b>note</b> the report.</p>	
<b>Key background and decision trail:</b>	<p>The Appointments Board is a Committee of the Council. Its remit is to assist the Council in connection with the exercise of any function or process relating to the appointment of Panel Members and Legal Assessors to the Practice Committees and the appointment of Panel Members to the Registration Appeals Panel.</p> <p>The Board's Terms of Reference require it to report annually to the Council on its activities.</p>	
<b>Key questions:</b>	<ol style="list-style-type: none"> <li>1 What were the key areas of focus and outputs from the Appointments Board in 2024-2025?</li> <li>2 What are the Appointments Board's key areas of focus and outputs in 2025-2026?</li> </ol>	
<b>Annexes:</b>	<p>None.</p>	
<b>Further information:</b>	<p>If you require clarification about any point in the paper or would like further information, please contact the author or the director named below.</p>	
	<p>Author: Mary Anne Poxton          Phone: 020 7681 5440  <a href="mailto:maryanne.poxton@nmc-uk.org">maryanne.poxton@nmc-uk.org</a></p>	<p>Chair of Appointments Board:          Surinder Birdi</p>

# Appointments Board Annual Report to Council 2024-2025

## Discussion

- 1 The primary focus of the Board's work is to ensure that effective arrangements are in place for the selection and appointment, training and performance management of Practice Committee members (Panel Members), Legal Assessors and Registration Appeal Panel Members.
- 2 The Board met seven times in 2024-2025. This included four full scheduled meetings (all of which were held in person) and three additional meetings to discuss specific matters (all of which were held by video conference). The Board also met on 4 June 2025.

### Board membership and effectiveness

- 3 The Board's membership is made up entirely of non-Council (partner) members to ensure an appropriate separation of the Board's work from that of the Council.
- 4 Two members of the Board left in 2024 when their final terms ended – Jane Slatter, Chair, on 5 August 2024 and Rob Allan on 30 September 2024. The former Chair of Council wrote to thank the outgoing members for their contributions.
- 5 Following an open, competitive selection exercise, Appointments Board member Surinder Birdi took office as Chair from 6 August 2024. The other members of the Board are:
  - 5.1 Yasmin Ullah (appointed 1 March 2024)
  - 5.2 Ken Batty (appointed 1 August 2024)
  - 5.3 Susan Young (appointed 6 August 2024)
- 6 Findings from the 2024-2025 Board effectiveness review were considered in June 2025 and were generally positive. Actions agreed to improve effectiveness included: providing greater insight for the Board on corporate activity to inform its work; identifying opportunities to engage directly with Panel Members; more rigorous assessment of Board performance in the future to include relevant data on delivery against the Three Year Plan to deliver high quality panels; and more frequent reflections on effectiveness.

### Integration with the wider work of the Council

- 7 The Board remains committed to ensuring that its work is aligned with the Council's strategic aims, including the Corporate Plan 2025-2026, the Fitness to Practise Plan and the Culture Transformation Plan 2025-2028.

- 8 Board members continue to attend Open Council meetings on a rotational basis. During 2024-2025 the Chair of the Board met regularly with the former Chair of Council.
- 9 The Board has continued to receive updates on organisational developments, including the publication of the Independent Culture Review and the NMC's response to it and the publication of the Culture Transformation Plan.
- 10 The Board is mindful that the expected report from Ijeoma Omambala KC may provide important context for its work and is committed to being agile in response to any upcoming recommendations which are relevant to its remit. Similarly, the Board will be informed of and take into consideration the relevant outcomes of other incoming external reviews.

**Plan for delivering high quality panels**

- 11 The Board has a three year plan (agreed in February 2024) for delivering Panel Members who make high quality decisions that protect the public and maintain public confidence in the nursing and midwifery professions. The plan aims to ensure that Panel Members and Legal Assessors have the right skills; are empathetic to everyone involved in hearings; embody the NMC's values; are efficient, engaged and technically proficient; reflect the diversity of the communities we serve; and are fit for the future.
- 12 In 2024-2025, the Board reviewed progress against year one of its plan which showed good progress against all work strands. The Board also considered the delivery plan for year two, which included additions arising from the introduction of the new Panel Member Services Agreement, consideration of the NMC's ongoing relationship with Legal Assessors and the need to clearly set out avenues to report incidents of bullying, discrimination, harassment or victimisation, in line with the findings of the Independent Culture Review.
- 13 The Board considers the plan to be a live document which will be reviewed and updated pending any relevant recommendations from Ijeoma Omambala KC's report, the Professional Standards Authority review and work to develop the Fitness to Practise Plan.

**Panel Member Services Agreement**

- 14 The review of the Panel Member Services Agreement (PMSA) and the NMC's ongoing relationship with Panel Members was a major focus for the Board during 2024-2025. The Board approved draft documentation for the new PMSA and oversaw plans for communication, being mindful of the implementation of worker status for Panel Members and the recommendations of the Independent Culture Review in its approach. The revised PMSA was issued to all Panel Members in March 2025 and will take effect from 6 July 2025.

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**Panel Chair and Member appointments**

- 15 Ensuring that the NMC has sufficient Panel Members who make high quality decisions that protect the public is a primary focus for the Board. It oversaw an open and competitive selection exercise in 2024, culminating in the appointment by the Council of a new cohort of over 150 Panel Chairs and Members in January 2025. One of the aims of the recruitment was to increase the diversity of the Panel Member pool so that it reflects the UK population (for lay Panel Members) and the NMC register (for registrant Panel Members). In respect of ethnicity, this objective was achieved in relation to lay Panel Members. Following the appointments, 24 percent of the lay Panel Member pool are from Black or ethnic minority backgrounds (compared to 18.3 percent of the UK population). On the registrant side, we moved closer to achieving our objective with 23 percent (up from 15 percent) of the registrant Panel Member pool from black or ethnic minority backgrounds (compared to 31.7 percent on the register).
- 16 In line with its usual practice, the Board carried out a review to identify any learning for future campaigns. Learning included feedback from successful candidates, those who did not progress to appointment and from assessors involved in the process. The Board has also requested further analysis from Inclusive Boards (the NMC’s partners for this recruitment) to identify trends/learning in relation to the impact of the process on candidates with specific or multiple protected characteristics who did not progress to appointment, with a view to removing any potential barriers in future processes.
- 17 The Board identified the need to consider the pipeline of future registrant Panel Members, acknowledging that despite progress, the registrant Panel Member pool is not as diverse as the register in terms of ethnicity. Further consideration will be given as to how to target registrants in preparation for future campaigns.

**Panel Member reappointments, transfers and removals**

- 18 In 2024-2025 the Board made recommendations to Council on the appointment of 95 Panel Members to hear registration appeals; the reappointment of 72 Panel Members for a second term; the termination of the appointment of one Legal Assessor; and the transfer of two Panel Members between the Practice Committees. The Board has also put forward removals from the Practice Committee lists and informed Council of removals from Legal Assessor lists.
- 19 Before making any recommendations for appointment to hear registration appeals, reappointment or transfer between the Practice Committees, the Board ensures that Panel Members are meeting performance requirements, undertaking the necessary training, and have no outstanding complaints against them.

**Complaints against Panel Members and Legal Assessors**

- 20 The Board continues to have a standing item on its agenda at each meeting to ensure that it maintains high level oversight of all open complaints against Panel Members and Legal Assessors.

This allows the Board to monitor the number of Panel Members not being allocated to hearings and the effect on Committee capacity. Learning from complaints is used to inform other areas of the Board's work programme including the oversight of induction and training.

### **Induction and training**

- 21 The Board is mindful of the importance of effective training for all Panel Chairs and Members to ensure they have the knowledge and skills to make robust, consistent and proportionate decisions which protect the public and maintain confidence in the nursing and midwifery professions. The Board is committed to ensuring that this encompasses the NMC's values and behaviours and reflects the organisation's commitment to tackling discrimination and inequality and to promoting diversity and inclusion and safeguarding.
- 22 In September 2024, the Board considered an evaluation of the 2024 training programme for Panel Members. The Board was pleased to note that 94 percent of Panel Members had completed the training and feedback was generally positive. Panel Members who had not completed the training were not assigned to hearings until they had done so.
- 23 The Board approved the Panel Member training programme for 2025 in December 2024. Training focused on equality, diversity and inclusion and responding to learning from the Independent Culture Review. The aim of the programme was to increase cultural competence and awareness among Panel Members and to decrease the risk of bias affecting decision-making, reasoning and determinations.
- 24 The Board has asked that consideration be given as to how training can be assessed in terms of improved performance or addressing any identified learning points.

### **Future Focus**

- 25 The Board's focus for 2025-2026 is:
  - 25.1 Continuing to ensure sufficient Panel Chairs, Panel Members and Legal Assessors are in place to enable fitness to practise decisions to be progressed in a timely and sustainable way that keeps people safe.
  - 25.2 Monitoring the implementation of the revised PMSA and consideration of our ongoing relationship with Legal Assessors.
  - 25.3 Continued oversight of the implementation of the three year plan for delivering high quality Panel Members, ensuring the plan is adapted to align with any relevant recommendations arising from the report from Ijeoma Omambala KC, the Professional Standards Authority's review and outcomes from the work being undertaken to develop the Fitness to Practise Plan.
  - 25.4 Approval of the annual Panel Member training programme for 2026, ensuring an open, inclusive high performing learning culture with fairness and equity at its heart including ensuring that any new Panel Members and

Chairs are properly inducted and trained to perform their role to a satisfactory standard under the performance monitoring framework.

## Implications

The following were considered when preparing this paper:

<b>Implication:</b>		<b>Location if in paper:</b>	<b>Content if not in paper:</b>
Public protection/impact for people.	Yes	Paras 11, 12, 13 and 25.1	
Safeguarding considerations.	Yes		Dedicated training on safeguarding is provided as part of induction training.
The four country factors and considerations.	Yes		The Board is mindful that the NMC is a four country regulator and seeks to reflect this in its programme of work.
Resource implications including information on the actual and expected costs involved.	No		
Risk implications associated with the work and the controls proposed/ in place.	Yes		If we do not have high quality panels there is a risk that panels will not make decisions which protect the public and maintain public confidence in the effective regulation by the NMC. The Board's monitoring of its plan to deliver high quality panels mitigates this risk.

Legal considerations.	Yes		All aspects of the Panel Member and Legal Assessor services agreements and the policies sitting under them must be compliant with the NMC's legal framework and other relevant legislation. General Counsel has provided direction and advice to ensure this.
Midwives and/or nursing associates.	Yes		The 2025 Panel Member campaign resulted in the appointment of the first Nursing Associate Panel Member.
Equality, diversity, and inclusion and Welsh Language impact.	Yes	Paras 15, 16, 17, 21, 23 and 25.4	
Stakeholder implications and any external stakeholders consulted.	No		
Regulatory Reform.	Yes		The Board will continue to be sighted on developments in relation to Regulatory Reform as necessary. Regulatory Reform is one of six interlinked strands of work set out in the plan for delivering high quality panels.