

Open Council 28 April 2026

MEETING
28 April 2026 15:15 BST

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21 April 2026

Meeting of the Council

To be held in person at 15:15 on Tuesday 28 April 2026 at
23 Portland Place, London WB1 1PZ

Agenda

Ron Barclay-Smith
Chair of the Council

Jacqueline Maunder
Council Secretary

- | | | | |
|----------|--|------------|---------------------------------|
| 1 | Welcome and Chair's opening remarks | NMC/26/156 | 15:15 |
| 2 | Apologies for absence | NMC/26/157 | |
| 3 | Declarations of interest | NMC/26/158 | |
| 4 | Observer questions (<i>oral</i>)
Chair | NMC/26/159 | 15:15-15:30
(15 mins) |

Matters for decision

- | | | | |
|----------|---|------------|---------------------------------|
| 5 | Outcome of consultation on rules changes
Executive Director, Strategy and Insight | NMC/26/160 | 15:30-15:55
(20 mins) |
| 6 | Outcome of consultation on registration fees
Executive Director, Strategy and Insight | NMC/26/161 | 15:55-16:25
(30 mins) |

CLOSE

16:25

Council

Fitness to Practise Rules consultation outcome

Action requested:	<p>This paper provides a policy analysis of responses to the recent public consultation on amendments to the NMC's rules to support our Fitness to Practise improvement plan, and seeks agreement on the way forward.</p> <p>For decision</p> <p>The Council is invited to review and agree the conclusions set out in annexes 1 and 2 of this paper, together with the draft rules set out in annexes 4 and 5 (paragraph 45).</p> <p>The Council is recommended to proceed with the proposals to amend the rules with the amendments and mitigations set out in this paper (paragraph 46).</p>
Key background and decision trail:	<ul style="list-style-type: none">• The Council approved the launch of a public consultation on amendments to the NMC's rules in support of our Fitness to Practise improvement plan at its meeting on 21 October 2025 (NMC/25/103). This consultation took place between 3 November 2025 and 26 January 2026.• This paper summarises our conclusions from the consultation and sets out recommendations for the way forward.
Key questions:	<ul style="list-style-type: none">• Has an appropriate consultation been carried out on these proposals?• What are we doing to mitigate any risks or concerns raised about the proposals?• Do we need to discontinue or change any of our original proposals?

Annexes:	<p>The following annexes are attached to this paper:</p> <ul style="list-style-type: none"> • Annexe 1: NMC FtP Rules Consultation <i>Thinks</i> report • Annexe 2: NMC FtP Rules – Summary of NMC Engagement events • Annexe 3: Equality impact assessment summary • Annexe 4: Draft Rules Amendment Order 2026 • Annexe 5: Keeling schedule showing rules with amendments 	
Further information:	<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>	
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Fitness to Practise Rules consultation outcome

Discussion

Context

- 1 Ahead of wider planned work to reform the NMC's legislation, the Nursing and Midwifery Order 2001 ("the Order"), the Department of Health and Social Care (DHSC) agreed to support limited amendments to our procedural rules to assist our fitness to practise (FtP) improvement work. In collaboration with Professional Regulation colleagues, we developed proposals for the most beneficial changes that could be made to support our improvement plans through amendments to our rules rather than amendments to the Order. Amendments to the Order cannot be made at this time.
- 2 Any changes to our current rules must be subject to a public consultation which we must carry out in accordance with article 47 of the Nursing and Midwifery Order 2001 ("the Order"). If the Council adopts the recommended proposals following consideration of this paper, it will be able to make the amendments to the rules. The rules must then be approved by the Privy Council and laid in Parliament before they can come into force.
- 3 Our policy proposals require amendments to the Nursing and Midwifery Council (Fitness to Practise) Rules 2004 and the Nursing and Midwifery Council (Practice Committees)(Constitution) Rules 2008. These will enable the following changes:
 - 3.1 power to appoint legally qualified chairs to Practice Committee panels;
 - 3.2 changes to case management powers, including strengthened powers to issue case management directions which give binding instructions to the parties on how to prepare their case for hearing;
 - 3.3 ability to send information via an online account or facility where the registrant agrees to receive information this way;
 - 3.4 greater flexibility for when we invite representations from registrants;
 - 3.5 greater flexibility for timescales for representations;
 - 3.6 power to give shorter notice of meetings or hearings; and
 - 3.7 amend our provision for vulnerable witnesses, to clarify our responsibilities and our powers to support them to give their evidence as effectively as possible.
- 4 On 21 October 2025 the Council agreed to publicly consult on these proposals. This paper contains an overview of the consultation responses, as well as the final

recommendation on how to proceed, on the recommendation of the Executive Board.

Consultation activity and engagement

- 5 We held a twelve-week [consultation](#) on our proposed changes which ran from 3 November 2025 to 26 January 2026. We partnered with a research organisation, *Thinks*, to help manage the consultation, host the survey and provide an external independent perspective on key stakeholder feedback, which we then considered alongside other engagement that we led. Work undertaken by *Thinks* included:
 - 5.1 an open survey which was completed by 7,784 respondents. To ensure accessibility and inclusivity the survey was available in English, Welsh and Easy Read;
 - 5.2 four focus groups with NMC registrants, with participation by nurses, midwives and nursing associates; and
 - 5.3 five stakeholder interviews with individuals who take part in the FtP process, such as legal assessors, panel members and union or representative bodies.
- 6 The consultation report by *Thinks* is attached as **annexe 1**, and a summary of findings is set out in the next section.
- 7 Separately from the *Thinks* work, NMC also held separate focused sessions on the proposals with the following:
 - 7.1 unions and representative bodies;
 - 7.2 patient and public advocacy groups;
 - 7.3 international and diaspora registrant and advocacy groups;
 - 7.4 legal assessors, panellists and chairs from the NMC's FtP process; and
 - 7.5 the NMC's Public Voice Forum, Professional Strategic Advisory Group (PSAG) and Midwifery Strategic Advisory Group (MSAG).
- 8 An analysis of the outcomes of the NMC's engagement activity is attached as **annexe 2**, and a summary of findings is set out in the next section.

Summary of consultation findings

- 9 The responses show majority support for the proposals, on the basis that they will improve the process and reduce the stress and anxiety experienced by registrants and others. Levels of support were particularly high for the proposals to support vulnerable witnesses and sharing information via an online account. There was also agreement that legally qualified chairs combined with strengthened case management powers can bring significant benefits.

10 However, views are more varied among those involved in our FtP proceedings, particularly panel members and legal assessors. Although even here there is often general support for the principle of what we are seeking to achieve, there is some concern about how new powers will be implemented and exercised. Some stakeholders perceived a risk of negative impact of our proposals on those who might need more support with the FtP process than others. This could include registrants who are unrepresented, those for whom English is not their first language, those who may be less able to navigate faster paced, more digital or more discretionary processes without additional support, and those who may be vulnerable or unwell. A number of respondents also raised the risk of a detrimental impact on the diversity of panels, should we adopt the proposal to appoint legally qualified chairs. This feedback is set out in detail in annex 1 and 2 and our consideration of it is summarised below.

Powers to appoint legally qualified chairs to Committee panels

11 We consulted on a proposal to follow the approach taken by other regulators, to introduce a power to appoint legally qualified chairs to Committee panels. The rules would specify that legally qualified chairs would have the same qualification and experience requirements as specified for our legal assessors under the Nursing and Midwifery Order 2001. Where we do not appoint a legally qualified chair to a panel, we would be required to appoint a legal assessor to advise the panel, as now.

What we heard

12 There was broad support for this proposal (70 percent of survey respondents) and a recognition of the benefits it could bring. This included strong support from the General Medical Council (GMC) who introduced this change a decade ago. Positive feedback focused on strengthened decision making (greater clarity, fairness and consistency), a reduction in delays and the more obvious efficiency benefits of reducing our use of legal assessors. However a number of respondents raised concerns about the impact of this change and some key stakeholders proposed that a pilot take place to test the effectiveness of legally qualified chairs before further expansion. Concerns included:

- 12.1 the risk of concentrating power in a single panel member, other panel members deferring to the chair as a result of their legal experience, and linked concerns about the reduction of the professional voice given that fewer registrants would be chairing proceedings;
- 12.2 the potential for negative impacts on the diversity of panels, if chairs were seen to be drawn from a narrower pool of qualified people;
- 12.3 the importance of separating legal advice from decision making, the need for legal advice to remain transparent, the challenges of the chair performing a dual role (chairing and advising) and the perception that this will mean that legal advice is not independent; and

- 12.4 a reduction in the support provided by legal assessors who can help unrepresented registrants to navigate the process and help them to resolve case management issues outside of the hearing.

What we recommend

- 13 We recommend proceeding with the proposals to introduce a power to appoint legally qualified chairs to Committee panels. This change will make our hearings and meetings more cost efficient, and the consultation responses have reinforced our view that it will also strengthen our case management and decision-making.
- 14 Looking to other regulators and tribunals with legally qualified chairs we do not agree that there is an inherent conflict between the role of legal adviser and chair. Legally qualified chairs will have the same obligations as legal assessors to give that advice in the presence of the parties unless certain exceptions apply.
- 15 Recognising the possible impact on panel dynamics and the support available to unrepresented registrants, we are committed to introducing this change carefully. Through recruitment and training plans, overseen by the Appointments Board, we will work to ensure that legally qualified chairs are equipped to give clear and transparent legal advice without undermining their chairing responsibilities to collaborate with their fellow panel members and ensure participants can understand and engage in proceedings.
- 16 There are a number of actions that should be undertaken as part of implementation. These are:
- 16.1 undertake a phased introduction of legally qualified chairs, monitoring key outcomes, performance indicators and impacts to inform each next phase and taking mitigating action should negative impacts be identified;
 - 16.2 ensure that our appointment process/campaign demonstrates best practice in terms of seeking to attract diverse candidates and put in place ongoing monitoring and reporting to Council on the impact of this change on the diversity of panels;
 - 16.3 ensure robust and transparent processes for induction, training, ongoing performance evaluation and learning for Chairs, ensuring legally qualified chairs have the necessary skills to combine their chairing and advising role. The Appointments Board will oversee these processes; and
 - 16.4 continue wider corporate work to strengthen support for unrepresented registrants and others who need additional support across the end to end FtP process (see also paragraph 42).

Strengthened case management powers

- 17 We consulted on proposals to broaden and strengthen case management powers at our adjudications stage. These included:

- 17.1 allowing Committee panels and legally qualified chairs to issue case management directions without having to arrange a preliminary meeting;
- 17.2 confirming that a Committee panel can determine arguments on points of law or admissibility of evidence in advance of a hearing;
- 17.3 confirming that all case management directions are binding on all parties including the NMC; and
- 17.4 confirming that the Committee panel can refuse to admit evidence not served in compliance with any direction, and that they may draw adverse inferences from non-compliance with any directions.

What we heard

- 18 There was majority support for this proposal (58 percent of survey respondents) and a recognition that strengthened case management powers combined with legally qualified chairs can bring significant benefits: resolving a wider range of issues ahead of the hearing, thereby reducing delays, expense and stress experienced by registrants and other participants. However, a number of respondents raised concerns about fairness, particularly for unrepresented registrants, and the risk of creating a punitive process. Concerns included:
- 18.1 powers being used disproportionately and potentially creating a rigid approach and power imbalance between the NMC and the registrant;
 - 18.2 more robust case management processes could disproportionately negatively impact unrepresented registrants, those whose English is not their first language, or those with needs relating to illness or vulnerability;
 - 18.3 significant concerns about the ability of legally qualified chairs issuing directions without the need for a preliminary meeting (“on the papers”). Some key stakeholders believed that this was not transparent and would remove the ability for registrants to be able to clarify or raise concerns about directions;
 - 18.4 that it would be unfair to give any less than 14 days’ notice of a preliminary meeting unless the registrant agreed to a shorter period; and
 - 18.5 doubts from some stakeholders that the NMC would be able to meet directions that were issued, given current issues relating to missing or incomplete evidence.

What we recommend

- 19 We recommend moving forward with the proposals for case management. As part of our Fitness to Practise Improvement Programme, we are already introducing quality thresholds and gateways that support a more proactive and robust case management process. This includes earlier engagement and greater use of preliminary meetings. Rules which confirm that directions are binding, which allow

for urgent directions where necessary and which enable panels to determine legal arguments and make binding decisions on admissibility of evidence will allow us to make more effective use of preliminary meetings. If the rules allow for directions without a preliminary meeting, we will have greater scope to develop new ways to manage cases proactively, for example by developing standard directions. Based on the helpful feedback provided by the consultation responses we recommend the following actions.

- 19.1 Amend the rules as drafted to make it clear that directions can be varied or set aside. While we do not believe it should be necessary to hear representations before every direction is given (for example standard directions for the service of evidence), we agree that parties must be able to request that a direction is varied or set aside. Those requests must be dealt with fairly and whether they are considered within or without a preliminary meeting will depend on the request, the nature of the direction and the level of dispute between the parties.
- 19.2 Amend the rules as drafted to retain a minimum 14 days' notice of preliminary meetings unless the parties consent or if it is in the public interest for there to be a shorter period. Where a meeting is required urgently, the parties will often agree to shorten this notice period, but requiring express agreement in every case could prevent us from resolving matters which it is in the public interest to resolve ahead of the hearing, for example to deal with urgent disclosure issues, witness availability or late challenges to admissibility of evidence.
- 19.3 Ensure that concerns around impacts on unrepresented registrants and those who need additional support with the process are taken into account when designing process change, support (see also paragraph 42) and guidance to panels. For example, the guidance will highlight that directions must be clear and proportionate and the factors to consider when fairly and justly dealing with non-compliance.
- 19.4 Ensure that work to develop changes to processes, and decisions that inform them, are taken in line with ongoing improvement work, including for standards of evidence, case preparation improvements, and actions to address over-representation of certain groups with protected characteristics in the fitness to practise process.

Ability to share information via an online account or portal

- 20 We consulted on a proposal to amend the rules to allow sharing of certain information via an online account or portal. This would be subject to safeguards, for example the registrant giving their explicit consent to information being shared in this way.

What we heard

- 21 This proposal was strongly supported by survey respondents (77 percent), who agreed that such a facility would improve information security, speed up

communication and should be based on explicit consent. Many respondents also agreed that such a change would be an improvement on the current email encryption mechanism for sharing information.

- 22 Respondents observed that any new platform would need to have robust cybersecurity, have technical support and clear user information for registrants, would need user testing, and that there would need to be a contingency process to share documents in the event of a system outage.

What we recommend

- 23 We recommend proceeding with this change. It is intended that this portal will form part of the expansion of MyNMC and will be subject to the same cyber and data security requirements and user support. It will also be based on explicit consent of the registrant. If the registrant withdraws their consent at any time, we will to our other methods of service (e.g. email communication). When developing this facility, we will ensure that there is user testing and appropriate information developed for registrant users.

Greater flexibility for when we invite representations from registrants

- 24 At present, we're required to invite representations from the registrant when a case passes from screening to investigations and in most cases we will already have asked for the registrant's input during the screening process. Once a case has been investigated and is ready for a decision by the case examiners, we are required to seek representations from the registrant, regardless of the outcome of the investigation. We consulted on a proposal that, in cases where it is apparent that no further regulatory action is necessary, we will not invite further representations. This would allow case examiners to close cases more quickly and free up our investigation resources to progress other matters.

What we heard

- 25 The majority of respondents supported this proposal (63 percent of survey respondents). There was agreement from many that if it is clear that no further action is required, a further step to prepare and disclose all investigation material and invite representations in response was not necessary or proportionate.
- 26 Some respondents felt that there was a risk of undermining transparency and fairness, if the registrant does not have an opportunity to comment on all evidence, even where no further action was being taken.

What we recommend

- 27 We recommend proceeding with this change to support our aims for faster resolution of cases. Case Examiners will still be able to invite representations if they consider it appropriate to do so before making their decision to take no further action. However, where it is clear that a case can be closed it is disproportionate to delay that decision in order to invite a further set of representations from the registrant.

28 Case examiner decisions will confirm whether the registrant has been invited to make representations on the evidence and it will be made clear where decisions have been reached without the registrant's response.

Greater flexibility for timescales for representations

29 We consulted on a proposal to replace the fixed 28-day response period for providing representations with a more flexible requirement to give no less than 28-days. We intended that 28 days would be appropriate in the majority of cases (and there was general support for this as the default period) but that there should be flexibility for individual case needs, considering complexity, volume of material, and any reasonable adjustments. At present we agree to accept representations beyond the period specified in the notice where it is fair and reasonable to do so but our rules do not provide for extensions.

What we heard

30 The majority of respondents supported this proposal (61 percent of survey respondents), with support particularly coming from those closely involved with the process, such as FtP committee members and legal representatives.

31 Some concerns were raised about the risk of introducing further delays and included suggestions for an upper limit to be stated in the rules. We also heard concerns that our suggested approach would require us to decide the appropriate timescale in every case, thus introducing a new decision point in an already complex process. Responses, including from representative bodies, highlighted that the reasons for needing more time may not always be apparent when we send our notice, so requests for extension would persist. As with all the proposals which included flexibility and discretionary powers, stakeholders asked for clear guidance on how the powers would be used.

What we recommend

32 In response to this feedback from stakeholders, we are proposing a small amendment to our proposal, so that the rules retain a standard 28 day period but include a clear power to extend where appropriate. Alongside clearer guidance on when to exercise this discretion, this will make our practices more transparent and consistent.

Increased flexibility for minimum notice of meetings of hearings

33 We consulted on a proposal to amend the minimum 28-days' notice period for an FtP meeting or hearing, retaining this standard period in most cases, but introducing flexibility to shorten this in certain circumstances. This would happen where a registrant consents to a shorter notice period, or where a shorter period is justified in the public interest.

What we heard

- 34 This proposal was supported by respondents (66 percent of survey respondents) who felt that it would offer flexibility and reduce unnecessary delay, particularly where registrants agreed to a quicker resolution.
- 35 However, we heard concerns about a lack of clarity on when the public interest justified a shorter notice period, without the registrant's agreement. Some of those in support agreed that this would be appropriate where there are ongoing risks, clear disengagement or where delay serves no useful purpose. Other responses suggested this should be limited to "exceptional circumstances".

What we recommend

- 36 We recommend proceeding with this change, including the power to reduce notice periods where it is in the public interest to do so. While the circumstances in which we anticipate using the power are limited, they would not always be "exceptional". For example, in a significant number of cases resulting in custodial sentences, the registrant will have disengaged from the process. When Case Examiners refer a case to the Committee after conviction, the registrant must be given 28 days to make representations both before and after the Case Examiners decision. If the registrant has still not engaged at that point, a further 28 days delay to a hearing or meeting is not in the public interest, particularly if it necessitates an application to the High Court to extend an interim suspension order. It might also be in the public interest to convene a hearing or meeting in less than 28 days to review a suspension or conditions of practice order, for example where a heightened public protection risk requires urgent consideration.

Supporting vulnerable witnesses to provide evidence

- 37 We consulted on changes to provide support for a broader range of witnesses than those prescribed with narrow and outdated language in our current rules. This would remove the current definitions of vulnerable witnesses and replace them with a power to make a more person-centred assessment, taking into account wellbeing and all the circumstances of the case.

What we heard

- 38 This proposal had the highest level of support of all of the proposals (82 percent of survey respondents). There was widespread agreement that the wording in the current rules is too narrow and outdated, and that a more trauma-informed, person-centred and context-specific approach would support a kinder process. Some respondents went further and questioned why the rules need to describe witnesses as "vulnerable" in order to make provision for special measures.
- 39 A minority of respondents said that processes and guidance would need to be put in place to guard against misuse. Some were unclear that the term "witness" included the registrant who gives evidence in their own proceedings.

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What we recommend

- 40 We recommend proceeding with the proposed change to the rules, subject to the one change to the rules as drafted. This would revise the drafting so that the power to “treat the witness as vulnerable” is replaced with a power to direct measures as “appropriate to support witnesses to give their evidence”. As originally proposed, the direction must take account of the interests of the witness and the circumstances of the case. The amendment will also make clear reference to the duty to ensure proceedings are fair and clarification that “witness” includes the registrant who gives evidence.

Conclusion and recommendation

- 41 Most respondents to the consultation were in favour of the proposals. A number of stakeholders have provided very helpful challenge and insight and we have listened carefully to their feedback and changed our proposed approach in some areas.
- 42 We share the concern that unrepresented registrants are not further disadvantaged by these proposed changes. We know that unrepresented registrants receive more serious outcomes at the adjudications stage than registrants with representation. When looking at our equalities data it is clear that white registrants are proportionally more likely to most likely to be unrepresented, with Black and Asian registrants being more likely to be represented than not (further information is set out in our EqlA summary). We are delivering a programme of strengthened support for unrepresented registrants, and to date this includes establishing a Professional Support and Engagement function, updating signposting on our website (including to pro bono advice and representation), and completing a [review](#) of the registrant experience of our FtP process. We have additional work planned for support and we will ensure that as we plan for implementation of the recommended changes it is fully aligned with this wider improvement work.
- 43 We recommend that Council proceeds with the changes consulted on, subject to the amendments to the rules and the actions and safeguards set out above that we will take forward as part of implementation.
- 44 The draft rules, which include the changes set out above, can be found in annexe 4 in the form of a keeling schedule showing the changes marked up, and in annexe 5 as a draft Amendment Order.
- 45 **Recommendation: The Council is invited to review and agree the conclusions set out in annexes 1 and 2 of this paper, together with the draft rules set out in annexes 4 and 5.**
- 46 **Recommendation: The Council is recommended to proceed with the proposals to amend the rules with the amendments and mitigations set out in this paper.**

Next Steps

- 47 If the Council agrees to proceed with these changes the broad timescale for subsequent events is as follows:
 - 47.1 The Council will be asked to agree to make the amendments to the rules following its meeting. If agreed the rules will then be signed and sealed under the Common Seal of the Council.
 - 47.2 The rules will subsequently be approved by the Privy Council and then laid in Parliament in accordance with the negative approval procedure.
 - 47.3 The new rules will come to force in October 2026.
- 48 The consultation reports and equalities impact assessment are published as an attachment to this paper. Following the completion of the rules approval process we will also publish a summary of our policy analysis and position.
- 49 Implementation will be delivered via the FtP improvement plan. We will continue to engage and inform internal and external stakeholders as we move forward.

Implications

The following were considered when preparing this paper:

Implication:		Location if in paper:	Content if not in paper:
Public protection and impact for people.	Yes	Throughout	
Safeguarding considerations	Yes		We know that the length of cases can exacerbate people’s poor mental wellbeing and can lead to an increase in welfare calls or a deviation from standard practice for hearings. Shortening proceedings, should have a beneficial impact on people’s wellbeing.
The four country factors and considerations.	Yes		The proposals apply to all four countries of the UK. The consultation document and survey were

			<p>translated into Welsh and we received six responses in Welsh.</p> <p>We received 6,645 survey responses from England, 853 from Scotland, 337 from Wales and 262 from Northern Ireland.</p>
Resource implications including information on the actual and expected costs involved.	Yes		<p>The support from Thinks cost £82,470 (including VAT) which accounted for the support with both FtP rule changes and fees fieldwork and evaluating and reporting the results. In order to keep costs down NMC policy, research and engagement staff led on engagement with our key stakeholders.</p> <p>Should the Council agree to go ahead with the proposals, internal operational changes will be made as part of the current phase of the FtP plan (which began in October 2025). An initial implementation scoping exercise has been taking place pending the Council's decision, including for costs. This will move to a full planning and implementation exercise if the Council agrees to proceed.</p>
Risk implications associated with the work and the controls proposed/ in place.	Yes/Not Applicable		<p>Risks to delivery of the legislation component are managed as part of the Legislative Change Programme.</p>
Legal considerations.	Yes	Throughout	
Midwives and/or nursing associates.	Yes		<p>422 midwives and 302 midwives holding dual registration (nurse and midwife) responded to the consultation survey. In addition, Thinks conducted focus groups with 9 midwives. The</p>

			<p>Royal College of Midwives (RCM) supported the majority of the proposals but were neutral about the proposals for case management.</p> <p>60 nursing associates responded to the consultation survey. In addition, two nursing associates took part in focus groups convened by Thinks.</p> <p>There were no significant differences in opinion between the professions we regulate, that would necessitate a change in policy approach.</p>
Equality, diversity, and inclusion and Welsh Language impact.	Yes/Not Applicable	Throughout	<p>We have undertaken an Equality Impact Assessment (EqIA) for these rules changes and sought views on impacts in the consultation. Whilst respondents to the consultation did agree that improvements to efficiency and process would reduce stress and anxiety for registrants, and strongly supported our plans to help vulnerable registrants provide their evidence more effectively, they did raise a number of points which we will address through implementation actions. These included the risk of a negative impact on unrepresented registrants and others who may need additional support in our FtP process, and the risk of a negative impact on the diversity of FtP panels as a result of the introduction of legally qualified chairs. An action plan to mitigate risks that have been raised can be found in the EqIA. A summary of the main findings from the EqIA is attached as annexe 3 to this paper.</p>
Stakeholder implications and	Yes	Paras 5 to 8	

any external stakeholders consulted.			.
Regulatory Reform.	Yes		Regulatory reform will bring greater flexibility in due course.

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6 March 2026

Nursing and Midwifery Council | Fitness to Practise Rules Consultation

Final report

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1. Key findings

Across the survey data, qualitative focus groups and interviews, views of the proposed changes to the Fitness to Practise rules were broadly consistent. There are **7 key findings**:

1. **There was support for the proposed changes to Fitness to Practise rules.** The majority of survey respondents supported all 7 proposed rule changes. Support was often driven by a belief that proposals will improve the efficiency of the process and consequently reduce anxiety for registrants. However, respondents cautioned that efficiency should not come at a cost of making the process less fair for registrants, reducing transparency or adequate safeguards.
2. **The change to better support vulnerable witnesses attracted the highest level of support;** 82% of respondents agreed with the change. Respondents welcomed the move towards broader, more inclusive definitions of vulnerability and more person-centred language. While some cautioned against potential misuse, most saw this change as critical to enabling individuals to give their best evidence and to promote equality.
3. **Sharing information via an online account or portal was widely supported, provided participation remained voluntary and inclusive.** The majority (77%) of survey respondents agreed with the proposed change. It was perceived as a sensible modernisation that could improve speed, transparency, and record-keeping. Acceptance was dependent on explicit consent from the registrant, robust data security and high-quality and accessible system design.
4. **Flexibility around representations, timescales and notice periods were welcomed where it increases responsiveness, but further clarity and limits were essential.** There was overall support for all 3 related proposals: 63% agreed with increased flexibility for inviting representations, 61% with increased flexibility for timescales for representations and 66% with increased flexibility for minimum notice of meetings or hearings. However, there was consistent concern that poorly defined flexibility could lead to inconsistency, uncertainty or pressure on registrants, particularly those unrepresented or vulnerable, to accept shorter timeframes. Clear defaults, limits and transparency were seen as essential.
5. **Legally qualified chairs and strengthened case management powers were supported in principle but respondents raised concerns about concentration of power and lack of independence.** There was overall support for both proposals; 70% agreed with the powers to appoint legally qualified chairs and 58% agreed with strengthening case management powers. Respondents recognised the potential to improve the timeliness of proceedings. However, these proposals generated unease among some groups - particularly legal representatives and panel members - who worried about the concentration of power, perceived bias, and blurring the boundary between legal advice and decision-making. Safeguards to preserve panel independence, retain access to independent legal advice, and prevent misuse of powers were seen as critical.

6. **Respondents said the proposed rule changes would disproportionately disadvantage those who might require more support with the Fitness to Practise process, particularly unrepresented registrants.** Nearly a fifth (17%) felt it would impact individuals based on protected characteristics, most commonly disability, age and ethnicity. Respondents cautioned that a focus of efficiency gains across the process should not come at the cost of making it less fair.
7. **While there is variation across the 7 proposed rule changes, older respondents and those with experience and roles in Fitness to Practise processes tended to be the most supportive.** With exception of the proposal to appoint legally qualified chairs, Fitness to Practise committee members and legal representatives were generally supportive of the proposed rule changes.

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2. Context and background

2.1 The NMC Fitness to Practise consultation

The Nursing and Midwifery Council (NMC) consulted on changes to rules that govern its Fitness to Practise process. The 12-week public consultation opened on 3 November 2025 and ran until 26 January 2026.

To support this consultation, the NMC commissioned Thinks Insight and Strategy (Thinks) to carry out independent research to understand the views of all relevant stakeholders including registrants, representative bodies and the wider public.

The purpose of this work was to understand views of the proposed changes to Fitness to Practise rules and considerations for implementation. It had 3 objectives:

- To understand views (including the benefits and concerns) of the 7 proposed changes to Fitness to Practise rules, including:
 - Powers to appoint legally qualified chairs
 - Strengthened case management powers
 - The ability to send and share information via an online account or portal
 - Increased flexibility for inviting representations
 - Increased flexibility for timescales for representations
 - Increased flexibility for minimum notice of meetings or hearings
 - Supporting vulnerable witnesses to provide evidence
- To understand views and feedback on the effectiveness of the drafting of the 7 proposed changes to Fitness to Practise rules.
- To gather insights to support the equalities and Welsh language assessment for the proposed rule changes.

3. Methodology

3.1 Summary of methodology

We used a mixed-methods approach to support the consultation. It consisted of:

- **An online survey**, which was live on the NMC platform between 3 November and 26 January 2026.
- **4 focus groups** with registered professionals delivered in December 2025.
- **5 stakeholder interviews** with individuals who take part in the Fitness to Practise process, either as a legal assessor, panel member, union/legal representative or lawyer, delivered in January 2026.

In parallel to this work, the NMC undertook separate engagement with other stakeholder groups during the consultation period. This included patient advocacy groups and union and representative bodies. The findings from this wider engagement are not included in this report and will be published separately by the NMC.

3.2 Methodology and sample of quantitative stage

The NMC hosted an online consultation survey on its dedicated consultation webpage. To ensure accessibility and inclusivity the survey was available in English, Welsh and Easy Read.

The quantitative data used in this report comes from 7,786 responses

- 7,784 respondents who completed the Fitness to Practise survey online
- 2 respondents who completed the Easy Read version and shared their response with the NMC

The sample breaks down by the following key subgroups:

<p>Type</p>	<p>Individual: 7,762</p> <p>Organisations: 21*</p> <p><i>*Following review, 9 survey responses and 2 supplementary written submissions were included in the analysis of organisational responses, having been confirmed as representative of the relevant organisations. Those organisational responses that were not verified as being from an organisational representative are included in the dataset, however, are not referenced in the organisational highlights within the report.</i></p>
<p>Country of address</p>	<p>England: 6,144</p> <p>Scotland: 853</p> <p>Wales: 337</p> <p>Northern Ireland: 262</p> <p>Outside EEA/ EU: 65</p>

	Within EEA/EU but not in the UK: 40
Gender	Woman: 6,081 Man: 1,194 Other: 39
Ethnicity (Total sample)	Total: White: 5,802 Total: Mixed: 225 Total: Asian: 581 Total: Black: 541 Total: Other: 31
Age (Total sample)	Under 21: 3 21-30: 511 31-40: 1,804 41-50: 1,520 51-55: 1,042 56-60: 1,172 61-65: 978 66-70: 254 71-75: 52 Above 75: 21
Role (Total sample)	Nurse registered with NMC: 6,645 Midwife registered with NMC: 422 Nursing and midwife registered with NMC: 302 Nursing associate registered with NMC: 60 Educator: 77 Student within nursing and midwifery: 19 Retired: 45 Member of the public: 8 Other health and care professional: 7 Fitness to Practise committee member: 67 Legal representative/lawyer: 12 Employer: 6 Other: 51 <i>Roles with bases n <6 are not listed above but are included in the overall results</i>

Sector (NMC Registered roles only)	NHS or HSC (Northern Ireland): 5,528 Healthcare (non-NHS or HSC): 1,043 Social care: 207 Other: 495
Employment type (NMC Registered roles only)	Employed directly (not via a UK agency): 6,578 Employed via an agency: 328 Self-employed: 175 Volunteering: 25 Other: 79 Don't know: 18
Organisation Type	Government department or public body: 1 Professional organisation or trade union: 5 Employer of nurses, midwives and/ or nursing associates: 4 Agency for nurses, midwives and/ or nursing associates: 1 Charity / voluntary sector: 2 Consumer or patient organisation: 1 <i>*To note organisations were able to select all that apply and therefore totals exceed number of organisation responses.</i>

The majority of responses were submitted by professionals on the NMC's register; this drives the overall headline figures presented throughout the report. The report also focuses on the subgroups most affected by the proposals, with particular attention to NMC registered roles (including registrants with protected characteristics), professional and trade union organisations and legal representatives / lawyers and Fitness to Practise committee members. Other subgroups have been drawn out where relevant.

The report shows where there are statistically significant differences between subgroups. This is based on significance testing (95% confidence level). It means the difference is genuine and unlikely due to random chance.

Although the sample was self-selecting (respondents opted in to take part), all professionals on the NMC register were invited to participate in the survey and the total sample broadly reflects the register. The consultation also includes responses from roles outside of the register. This means although differences are not technically generalisable (in a statistical sense) they are notable. Due to the large sample size some statistically significant differences appear very small (<3%).

Please note that as respondents could skip questions, then the base size for 'all respondents' changes between questions. Questions regarding feedback on the drafting of each proposal was optional meaning the base sizes for these questions are notably smaller than the question understanding levels of agreement. It should also be noted that for questions regarding effectiveness of drafting were approached by respondents differently: some provided feedback relating to the specific wording of the proposal and others shared

broader policy-related feedback to supplement drafting. Both feedback types will be included in this report.

Please note that total figures (e.g. *agree + strongly agree*) are calculated using the total number of respondents selecting those options. This means the total percentage may be slightly higher or lower (e.g., by ± 1 percentage point) than the sum of the individual percentages due to rounding.

Some subgroups have small or very small base sizes and so findings should be treated with caution. In the instances of small base sizes, we have highlighted the figure in **red**.

3.3 Methodology and sample of qualitative stage

We delivered 4 x 90-minute focus groups with registered professionals between 2 December and 5 December 2025. In total, 21 registered professionals took part. This included 10 midwives, 9 nurses and 2 nursing associates.

Participants were recruited from England, Wales, Scotland and Northern Ireland and professionals represented a broad range of healthcare settings and sectors.

Each focus group lasted 90 minutes and was facilitated by an experienced moderator from Thinks. Moderators followed a structured topic guide to ensure consistency across sessions, while allowing flexibility for participants to explore issues most important to them.

In addition, we conducted 1:1 interview with 5 stakeholders between 20 January and 26 January 2026. These stakeholders were individuals who take part in the Fitness to Practise process, either as a legal assessor, panel member, union/legal representative or lawyer. Moderators used a similar topic guide structure for these interviews with additional questions regarding how they expect the proposed changes will impact their roles.

Insights from the focus groups and interviews were analysed thematically and are used within this report to complement and add depth to consultation survey findings.

In this report, **respondents** denotes individuals who completed the NMC consultation survey. **Participants** denotes individuals who took part in focus groups and stakeholder interviews.

4. Findings

4.1 The lens through which registrants approached proposed changes to the Fitness to Practise rules

Across all proposals, registrants' views of the proposed changes to Fitness to Practise rules were shaped by 3 considerations:

The impact on the nurse, midwife or nursing associate under investigation, as opposed to the impact on the NMC. Many respondents drew on experience (either direct or indirect) of colleagues who had experienced proceedings. The Fitness to Practise process was widely perceived as punitive, highly stressful and often lengthy (with some aware of the backlog of cases). In this context, there was support for changes that could reduce delay and distress and opposition to any measures perceived as weakening safeguards for investigation or increasing the risk of injustice.

“This is people’s careers and livelihood, this appears to be cutting corners and decreasing nurses right to fair and robust hearings” – Nurse, England, Survey respondent

“Any investigation is stressful and having a decision of no further action should be shared as soon as possible.” – Nurse, Scotland, Survey respondent

“I am a witness to a case and have been given 3 different dates, the middle time being cancelled at the last minute due to unforeseen delays. Very disappointing, frustrating and stressful and lots of time wasted on correspondence and pre witness meetings.” – Midwife, England, Survey respondent

A lack of trust in the NMC’s ability to manage cases fairly and effectively. Among respondents, historical experiences of poor case handling, delays and perceived governance failures meant that even changes framed as improving efficiency were often met with scepticism. Many expressed concern that additional powers could be misused by the NMC and that efficiency might be prioritised over registrants’ rights.

“The NMC already has too many powers which it frequently abuses for its own reward.” – Nurse, England, Survey respondent

“I do not like the control the NMC will have over the evidence [used in the Fitness to Practise cases].” – Midwife, England, Survey respondent

The assumed cost of implementing proposals. Survey respondents frequently questioned why registrants should bear the financial cost of changes through registration fees. The concern was strongest where proposals implied new roles, increased management or investment in new systems. While some respondents acknowledged that certain changes could ultimately reduce costs in the long term, there was an expectation that changes should be funded with existing resource. This view was likely shaped, to some extent, by the parallel consultation on increasing fees.

“My concern is the cost of these changes. Registrants should not be paying for the NMC to get its house in order. It should be done on current funding levels.” – Nurse, England, Survey respondent

“The cost of this is something that should be borne by the NMC and not passed to an increase in fees for the individual.” – Educator, Scotland, Survey respondent

4.2 Summary of responses to the proposed rule changes

While the majority of respondents supported all 7 proposed Fitness to Practise rule changes, the proposals with the highest levels of support were:

- Supporting vulnerable witnesses to provide evidence
- The ability to send and share information via an online account or portal
- Powers to appoint legally qualified chairs

The proposals where there was comparatively less support were:

- Strengthened case management powers
- Increased flexibility for timescales for representations
- Increased flexibility for inviting representations
- Increased flexibility for minimum notice of meetings or hearings

The following sets out a summary of overall survey responses to the 7 proposed Fitness to Practise rule changes.

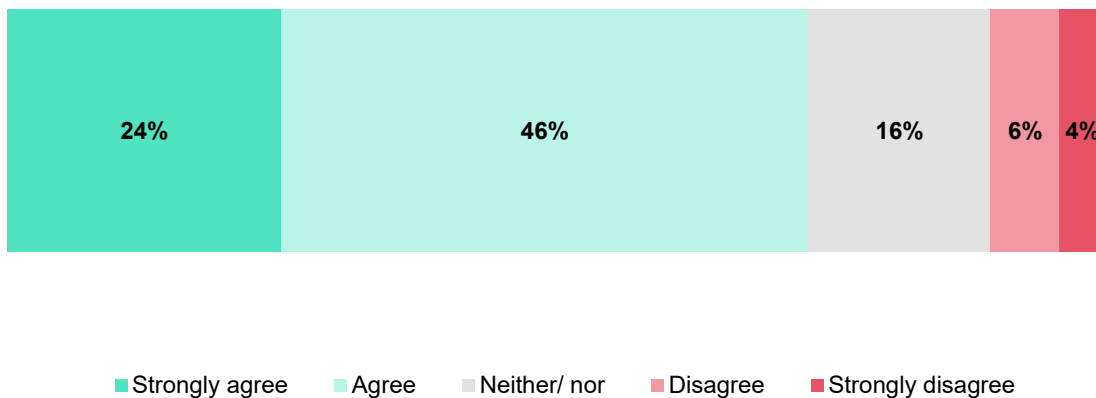
Proposed rule change	%age strongly agree/ agree	%age strongly disagree/ disagree
Supporting vulnerable witnesses to provide evidence	82%	3%
The ability to send and share information via an online account or portal	77%	9%
Powers to appoint legally qualified chairs	70%	11%
Increased flexibility for minimum notice of meetings or hearings	66%	13%
Increased flexibility for inviting representations	63%	12%
Increased flexibility for timescales for representations	61%	17%
Strengthened case management powers	58%	13%

4.3. Proposal 1: Powers to appoint legally qualified chairs

4.3.1. Views on proposed rule change

We shared the NMC’s proposal to introduce powers to appoint legally qualified chairs. There were strong levels of support for the proposal: 70% of survey respondents agreed (24% strongly agreed). Just 11% disagreed with the proposed rule change.

To what extent do you agree or disagree with our proposal to introduce the power to appoint legally qualified chairs, who can provide legal advice to the panel which they chair? Base: All respondents (n = 7,784)



Support for the proposal to appoint legally qualified chairs

Support for the proposal was driven by the perceived benefits of streamlining processes and reducing costs. Some highlighted that the proposal could reduce reliance on external legal firms, thus saving money and expediting decision making. The fact that the proposed change had been employed and tested by other regulators was also reassuring.

“I would be inclined to agree with this proposal because it introduces greater flexibility and efficiency into the regulatory process without compromising legal standards. Legally qualified chairs would be held to the same qualification and experience requirements as current legal assessors, ensuring that panels continue to receive expert legal guidance. This change aligns with practises already adopted by other regulators, suggesting it is a tested and effective model.” – Midwife, England, Survey respondent

“I work for other regulators who do this and appreciate it will cut costs. The legal advice is often formulaic and straight from the guidance. I’m sure a legally qualified chair would be a positive move. You must also ensure that you have a registrant and a lay panel member.” – Fitness to Practise committee member, England, Survey respondent

“This combines two roles into one so would presumably be a cost saving and would also give the Chair more authority.” – Legal representative/lawyer, Scotland, Survey respondent

Subgroup differences in support for the proposal to introduce the power to appoint legally qualified chairs

Across nearly all subgroups the majority of respondents agreed with the proposed rule change. Significant differences in the size of the majority were observed in 3 specific subgroups: age, ethnicity and across certain roles.

Older respondents (66-75) were more likely to agree with the proposal than younger age groups.

Age	%age strongly agree/ agree
21-30 (n=511)	71%
31-40 (n=1804)	68%
41-50 (n=1520)	71%
51-55 (n=1,042)	71%
56-60 (n=1,172)	72%
61-65 (n=978)	72%
66-70 (n=254)	79%
71-75 (n=52)	87%
Above 75 (n=21)	81%

Respondents from ethnic minority backgrounds were more likely to agree with the proposal than White respondents.

Ethnicity	%age strongly agree/ agree
Total: Black (n=541)	75%
Total: Mixed (n=225)	75%
Total: Asian (n=581)	73%
Total: White (n=5,802)	71%

Additionally, noting the small sample size, there were high levels of agreement with the proposed rule change among **Educators** and **Employers**.

Role	%age strongly agree/ agree
Employer (n=6)	100%

Educator (n=77)	86%
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Opposition to the proposal to introduce powers to appoint legally qualified chairs

While the majority of all subgroups agreed with the proposal, there were notably stronger levels of disagreement among **Fitness to Practise committee members** and **Legal representatives/ lawyers**.

Role	%age strongly disagree/ disagree
Fitness to Practise committee member (n=67)	52%
Legal representative/ lawyer (n=12)	50%

Concerns raised by these audiences focussed on 4 areas:

- The potential concentration of power
- Independence and quality of legal advice
- The impact on unrepresented registrants
- Breadth of expertise and diversity on panels

The potential concentration of power

Among those who expressed concerns, a prominent issue was that combining the roles of chair and legal adviser could concentrate too much power and influence in a single individual. Survey respondents and interview participants felt that legally qualified chairs could dominate panel deliberations, potentially reducing fairness and collaborative decision-making. Panel members noted that the current structure supported balanced discussion, as all members were regarded as equals, whereas the proposal risked conferring a distinct and elevated role on the chair.

“I think there are some weaknesses in the proposal. The first one is that if you move to legally qualified chairs, you introduce a new power imbalance within the decision making of the committee because the chair is put in a special exalted position... Not only are they the chair, but they are the person with special legal knowledge... and I'm not comfortable with that. The second point is it's naïve to think that legally qualified chairs will give legal advice to the committee. My experience [with the pharmaceutical council which has both legally and non-legally qualified chairs] is they never ever do.” – Fitness to Practise committee member, Stakeholder interview

Legal representatives echoed these concerns, highlighting the difficulty of challenging the views of a chair who was perceived to hold both procedural authority and superior legal expertise.

“Essentially the chair would say ‘I know the law, this is right’ and how do you balance out against that?” – Legal representative, Stakeholder interview

Independence from case decision makers and quality of legal advice

Participants worried that the proposal could compromise the quality of legal advice. Firstly, panel members questioned to what extent legally qualified chairs would, in practice, provide

legal advice to the committee (alongside their responsibilities as chair). They noted that the provision of advice did not always occur under existing arrangements. They expressed concern that chairs could lead decision-making without fulfilling the advisory function previously provided by legal assessors.

Secondly, respondents and participants in the focus groups and interviews worried about the lack of independence from the decision-making process if the roles were combined. They consistently emphasised the importance of maintaining a clear separation between legal advice and decision-making. While some participants acknowledged potential efficiency gains, many felt the proposal risked undermining the robustness and fairness of proceedings, particularly in serious or complex cases. For example, Fitness to Practise committee member and legal representative were concerned about how:

- Legal advice, admissibility issues, and procedural discussions could be managed if the chair also acted as the legal adviser
- Pre-hearing discussions would operate, particularly in interim orders hearings, where legal assessors currently engage in preparatory discussions with case presenters.

“Obviously, if the person who's providing that legal advice plays a part in the decision-making process, how does the NMC intend to capture acting independently and transparently... Given that in this instance, if there's a legally qualified chair, how will that work? How can we have those discussions safely? If the very person that we're having that discussion with is the chair of the hearing.” – Legal assessor, Stakeholder interview

Some Fitness to Practise committee member respondents in the survey noted that other regulators (such as police misconduct panels) had moved away from legally qualified chair models due to similar concerns about independence.

“I strongly disagree with the proposal to use legally qualified chairs to provide legal advice in place of legal assessors... The current model maintains an important separation between legal advice and decision making... If a legally qualified chair is expected to fulfil both roles, this separation becomes blurred... and may undermine confidence in the panel's independence.” – Fitness to Practise committee member, England, Survey respondent

“I think it best for the legal advice to be given to all parties, including Registrants, from someone completely detached from the Panel. This will provide transparency and encourage confidence in the Panel as being purely neutral decision makers.” – Fitness to Practise committee member, Scotland, Survey respondent

Legal representatives interviewed also highlighted that, even if the quality of legal advice remained high, the perception of independence from the decision makers on the case was critical to confidence in the process.

“So, the unrepresented registrant will not have that independent person sitting there keeping an eye on proceedings... there's something about the perception of being unbiased and being fair and being independent, because the panels are supposed to be independent.” – Legal representative, Stakeholder interview

The impact on unrepresented registrants

Legal representatives and Fitness to Practise committee members felt having an independent legal assessor from the chair was an important safeguard that is particularly

valuable to unrepresented registrants, who have no legal advocate of their own. Placing the legal voice inside the panel itself was seen as making it harder to raise fairness concerns.

“I had one case where the registrant was unrepresented and she was just, she was really difficult... me and the legal assessor spent quite a lot of time explaining the process to that registrant to, saying, right, this is what we're going to be talking about next and this is what you need to know, these are the topics that you're going to be asked to cover. You need to consider whether you want to give evidence or submissions. I think we probably spent about half an hour meeting the legal assessor, talking to her about it and actually it did help a little bit during the hearing, because she'd already been told and she knew a little bit more. I think the legal assessor really helped with the fairness of that hearing to make sure she understood what the process was.” – Legal representative, Stakeholder interview

Breadth of expertise and diversity on panels

Respondents also argued that consolidating the chair and legal assessor roles risked reducing the breadth of expertise and backgrounds represented on panels. Many survey respondents emphasised the value of the current model, in which chairs often brought lay or professional experience, while legal assessors provided specialist legal input. There was concern that the proposal would lead to panels becoming overly lawyer-dominated, with fewer opportunities for lay or professional members to chair hearings.

“The panel will be too lawyer-dominated... The quality of the lay element and the professional element will decline because the most able will have little or no opportunity to chair hearings... Many cases benefit from having more than one nurse/midwife on the panel... that will be very unlikely to happen once LQCs are appointed.” – Legal representative/lawyer, England, Survey respondent

“The problem with the Fitness to Practise process isn't to do with a lack of legal oversight. In fact, there is too much legal input already.” – Midwife, Scotland, Survey respondent

Secondly, Fitness to Practise committee member and legal representative participants said that the introduction of legally qualified chairs could also mean there is a higher likelihood for panels to be biased demographically (e.g. to those who have attained the relevant legal qualifications and experience). They felt this could negatively impact panel diversity and potentially influence case outcomes. Legal representatives emphasised the need for transparency in recruitment processes to ensure diversity was actively sought out, while still ensuring that legally qualified chairs had the appropriate experience.

“The NMC are under a public sector equality duty to ensure that their panels are diverse... just ensuring that the legal assessors that they appoint to legally qualified chair positions aren't disproportionately from the same background... generally they are white males.” – Legal representative, Stakeholder interview

Organisation views on proposal to introduce powers to appoint legally qualified chairs

Organisations such as representative bodies and trade unions were generally positive about the proposed introduction of legally qualified chairs viewing it as a proportionate reform that could improve clarity, fairness and consistency in Fitness to Practise

proceedings. They highlighted the efficiency benefits, including stronger case management and reduced delays in proceedings.

“We support the introduction of legally qualified chairs, noting that this aligns with the approach taken by other regulators and offers a proportionate way to manage hearing costs. We recognise that not all Committee panels will include a legally qualified chair and note that panels will continue to receive advice from a legal assessor where needed. We endorse the requirement that any legal advice given by a legally qualified chair must be shared with all parties to maintain fairness and transparency.” – Professional organisation or trade union, Organisation Response

“We are supportive of this change, and believe that it would bring more consistency and robustness to the outcomes of hearings. We are supportive of the requirement to obtain advice from a legal assessor when one is not present as the Chair; this would be a strong mechanism to ensure that some cases do not experience bias or unfair treatment due to a lack of legally qualified chair”.
– Professional organisation or trade union, Organisation Response

“Experience in other regulators suggests this has strengthened decision-making quality and reduced successful appeals. Panels chaired by legally qualified persons can make real-time rulings on evidential and procedural issues, avoiding delays caused by seeking advice from legal assessors. Also improving clarity and consistency throughout proceedings The Medical Practitioners Tribunal Service reported that hearings chaired by legally qualified chairs were more likely to conclude on time or early after their introduction in 2016”. – Professional organisation or trade union, Organisation Response

However, support was not universal and organisations raised a number of concerns including the need for careful recruitment, the risk to independence and the loss of informal support for unrepresented registrants.

The need for careful recruitment and specialist training

Organisations stressed that legally qualified chairs must have the appropriate expertise, and that recruitment to these roles must be carried out carefully.

“Chairs must receive specialist training in healthcare regulation and human rights law. Whilst some people who are legally qualified will have the skills to chair panels it must be recognised that some will not. Therefore, recruitment to these roles must be carefully carried out.” – Professional organisation or trade union, Organisation Response

Risks to independence and perceived bias

Some organisations raised concerns that combining the roles of chair and legal adviser could compromise independence and create a perception of bias in the decision-making process.

“Combining the roles of chair and legal adviser removes an important safeguard. Legal assessors are independent and external; a legally qualified chair is part of the decision making tribunal, which may create perceived or actual bias in applying legal principles for or against a party whose credibility

and reliability will already be being assessed by that individual." – Professional organisation or trade union, Organisation Response

Loss of independent legal support for unrepresented registrants

Organisations highlighted the large proportion of unrepresented registrants in Fitness to Practise proceedings and stressed the importance of independent legal support. Legal assessors currently provide guidance outside of hearings which helps registrants to understand and navigate procedural processes. Organisations noted concerns that this support could be lost if the role was removed or combined with the chair.

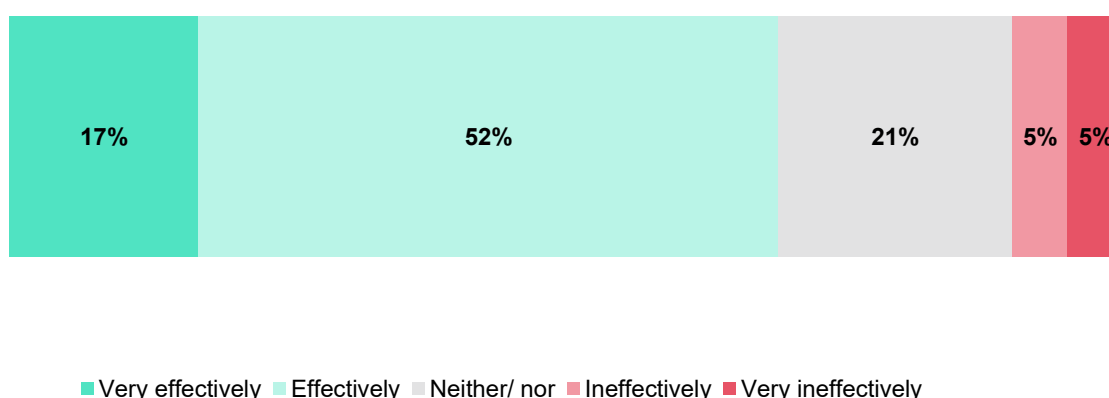
"For example, they [the legal assessor] can talk a registrant through the case law they will be relying upon if they are unrepresented. A legally qualified chair cannot do this as they are part of the decision-making process." – Professional organisation or trade union, Organisation Response

"Under current rules, legal advice from assessors must be given in the presence of parties, allowing submissions. When advice is given privately by a legally qualified chair during deliberations, parties may lose this opportunity. The BMA judicial review against GMC reforms highlighted this as a potential breach of natural justice and Article 6 ECHR (R (on the application of the BMA) v GMC [2016] EWHC 1015 (Admin))." – Professional organisation or trade union, Organisation Response

4.3.2. Feedback on drafting

We shared the drafting of the proposal to introduce the power to appoint legally qualified chairs and asked survey respondents whether it effectively reflected the policy. Overall, it was perceived to be effective. 69% of respondents said the drafting of the rules was effective and only 9% found it ineffective. These views were consistent across subgroups.

Please say how effectively or ineffectively the drafting reflects the policy for powers to appoint legally qualified chairs. Base: All respondents who opted to share drafting feedback (n=2,509)



Survey respondents made recommendations to improve the drafting of the rules. This included specific changes, feedback on the broader policy, as well as areas where respondents wanted more reassurance. Firstly, many highlighted the need for clarity on the independence of decision-making from legal advice, as well as preventing conflicts of interest. Suggested improvements for the drafting included:

- independent reviews of the legal advice the chair is providing to ensure it is fair and promotes transparency,
- recording all advice,
- ensuring the panel can continue to seek independent legal advice when appropriate,
- and the assurance that legally qualified chairs would not create a bias which could impact negatively on the integrity of the panel or the individual being investigated.

"Clarify that when a legally qualified chair provides legal advice, it must be recorded on the record, accessible to both parties, and subject to independent review. The rules should explicitly preserve panel independence and include clear conflict-of-interest provisions to maintain fairness and transparency." – Nurse, Scotland, Survey respondent

"The drafting should more clearly preserve the independence between legal advice and decision-making. Combining the roles of legal assessor and chair risks undermining procedural fairness and the perceived neutrality of panels. Confirm that panels retain the right to seek independent legal advice where appropriate. This ensures transparency and mitigates conflict of interest concerns." – Nurse, England, Survey respondent

Additionally, there were recommendations on ensuring guidance for balancing legal and professional expertise. Recommended additions to include within the proposal drafting were:

- guidance on panel composition,
- ensuring that professional and lay perspectives are represented.

"While having legally qualified chairs could improve consistency and legal accuracy, it is important to ensure that professional and practical expertise continues to be represented on panels. Suggested amendment: Provide clear guidance on the balance between legal and professional input to maintain fairness and well-rounded decision-making." – Nurse and midwife, England, Survey respondent

Fitness to Practise committee member and legal representative participants and organisational respondents highlighted a need for greater clarity on how the proposed role of legally qualified chairs would operate in practice. They wanted reassurance regarding:

- whether legally qualified chairs would be responsible for preparing draft determinations of the committee,
- when and how legally qualified chairs would be deployed across Fitness to Practise hearings,
- whether the role would be introduced on a trial or pilot basis, for example limited initially to interim order hearings, preliminary hearings, and reviews, and
- how the NMC would assess the impact of the new role against existing arrangements.

Finally, there was a perceived lack of detail and clarity around the recruitment process and required experience for appointing a legally qualified chair. Fitness to Practise committee member and legal representative participants and survey respondents highlighted a need for adding further detail to include:

- more information on who will be appointed to these roles,
- the impartiality of the appointment process,
- the experience of the selected chairs, including understanding and insight of nursing and midwifery roles.

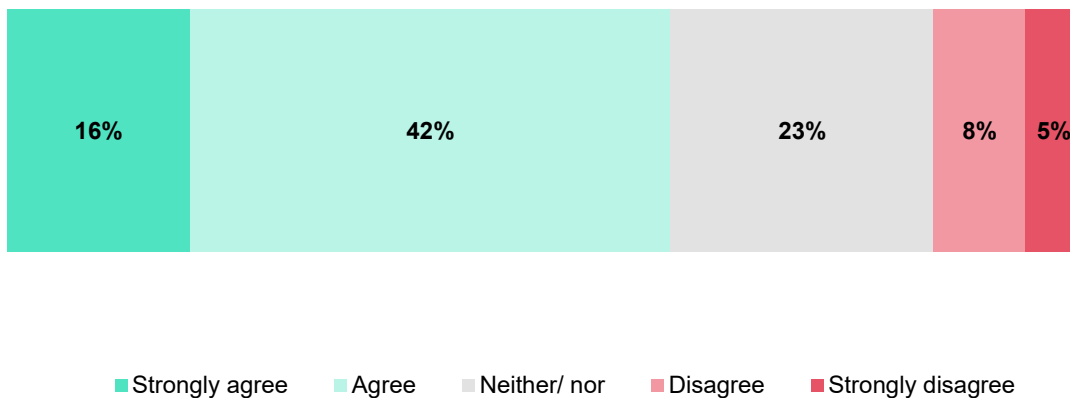
"I would like to see who and what experience will be appointed to this role and understanding of the nursing and midwife roles." – Employer, England, Survey respondent

4.4 Proposal 2: Strengthened case management powers

4.4.1. Views on proposed rule change

We shared the NMC’s proposal to strengthen case management powers. While support for this proposal was lowest of the 7 rule changes, the majority of survey respondents (58%) agreed with the proposal. Only 13% of respondents disagreed.

To what extent do you agree or disagree with our proposals to broaden and strengthen our case management powers? Base: All respondents (n = 7,783)



Support for the proposal to strengthen case management powers

An important perceived benefit of the proposal was the expectation it will improve efficiency and timeliness in Fitness to Practise processes. Many respondents praised the proposal’s efforts to reduce delays and registrant stress during lengthy proceedings, as well as addressing the backlog. However, much of the support for this proposal was dependent on proper implementation and the need for efficiency without compromising fairness.

“I agree with the proposal to broaden and strengthen case management powers, as it should help improve efficiency and reduce unnecessary delays in the Fitness to Practise process. Allowing legally qualified chairs to issue directions without a preliminary meeting and making directions binding on all parties promotes consistency, accountability, and fairness... However, it will be important that these powers are applied proportionately and transparently, to maintain confidence and fairness for everyone involved.” – Nurse, England, Survey respondent

“Reducing delays is in the public and the profession’s interests. This recommendation reduces the obfuscation of the registrant under scrutiny as a delaying tactic. It is a cost-effective proposal.” – Educator, England, Survey respondent

Fitness to Practise committee member and legal representative participants valued the ability for panels to determine points of law or evidence in advance as a way of improving efficiency and making preliminary hearings more meaningful.

“I think [strengthening case management powers] would make my role easier... there's a lack of clarity about some things. You get preliminary arguments so, if you could do that in advance where you've just got the panel or just got the chair and the parties, I think you'll save time later on.” – Fitness to Practise committee member, Stakeholder interview

Legal representative participants praised making case management directions binding on all parties, expecting this to improve compliance, reduce delays, and ensure accountability.

“Confirming case management directions are binding on all parties would be really good as well to make sure people are doing what they're meant to be doing. [Also] extending the power to refuse to admit evidence not served in compliance with the direction would be useful and adverse inferences. I think it would really improve things. I'd really like to see that in place.” – Legal representative, Stakeholder interview

Subgroup differences in support for the proposal to strengthen case management powers

Across subgroups the majority of respondents supported the proposed rule change. Significant differences in the size of the majority were observed in 4 subgroups: age, ethnicity, sector and across certain roles.

Older respondents were more likely to agree with the proposal than other age groups

Age	%age strongly agree/ agree
21-30 (n=511)	59%
31-40 (n=1,804)	56%
41-50 (n=1,520)	57%
51-55 (n=1,042)	61%
56-60 (n=1,172)	61%
61-65 (n=978)	62%
66-70 (n=254)	69%
71-75 (n=52)	85%
Above 75 (n=21)	71%

Respondents from Black and Asian ethnicities showed notably higher levels of support than those from White ethnicities.

Ethnicity	%age strongly agree/ agree
Black (n=541)	66%

Asian (n=581)	66%
Mixed (n=225)	62%
White (n=5802)	59%

Respondents working with in **healthcare (non-NHS/ HSC)** were more likely to agree with the proposal than those working in other sectors

Sector	%age strongly agree/ agree
Healthcare (non-NHS or HSC) (n=1,043)	63%
Social care (n=207)	58%
NHS or HSC (Northern Ireland) (n=5,528)	55%

Additionally, noting the small sample size, **Educators** and **Employers** showed higher levels of support for the proposed rule change.

Role	%age strongly agree/ agree
Employer (n=6)	83%
Educator (n=77)	71%

Similarly, **Fitness to Practise committee members** and **Legal Representatives / Lawyers** were more likely to agree with the proposal.

Role	%age strongly agree/ agree
Legal representative/ lawyer (n=12)	75%
Fitness to Practise committee member (n=67)	70%

Opposition to the proposal to strengthen case management powers

While acknowledging that the proposal could improve efficiency, there were concerns that it might risk creating a power imbalance between the registrant and the NMC. Respondents voiced concerns about a lack of transparency when it comes to decision making, which could put the registrant at a disadvantage.

“Strengthening case management powers could help reduce unnecessary delays and improve efficiency in Fitness to Practise proceedings, which would benefit both registrants and the public. However, these powers must be applied fairly and transparently, ensuring that registrants—especially those without legal representation—are not disadvantaged by stricter rules or procedural penalties. Support and clear communication should be provided to all parties.” – Nurse, England, Survey respondent

“I have some concerns that decisions may be made without full consultation and representation from the registrant involved in the process because they don't fully understand the enhanced legal implications. We have a robust criminal law system in the UK that shouldn't be superseded by these NMC procedures.” – Nurse, Scotland, Survey respondent

“All parties should be present for these discussions in the interest of transparency and candour.” – Nurse, Wales, Survey respondent

Some survey respondents supported stronger case management directions in principle but stressed the importance of allowing discretion to amend directions where circumstances changed.

“I think these proposals should be implemented with care. It would be good to have stronger directions from case management meetings but there should always be an option for the panel to amend this if circumstances have changed since the case management meeting.” – Fitness to Practise committee member, England, Survey respondent

There were also specific concerns with key elements of the proposal:

- **Issuing case management directions without arranging a preliminary meeting with the parties present.**
 - Registrant respondents emphasised the importance preserving protections and ensuring a right to be heard.
 - Legal representatives and Fitness to Practise committee member participants also thought this was unfair, potentially biased, and likely to result in impractical outcomes. They thought this was particularly likely where the legally qualified chair issuing the directions would later sit on the substantive hearing as issuing case directions without having representations from all parties.
 - Legal representatives and Fitness to Practise committee member participants also raised concern that it could be especially detrimental to unrepresented registrants.

“I don't think allowing somebody just to issue case management directions without having representations from all parties is fair or right on anyone... I think there's a potential for at least a perception of unfairness or bias...and particularly, going back to unfair to parties who are unrepresented and don't have the benefit of legal advice because they may not understand they have to comply with certain things.” – Legal representative, Stakeholder interview

- **Drawing adverse inferences from non-compliance.**
 - Fitness to Practise committee member and legal representative participants feared this could lead to unfairness or inconsistent panel decisions. They thought it would disproportionately disadvantage vulnerable or unrepresented registrants who might struggle to navigate the process or understand procedural requirements.
 - Some Fitness to Practise committee member participants were concerned that drawing adverse inferences could undermine perceptions of panel independence, particularly if decisions appeared to have been pre-determined without hearing submissions from the parties.

“I think the panel could be in a difficult place if they were perceived to have already made decisions about admissibility of evidence or without hearing submissions from parties. I think there could be a challenge to the independence and fairness of the panel and the panel's decision making.” – Fitness to Practise committee member, Stakeholder interview

Organisation views on proposal to strengthen case management powers

Organisations *including representative bodies* and trade unions who responded to the survey broadly supported this proposed change. Respondents highlighted the benefits of making outcomes binding which would reduce delays.

“It is our view that it would be helpful to make the outcomes of the preliminary hearings binding, to prevent any confusion or disagreement within the process from individuals who may not have had access to the same level of information. Making the outcomes binding would also aid in allowing progress to be made and would reduce the risk of additional stress due to time being wasted during the process.” – Professional organisation or trade union, Organisation Response

“Our current case management powers allow us to deal with case preparation matters and issues arising between the parties ahead of the hearing which supports the efficient running of the proceedings and saves in-hearing time.” – Professional organisation or trade union, Organisation Response

However, there was concern about the potential impact of removing preliminary case management hearings and whether this is fair for the registrant.

“We would disagree with any changes which removes the preliminary case management hearing and replaces with imposed directions. It is vital that registrants and their representatives have an opportunity to say whether the directions would be workable. They shouldn't be unilaterally imposed.” – Professional organisation or trade union, Organisation Response

“We support your proposal to introduce a similar flexibility but note that your consultation document doesn't provide any specific details about how you will ensure the approach to issuing case management directions without holding a preliminary meeting is fair.” – Professional organisation or trade union, Organisation Response

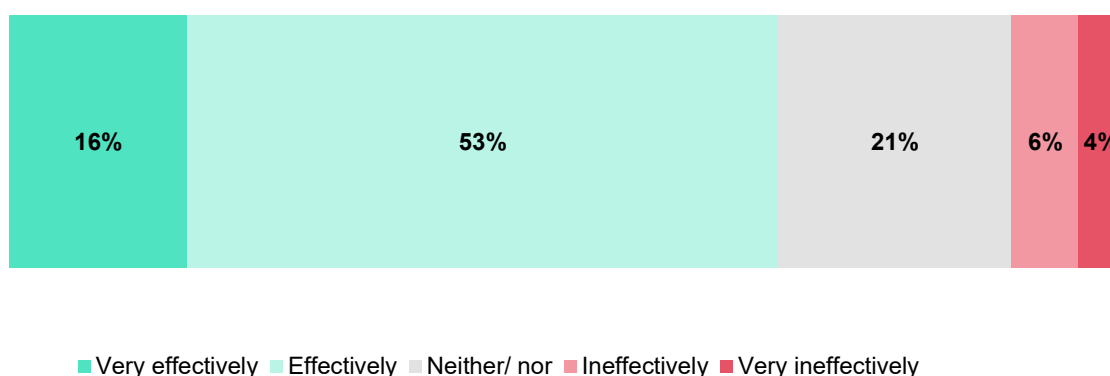
In regard to refusal to admit evidence not served in compliance with directions, organisational respondents stressed the importance of panels having access to all relevant evidence, noting that registrants often relied on the regulator for disclosure before they could respond fully.

“It is important that panels have all of the information they need to fully, fairly and carefully consider the allegations and evidence. At the end of their decision is a registrant whose career and reputation can be in tatters and who life will be altered as a result of the process and decision.” – Professional organisation or trade union, Organisation Response

4.4.2. Feedback on drafting

We shared the drafting of the proposal to strengthen case management powers and asked survey respondents whether it effectively reflected the policy. The majority of survey respondents (69%) found the drafting of the rules effective, with only 10% finding it ineffective.

Please say how effectively or ineffectively the drafting reflects the policy for strengthening case management powers. Base: All respondents who opted to share drafting feedback (n=2,369)



Survey respondents made recommendations to improve the drafting. This included specific changes, feedback on the broader policy, as well as areas where respondents wanted more reassurance. Firstly, many highlighted the need for safeguards and clear lines of accountability. Respondents called for protections to be built into the drafting to ensure fairness. Suggestions included:

- implementation of clear accountability measures and safeguards,
- explicit reassurance that these powers will be exercised proportionately,
- the introduction of a formal right to request a review or appeal a direction.

“Strengthening case management could improve efficiency and consistency, but there is a risk that broader powers may reduce transparency or limit registrants’ ability to fully present their case. Suggested amendment: Implement clear accountability measures and safeguards to ensure case management powers are used proportionately and transparently.” – Nurse and midwife, England, Survey respondent

Additionally, there were calls for clear communication and definitions of key terms to support understanding. These recommendations included:

- defining key phrases such as 'material change of circumstances' and 'interests of justice',
- further communication and explanation regarding the processes of strengthening case management powers.

“The draft wording grants broad discretion to issue binding directions and draw adverse inferences without sufficient procedural safeguards. To maintain fairness and accountability: introduce a formal right to request a review or appeal of any direction that materially affects a case. Define key phrases such as “material change of circumstances” and “interests of justice” to avoid inconsistent interpretation.” – Nurse, England, Survey respondent

Finally, respondents wanted reassurance about the protection for vulnerable registrants and consideration of their needs. This was particularly relevant to registrants who may be unrepresented and/or have disabilities / health conditions and require reasonable adjustments.

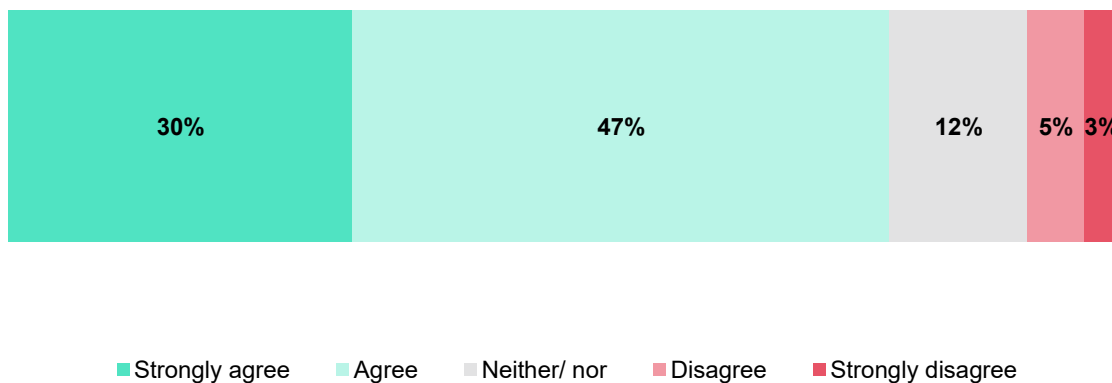
“The intent is clearly reflected, but guidance should specify safeguards to ensure these powers are exercised consistently and fairly. Binding directions should not disadvantage registrants who are unrepresented or awaiting disclosure.” – Nurse, England, Survey respondent

4.5 Proposal 3: Ability to send and share information via an online account or portal

4.5.1. Views on proposed rule change

We shared the NMC’s proposal for the ability to send and share information via an online account or portal. There was strong overall support for the proposal: the majority of survey respondents (77%) agreed with the proposal and only 9% disagreed.

To what extent do you agree or disagree with our proposed change to allow us to share documents via an online account or portal where the registrant has agreed to this? Base: All respondents (n = 7,784)



Support for the proposal for the ability to send and share information via an online account or portal

Support for the proposal was driven by a perception that it is a sensible modernisation that could centralise information and speed up processes. Focus group participants, legal representatives and Fitness to Practise committee members, and wider survey respondents recognised the benefits of more timely and secure communication via an online portal (e.g.

compared with letters / post). Those with greater familiarity with the process felt it would be an improvement on the secure email site Egress.

They felt that having all the information all in one place would provide an audit trail and reduces the risk of lost documents, supporting transparency and helping registrants keep track of information. Finally, many also recognised the environmental advantages and the financial benefits of a reduction in paper and postage costs.

“A lot of people struggle to use Egress, which is the encrypted email system. It is simple to use when you’ve got an account, but people really struggle with it when they’re not used to using it. And it causes delays and it causes uncertainty and a bit of stress and extra work for people at the NMC that are constantly having to respond, holding people’s hands through the Egress process instead of sort of focusing on what they need to be doing.” – Legal representative, Stakeholder interview

“I think it’s quite good because currently a lot of things are online... I also think it’s a bit safer because if you send letters, people lose letters. But if everything is online then they’ve got access to go back and read through everything, it’s easy and it’s faster.” – Junior Nurses, England, Focus group participant

“The current system of clunky and slow. A bespoke platform, app would be a modern, effective and efficient use of resources and time. All panel members would receive the same material and at the same time which doesn’t necessarily occur at present.” – Fitness to Practise committee member, Northern Ireland, Survey respondent

Many were glad to see the clarification that using the portal would be voluntary and opt-in. There was a strong emphasis on support being contingent on registrant consent.

“I agree with the proposal to share information through an online account, provided the registrant gives explicit consent. An online portal would make communication more efficient, accessible, and secure, allowing registrants to easily view all relevant documents in one place. This approach also reduces delays and the risk of lost correspondence compared with post or email. It’s important, though, that clear guidance and technical support are provided to ensure all registrants—especially those less confident with digital systems—can use the portal effectively and without disadvantage.” – Nurse, England, Survey respondent

“Yes, it makes sense as long as stated those on the register can opt for paper.” – Nurse and Midwife, Scotland, Survey respondent

Subgroup differences in support for the proposal for the ability to send and share information via an online account or portal

Across subgroups the majority of survey respondents supported the proposed rule change. However, significant differences in the size of the majority were observed across roles.

Fitness to Practise committee members and **Legal Representatives/ Lawyers** were more likely to support the proposal.

Role	% strongly agree/ agree
Fitness to Practise committee member (n=67)	93%

Legal representative/ lawyer (n=12)	92%
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Midwives were more likely to agree with the proposal than other registered roles

Role	% strongly agree/ agree
Midwife registered with the NMC (n=422)	84%
Nurse registered with NMC (n=6645)	76%
Nursing associate registered with the NMC (n=60)	75%
Nurse and midwife registered with the NMC (n=302)	73%

Concerns with the proposal for the ability to send and share information via an online account or portal

While there was no explicit opposition to the proposal, there were concerns about its implementation. In particular, survey respondents wanted reassurance that the change will not disadvantage those who do not wish to have information shared online and/or those who do not have access to the internet. Respondents raised concerns about digital exclusion and literacy gaps among registrants (particularly older professionals) and limited access to devices. The legal representative and panel member participants particularly stressed the need to provide alternative methods to ensure inclusivity and fairness.

“I agree with the proposal in principle, as an online account system could improve transparency, efficiency, and data security. However, it’s vital that this remains optional and that accessibility is prioritised, as some registrants may face barriers due to digital exclusion, disability, or lack of technical support. The NMC must ensure robust cybersecurity measures and user training before implementation.” – Nurse, England, Survey respondent

“In terms of the disproportionate impact of different groups, it’s beneficial that they have the opportunity to opt out so that they still can receive things by post, if that’s their preference.” – Legal representative, Stakeholder interview

In addition, a core condition for accepting this proposal was the need to ensure it meets data and cyber security standards (including relevant NHS Digital and ICO standards). Across the focus groups and the survey, there were concerns that a digital system might be at risk of hacking and data breaches. Many wanted to see robust security measures including two-factor authentication and encryption.

“Allowing registrants to access and exchange Fitness to Practise information through a secure online portal would significantly improve efficiency, transparency, and user experience. The inclusion of explicit consent from registrants is an essential safeguard, ensuring compliance with data protection and confidentiality standards. The system should also meet NHS Digital and ICO security benchmarks. You should also consider two-factor authentication.” – Nurse, England, Survey respondent

“This [online platform] needs careful control and protection of the systems.” – Educator, Northern Ireland, Survey respondent

Finally, many stressed that the information sharing platform must be user-friendly with infrastructure to support accessibility for registrants. Many survey respondents shared challenges with the current Egress information sharing system and said that a new online platform should be an improvement on this.

“I agree with moving more communications online where possible, however the accessibility infrastructure should be invested in, to ensure security, but also improve user experience.” – Nurse, Northern Ireland, Survey respondent

“Your egress portal is impossible to use, and I’ve had to ask someone to send me your documents unencrypted which defeats the object.” – Nurse, England, Survey respondent

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Organisation views on proposal for the ability to send and share information via an online account or portal

Organisations broadly supported this proposal and said it was a welcome change that would benefit registrants as they will be able to share and access information more easily.

“We believe this change would be beneficial for our members, in allowing them to securely access and share information in a designated place. This would reduce the risk arising from people who do not have access to their work emails, and may reduce delays which arise from this.” – Professional organisation or trade union, Organisation Response

“We consider there to be many potential benefits associated with this approach, such as more instantaneous receipt, not being limited to a maximum email attachment size and a reduced risk of information security breaches.” – Professional organisation or trade union, Organisation Response

Organisational respondents, specifically those representing registrants, wanted specific detail on how the platform will work. They called for further detail and consideration of the following:

- how the system will record the registrant’s agreement,
- how the online system will notify the registrant that something has been placed in their account / there has been an update,
- what audit trail the NMC will have to prove service by this method.

“We broadly support your proposal but note that your consultation document doesn’t provide any specific details around how you will operationalise this power.” – Professional organisation or trade union, Organisation Response

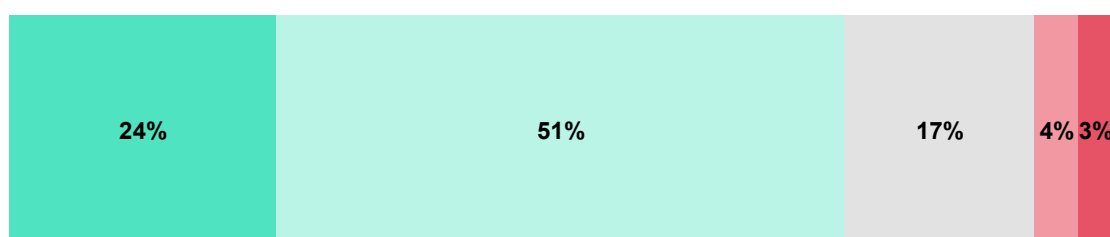
“We would suggest considering matters such as how you will record the registrant’s agreement, how you will notify the registrant that something has been placed into their account, and what audit trail you will have to prove service by this method.” – Professional organisation or trade union, Organisation Response

“We would encourage the NMC to communicate with the registrant and their representative at each stage of the process as the wishes of the registrant may change. For example, medical consent only last 6 months and then you must seek updated consent so we would suggest that the same rules should apply to electronic disclosure.” – Professional organisation or trade union, Organisation Response

4.5.2. Feedback on drafting

We shared the drafting of the proposal and asked survey respondents whether it effectively reflected the policy. A large majority of survey respondents (75%) found the drafting of the rules to be effective, with just 7% finding it ineffective.

Please say how effectively or ineffectively the drafting reflects the policy for the ability to send and share information via an online account or portal. Base: All respondents who opted to share drafting feedback (n=2,509)



■ Very effectively ■ Effectively ■ Neither/ nor ■ Ineffectively ■ Very ineffectively

Survey respondents made recommendations as to how the drafting of the proposed change could be improved. This included specific changes, feedback on the broader policy, as well as areas where respondents wanted more reassurance.

While recognising that optional participation is within the current drafting, respondents made recommendations for greater clarity that participation is completely voluntary and must not inhibit those who are digitally excluded. Suggested recommendations included:

- Explicit wording to emphasise consent,
- Noting that alternative and non-digital options (paper and email) are still available,
- Confirming whether it would be an opt-in or opt-out approach,
- Reassurance that registrants can withdraw consent to using the system at any time.

“There should be a clear commitment that registrants can choose alternative formats or request paper communication if needed, so no one is disadvantaged.” – Nurse, England, Survey respondent

Additionally, respondents wanted reassurances on data and information security standards.

“An online system could improve efficiency and access, but issues of data security, accessibility, and digital literacy must be addressed. Suggested amendment: Ensure robust data protection, provide accessible alternatives (e.g., paper copies on request), and offer support for those less confident with technology.” – Nurse and midwife, England, Survey respondent

Finally, a small number of respondents highlighted there is a need to clarify that the online system should allow for two-way communication between registrants and the NMC.

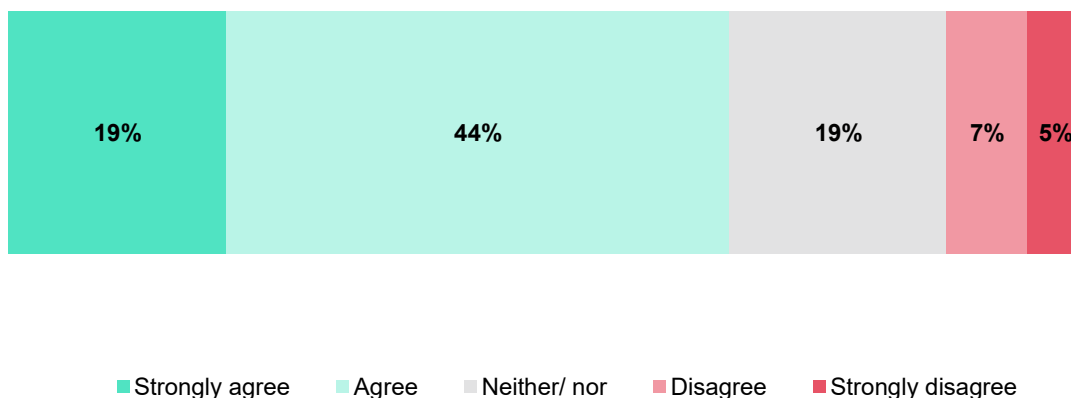
“The wording needs to clear that this is a two-way process. Uploading information to the council and receiving information from the council.” – Nurse, Scotland, Survey respondent

4.6 Proposal 4: Increased flexibility for inviting representations

4.6.1. Views on proposed rule change

We shared the NMC’s proposal for increased flexibility for inviting representations. There was considerable support for the proposal, with the majority of survey respondents (63%) agreeing and 12% disagreeing.

To what extent do you agree or disagree with our proposal to amend the rules so that it is no longer a requirement to invite representations at the end of the process? Base: All respondents (n = 7,784)



Support for the proposal for increased flexibility for inviting representations

Support for the proposal was driven by the view that the current step is unnecessary once a decision of no further action has been reached. Many argued that it prolongs cases without adding value. Across the stakeholder interviews, focus groups and the survey, there was a belief that the proposal would streamline processes and improve efficiency by reducing the administrative burden and allowing quicker case closure.

“It’s going to speed things up a bit. Taking out one or two steps in the process, taking out your 28-day delay here and there...but yes, I would support this and I don’t know what the efficiency gains will be, but you know, it could be relatively significant.” – Fitness to Practise committee member, Stakeholder interview

“I thankfully have never been involved with investigations but a colleague I trained with who I felt was an excellent nurse was investigated by the NMC. It took 18 months for her to be told there was no case to answer to and she could continue working. All good news except from the financial and psychological stress she was under. Apparently, it took so long for it to be investigated and took days for it to be

found there was no case. For the process to be quicker it is good for those who are innocent.” – Other role, Wales, Survey respondent

A secondary benefit was that for many, faster resolution is closely linked to compassion and wellbeing. They said that delivering the good news of no further action swiftly would reduce the anxiety and uncertainty that registrants experience during investigations, allowing them to regain professional and personal stability sooner.

Additionally, Fitness to Practise committee member and legal representative participants highlighted that increased flexibility could be equally supportive in more complex cases and particularly for unrepresented registrants, ensuring they have sufficient time to prepare representations.

“Gets rid of an unnecessary step and saves time and costs.” – Nurse, Wales, Survey respondent

“Makes process simpler and more streamlined for the individual involved and this supports their welfare as the process can be extremely emotional for the individual who is under Fitness to Practise review.” – Employer, England, Survey respondent

“Overall, this change supports timely and proportionate regulation, reduces avoidable delay, and focuses resources where they are most needed, while continuing to ensure that registrants are given a fair opportunity to engage in cases that may lead to regulatory consequences.” – Fitness to Practise committee member, England, Survey respondent

Subgroup differences in support for the proposal for increased flexibility for inviting representations

Across subgroups the majority of survey respondents supported the proposed rule change. However, significant differences in the size of the majority were observed by role, sector, age and ethnicity.

Noting the small sample size, small but noteworthy high levels of agreement to the proposed rule change were seen amongst **Educators** and **Employers**

Role	% strongly agree/ agree
Employer (n=6)	100%
Educator (n=77)	78%

Respondents working across **social care and healthcare (non-NHS or HSC)** were more likely to agree with the proposal than those working in other sectors.

Sector	% strongly agree/ agree
Social care (n=207)	72%
Healthcare (non-NHS or HSC) (n=1,043)	68%

NHS or HSC (n=5,528)	61%
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Older respondents were more likely to agree the proposal than other age groups.

Age	% strongly agree/ agree
21-30 (n=511)	61%
31-40 (n=1,804)	61%
41-50 (n=1,520)	62%
51-55 (n=1,042)	66%
56-60 (n=1,172)	66%
61-65 (n=978)	66%
66-70 (n=254)	71%
71-75 (n=52)	71%
Above 75 (n=21)	76%

Concerns with the proposal for increased flexibility for inviting representations

A notable proportion (12%) of survey respondents opposed removing the requirement to invite representations. They argue that all registrants should retain the right to be heard and to correct errors, even at the point of closure. Concerns focused on the risk of factual inaccuracies, misinterpretation of evidence or missed context going unchallenged, with some warning that removing this safeguard could “close a door” and erode trust in the process.

“While I understand the intention to streamline the process and reduce delays, removing the right to make final representations risks undermining procedural fairness and transparency. The ability to comment on all evidence — even in cases where no further action is proposed — is a vital safeguard for registrants, ensuring accuracy and accountability in decision-making. The NMC should prioritise efficiency without compromising fairness, equality, or registrant confidence in the process.” – Nurse, England, Survey respondent

Some Fitness to Practise committee member and legal representative participants voiced concern that closing cases without consulting registrants might risk final decisions being made without reflecting their perspective. They felt that this could cause frustration even if the outcome is favourable.

“I know they're trying to say we're going to close cases where we feel that actually we don't need to take any further action. But in doing so, the case examiners will often write a decision that doesn't represent members version of events. So, they're reaching a decision that even though it ends the case for the registrant, they still get

frustrated by because it's not a decision that is on their terms, it doesn't reflect their version of events.” – Legal representative, Stakeholder interview

As a result, many survey respondents proposed compromises and alternatives. Common suggestions included retaining the right to make representations on an optional or opt-in basis, reducing rather than removing the 28-day period, or applying flexibility on a case-by-case basis depending on complexity and vulnerability.

“A short-form, optional representation stage (for example, a 14-day opportunity to comment) would strike the right balance between efficiency and fairness. Unless such safeguards are introduced, I cannot support removing this right; the modest administrative saving does not justify the potential erosion of transparency and registrant confidence in the NMC process.” – Nurse, England, Survey respondent

“I think that the registrant should have the option to attend if they want to for closure. Rather than to have gone through the whole process and then not be given the option to attend.” – Nurse, Northern Ireland, Survey respondent

Organisation views on proposal for increased flexibility for inviting representations

Organisations were mostly positive about this proposed change. Respondents felt it was a sensible way of saving time and being more efficient. However, consistent with other responses described above, organisations expressed concerns that the proposal could compromise fairness if reductions were made and registrants could not be heard.

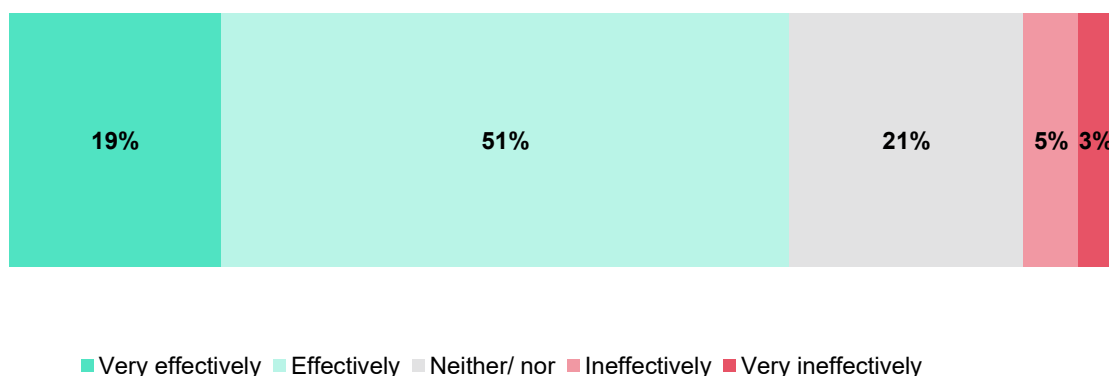
“We are supportive of this change, and believe that it will be a better use of time for all parties involved. We do not think there is merit in waiting for a deadline when the NMC is confident they will come to that decision at an earlier point in time. That being said, we caution against any change which would be used to reduce the opportunity for the registrant to make a response due to time constraints, rather than it being in the best interests of the case. Our view is that our members should be allowed to put forward their version of events. It is their case, and we would have concerns if there was any change in direction on this approach. Registrants should always be notified about the recommendation of the case examiners”. – Professional organisation or trade union, Organisation Response

“Whilst we broadly agree with your proposal, we note that your consultation document doesn't explain how you will operationalise this power fairly. For example, you may wish to consider establishing a process to cover the scenario where the registrant has not been invited to make representations at the end of the process, but the case examiners have now considered the matter and don't agree that the case should be closed. It would be helpful to consider how and when disclosure of the materials will then be made to the registrant, and whether they will have the opportunity to make representations before the final decision is made.” – Professional organisation or trade union, Organisation Response

4.6.2. Feedback on drafting

We shared the drafting of the proposal and asked survey respondents whether it effectively reflected the policy. A majority of survey respondents (71%) found the drafting of the rules to be effective, with just 8% finding it ineffective.

Please say how effectively or ineffectively the drafting reflects the policy for increased flexibility for inviting representations . Base: All respondents who opted to share drafting feedback (n=2,509)



Survey respondents and Fitness to Practise committee member and legal representative participants made recommendations on how the drafting of the proposal could be strengthened. There were concerns that the current drafting could be read as removing an important opportunity for registrants to engage at the point of case closure and that it must clearly demonstrate how fairness would be preserved. They recommended clearer wording to explain:

- why representations may not be invited in certain cases,
- how registrants might request more time for submitting representations if needed,
- how registrants can be assured that all relevant evidence has been considered.

“Removing the requirement to invite representations when no further regulatory action is necessary could make the process more efficient, but registrants may feel excluded or uncertain about decisions. Suggested amendment: Maintain clear communication with registrants about outcomes and provide transparency about why representations are not required in certain cases.” – Nurse and midwife, England, Survey respondent

Linked to this, respondents repeatedly highlighted the need for clear communication and transparency at the end of the process. Some of those who were more negative about the proposal called for the drafting to include a requirement for written closure correspondence that:

- clearly explains the outcome,
- summarises the reasons for the decision,

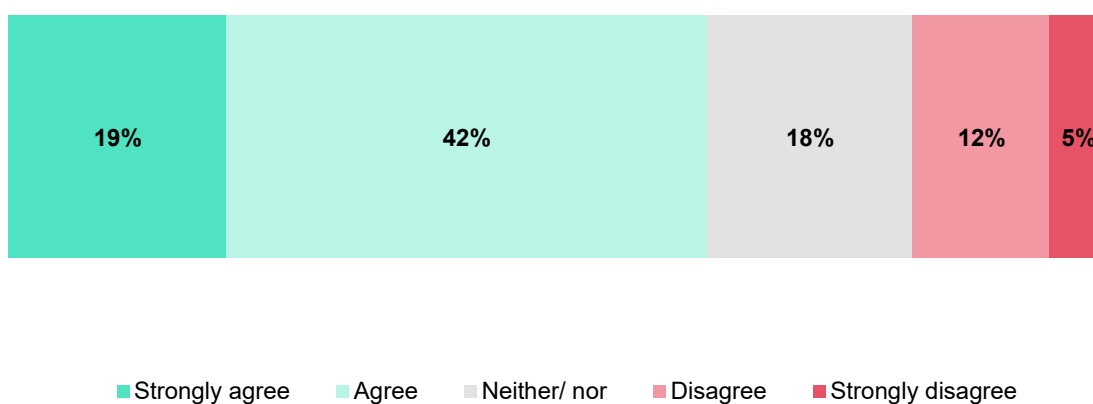
and confirms that the registrant has had the opportunity to review the evidence relied upon.

4.7 Proposal 5: Increased flexibility for timescales for representations

4.7.1. Views on proposed rule change

We shared the NMC’s proposal for increased flexibility for timescales for representations. The majority of survey respondents (61%) agreed with the proposal, with 17% disagreeing.

To what extent do you agree or disagree with our proposal to replace the fixed requirement to respond in 28 days with a more flexible timeframe of at least 28 days? Base: All respondents (n = 7,785)



Support for the proposal for increased flexibility for timescales for representations

Support for the proposal was driven by a perception that increased flexibility would allow greater responsiveness to the specific circumstances of individual cases, such as the case complexity or personal responsibilities. Participants across the focus groups and Fitness to Practise committee member and legal representative interviews felt that the change would better support registrants by providing additional time to gather evidence, secure representation or manage other commitments. Ultimately, they felt this would help registrants better engage with the process, particularly unrepresented registrants.

“I definitely think that seems way more fair because people have lives, children, families and responsibilities that they might just be swept up in. So, I think it’s really reasonable just to give people that little bit more flexibility.” – Midwife, Scotland, Focus group participant

“Anything which encourages registrants to engage will help with the process.” – Fitness to Practise committee member, England, Survey respondent

Across the stakeholder interviews, both legal representatives and Fitness to Practise committee members supported the proposal. They saw it as an efficiency measure which could reduce administrative burden and make case processes fairer and more collaborative.

Subgroup differences in support for the proposal to increase flexibility for timescales for representations

Across subgroups the majority of respondents supported the proposed rule change. Significant differences in the size of the majority were observed in 4 subgroups: sector, age, ethnicity and role.

Respondents working for the **NHS** were less likely to agree than respondents working in **non-NHS or HSC** and **social care sectors**.

Sector	% strongly agree/ agree
Healthcare (non-NHS or HSC) (n=1,043)	68%
Social care (n=207)	66%
NHS or HSC (n=5,528)	59%

Respondents **aged 66-70 and above** were notably more likely to agree with this proposal compared with any other age group.

Age	% strongly agree/ agree
21-30 (n=511)	63%
31-40 (n=1,804)	61%
41-50 (n=1,520)	60%
51-55 (n=1,042)	61%
56-60 (n=1,172)	62%
61-65 (n=978)	62%
66-70 (n=254)	70%
71-75 (n=52)	71%
Above 75 (n=21)	76%

Larger majorities of respondents from Mixed, Asian and Black agreed with this proposal compared with White respondents.

Ethnicity	% strongly agree/ agree
Black (n=541)	72%
Asian (n=581)	70%

Mixed (n=225)	69%
White (n=5,802)	59%

Although noting the small sample size, there were higher levels of agreement with the proposed rule change amongst **Fitness to Practise committee members**.

Role	% strongly agree/ agree
Fitness to Practise committee member (n=67)	69%

Concerns with the proposal to increase flexibility for timescales for representations

The main concern with the proposal was that, without a maximum amount for time, it could mean cases become very long. This was a concern at both the registrant level due to the detrimental impact on wellbeing from a longer process, as well as at system level as cases might then go on for an inappropriately long amount of time. Many survey respondents therefore requested a clearer explanation and definition of what a maximum period would look like.

“At least 28 days opens up invitation for long delays.” – Fitness to Practise committee member, England, Survey respondent

“I think the registrant deadline of 28 days is fair and stops prolonged and protracted processes which waste money time and other resources, including those of representatives.” – Educator, Outside EEA/EU, Survey respondent

“A fixed minimum period ensures clarity, fairness, and equal opportunity for all registrants to respond fully. If flexibility is introduced, it should never reduce the minimum time available to respond, and any extensions should be requested or justified in a transparent way that protects the registrant’s rights.” – Nurse, Northern Ireland, Survey respondent

Additionally, Fitness to Practise committee participants raised 2 key concerns:

- that it could risk more frequent delays to cases by extending the process overall
- the need for transparency to ensure fairness across the process, including who is being given extra time and what for

“I think this would be positive, but hopefully only in rare cases. Obviously, the flip side is things are taking longer. The whole process is being extended if you give them more time.” – Fitness to Practise committee member, Stakeholder interview

Organisation views on proposal for increased flexibility for timescales for representations

Organisational respondents agreed with this proposed change as they felt it was reasonable to offer these adjustments for registrants. Respondents, including those representing registrants, said this proposal makes sense if the case is complex or if there is a large volume of material.

“We are supportive of this change and believe that it will benefit our members. We note the guidance which sets out the factors for agreeing a longer period, and consider these to be fair and reasonable in the circumstances.” – Professional organisation or trade union, Organisation Response

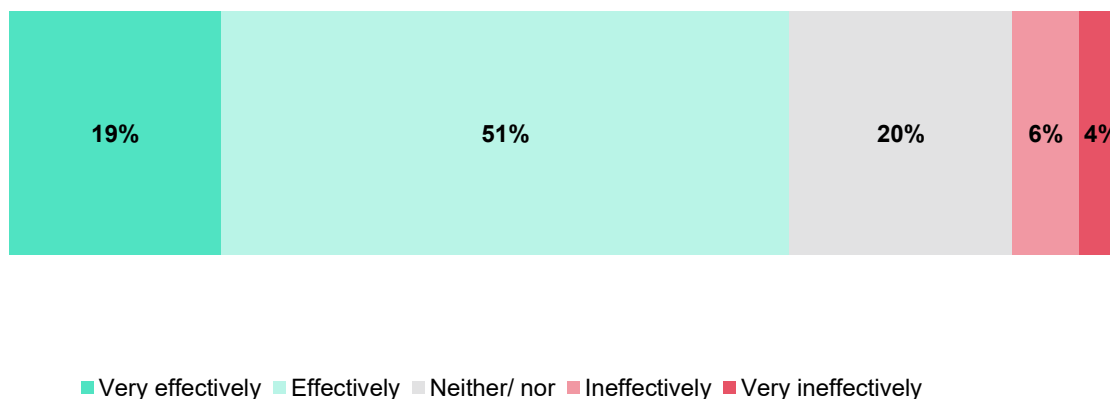
One organisation who considered a similar rule change expressed concern that bringing in this decision point to the process could lead to delays.

“We decided not to do this because it would introduce an additional decision point into the process for every case which could result in delay to case progression. On balance, we preferred the option of retaining a fixed timescale for consistency and operational efficiency but introducing flexibility by giving decision makers the ability to extend the timescale to respond where appropriate to do so.” – Professional organisation or trade union, Organisation Response

4.7.2. Feedback on drafting

We shared the drafting of the proposal and asked survey respondents whether it effectively reflected the policy. A majority of survey respondents (70%) found the drafting of the rules to be effective, with 10% finding it ineffective.

Please say how effectively or ineffectively the drafting reflects the policy for increased flexibility for timescales for representations. Base: All respondents who opted to share drafting feedback (n=2,369)



Survey respondents, along with legal representatives and Fitness to Practise committee member participants, provided feedback on how the drafting could be strengthened. This included specific changes, feedback on the broader policy, as well as areas where respondents wanted more reassurance.

Respondents emphasised that flexibility should not result in reduced safeguards or an unintended disadvantage for registrants, especially at a point in the process where preparation time is critical. They suggested further clarity in the drafting to include:

- retaining a clear minimum guaranteed timeframe for representations, with strong support for maintaining 28 days as the default standard,
- flexibility should primarily operate to allow extensions - rather than reductions - unless a registrant explicitly requests a shorter period,
- specify upper limits or review points for extensions, to prevent open-ended delays.

“The rule would benefit from clear upper limits or defined review points to prevent unnecessary delay. Open-ended extensions could cause distress and uncertainty for registrants.” – Nurse, England, Survey respondent

Linked to this, survey respondents raised concerns that poorly defined flexibility could create uncertainty or be applied inconsistently, potentially disadvantaging those who rely on clear standard deadlines to prepare their responses. There were calls for reassurance by explaining:

- how flexible timescales would be used in practice,
- how registrants will be informed of decisions around amended timeframes,

- how the NMC will meet the needs of internationally educated registrants and those for whom English is not a first language.

“Maintain clear communication with registrants about outcomes and provide transparency about why representations are not required in certain cases.” – Nurse, England, Survey respondent

Respondents also made recommendations for a clearer balance between registrants and the NMC within the drafting. Many recommended that any flexibility applied to registrants should be mirrored by clear and enforceable deadlines for the NMC and employers, particularly in relation to whether they require representations.

“The rules should retain 28 days as the fixed default for all parties, allowing extensions only at the registrant’s request or where reasonable adjustments are justified. To ensure equality of arms, include a mirrored requirement for employers and the NMC to meet their own disclosure deadlines, with late evidence normally inadmissible.” – Nurse, Scotland, Survey respondent

Legal representatives and Fitness to Practise committee members participants echoed these recommendations and emphasised the importance of transparency and consistency in decision-making.

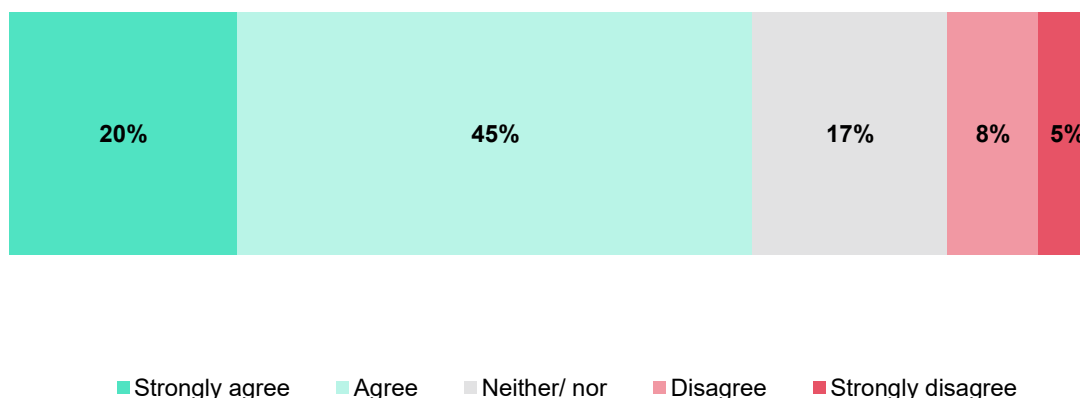
“I think as long as they were transparent [how] that decision was made...and it was always followed by the NMC, then that’s fine.” – Legal representative, Stakeholder interview

4.8 Proposal 6: Increased flexibility for minimum notice of meetings or hearings

4.8.1. Views on proposed rule change

We shared the proposal for increased flexibility for minimum notice of meetings or hearings. There was overall support for the proposed rule change. 66% agreed with the proposal and 13% disagreed.

To what extent do you agree or disagree with our proposal to provide flexibility to shorten the 28-day notice period for Fitness to Practise meetings or hearings in certain circumstances? Base: All respondents (n = 7,785)



Support for the proposal to provide flexibility to shorten the 28-day notice period for meetings or hearings in certain circumstances

Support was driven by the belief that this proposal would offer flexibility and reduce unnecessary waiting (and associated anxiety) for those who prefer a quicker resolution. They understood that a minimum of 28 days is not always appropriate and, so long as the registrant agrees to the timeframe, it could make the process more efficient.

“This creates a common-sense approach, speeding up proceedings and creating a more efficient compassionate way of working. This could potentially be cost saving.”
– Nurse, Scotland, Survey respondent

“I think it's a good idea, it's just cutting down waiting times. People don't want to be waiting. If they're happy for a shorter notice period, you should be able to grant it.” – Legal representative, Stakeholder interview

“Greater flexibility supports the whole process and means that the individual subject to Fitness to Practise can consent to a shorter process or where the issues being investigated are of such a serious level that they are a higher priority.” – Employer, England, Survey respondent

Respondents also felt that shortening timescales under the condition of it being in the public interest would also be beneficial as it would prevent delays from disengaged registrants.

“Permitting a shorter notice period where it is justified in the public interest recognises that there are circumstances—such as ongoing risk, clear disengagement, or situations where delay serves no useful purpose—where prompt resolution is necessary to maintain public confidence and protect the public.” - Fitness to Practise committee members, England, Survey respondent

Subgroup differences in support for the proposal to provide flexibility to shorten the 28-day notice period for meetings or hearing in certain circumstances

Across subgroups the majority of respondents supported the proposed rule change. Significant differences in the size of the majority were observed across 3 subgroups: sector, age and role.

Respondents working in **social care** were more likely to agree with the proposal than those working in the NHS or HSC and non-NHS or HSC.

Sector	% strongly agree/ agree
Social care (n=207)	72%
Healthcare (non-NHS or HSC) (n=1,043)	68%
NHS or HSC (n=5,528)	64%

Respondents aged **66-70 and 71-75** (although the latter has a small base size) were more likely to agree compared with other age groups.

Age	% strongly agree/ agree
21-30 (n=511)	59%
31-40 (n=1,804)	65%
41-50 (n=1,520)	65%
51-55 (n=1,042)	67%
56-60 (n=1,172)	70%
61-65 (n=978)	70%
66-70 (n=254)	74%
71-75 (n=52)	81%
Above 75 (n=21)	71%

There were also notably high levels of agreement among **educators and employers** (noting the small base sizes).

Role	% strongly agree/ agree
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Employer (n=6)	83%
Educator (n=77)	82%

Concerns with the proposal to provide flexibility to shorten the 28-day notice period for meetings or hearings in certain circumstances

The main concern was driven by questions about when the reduction would apply. In particular, some in the survey and focus groups questioned why someone might need or want fewer than 28 days. They were concerned that 28 days would not give registrants enough time to manage arrangements such as travel, childcare and other logistical challenges, especially if they had not given explicit consent to the shortening.

“I’m not sure 28 days is enough for a person to get ready/ get evidence for the meeting/ hearing” – Nurse, England, Survey respondent

“I’m really aware that these hearings tend to take place in London, so you have to sort out accommodation, travel, childcare, time off work in which case 28 days’ notice is actually really short to sort these things out.” –Midwife, Scotland, Focus group participant

Focus group participants raised concerns about how well the proposal could be implemented. They felt unsure that the NMC would be able to make this change, as it might require more administration to manage cases more quickly. They questioned if this would meaningfully impact existing backlogs or systemic delays as cases may continue to take longer than expected. This concern was not raised by survey respondents.

“It might actually be unreasonable for them to expect their own internal organisation to be able to cope with it, even though it’s admirable for many reasons.” – Midwife, Scotland, Focus group participant

Organisation views on proposal for increased flexibility for minimum notice for meetings or hearings

Organisation and union responses broadly approve of this proposed change as they understand the Fitness to Practise process can be lengthy and therefore, felt - provided the registrant agrees - this proposal will reduce delays.

“In our experience, too many of our members experience delays within the FtP process. Many of these delays have an adverse impact on members, and may lead to exacerbated anxiety or concerns about job security. We are in favour of this change, and believe that time can be saved in situations where it is appropriate to do so.” – Professional organisation or trade union, Organisation Response

“Having considered the rationale, where a registrant has agreed to a shorter period, this would enable more timely and person-centred case management. Where it is in the public interest for there to be a shorter time frame, the change facilitates more responsive action.” – Professional organisation or trade union, Organisation Response

“We strongly agree with your proposal to provide flexibility under Rule 11(2) to shorten the 28 day notice period for Fitness to Practise meetings or hearings where the registrant consents to a shorter period, or where a shorter period is justified in the public interest, to enable a swifter case conclusion.” – Professional organisation or trade union, Organisation Response

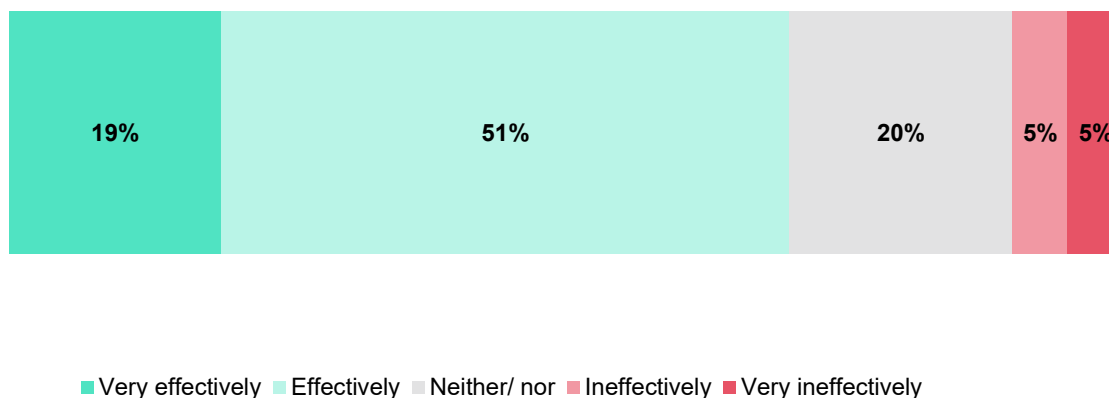
Of the few organisations that had concerns, they were mostly to do with wanting to ensure the complainant also agrees to the timescale change and wanting to further understand what ‘in the public interest’ means.

“The NMC have not clarified in which cases they believe the public interest would be better satisfied by a shorter notice period. In our reflection we wondered if this related to the isolated small number of cases which are high profile and in which registrants may be serving a custodial sentence. In the past the NMC have mentioned this... It does not seem to us to be the best use of legislative change to seek this for a minority of cases where the public are protected if someone is detained at his majesty’s pleasure when other changes could have been sought.” – Professional organisation or trade union, Organisation Response

4.8.2. Feedback on drafting

We shared the drafting of the proposal and asked survey respondents whether it effectively reflected the policy. A majority of survey respondents (70%) found the drafting of the rules to be effective, with 10% finding it ineffective.

Please say how effectively or ineffectively the drafting reflects the policy for increased flexibility for minimum notice of meetings or hearings. Base: All respondents who opted to share drafting feedback (n=2,509)



Respondents provided feedback on how the drafting should be strengthened to protect registrant rights and confidence in the process. This included specific changes, feedback on the broader policy, as well as areas where respondents wanted more reassurance. Respondents emphasised that any flexibility in notice periods must be tightly defined and exceptional. Suggested amendments to the drafting included:

- it should explicitly require registrant consent before any reduction to the standard notice period is applied,
- the existing 28-day notice period should remain the default,
- the ability to revert to the standard notice period if circumstances change.

“Whilst I agree with this proposal, it would require clear communication to the registrant about why a shorter 28-day notice period was being proposed and their rights to refuse this if they choose to. This communication would need to be available to panels for proof of service.” – Fitness to Practise committee member, England, Survey respondent

There were concerns that the “public interest” wording would be used to justify shorter notice periods. Survey respondents and Fitness to Practise committee member and legal representative participants felt this language was too vague and open to interpretation, creating a risk that notice periods could be reduced in ways that undermine fairness. The example of where someone disengaged due to serving a custodial sentence was often felt to make assumptions about disengagement or intentions based on limited evidence. To address this, they recommended clarifying the drafting or replacing the example with more concrete criteria that clearly limits when flexibility can be applied.

“The proposal’s reference to holding hearings sooner “in the public interest” is too vague and could erode the registrant’s right to adequate preparation time” – Nurse, England, Survey respondent

“[I am] hesitant about the part where a shorter period is justified in the public interest. That’s a very sort of broad statement...I don’t like the example given about where they’ve disengaged because they’re serving a custodial sentence. People do disengage, that’s perfectly true. But we’re all human beings and we can all change our mind.” – Fitness to Practise committee member, Stakeholder interview

Respondents also recommended the NMC do more to support understanding of the flexibility of notice periods. They made the following recommendations:

- illustrative examples within the proposal, to help registrants and stakeholders understand when and how shorter notice periods might be appropriate in practice,
- wording that balances efficiency with registrant autonomy, wellbeing and the fundamental right to prepare fully for meetings or hearings.

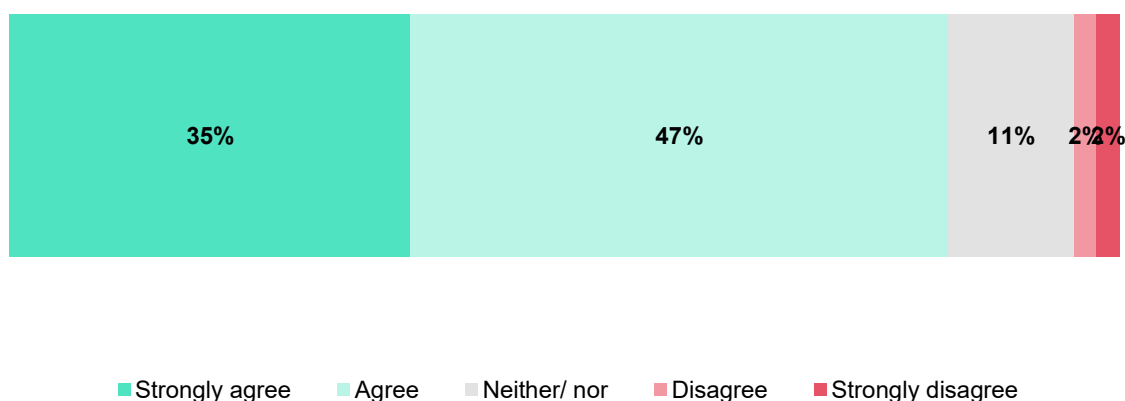
“Please give examples of when minimum 28-day notice may be breached.” – Nurse, England, Survey respondent

4.9 Proposal 7: Supporting vulnerable witnesses to provide evidence

4.9.1. Views on proposed rule change

We shared the proposal for supporting vulnerable witnesses to provide evidence. A large majority of respondents (82%) agreed with the proposal and 3% disagreed.

To what extent do you agree or disagree with the proposed change to allow our Committees to better support vulnerable witnesses? Base: All respondents (n = 7,784)



Support for the proposal to allow NMC committees to better support vulnerable witnesses

Many agreed that the language in the current rules is outdated (such as the use of the term ‘mental disorder’ to describe witnesses with vulnerabilities), and therefore there was support for making changes. In particular, respondents supported recognising a wider range of vulnerabilities including mental health, learning difficulties and situational factors to better provide support.

Legal representatives and Fitness to Practise committee members participants saw this as a positive change which would reassure some witnesses that the NMC is considering their needs. They recognised that many witnesses are vulnerable or anxious, and that a more holistic, person-centred approach would allow for more appropriate and flexible adjustments.

“I often find witnesses that can be quite vulnerable or quite nervous, or worried and often there’s good reason for that. Sometimes it’s because workplace relationships are broken down... And at the moment the definition of vulnerable witness is quite narrow.” – Legal representative, Stakeholder interview

More generally, respondents agreed that this proposal is important for meeting and actively promoting equality and diversity. They felt it would bring the rules in line with other industries / sectors.

“This is a positive change. The terminology and language used will now maybe be less offensive just through this [proposed change].” – Midwife, Northern Ireland, Focus group participant

Subgroup differences in support for the proposal to allow NMC committees to better support vulnerable witnesses

Across subgroups this proposal had high levels of support. Some subgroups where support was stronger included: role, and gender.

Fitness to Practise committee members showed notably higher levels of agreement.

Role	% strongly agree/ agree
Fitness to Practise committee members (n=67)	94%

Educators and employers were also more likely to support the proposal.

Role	% strongly agree/ agree
Employer (n=6)	100%
Educator (n=77)	94%

Women were also notably more likely to agree with this proposal than men.

Gender	% strongly agree/ agree
Woman (n=6,103)	84%
Man (n=1,213)	79%

Concerns about the proposal to allow NMC committees to better support vulnerable witnesses

The principal concern raised was why this change had not already been made: survey respondents questioned why the NMC now needs to invest resources in updating terminology which they felt should have been kept up to date as a matter of course.

“These vulnerable people are protected elsewhere so why are we not doing this as a nursing profession?” – Nurse, England, Survey respondent

“How much money, time and effort has the organisation spent coming up with this? Why do you require a consultation on making the language socially acceptable? Surely, it’s common sense.” – Nurse, Northern Ireland, Survey respondent

A small minority of survey respondents expressed concern that broadening the definition of vulnerability could lead to misuse, with individuals claiming vulnerability in order to access additional support. This concern was echoed by Fitness to Practise committee member and legal representative participants, who worried that a more flexible definition could be used to delay proceedings or avoid engagement. An example case was highlighted where the

process was significantly delayed due to a witness claiming vulnerability without medical confirmation.

“The limits of a vulnerable witness are fine at present. If they are broadened, my concern is that they would be taken advantage of on the flimsiest of excuses.” – Nurse, England, Survey respondent

“I had a, a witness who was a really key witness... everything got adjourned for months... where there was no medical evidence... She then asked for another person who actually was somebody who knew the registrant and was involved in the case, which was completely inappropriate, but the panel allowed that person to be present.” – Fitness to Practise committee member, Stakeholder interview

While organisational responses were generally positive, they also emphasised need for safeguards to ensure consistent application of the definition.

“We require assurance that this approach will be applied consistently between panels, to provide safeguards against witness who may seek to use this flexibility to avoid attending the hearing.” – Professional organisation or trade union, Organisation Response

Finally, Fitness to Practise committee member and legal representative participants raised concerns that this proposal could create an unbalanced and unfair dynamic between registrants and witnesses if additional support was made available to witnesses without a comparable, holistic approach for registrants.

“The difficulty comes when you allow a witness to define themselves as vulnerable and then give them additional support to provide their evidence... What we don't want to reach is a position whereby witnesses can say, “I'm vulnerable”, and that suffices for them to be given all of these additional areas of support. And that isn't offered to the registrant themselves.” – Legal representative, Stakeholder interview

Organisation views on proposal for increased flexibility for supporting vulnerable witnesses to provide evidence

All organisation and union responses supported this proposal and felt it was a more supportive approach so long as it was applied consistently and transparently.

“We are supportive of this change, and believe that it would provide benefits to witness in what can be a challenging and unsettling environment. Within these changes, we note that it is our expectation that the support given will be available to all witness, with the inclusion of the registrant themselves. We ask that you please confirm that this is the intention of this change. We require assurance that this approach will be applied consistently between panels, to provide safeguards against witness who may seek to use this flexibility to avoid attending the hearing.” – Professional organisation or trade union, Organisation Response

One organisational respondent mentioned wanting this proposal to go further to explicitly include victims of domestic abuse – something important that feels missing from the current proposed rule change.

“However, we would encourage you to also consider mirroring Rule 43(3) of the AAPA Rules 2024 at Rule 23(4) to ensure that where the matter relates to domestic abuse, the witness will be treated as vulnerable and therefore cannot be cross examined directly by an unrepresented registrant.” – Professional organisation or trade union, Organisation Response

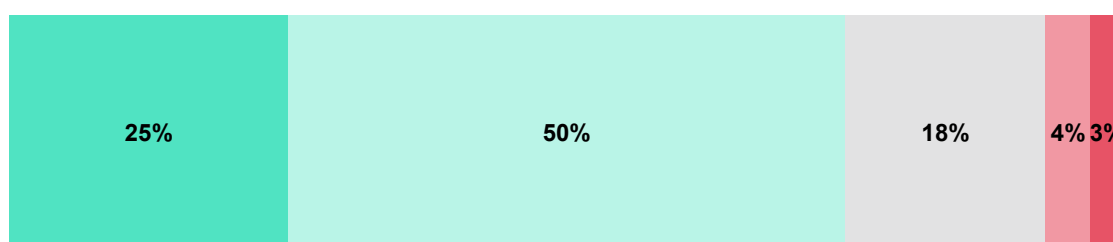
Another respondent highlighted concerns with the exclusion of registrants in this proposal draft and felt further information was needed regarding how vulnerabilities are determined and when this assessment would take place.

“Firstly, determining if someone is vulnerable cannot be done at hearing, these matters must be known and discussed with all parties well ahead of any hearing being scheduled. The NMC should include the assessment of any witnesses from the outset, if they are vulnerable, they may need support from day one or their needs may be quite specific. – Professional organisation or trade union, Organisation Response

4.9.2. Feedback on drafting

We shared the drafting of the proposal for supporting vulnerable witnesses to provide evidence and asked survey respondents whether it effectively reflected the policy. A strong majority of survey respondents (75%) found the drafting of the rules to be effective, with 7% finding it ineffective.

Please say how effectively or ineffectively the drafting reflects the policy for supporting vulnerable witnesses to provide evidence. Base: All respondents who opted to share drafting feedback (n=2,369)



■ Very effectively ■ Effectively ■ Neither/ nor ■ Ineffectively ■ Very ineffectively

Respondents provided feedback on how the drafting could be strengthened to ensure consistency, fairness and confidence in the process. This included specific changes, feedback on the broader policy, as well as areas where respondents wanted more reassurance.

Firstly, survey respondents emphasised the need for clearer definitions and inclusive application. Suggested amendments to the drafting included:

- clear and objective criteria for defining “vulnerability”, including who makes the assessment, what factors are considered, and how consistency will be ensured,
- explicit clarification that registrants can also be considered vulnerable and are eligible for appropriate support,
- consideration of whether some forms of support (such as ways to make the process more accessible, treating witnesses with dignity and respect and supporting witnesses who may feel anxious) should be available to all witnesses, rather than restricted only to those meeting a formal vulnerability threshold,
- retention of existing detailed rule references that set out the circumstances in which a witness may be treated as vulnerable, to maintain clarity and safeguards,
- specifying that the assessment of any witness will be done from the outset and offer support from day one.

“Support should be available to anyone acting as a witness and should not be excluded from accessing support if they don't meet set criteria of what is defined as ‘vulnerable’” – Nurse, England, Survey respondent

“Vulnerable witnesses also need to be extended to the registrant as well, as accusations can have a significant impact on the wellbeing of the individual who has been accused.” – Nurse, England, Survey respondent

Fitness to Practise committee member and legal representative participants and survey respondents also highlighted the need for more information on implementation to support understanding about how the proposal would work in practice. To address this, they recommended providing:

- detail on how assessments will be made and by whom,
- a clear description of what support measures may be provided and how they would be delivered,
- clarity on who provides support, their training and qualifications, and the role of representatives or unions,
- explicit reference to additional protections such as anonymity and secure handling of information, where appropriate,
- consideration of specific groups, including elderly witnesses and those whose capacity may change over time, for example through pre-recorded evidence.

“The drafting modernises the language well, but clearer guidance is needed on how “vulnerability” will be assessed to ensure consistency and avoid subjective interpretation.” – Nurse, England, Survey respondent

“I’m a little bit not sure about the power to make a holistic and person-centred assessment. Who’d be making that assessment? I don’t really understand that.” – Fitness to Practise committee member, Stakeholder interview

4.10 Equality and diversity impacts

4.10.1 Protected characteristics

After outlining the proposed changes to Fitness to Practise rules, we asked respondents if they could identify any potential impacts – positive or negative – on some individuals more than others based on their protected characteristics (i.e., age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation).

17% said the proposed Fitness to Practise rule changes could have a potential impact on some individuals based on their protected characteristics (positive or negative), compared with 34% who thought there would be no impact. 41% did not know if there would be an impact.

Can you identify any potential impacts positive or negative on some individuals more than others based on their protected characteristics?

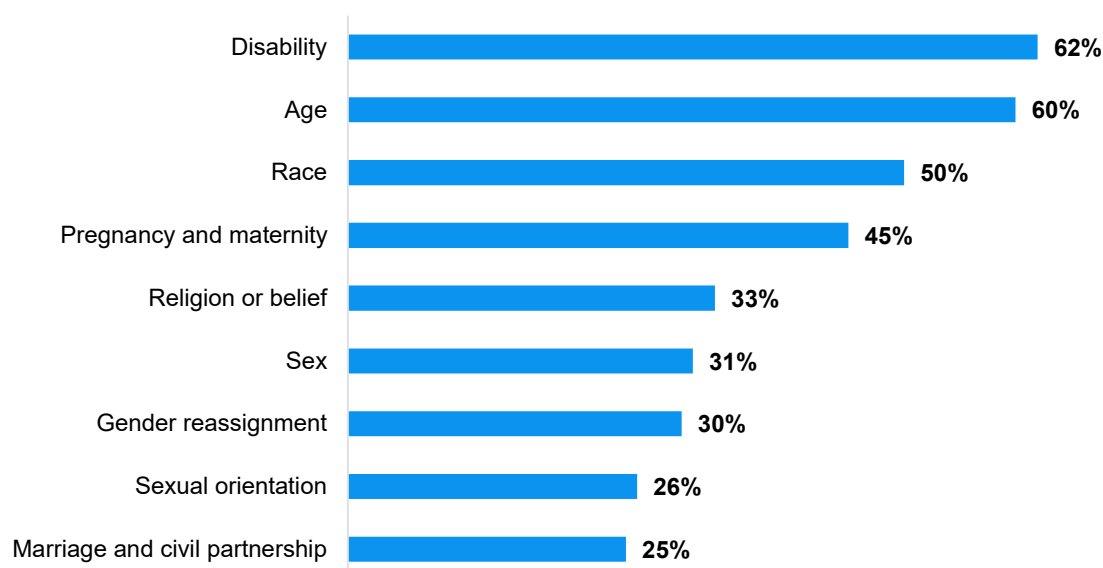
Base: All respondents (n=11,438)



■ Yes ■ No ■ Don't know ■ Prefer not to say

We then asked survey respondents which characteristics they felt would be impacted. Respondents were most likely to say disability was the protected characteristic that will be impacted (62%) followed by age (60%) and race (50%). Throughout the survey respondents the impact on those with these protected characteristics was mostly identified to be negative.

Which protected characteristics do you think this could impact? Base: All who think changes to Fitness to Practise rules could have an impact to some groups (n=2,020)



Respondents expected that the proposed Fitness to Practise rule changes could disproportionately negative impact on those who may be less able to navigate faster-paced, more digital, or more discretionary processes without additional support. Perceptions of the potential impact on different groups included:

- Respondents said that those with **physical and mental conditions and / or those living with disabilities** might require longer timeframes, reasonable adjustments, or additional communication support. They expressed concern that streamlining processes or tightening timescales could unintentionally disadvantage these groups if flexibility is not applied consistently. In addition, some raised concerns that the use of online tools could also negatively impact these audiences.

“Registrants with physical or mental health conditions may require longer timeframes, reasonable adjustments, or additional communication support. Streamlining processes or tightening timescales could unintentionally disadvantage them if flexibility is not applied consistently.” – Nurse, England, Survey respondent

“Someone less ‘tech savvy’ or someone who struggles with a learning disability may not be confident to access online information, and there is the potential for someone to agree to a faster process when this may not be in their best interests.” – Nurse, England, Survey respondent

- Some respondents also raised concerns that those with **less visible or hidden disabilities** may not get the same level of support than those with visible disabilities, particularly if determinations of vulnerability are made by Fitness to Practise Committees.

“This would be linked to proposal for the committee to define what they consider a vulnerability, but this could easily miss hidden disabilities and therefore should have

a mechanism to present their own vulnerability and not be at the sole discretion of the committee.” – Nurse, England, Survey respondent

- Respondents felt some **older registrants** might be more likely to face barriers relating to digital literacy, accessibility, and engagement with online platforms.

“Older registrants may struggle with shorter or variable deadlines and digital platforms” – Nurse, Northern Ireland, Survey respondent

- Respondents felt **younger registrants** may be disadvantaged due to having less familiarity with the Fitness to Practise process and legal language. Additionally, some noted that younger registrants may be more financially vulnerable and so would experience worse outcomes particularly if cases are prolonged.

“Younger registrants may be less familiar with regulatory processes and more vulnerable to procedural disadvantages, especially if case management powers are expanded without sufficient safeguards.” – Nurse, England, Survey respondent

- Respondents said that **ethnic minority registrants** might be disproportionately impacted due to the proposals being introduced in the context of wider structural inequalities with the NMC. In particular respondents expressed concern that replacing legal assessors with legally qualified chairs could reduce ethnic diversity among decision-makers, given the narrower pool of legally qualified professionals with the required level of seniority. Given concerns about the disproportionate representation of some ethnic groups in Fitness to Practise cases relative to their share of the register, respondents felt this could risk reinforcing existing disparities rather than addressing them.

“While approximately a quarter of nurses and midwives identify as Black or from another ethnic minority background, the proportion of Black solicitors with more than ten years post-qualification experience and the proportion of Black barristers at senior levels are markedly lower. By requiring legal qualification and ten years standing, the NMC would be drawing from a much less diverse group than the one it has worked to build through its recent panel recruitment campaigns.” – Fitness to Practise committee member, England, Survey respondent

- Respondents said **registrants for whom English is not a first language** may be disadvantaged by shortened timescales or increased procedural complexity. Respondents highlighted these individuals may need more time to collect evidence, translate materials and seek advice.

“Race/ESOL- extra time may be needed for translation and advice; late evidence controls should include stop-the-clock to avoid disadvantage.” – Nurse, Scotland, Survey respondent

“I have suggested race, but I feel those where English is not a first language could also be impacted by this, leading to a need for some leniency.” – Nurse, Wales, Survey respondent

Organisation views on protected characteristics

Of those organisations that did raise concerns, it was mostly to do with the impact of introducing legally qualified chairs and how this could potentially disadvantage unrepresented registrants or vulnerable registrants (such as those with disabilities) who need more support.

“We have already highlighted in an early question that we have concerns that a move to legal qualified chairs may mean some people with a protected characteristic will be more likely to be excluded from the role of chairing panels. We are concerned that in that exclusion the efforts of the NMC to de-bias its approaches could be negatively affected. We are also concerned that some of the proposed changes may make it more difficult for unrepresented registrants, and it may be that people with a protected characteristic will be more likely to be unrepresented.” – Professional organisation or trade union, Organisation Response

4.10.2 Welsh Language

We asked survey respondents if they could identify any potential impacts that the change to Fitness to Practise rules could have – positive or negative – on either the promotion of Welsh language or on Welsh speakers.

Overall, 4% of respondents said that there would be an impact on either the promotion of Welsh language or on Welsh speakers, 39% said there would not be and most respondents (49%) were unsure if there would be an impact.

Can you identify any potential impacts positive or negative on either the promotion of the Welsh language or on Welsh speakers? Base: All respondents (n=11,438)



■ Yes ■ No ■ Don't know ■ Prefer not to say

Respondents from Wales were most likely to have a view on this matter. They were slightly more likely to agree there would be an impact but were also more likely to disagree than other nations.

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2
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UK nation	Yes	No
Wales (n=505)	8%	55%
Scotland (n=1,272)	3%	42%
England (n=9,555)	4%	38%
Northern Ireland (n=412)	3%	37%

Respondents who thought there would be an impact questioned whether full investigations would continue to be conducted in Welsh. In particular they raised concerns that the online platform may not be available in Welsh and that the replacement of legal assessors with qualified chairs could reduce the availability of Welsh-speaking decision-makers capable of conducting proceedings in Welsh.

Fitness to Practise committee member and legal representative interviews and organisations survey responses did not indicate any concern that any Fitness to Practise proposals would impact Welsh speakers or promotion of the Welsh language.

“Would a Fitness to Practise investigation be conducted in the Welsh language, are there enough professionals to enable this?” – Midwife, England, Survey respondent

“Give Welsh speaking nurses the right to have a fully Welsh speaking Fitness to Practise panel, with all communication in Welsh. Make it very clear this is an option.” – Nurse, Wales, Survey respondent

Organisation views on any potential impacts – positive or negative – on either the promotion of Welsh language or on Welsh speakers.

Respondents from organisations and unions did not have any explicit concerns about the impact of proposals on the promotion of Welsh language or on Welsh speakers

5. Conclusion

This consultation revealed broad support for the NMC’s proposed changes to Fitness to Practise rules. A majority of survey respondents supported all 7 proposed changes, with support strongest for the proposal to better support vulnerable witnesses (82%). Support was frequently driven by a belief that the changes will improve the efficiency of the Fitness to Practise process and therefore help to improve the experience for the registrants.

While support for individual proposals varied, respondents had consistent concerns regarding fairness, transparency and the protection of registrants’ rights. Respondents cautioned that efficiency gains should not come at the cost of making the process less fair for the registrant, especially those unrepresented. Legal representatives, Fitness to Practise committee members and organisations were notably more likely to raise concerns about the impact on unrepresented registrants, especially for proposed changes such as introducing

legally qualified chairs where this group may have less access to informal support independent from decision makers.

Respondents saw genuine potential for the changes to deliver a more efficient, modern and person-centred Fitness to Practise process so long as the proposed changes are applied consistently, transparently and with safeguards in place.

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2026 Fitness to Practise Rules Consultation: Summary of NMC Engagement events

March 2026

Item 5: Annexe 2
NMC/26/160
28 April 2026

NMC Insights Team

Background and objectives



In **April 2024**, the NMC launched its **Fitness to Practise Plan** - a plan to build a Fitness to Practise process that **is faster and fairer**, improving the experience for all involved

There are many elements to the deliver this change – one element being **revisiting parts of the NMC Fitness to Practise rules**

Ahead of making any changes to these rules, **the NMC must consult on any proposed changes**, gathering feedback to inform decisions

The NMC therefore **needs to understand responses to the following proposals**:

- Appoint **legally qualified chairs** to practice committee panels
- Strengthen our **case management powers**
- Share information via a **digital platform** or online account
- Create **flexibility** in our process for when we invite **representations and give notice** of hearings and meetings
- Provide **better support for vulnerable** witnesses giving evidence in proceedings.

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This report summarises feedback to proposals gathered during NMC-led engagement sessions

The NMC brought rule change proposals to stakeholder groups to discuss – some of these were pre-existing meetings, while others were bespoke sessions

74 individuals attended a total of **8 sessions** – audiences included:

- Public and Patient representative organisations
- Union and representative bodies for NMC registered professionals
- NMC Public Voice forum
- Panel Members and Legal Assessors
- Diaspora Registrant Associations
- NMC Professional Strategic Advisory Group

Sessions took place between **20th November 2025** and **12th January 2026** – lasting between 30 and 90 minutes

These sessions supplement the consultation survey and engagement by 'Thinks Insight and Strategy' – this report only covers feedback from NMC sessions



We have summarised the trends in feedback across the consultation before focusing on each proposal



Executive Summary:



Universal support for the aims of the rule proposals, looking for improvements in the efficiency and experience of Fitness to Practise - yet some question whether the proposed changes would have a meaningful impact

“Introducing online information sharing” and *“Updating vulnerable witness rules”* were the proposals with the most support – maintaining choice for each individual in the process and taking time to implement updates and systems the only caveats

Four proposals received broad support in principle but with a need for clarifications or amends - these were *“Increased time to invite representation”*, *“New case management powers”*, *“Flexibility inviting representation”* and *“Reduced notice for hearings”*

“Legally qualified chairs” was the most divisive of the proposals with some voicing concerns over negative impacts within the process – dual role for the chair raising conflict of interest queries as well as opportunities for bias in the decision making

Language and wording was a challenge across most proposals – a desire for things to be written in ‘plain English’ and for open-ended terminology to be more tightly defined as things currently feel legalistic and difficult to understand

Appropriate training and guidance for NMC staff and panels was a request at the core of all proposed rule changes – this enabling consistency across cases and minimising potential negative impacts (e.g compromised Chairing ability)

A desire to understand the data – this covering what we already know in baselines and predicted scale of impact (e.g number of cases impacted) but also for monitoring and evaluation to be built in from the start for new proposals that are implemented

Audiences perceived as at greatest risk of negative impacts of changes were unrepresented registrants and those with English as a second language – accessible terminology/processes as well as independent actors in hearings seen as essential to their engagement (something that people were concerned could be compromised as a result of proposals)

Overall themes from the consultation

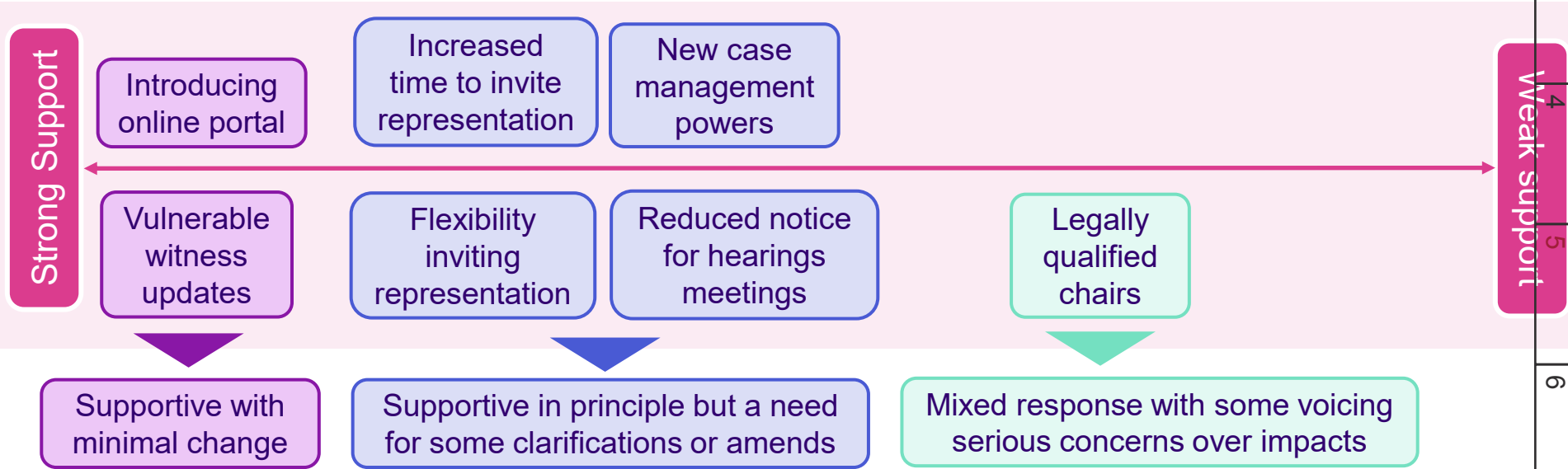
Proposals were broadly well-received however some concern raised on the implementation of legally qualified chairs. Support for changes caveated with a need for clearer language and monitoring - concerns also raised over potential negative impact on unrepresented registrants and vulnerable groups

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Stakeholders open to most proposals subject to clarifications – legal qualified chairs more caveated



Proposals can be broadly grouped into three categories based on reaction from stakeholders



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In reviewing proposals three consistent themes caveating support came through:



More specificity in proposals wording and for it to be written in plain English

Monitoring and evaluation to be detailed and built in from the start

Training and guidance for NMC Staff – this covering potential impacts to audiences among other things

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Stakeholders support an improved process but question why the NMC want these proposals



All audiences see that **Fitness to Practise** is a **stressful** process and **any steps to improve** the experience is **positive**

While there is some awareness of the Fitness to Practise plan, when viewed **in isolation**, these **proposals** seem **small and niche** with only a limited impact

Questions raised about whether effort should be **prioritised at screening and investigations stage** so that only the necessary cases go to a hearing – this seen as more beneficial for fairness and efficiency

Once we **explained** the **legal restraints** on what can be changed in the rules, **proposals are understood** – however these restraints are not known or obvious

“ My take on it is that this isn't going to fix the number of issues needed in Fitness to Practise to get a big benefit. Is focusing on this going to hit the big ticket numbers and see an impact? ”

Union or representative body

If updates are made, a need to also share the regulatory framework guiding what changes can be made

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Calls for more evidence on rationale and scale of changes – pilots and ongoing evaluation suggested



Core aims of improved efficiency, fairness and experience **sound great** – however there is **a desire to know what difference changes** are likely to make



Understanding **the quantity of cases** that might be different as a result of changes a **recurring question** – as were requests for **information on financial and time** savings



Piloting and evaluating the changes to monitor any effects suggested by various groups – to gradually **assess if they work** as intended but to also **understand any unintended impacts**

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Often support is given in principle – a desire for greater clarity on definitions and implementation



Across all proposed changes people identified terms which, while designed for greater flexibility, brought concern on how they would be implemented...

Where wording allows discretion a desire for clarity on limits and who makes the decision

“...minimum of 28 days...”
Inviting representations

“...in the public interest...”
Flexibility of minimum notice of hearings

“...material change of circumstances...”
Updated case management powers

In discussion proposals made sense however, many wanted reassurance that ‘open’ wording wouldn’t be exploited – extra specificity or supporting guidance would give reassurance

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Legalistic tone of Fitness to Practise a concern – language in current proposals not addressing this



In inviting comments on the Fitness to Practise rules, this brought into **focus the inaccessibility of wording** – for both existing rules and proposed language

Acknowledgment that changes are being made within a pre-existing document yet a feeling **more could be done to use more ‘plain English’** with new updates

This most notable for **patient advocacy groups, public audiences** and **representative bodies**

Feedback on rule drafting received was **limited** within sessions – this due to the detail of wording requiring time to digest and understand

Some of these terms like “directions” or “representation” don’t make sense. I’m sure they do to the lawyers but I’m not sure what it all relates to

Public Voice Forum member

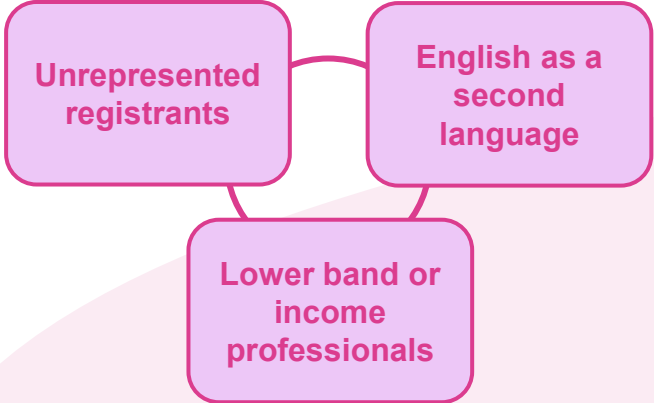
This is a legalistic way to make changes in a future that won’t be as legalistic.

Union or representative body

Repeated concern for unrepresented and vulnerable registrants – seen as at risk of negative impacts



Three Groups perceived to be at risk of negative impact are:



Many were familiar with Fitness to Practise processes in other settings – but stressed **the NMC needs to consider the people involved in their processes specifically.** For example, the quantity of **unrepresented registrants may differ from other regulators**

Proposals such as **legally qualified chairs mirror** what has been implemented in **other contexts** but **caution in assuming** it should be mirrored at the **NMC**

A perception that **changes requiring some legal comprehension** or changes that shift dynamics within hearings could **impact those who are most vulnerable**

The NMC need to consider what data is available as a baseline and what is available to monitor in future to assess whether there is a positive/negative impact to these groups

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Legally qualified chairs and case management powers

Mixed response to proposals of legally qualified chairs and new case management powers - many agree with efficiency aims yet have concerns over fairness and further entrenching the legalistic nature of hearings

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Aim of more efficient and fairer hearings supported – yet some caution to adjudication proposals



Two proposals would see impacts primarily during the adjudication phase. These are:

Legally qualified chairs

- Introducing the ability to appoint legally qualified chairs, who can give legal advice in place of legal assessors. Legally qualified chairs will have the same qualification and experience requirements as our legal assessors. Where the panel does not include a legally qualified chair, it would still be required to obtain advice from a legal assessor.

Updating Case Management Powers

- Allowing a legally qualified chair (if introduced) to issue case management directions without having to arrange a preliminary meeting in the presence of the parties
- A Committee panel in a preliminary meeting can determine arguments on points of law or on the admissibility of evidence ahead of the hearing
- Confirming that all case management directions are binding on all parties unless the Committee panel considers there has been a material change of circumstances or it is not in the interests of justice
- Extending the Committee panel's power to refuse to admit evidence not served in compliance with any direction. Confirming that the Committee panel may also draw adverse inferences from non-compliance with any directions.

Legally qualified chairs may create accessibility barriers to an already daunting process



Fitness to Practise **already seen as a complex legalistic process** – hard to follow for anyone who isn't a lawyer

Hearings are viewed as **adversarial** – the **intimidating** atmosphere adding a barrier to constructive and reasoned discussion of cases

Concern that these changes would **further entrench these negatives** with loss of an independent legal party in sessions

“The Independent Culture review highlighted the legalistic nature of Fitness to Practise as an issue. Does this deepen this?”

NMC Professional Strategic Advisory Group member

“Someone bringing the legal perspective is good but we can't neglect the 'human experience' and perspective for decisions in these hearings”

Public Voice Forum member

Chairs from a legal background may be less able to **recognise when they are using legal jargon**

Important to **value the clinical and human perspectives** within hearings – concerns over whether this would be unconsciously lost

These amends seen as a **risk to person-centred ambitions** with the potential to over fixate on the 'technical' parts of a hearing

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People raising questions on conflict-of-interest concerns for legally qualified chairs...



Little concern on the qualifications or **competency** of legally qualified chairs appointed – **instead concerns** were whether it was **appropriate** for chairs to have ‘**dual roles**’

Legal assessors **advise** the panel on areas **of law** – the fact that this person would **also** then be **pivotal** in **decision making** on the panel **raised concerns**

Advice in some areas seen to be in direct conflict of interest – “**admissibility of evidence**” one example raised where **advice and decision making** were **seen as not compatible** if completed by a legally qualified chair

“
If the chair holds multiple roles isn't that a conflict of interest? Legal advice being entwined with the need for judgement
”

NMC Professional Strategic
Advisory Group member

“
Will there not be clear conflicts of interest here as a legally qualified chair for certain regulations and standards? How can they advise on the admissibility of evidence?
”

Legal Assessor

...this may unconsciously impact panel dynamics – chair's 'panel-influence' unintentionally growing



In the context of hearings, understandably **importance is placed on the legal advice**

Some panel members noted that already within panels, there **are power dynamics at play** - with temptation for people to **cede to positions of power** (in this case the chair)

A risk would be that this moves from a hearing decided by panel to one decided by a judge – the legally qualified chair

Panel Member

Whether they are doing so intentionally or not, other panel members can rely on the chair in guiding their opinion

NMC Professional Strategic Advisory Group member

As a legally qualified chair is advising the panel on legal matters – some raised concerns this might **amplify power dynamic unconsciously**

This could lower the input or value of other panel members in discussion

Similarly, there were also concerns the legally qualified chair **may pass on their own unconscious bias** to the panel through advice

Belief the legal assessors role is larger than people think – extra tasks could hamper chair effectiveness



Chairs in hearings are **primarily responsible** for the **delivery of an effective and fair hearing**

This often **under time pressure** and scrutiny while trying to **act in a person-centred** manner

Adding the responsibility of providing legal advice to the panel on top of this may **undermine their primary responsibility as a chair**

I think it will have a tough impact practically. They're already working to tight deadlines and now the Chair has to take on a second role.

Public Voice Forum Member

Panel members and legal assessors flagged the scale of a legal assessors role in hearings is extensive and goes beyond advising the panel

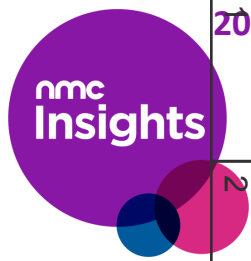
They often have **conversations** 'behind the scenes' with both **panels and subjects** to support in the delivery of an **effective hearing** – explaining areas such as case presentation or admissibility of evidence

This **especially true in hearings with unrepresented** nurses, midwives or nursing associates

Would 'behind the scenes' **mediator** be **lost** – and in turn, **hearings would take longer** and be less effective with a legally qualified chair

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Unrepresented registrants particularly at risk of negative impacts with legally qualified chairs



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The MPTS (GMC) process has legally qualified chairs but is vastly different to facilitate from my experience. This namely due to the presence of representation

Legal Assessor

Rules being similar to what others use is not validation that they would work for the NMC

Union or Representative Body

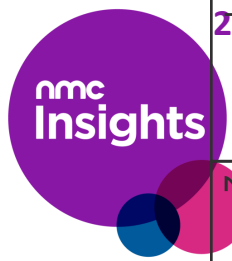
Representative and public advocacy organisations shared that while **legally qualified chairs are used** in other settings (e.g GMC) **the NMC should consider its own context**

Several factors within **the NMC** Fitness to Practise process were raised that might undermine legally qualified chairs:

- **Unrepresented registrants**
- Variability in the **calibre** or quality of **representation**
- Whether **English is a persons second language**

Removal of legal assessors, was particularly seen as a risk to the fairness and experience of these groups

Damages to the EDI credibility of panels was also questioned as a bi-product of changes



If **chairs** are increasingly legally qualified, would this have **unintended consequences**

Would **demographic representation** be impacted? Is there appropriate representation within the legal professions?

Would this lead to **bias or poor representation** being **carried forward** into NMC panels?

People reassured that legally qualified **chairs** **require 10+ years experience** in law – however an acknowledgement that it means you are **less likely to have a registrant chair**

“

Does this mean that non-legally qualified panelists will never chair?

”

Legal Assessors

“

Are there larger unintended consequences? I would assume that legally qualified chairs are less likely to be on the NMC register – does this devalue the registrant perspective?

”

NMC Professional Strategic Advisory Group member

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Perceived risks of legally qualified chairs can be eased through careful introduction and monitoring



Many stakeholders voiced some concerns over legally qualified chairs, yet some would be reassured if certain steps were taken

1. Training for chairs is key

Training is required for **two elements** of the role:

Firstly refreshing **points of legal knowledge** they are now applying

Secondly training on **effective chairing skills** and awareness of panel dynamics and bias

2. Quantifying the scale of hearings and impacts

Ambiguity over **which cases are considered** as appropriate for a legally qualified chair

Could **efficiency be quantified**, both **cost** and **time** savings for the NMC – is it worthwhile?

How many legally qualified chairs exist? Is it a niche role with only limited candidates

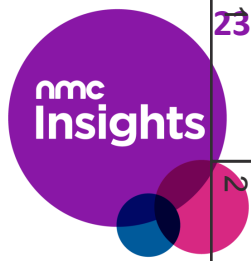
3. Piloting changes with data collection and evaluation

Essential for **introducing changes with care** - seeing if they meet intended aims or risks do manifest

Reviewing **case outcomes** when legally qualified chairs are used

Monitoring panel and NMC registrant demographics over time if legally qualified chairs are used

Case management updates are viewed more positively - supporting aim for earlier engagement



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Case management powers seen as **more tangibly linked to time saving** and challenges in the current process



Active management of cases earlier in the process ahead of hearings **seen as a real benefit**



If this addresses **challenges around admissibility of evidence** that would be a **positive**



Elements of the proposal such as “*allowing case management directions from an LQC (if appointed) without a preliminary hearing*” and “*a preliminary meeting in advance of the hearing on points of law on admissibility of evidence*” particularly liked



Some acknowledged that these **case management powers** could **reduce the work of the legal assessor** – lessening the scale of new tasks for prospective legally qualified chairs

“Justice delayed is justice denied. You hear of cases lasting for years. This should help with this, it looks like it will be a clearer approach that is better for all involved”

Public or Patient Advocacy Group

Rules with more 'teeth' seen as a positive – clarity and accountability for all parties involved

It's perceived that strengthening case management powers will positively impact Fitness to Practise

Acknowledgement that **lack of detail in existing rules** on admitting evidence can lead to **complications within hearings**

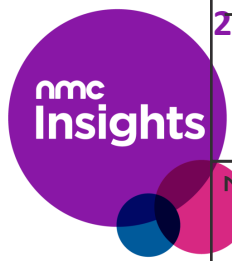
Specifying the **need to comply with directions** on admitting evidence a **helpful boundary** benefitting the hearing process

While this **adds more structure** within the process - **it has a clear rationale** and was not seen as draconian assuming it is applied as described

The fact that changes were **binding for all a key reassurance** – with the NMC as well as subjects or employers all equally accountable

Despite general positive response to proposals, **some question as to the scale of impact** this change is likely to make

Despite limited opposition to proposals – there were consistent asks to write rules in ‘plain English’...



When proposals were discussed with groups, the intention as well as the rationale was understood – however, when written they were hard to grasp



The complexity of language was a barrier reported by most audiences – legal assessors and panel members the exception. This made engagement with the consultation challenging – even before considering the implications



Terms such as ‘directions’, ‘adverse inferences’, ‘pre-meetings vs hearing’ all points those not interacting with Fitness to Practise were unsure of



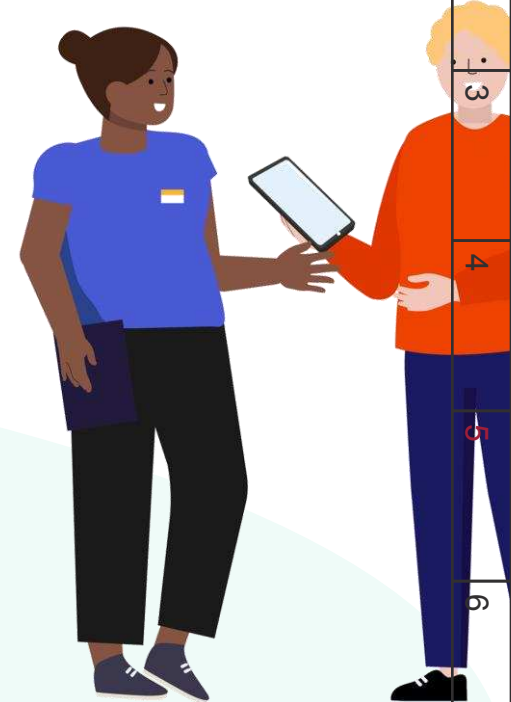
Concerns that this clashes with the NMC’s ambitions of being person-centred and less legalistic within Fitness to Practise – proposals not reflecting this

...complex language raises concerns about disadvantaging those without representation

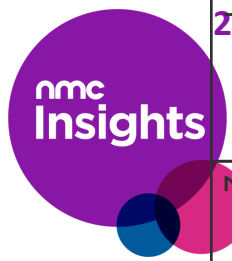
Legalistic language was raised as a **risk factor for unfairness** - those who are **less familiar** with the process potentially **not knowing** how to **engage**

Those with **poor or no representation** less likely to know **constraints on evidence** submission or **less able to challenge** the NMC

A request for the **NMC to continue advertising the benefits of representation** as early as possible in the process to **minimise these concerns**



Case management proposals are viewed positively – however several factors could undermine benefits



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Late submissions of evidence can be due to **poor quality representation** rather than the subject of the hearing



A positive is that this should prompt earlier engagement but **factors outside of control can be the cause of delays** e.g data quality or access



There are often **spontaneous or unknown challenges** within hearings that lead to delays – will these changes have any impact on these?



Revisiting vulnerable witness rules

Vulnerable witness rule updates are seen as long overdue with near unanimous approval of proposals – tweaks to terminology as well as evaluation of impacts bolstering this support



View that hearings need to support engagement – minimising extra stress and being trauma informed

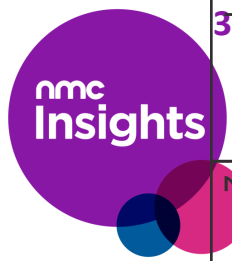


The NMC presented proposed updates on rules for supporting vulnerable witnesses providing evidence – changes were:

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

Regardless of proposals, all agree that Fitness to Practise is a tough process for all - minimising additional stress and supporting those who are vulnerable seen as a positive aim

Current language within rules somewhat shocking – with updates on ‘vulnerability’ long overdue



When reviewing **existing language** to evaluate the proposal, **many flagged the outdated nature** of language around vulnerability (e.g “Mental disorder”)

Reflecting contemporary language and understanding of vulnerability **a way to humanise an adversarial** and stressful **process** for witnesses

Being **trauma informed** was believed as **linked** to more **effective participation** – as such giving more accurate and informed hearings albeit with limited efficiency gains

Change is welcomed – however panel members mentioned they were already operating on newer advice on vulnerability

Anything to humanise elements of a stressful process is a positive

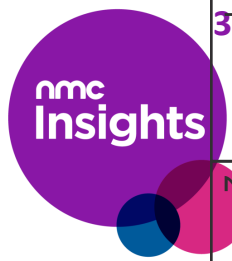
Public Voice Forum
Member

I agree with supporting effective participation provided it's reasonable

Union or
Representative Body

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Despite broad agreement with proposals stakeholders recommended refinements to changes



To maximise the impact of changes and future proof proposals for longer, several reassurances would help – these covering:

Language and terminology

An icon consisting of three overlapping speech bubbles. The top bubble contains a crossed-out 'X', the middle bubble contains a checkmark, and the bottom bubble contains the letter 'A'.

Training and Clarifications

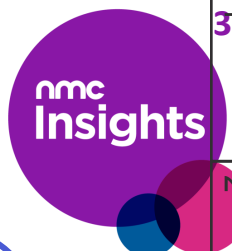
An icon representing training and clarifications, featuring a checkmark in a box, a multiplication sign (x), an equals sign (=), and an open book.

Proportionality

An icon of a pair of scales of justice, symbolizing balance and proportionality.

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Patient advocacy groups question whether language of 'vulnerable' is aligned to aims



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Language and terminology



In visiting the guidance within the vulnerable witness rules, **questions raised about the suitability of 'vulnerable' as a term** – this raised by both patient advocacy groups and the Public Voice Forum

Concerns if **'vulnerable' conveying weakness** rather than being supportive
Fitness to Practise **makes anyone vulnerable**

Could a **value statement** be used instead as a definition or title

Others raised questions on **what we mean by vulnerable** – is it vulnerability in terms of a barrier to participate (e.g mobility access in a hearing setting) or is it those who are a risk of harm?

I agree with the proposal, I'm not sure whether vulnerable is the right language

Public or Patient Advocacy Group

Training key to ensure that guidance is delivered well – ensuring clarity for all during the process

Training and Clarifications



Guidance that allows flexibility on this subject as advantage – yet this raised concerns that it may vary in implementation

Training decision makers on the rule changes key to establishing reliability

More detail can also be given to clarify terms and explain the process in full

Who is a 'vulnerable witness' – the referrer and the subject of the referral?

When in the process is this applied and is it revisited?

Concerns over when this would be happen – doing it in the moment during hearings can be disruptive and put pressure on individuals

“

I hugely welcome this. Guidance and training is key

”

Panel Member

“

If possible this needs to be done in advance of hearings so it's not done 'on the hoof'

”

Panel Member

Adjustments should be proportionate ensuring they do not hinder the accuracy of case outcomes

Proportionality



While proposals are targeted at **improving engagement** in hearings (which is understood) – reassurance wanted that this won't disadvantage professionals in hearings

Some did question whether adjustments could **skew proceedings** in the favour of the witness

Changes and adjustments should be **proportionate** – **balancing support needed** to enable engagement **without compromising** a **fair** and complete **hearing**

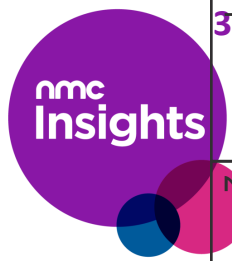


Will this give unfair preference to the witness? Does this mean they can dominate proceedings and remove cross-examination



Union or Representative Body

Sharing plans for implementation and impact measurement completing the picture



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As these changes will potentially lead to changes to the hearings process – a desire for a pilot and evaluation to monitor changes to check impact on outcomes



Any information known about the impact of existing vulnerability adjustments on case outcomes would also be of interest



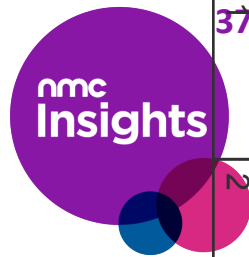
Should there be any unintended impact on fairness then it should be revisited

Notices, responses and sharing information

Amendments to notices, sharing information and responses meet aims around flexibility and efficiency – however anchoring the principle of consent within these options and clarifying terminology key before adoption



Changes to notices, responses and information sharing are understood yet a desire for more detail



Four proposals within the NMC Fitness to Practise rule changes as this part of the process

Introducing online portal

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

Flexibility for inviting representations

Amending the rules, so the invitation for representations is no longer required at the end of the process when the Case Examiners are satisfied that they have enough information to decide no further regulatory action is necessary

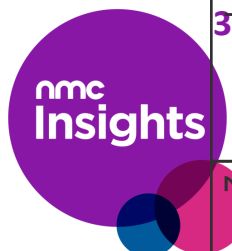
Timescales for inviting representation

Replace the fixed 28-day response period with a requirement for a minimum of 28 days. Giving greater flexibility / responsiveness for individual case needs, complexity of the case, the volume of material, urgency, and reasonable adjustments

Flexibility minimum notice

Keep standard 28 days' notice for hearings/meetings but introduce flexibility to shorten this in certain circumstances. This is when the registrant consents to a shorter period, or where a shorter period is justified in the public interest

Online portal for materials the least contentious proposal – however choice in format is important



An online portal for information sharing broadly well received

Online portals are consistent **in many processes in everyday life** – belief that this would be understood

Current **egress system** is a less well-known system and **currently causes confusion** – a potential to remove this gripe

General **support** for online portals is **reliant on a choice of contact preference remaining** – with this being well **communicated and obvious**

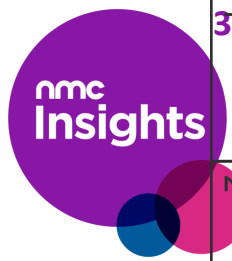
Digital inclusion was a key **concern** raised by many – being sympathetic of both **digital literacy and poverty** when people are in Fitness to Practise

Other outstanding questions included:

- Who could engage via the online portal – the subject and referrer?
- What will be done to thoroughly test the technology ahead of launch?

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Not inviting representations when a case is closed understood – yet psychological ‘closure’ a concern



Anything that can be done to fairly shorten the **process** was seen as **positive** – not inviting representations when closing a case broadly **seems logical**

As in other proposals – a desire to **understand how many cases** this change is likely to impact and **the time saved**



Will this **prevent people having closure** after the process

As a **subject** of a hearing, you will not be able to ‘have your day in court’ or **deliver your response** to accusations

Similarly, will **those who have raised concerns** feel the process is complete and **understand the decision** made

There were also questions on the **scale of impact** this change would have – and if this is a small audience

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Positive response on extended timescales for representation but guidance on limits are important



While this could increase the duration of a phase of Fitness to Practise, people **acknowledge** that **extension can help** later stages of the hearing be **more efficient** with fewer extension requests.

Representatives were unsure on **which cases** could be extended over 28 days - again reflecting on if this is going to make any difference to most people

Positive response but some flagged it's **reliant on people using the time productively** - an extension with poor preparation is a waste of time

In principle you might apply it to only simple cases, OK, but often you don't know some of the complexities until the day

Panel Member

Some of the rep bodies can take seven days to respond to a professionals question. Time is taken up just bringing them into the process

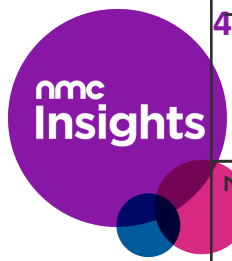
Panel Member

Several groups raised that **extension requests** might currently be the result of **delays with representatives** rather than the case or subject.

- There were also concerns over elements of **wording being vague**:
- “over 28 days” – could cases be dragging on for additional months?
 - “In some cases” – in which cases would this be applied?

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Flexibility in minimum notice of hearings received cautiously – consent and tighter definitions vital



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While individuals may be happy to bring a hearing sooner, will systems enable this

Will there be time to complete **sufficient case preparation**?

Will **communication channels enable** quick enough conversation to reduce time?

If there isn't a universal timeframe approach **will this option be known and understood**?

Some raised concerns as to whether the benefits would be unfair in their impact

Welsh language implications:
Will those taking part in Welsh have sufficient speed of contact and case preparation in less than 28 days? If not, does this risk meeting Welsh language standards?

Those without representation:
If they lack support/advice in case preparation, are those without representation less likely to benefit in knowing about opt-in (reducing their own time in Fitness to Practise)

Several concerns caveating endorsement of proposals

Consent to reduce timeframe a **consistent caveat to any agreement** with proposals

Define open terms such as 'in the public interest' or 'exceptional circumstances' seen as essential

Some question the scale of time benefits – **how much shorter than 28 days can it be?**

Executive Summary:

Universal support for the aims of the rule proposals, looking for improvements in the efficiency and experience of Fitness to Practise - yet some question whether the proposed changes would have a meaningful impact

“Introducing online information sharing” and *“Updating vulnerable witness rules”* were the proposals with the most support – maintaining choice for each individual in the process and taking time to implement updates and systems the only caveats

Four proposals received broad support in principle but with a need for clarifications or amends - these were *“Increased time to invite representation”*, *“New case management powers”*, *“Flexibility inviting representation”* and *“Reduced notice for hearings”*

“Legally qualified chairs” was the most divisive of the proposals with some voicing concerns over negative impacts within the process – dual role for the chair raising conflict of interest queries as well as opportunities for bias in the decision making

Language and wording was a challenge across most proposals – a desire for things to be written in ‘plain English’ and for open-ended terminology to be more tightly defined as things currently feel legalistic and difficult to understand

Appropriate training and guidance for NMC staff and panels was a request at the core of all proposed rule changes – this enabling consistency across cases and minimising potential negative impacts (e.g compromised Chairing ability)

A desire to understand the data – this covering what we already know in baselines and predicted scale of impact (e.g number of cases impacted) but also for monitoring and evaluation to be built in from the start for new proposals that are implemented

Audiences perceived as at greatest risk of negative impacts of changes were unrepresented registrants and those with English as a second language – accessible terminology/processes as well as independent actors in hearings seen as essential to their engagement (something that people were concerned could be compromised as a result of proposals)



Thank you

researchandevidence@nmc-uk.org

Equality Impact Assessment summary: consultation on proposed amendments to the NMC Fitness to Practise Rules 2004 and Practice Committees (Constitution) Rules 2008

- 1 We have undertaken an Equality Impact Assessment (EQIA) for the recent consultation on proposed amendments to our rules in support of our fitness to practise (FtP) improvement plan. The assessment considers the potential impacts of the rule changes on people with protected characteristics and identifies mitigations to ensure fairness, accessibility and proportionality. This document provides a summary of the findings from the EqIA.
- 2 Our proposed changes to the rules are explained in detail in the consultation document. The EqIA and this summary relates to the consultation and rule-making exercise only, and not the process of implementation. We will continue to map the impacts as we develop the implementation process and this will be set out in a separate implementation EqIA.

Key equality concerns identified

- 3 The summaries below are extracted from our full EqIA document, which is available on request.

Diversity of decision-makers

- 4 Some feedback identified a risk that introducing LQCs may negatively impact the diversity of our pool of panellists, due to the fact that chairs will need to come from a narrower professional background and experience than at present. Our current pool of panellists is drawn from a wider range of professions than just the legal professions, and is more diverse than data shows that the UK legal professions are. Replacing legal assessors with legally qualified chairs could therefore have the unintended consequence of reducing ethnic diversity among the NMC's pool of panellists.

Digital exclusion

- 5 A small number of stakeholders noted that the proposal to share FtP documentation via an online portal could disadvantage individuals with limited digital access, literacy or equipment. While all registrants use NMC Online for renewal, the volume, sensitivity and complexity of FtP documentation is significantly greater. Digital exclusion intersects with age, disability, income, and health conditions, meaning some people may find it harder to navigate large case bundles or upload evidence.

Procedural flexibility and consistency

- 6 Some respondents to the consultation noted that new discretionary powers, such as flexible notice periods and binding case management directions, could lead to inconsistent application in different instances. The EQIA highlights that "variability

in how flexibility is used could lead to uneven experiences”, particularly for groups with historically lower trust in regulatory processes. If discretion is not applied transparently and consistently, there is a risk that some registrants may feel disadvantaged or perceive decisions as unfair. This is especially relevant for those who may need more time to prepare, require adjustments, or are unfamiliar with regulatory processes.

Impact on unrepresented registrants

- 7 We know that a significant number of registrants in our FtP process are unrepresented, and that these individuals tend to receive more severe sanction outcomes. This may in part be because unrepresented registrants must navigate complex procedural requirements without legal advice, support or familiarity with regulatory processes. Faster timelines, increased digital processes or more complex case management directions could exacerbate this disparity by making it harder to understand expectations, prepare evidence or respond to directions in time. This risk may disproportionately affect groups with lower access to legal advice, lower income, or limited familiarity with regulatory processes.

Support for witnesses requiring adjustments

- 8 Stakeholders strongly supported the proposals but stressed that support should not be identified only at the hearing stage, that panel members and LQCs will require robust, consistent training to recognise when someone needs additional support, and that they would need to apply special measures sensitively and appropriately. Some stakeholders suggested that use of the word “vulnerable” could itself be stigmatising and that some people requiring adjustments or additional support would not necessarily describe themselves as such.

Support for Welsh language speakers

- 9 Some concern was raised by stakeholders in Wales that changes to allow shorter notice of hearings and meetings could complicate the ability of registrants to arrange Welsh language translation services at short notice, or receive information in Welsh if requested from the NMC.

Action plan: mitigations planned or in place

- 10 Our proposed changes support the wider work we are doing to improve the FtP process for all involved. Through the work we already have underway we are considering how to better support unrepresented registrants, strengthen the diversity and representativeness of our panels, and improve the experience of people who find the FtP process stressful or difficult to navigate. The EQIA action plan mitigations align with our ongoing plans to address the findings of the Ambitious for Change research, together with interventions being developed by our EDI team to reduce bias and improve equity in outcomes in FtP, which are linked to the EDI targets that we set in 2005. Together, these planned improvements provide the framework through which we will monitor, refine and embed the mitigations identified in this EQIA.

Safeguarding diversity in LQC recruitment

- 11 We plan to:
- 11.1 Use a specialist recruitment partner with demonstrable EDI capability.
 - 11.2 Consider minimum diversity targets for LQC recruitment.
 - 11.3 Put in place ongoing monitoring of panel diversity and reporting to the Appointments Board.
 - 11.4 Consider the appropriateness of current post-qualification experience requirements for LQCs and legal assessors (where used) as part of wider regulatory reform work.

Ensuring digital accessibility

- 12 We plan to:
- 12.1 Only use the online portal with express registrant consent.
 - 12.2 Put in place user testing, accessibility checks and clear guidance.
 - 12.3 Continue to have in place non-digital alternatives.

Strengthening support for registrants and other witnesses

- 13 We plan to:
- 13.1 Ensure alignment of implementation work with the FtP improvement plan, including planned new services for enhanced support for unrepresented registrants.
 - 13.2 Include concerns around impacts on unrepresented registrants and those who need additional support with the process when planning and designing process change, support, training and guidance to panels and NMC staff.
 - 13.3 Revise the drafting of the rules so that the power to “treat the witness as vulnerable” is replaced with a power to direct measures as “appropriate to support witnesses to give their evidence”.
 - 13.4 Have in place earlier identification for when registrants have special or additional needs.
 - 13.5 Ensure that feedback from stakeholders on the importance of training for chairs, panellists and NMC staff on trauma-informed perspectives is included in planning for implementation and our wider witness support improvement plans.
 - 13.6 Further improve our signposting to representation and advice.

Welsh language compliance

- 14 We plan to:
- 14.1 Where necessary, review and update our Welsh-language support processes to ensure continued compliance with the Welsh Language Standards as FtP changes are implemented.
 - 14.2 Ensure early identification of Welsh language support and translation needs.

Conclusion

- 15 Our assessment does highlight some identifiable risks relating to diversity, digital exclusion, procedural consistency and the experience of unrepresented registrants. However we believe that our proposals are fundamentally aimed at increasing flexibility, both in the management of cases and, more importantly, in delivering better, faster and more proportionate outcomes for registrants. No impacts have been identified that necessitate fundamentally changing the nature of our proposals at this stage, although having listened to stakeholder feedback we have made some minor area specific changes. Details of this are set out in the Council paper.
- 16 With the mitigations outlined above, we believe that we can proceed with the proposals while maintaining fairness, accessibility and public confidence. Ongoing monitoring, training and governance oversight will be essential to ensure that the changes deliver equitable outcomes across all protected groups. As such we believe that these proposals are a proportionate means of achieving a legitimate aim. We will continue to monitor the implementation closely to ensure that any emerging issues are identified and addressed promptly.

STATUTORY INSTRUMENTS

2026 No. ****

HEALTH CARE AND ASSOCIATED PROFESSIONS

NURSES, MIDWIVES AND NURSING ASSOCIATES

**The Nursing and Midwifery Council (Fees) (Practice Committee)
(Fitness to Practise) (Amendment) Rules Order of Council 2026**

Made - - - - - ***
Laid before Parliament ***
Coming into force

CONTENTS

1. Citation and commencement
2. Council approval

Schedule — The Nursing and Midwifery Council (Fees) (Practice Committee) (Fitness to Practise) (Amendment) Rules 2026

At the Council Chamber, Whitehall, the [***] day of [***]

By the Lords of His Majesty's Most Honourable Privy Council

The Nursing and Midwifery Council has made the Nursing and Midwifery Council (Fees) (Practice Committees) (Fitness to Practise) (Amendment) Rules 2026, as set out in the Schedule to this Order, in exercise of the powers conferred by article 7(1) and (2), 26(3) and (4), 26C(1), 32(1), (2)(b) and (4), 33(7)(a), 47(2) of, and paragraph 17 of Schedule 1 to, the Nursing and Midwifery Order 2001 (“the 2001 Order”)(a).

In accordance with article 7(3) and 47(3) of the 2001 Order, the Nursing and Midwifery Council has consulted representatives of groups of persons who appear likely to be affected by the proposed Rules.

(a) S.I. 2002/253. Relevant amending instruments are S.I. 2008/1485, S.I. 2009/1182, S.I. 2014/3272, S.I. 2014/1887 and S.I. 2017/321.

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In accordance with articles 47(1) and 48 of the 2001 Order, the Rules shall not come into force until approved by order of the Privy Council.

Citation and commencement

1.—(1) This Order may be cited as the Nursing and Midwifery Council (Fees) (Practice Committee) (Fitness to Practise) (Amendment) Rules Order of Council 2026.

(2) This Order comes into force on [***] [October] 2026.

Council approval

2. Their Lordships, having taken the Rules contained in the Schedule into consideration, are pleased to and do approve them.

Richard Tilbrook
Clerk of the Privy Council

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SCHEDULE

Article 2

The Nursing and Midwifery Council (Fees) (Practice Committee) (Fitness to Practise) (Amendment) Rules 2026

The Nursing and Midwifery Council, having consulted in accordance with articles 7(3) and 47(3) of the Nursing and Midwifery Order 2001, makes the following Rules in exercise of the powers conferred by articles 7(1) and (2), 26(3) and (4), 26C(1), 32(1), (2)(b) and (4), 33(7)(a), 47(2) of, and paragraph 17 of Schedule 1 to, that Order.

Citation and commencement

1. These Rules may be cited as the Nursing and Midwifery Council (Fees) (Practice Committees) (Fitness to Practise) (Amendment) Rules 2026 and shall come into force on [xxth] [October] 2026.

Amendment of the Nursing and Midwifery Council (Fees) Rules 2004

2. In rule 3 (fees) of the Nursing and Midwifery Council (Fees) Rules 2004(a), in the table—
- (a) in the entry of column (3) of rows (a), (e), (f) and (i), for “£120” substitute “£143”;
 - (b) in the entry in column (3) of row (b), for “£153” substitute “£182”;
 - (c) in the entry in column (3) of row (c), for “£140” substitute “£167”;
 - (d) in the entry in column (3) of row (g), for “£23” substitute “£27”;
 - (e) in the entry in column (3) of row (h), for “£25” substitute “£30”.

Amendment of the Nursing and Midwifery Council (Fitness to Practise) Rules 2004

3. The Nursing and Midwifery Council (Fitness to Practise) Rules 2004(b) are amended as follows.

4. In rule 6A (notice of fitness to practise allegations)—
- (a) after paragraph (2) insert—
“(3) The Registrar may extend the period specified in paragraph (2)(b).”
5. In rule 6B (investigation of fitness to practise allegations) omit paragraph (4).
6. In rule 6C (consideration of fitness to practise allegations by case examiners)—
- (a) in paragraph (1), omit “, in the light of the information which the Council has been able to obtain and any representations or other observations made to it under rule 6A(2) or under rule 6B(4),”;
 - (b) after paragraph (1) insert—

(a) See the Schedule to S.I. 2004/1654. For relevant amending rules, see the Schedule to each of S.I. 2005/3353, S.I. 2011/229, S.I. 2018/1198 and S.I. 2019/593.

(b) See the Schedule to S.I. 2004/1761. For relevant amending rules, see the Schedule to each of S.I. 2012/17, S.I. 2015/52, S.I. 2015/1923, S.I. 2017/703 and S.I. 2020/364.

“(1A) Before the Case Examiners make a decision that there is a case to answer under paragraph (2), give advice or issue a warning under paragraph (2B) or refer the case to the Investigating Committee under paragraph (4), they must be satisfied that the Registrar has—

- (a) sent any information or documents obtained pursuant to rule 6B to the registrant;
- (b) given the registrant a period of 28 days, beginning with the date on which information and documents obtained pursuant to rule 6B are sent, to make representations in response; and
- (c) informed the registrant that, after the expiry of the period—
 - (i) specified in sub-paragraph (b), or
 - (ii) if that period is extended under paragraph (1B), the extended period,the Case Examiners can proceed to make a decision in the absence of any representations.

(1B) The Registrar may extend the period specified in paragraph (1A)(b).

(1C) Before making a decision, the Case Examiners must consider the information the Registrar has been able to obtain and any representations or other observations made under these Rules.”.

7. In rule 6D (consideration of fitness to practise by the investigating committee), in paragraph (1)(c), substitute “6B(4)” for “6C(1A)”.

8. In rule 11 (notice of hearing)—

(a) for paragraph (2) substitute—

“(2) The notice of hearing shall be sent to the registrant no later than 28 days before the date fixed for the hearing, unless—

- (a) the registrant consents to a shorter period being given; or
- (b) the Registrar or the Fitness to Practise Committee considers it is in the public interest for there to be a shorter period.”;

(b) in paragraph (3)(h) insert “subject to paragraph (4),” before “require the registrant”;

(c) in paragraph (3)(l) insert “subject to paragraph (4),” before “where the Fitness to Practise Committee is to consider”;

(d) after paragraph (3A) insert—

“(4) If the notice of hearing is sent less than 28 days before the date fixed for the hearing, the periods specified in the notice may be shorter than those prescribed in paragraphs (3)(h) and (3)(l).”.

9. In rule 11A (notice of meeting)—

(a) in paragraph (1), after “the date the meeting is to be held” insert “unless—

- (a) the registrant consents to a shorter period being given; or
- (b) the Registrar or the Fitness to Practise Committee considers it is in the public interest for there to be a shorter period.”;

(b) in paragraph (2)(e) insert “subject to paragraph (3),” before “invite the registrant”;

(c) after paragraph (2) insert—

“(3) If the notice of meeting is sent less than 28 days before the date fixed for the meeting, the period specified in the notice may be shorter than that prescribed in paragraph (2)(e).”.

10. After rule 17 (interpretation) insert—

“Case management directions

17A.—(1) A Committee or Chair of the Committee may give directions (referred to in article 32(3) of the Order) as to the conduct of the case and for the consequences of failure to comply with such directions (“case management directions”) acting on the request of a party or on their own initiative.

(2) Case management directions may be given, varied or set aside—

- (a) by the Committee at any hearing or meeting in accordance with these Rules;
- (b) by the Chair at a preliminary meeting held in accordance with rule 18; or
- (c) by the Committee, or a legally qualified chair of the Committee, without a preliminary meeting.

(3) Where a Committee or Chair gives case management directions under these Rules, they must—

- (a) keep a record of the directions given; and
- (b) send written confirmation of such directions to all parties promptly.

(4) Case management directions are binding on the parties and on any subsequent Committee considering the case, unless that Committee considers that—

- (a) there has been a material change in circumstances; or
- (b) it is not in the interests of justice for that to be the case.”.

11. In rule 18 (preliminary meetings)—

- (a) in paragraph (1) for “the Chair” substitute “a Chair”;
- (b) in paragraph (2)(a) for “the Chair” substitute “a Chair”;
- (c) in paragraph (2)(b), after “held with a legal assessor in attendance” insert “, unless the meeting is being held by a legally qualified chair or by a Committee with a legally qualified chair”;
- (d) omit paragraph (3);
- (e) for paragraph (4) substitute—

“(4) The Chair of the preliminary meeting shall give the parties not less than 14 days notice of any preliminary meeting unless—

- (a) the parties consent to a shorter period being given; or
- (b) it is in the public interest for there to be a shorter period.”;

- (f) in paragraph (5)(h) for “for vulnerable witnesses” substitute “to support witnesses to give their evidence”;
- (g) at the end of paragraph (5)(i) omit “and”;
- (h) at the end of paragraph (5)(j)(ii) for “.” substitute “; and”;
- (i) after paragraph (5)(j) insert—

“(k) where the meeting is conducted by the Committee—

- (i) a direction determining any legal argument; and

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- (ii) a direction as to the admissibility of evidence.”;
- (j) omit paragraphs (6) and (7);
- (k) for paragraph (8) substitute—

“(8) Where a direction is made pursuant to paragraph (5)(j), the Chair of the preliminary meeting must inform the registrant of the matters set out in rule 6B(3D).”.

12. After rule 18 (preliminary meetings) insert—

“Legal advice to the Committee

18A.—(1) If the chair is not a legally qualified chair, a legal assessor shall be in attendance to advise the Committee and shall give their advice in accordance with the Nursing and Midwifery Order 2001 (Legal Assessors) Order of Council 2004(a).

(2) If the chair is a legally qualified chair, they shall give legal advice to the Committee and must do so in the presence of every party in attendance at the hearing unless paragraph (3) applies.

(3) The legally qualified chair may advise in the absence of the parties where the Committee—

- (a) has begun to deliberate on its decision; and
- (b) considers that it would be prejudicial to the discharge of its functions for that advice to be given in the presence of the parties.

(4) Where the legally qualified chair gives advice in the absence of the parties under paragraph (3), the chair must—

- (a) as soon as reasonably practicable after completion of the deliberations inform each party (or their representatives) who attended the hearing of the advice given, together with any questions which led to that advice; and
- (b) subsequently record those matters in writing and give a copy to those parties or their representative.

(5) Copies of written advice, made for the purposes of paragraph (4) shall be available, on application, to every party to the proceedings who does not attend, and is not represented at the hearing before the Committee.”.

13. In rule 19 (public and private hearings) in paragraphs (2A)(b) and (3)(b) for “obtained the advice of the legal assessor” substitute “taken legal advice in accordance with rule 18A”.

14. In rule 23 (vulnerable witnesses)—

- (a) for the heading substitute “Special measures for giving evidence”;
- (b) for paragraph (1) substitute—

“(1) While ensuring proceedings are conducted fairly, the Committee or the Chair acting under rule 17A (case management directions) may give such directions as they consider appropriate to support witnesses to give their evidence.”;

- (c) for paragraph (2) substitute—

“(2) When deciding whether to give directions to support witnesses, the Committee or Chair must—

- (a) take account of the interests of the witness and the circumstances of the case;

(a) S.I. 2004/1763. Article 2 is amended by S.I. 2017/703.

- (b) take legal advice in accordance with rule 18A (unless the direction is given by a legally qualified chair acting alone under rule 17A(2)(b) or (c)); and
 - (c) invite representations from the parties (where present).”;
- (d) in paragraph (3) for “Measures adopted by the Committee” substitute “The directions”;
- (e) for paragraph (6) substitute—
- “(6) in this rule—
- (a) “in private” means conducted in the presence of every party and any person representing a party, but otherwise excluding the public; and
 - (b) “witness” includes a registrant who gives evidence to the Committee.”.
- 15.** In rule 29 (joinder), in paragraph (1) for “the advice of the legal assessor” substitute “legal advice in accordance with rule 18A”.
- 16.** In rule 31 (evidence)—
- (a) in paragraph (1) for “Upon receiving the advice of the legal assessor” substitute “Having taken legal advice in accordance with rule 18A”;
 - (b) for paragraph (8) substitute—
- “(8) Where a party, without good reason, fails to comply with a direction issued under article 32(3) of the Order or rule 17A, a Practice Committee may—
- (a) draw adverse inferences; and
 - (b) refuse to admit evidence, where the failure is a failure to comply with directions for service of that evidence, or otherwise relates to the admissibility of evidence.”.
- 17.** In rule 32 (postponements), in paragraph (2)(b) for “advice from the legal assessor” substitute “legal advice in accordance with rule 18A”.
- 18.** In rule 34 (service of documents)—
- (a) at the end of paragraph (3)(a) omit “or”;
 - (b) at the end of paragraph (3)(b) for “.” substitute “; or”;
 - (c) after paragraph (3)(b) insert—
- “(c) being placed on an online account with the Council where the recipient has agreed to accept communications via the account.”;
- (d) at the end of paragraph (4)(b) omit “or”;
 - (e) at the end of paragraph (4)(c) for “.” substitute “; or”;
 - (f) after paragraph (4)(c) insert—
- “(d) a confirmation showing the notice or document has been placed on the online account with the Council.”;
- (g) at the end of paragraph (5)(a) omit “or”;
 - (h) at the end of paragraph (5)(b) for “.” substitute “; or”;
 - (i) after paragraph (5)(b) insert—
- “(c) on the day it was placed on the online account with the Council.”;
- (j) after paragraph (5) insert—
- “(6) Where these Rules require a notice to include any documents, the requirement will be met if—

- (a) the recipient has agreed to accept communications via an online account with the Council;
- (b) the documents are placed on the online account with the Council; and
- (c) the notice confirms that the documents have been placed on the online account with the Council.”.

Amendment of the Nursing and Midwifery Council (Practice Committees) (Constitution) Rules 2008

19. In rule 7 of the Nursing and Midwifery Council (Practice Committees) (Constitution) Rules 2008(a) (chairing of the practice committees), after paragraph (1) insert—

“(1A) The Council may appoint panel chairs who meet the qualification requirements for appointment as a legal assessor under article 34(5) of the Order, to act as legally qualified chairs of the committee of which they are a member.”.

Given under the common seal of the Nursing and Midwifery Council this [] day of [] 2026.

(L.S.)

Ron Barclay-Smith
Chair
Paul Rees
Chief Executive Officer and Registrar
Nursing and Midwifery Council

(a) See the Schedule to S.I. 2008/3148. There are amending rules but none is relevant.

EXPLANATORY NOTE

(This note is not part of the Order of Council)

This Order approves the Nursing and Midwifery Council (Fees) (Practice Committees) (Fitness to Practise) (Amendment) Rules 2026 (the “2026 Rules”).

Rule 2 of the 2026 Rules amends rule 3 of the Nursing and Midwifery Council (Fees) Rules 2004 (approved by S.I. 2004/1654) to increase the fees prescribed for registration:

- rule 2(a) increases the fee for registration in respect of applications for admission to the register where the applicant is relying on article 13(1)(a), (dd) or article 13A of the Nursing and Midwifery Order 2001 (S.I. 2002/253) (“the 2001 Order”) and in respect of applications for renewal of registration, readmission or restoration to the register and retention of registration to £143 (an increase of £23);
- rule 2(b) increases the fee for registration in respect of applications for admission to the register where the applicant is relying on article 13(1)(d) of the Order to £182 (an increase of £29);
- rule 2(c) increases the fee for evaluation of information where the applicant is relying on article 13(1)(d) or (dd) of the Order to £167 (an increase of £27);
- rule 2(d) increases the fee for an application in connection with entering on the register a registrable qualification made separately to an application for registration to £27 (an increase of £4);
- rule 2(e) increases the fee for an application for entering in the register a recordable qualification to £30 (an increase of £5).

Rules 3 to 18 of the 2026 Rules make a series of amendments to the Nursing and Midwifery (Fitness to Practise) Rules 2004 (approved by S.I. 2004/1761) relating to the process and conduct of fitness to practice hearings:

- rule 4 makes provision regarding the period for making representations in fitness to practise cases;
- rules 5, 6 and 7 make provision regarding the making of representations by a registrant;
- rule 8 makes provision for a shorter notice period for hearings, and a shorter period for a response to the notice;
- rule 9 makes provision for a shorter notice period for meetings;
- rule 10 makes provision regarding the case management direction powers of the Committee, or Chair of the Committee, and makes provision regarding the requirements for giving such directions;
- rule 11 makes provision regarding the requirements of a preliminary meeting, and clarifies that the Chair who conducts a preliminary meeting may not be the same Chair who conducts the substantive hearing of an allegation;
- rule 12 makes provision regarding the chairing of proceedings by a legally qualified chair, and the provision of legal advice by the legally qualified chairs to the Committee;
- rules 13, 15, 16(a) and 17 make consequential provision to reflect that legal advice may be given by an appointed legally qualified chair;
- rule 14 makes provision regarding the special measures that can be directed for a broader range of witnesses;

- rule 16(b) makes provision regarding the Committee’s powers to draw adverse inference, and refusal to admit evidence;
- rule 18 makes provision regarding the requirements for sharing notices and information via an online account.

Rule 19 of the 2026 Rules amends the Nursing and Midwifery Council (Practice Committees) (Constitution) Rules 2008 (approved by S.I. 2008/3148) relating to the power of the Nursing and Midwifery Council to appoint a panel chair to act as a legally qualified chair to fitness to practice committees.

A full impact assessment has not been produced for this instrument as no, or no significant, impact on the private, voluntary or public sector is foreseen.

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Keeling Schedule

Showing how the proposals would amend existing rules for Fitness to Practise

The Nursing and Midwifery Council (Practice Committees) (Constitution) Rules 2008 (SI 2008/3148)

PART 1 The Practice Committees

Chairing of the Practice Committees

7. —(1) The Council shall appoint, from amongst the members of each of the Practice Committees, persons to act as chairs of the committee of which they are a member (“panel chairs”).

(1A) The Council may appoint panel chairs who meet the qualification requirements for appointment as a legal assessor under article 34(5) of the Order, to act as legally qualified chairs of the committee of which they are a member.

(2) Of those persons, the Council shall designate one panel chair of each Practice Committee to act as the chair of that committee for a period determined by the Council on designation.

(3) If the Registrar or the person duly authorised on the Registrar’s behalf (“the inviter”) does not invite the chair to attend particular proceedings of the Practice Committee—

- (a) the inviter must invite another panel chair to those proceedings; and
- (b) subject to paragraph (4), that panel chair shall chair the proceedings in place of the chair of the committee.

(4) If at any proceedings of a Practice Committee, the panel chair invited to chair the proceedings is absent, the members of the committee at that meeting may nominate one of their number from amongst the members who are present to chair the proceedings.

(5) A person serving as a chair or panel chair of a Practice Committee shall cease to be a chair or panel chair—

- (a) if the member ceases to be a member of the Practice Committee in question;
- (b) if the member resigns as chair or panel chair (or both), which they may do at any time by a notice in writing to the Council;
- (c) if the Council votes (by a majority at a quorate meeting) to terminate the member’s appointment as chair or panel chair (or both).

...

Nursing and Midwifery Council (Fitness to Practise) Rules 2004 (SI 2004/1761)

Notice of fitness to practise allegations

6A.—(1) Where an allegation is referred to Case Examiners under rule 2A(2)(a), the Registrar must notify the registrant of that allegation and referral by serving a notice of referral on the registrant.

(2) The notice of referral must—

- (a) be accompanied by any documents relating to the allegation that have not previously been disclosed to the registrant by the Council or a Practice Committee;
- (b) inform the registrant of the actions the Case Examiners could take under rule 6C and invite the registrant to make written representations, to be received by the Registrar no later than 28 days after the date of the notice;
- (c) unless the allegation is made by virtue of article 22(6) of the Order, inform the registrant that any representations or extracts of any representations received from the registrant may be shown to the person making the allegation for comment; and
- (d) inform the registrant that further information may be sought from other persons in accordance with article 25(1) of the Order or investigations undertaken to assist the Case Examiners in carrying out their functions.

(3) The Registrar may extend the period specified in paragraph (2)(b).

Investigation of Fitness to Practise allegations

6B.—(1) The Registrar may carry out any investigations, whether or not any have been carried out under rule 2A(4), as in the Registrar's opinion are appropriate to the consideration of the allegation by the Case Examiners.

(2) The Registrar may, in the case of an allegation that the registrant's fitness to practise is impaired by reason of lack of competence, invite the registrant to submit to an assessment.

(3) The Registrar may, in the case of an allegation that the registrant's fitness to practise is impaired by reason of the registrant's physical or mental health, invite the registrant to submit to a medical the registrant to submit to a medical examination by experts appointed by the Council.

(3A) Paragraphs (3B) to (3E) apply in the case of an allegation that the registrant's fitness to practise is impaired by reason of not having the necessary knowledge of English.

(3B) The Registrar may direct the registrant to, within such period as the Registrar may specify in a notification referred to in paragraph (3D),—

- (a) undertake an examination or other assessment as specified in that notification; and
- (b) provide the Registrar with evidence of the result of that examination or other assessment in the form required by paragraph (3C).

(3C) The registrant must provide the evidence referred to in paragraph (3B)(b) in the form of a certificate or other document signed by an officer of the body providing that examination or other assessment.

(3D) Where the Registrar makes a direction pursuant to paragraph (3B), the Registrar must notify the registrant, in writing, of the direction and the notice must also inform the registrant of—

- (a) the name of the examination or other assessment that the registrant is directed to undertake;
- (b) the evidence to be provided in accordance with paragraph (3C); and
- (c) the provisions of rule 31(6A).

(3E) The Registrar must provide the Case Examiners with the evidence provided by the registrant pursuant to paragraph (3C).

~~(4) Before any decision is made by the Case Examiners as to whether or not there is a case to answer in respect of an allegation that the registrant's fitness to practise is impaired, the Registrar must send any information or documents obtained pursuant to this rule to the registrant and invite the registrant to make written representations to be received by the Registrar no later than 28 days after the date on which such documents are sent.~~

Consideration of fitness to practise allegations by Case Examiners

~~6C. —(1) Where an allegation is referred under rule 2A(2)(a), the Case Examiners must consider, in the light of the information which the Council has been able to obtain and any representations or other observations made to it under rule 6A(2) or under rule 6B(4), whether there is a case to answer.~~

~~(1A) Before the Case Examiners make a decision that there is a case to answer under paragraph (2), give advice or issue a warning under paragraph (2B) or refer the case to the Investigating Committee under paragraph (4) they must be satisfied that the Registrar has—~~

- ~~(a) sent any information or documents obtained pursuant to rule 6B to the registrant;~~
- ~~(b) given the registrant a period of 28 days, beginning with the date on which information and documents obtained pursuant to rule 6B are sent, to make representations in response; and~~
- ~~(c) informed the registrant that, after the expiry of the period—
 - ~~(i) specified in sub-paragraph (b). or~~
 - ~~(ii) if that period is extended under paragraph (1B), the extended period,~~the Case Examiners can proceed to make a decision in the absence of any representations.~~

~~(1B) The Registrar may extend the period specified in paragraph (1A)(b).~~

~~(1C) Before making a decision, the Case Examiners must consider the information the Registrar has been able to obtain and any representations or other observations made under these Rules.~~

(2) Where the Case Examiners agree that there is a case to answer—

(a) the Case Examiners must either—

- (i) refer the case to the Fitness to Practise Committee, or
- (ii) recommend undertakings to be agreed with the registrant pursuant to rule 6E; and

(b) the Registrar must notify in writing both the registrant and the person making the allegation (if any) of the Case Examiners' decision and their reasons for it.

(2A) Paragraph (2)(a)(ii) does not apply where the Case Examiners consider that, if the allegation were referred to the Fitness to Practise Committee, there is a realistic prospect of that Committee making an order directing the Registrar to strike the registrant off the register.

(2B) Where the Case Examiners agree that there is no case to answer, they may give advice to the registrant or issue the registrant with a warning.

(3) Where the Case Examiners agree that there is no case to answer, the Registrar must notify in writing –

(a) The person making the allegation (if any) of the Case Examiners' decision together with their reasons, including whether the registrant has been issued with a warning or given advice; and

(b) the registrant—

- (i) of the Case Examiners' decision together with the reasons for it,
- (ii) of the details of any warning issued or advice given,
- (iii) of the period during which any warning issued will be published under article 22(9) of the Order, and
- (iv) that the allegation may be taken into account in the consideration of any further allegation about the registrant received by the Council within three years from the date of the Case Examiners' decision that there is no case to answer.

(4) Where the Case Examiners fail to agree whether there is a case to answer, they must notify the Registrar accordingly, and the Registrar must refer the allegation to the Investigating Committee for consideration under rule 6D.

(5) If, during their consideration of the allegation, one or both of the Case Examiners is of the opinion that a Practice Committee should consider making an interim order in relation to the registrant, the Case Examiners must direct the Registrar accordingly.

Consideration of fitness to practise by the Investigation Committee

6D. — (1) Where an allegation has been referred to the Investigating Committee under rule 6C(4), the Committee—

- (a) may direct the Registrar to carry out any investigations as the Committee considers appropriate to the consideration of the allegation;

- (b) must direct the Registrar to send any information or documents obtained pursuant to this rule to the registrant and invite the registrant to make written representations to be received by the Registrar no later than 28 days after the date on which these documents are sent;
- (c) must consider, in private in light of the information which the Registrar has been able to obtain under this rule or rule 2A(4), 6B(1), (2) or (3B) and any representations or other observations made to it under rule 6A(2) or ~~6B(4)~~6C(1A), whether there is a case to answer.

....

Notice of hearing

11. — (1) Where a hearing is to be held in accordance with rule 10(2), the Fitness to Practise Committee shall send a notice of hearing to the registrant.

(2) The notice of hearing shall be sent to the registrant **no later than 28 days before the date fixed for the hearing, unless—**

- (a) **the registrant consents to a shorter period being given; or**
- (b) **the Registrar or the Fitness to Practise Committee considers it is in the public interest for there be a shorter period.**

~~(a) where a preliminary meeting has been held in accordance with rule 18, as soon as practicable after that meeting; and~~

~~(b) in every case, no later than 28 days before the date fixed for the hearing.~~

(3) The notice of hearing shall—

- (a) inform the registrant of the date, time and venue of the hearing;
- (b) where the Fitness to Practise Committee is to consider an allegation at an initial hearing, contain a charge particularising the allegation, which shall set out any alleged facts on which it is based, and be accompanied by copies of any documents in support that have not previously been disclosed to the registrant by the Council or a Practice Committee;
- (c) where the Fitness to Practise Committee is to review an order previously made or consider an application for restoration to the register, contain a copy of the order or striking-off order previously made, and the Fitness to Practise Committee’s reasons for making that order;
- (d) inform the registrant of her right to attend, and to be represented at, the hearing in accordance with rule 20;
- (e) inform the registrant of the Fitness to Practise Committee’s power to proceed with the hearing in her absence;
- (f) inform the registrant of her right to adduce evidence in accordance with rule 31;
- (g) inform the registrant of her right to call witnesses, and to cross examine any witnesses called by the Council or by the Fitness to Practise Committee;

- (h) **subject to paragraph (4)**, require the registrant to inform the Council, within 14 days of receipt of the notice, whether she intends to—
 - (i) attend the hearing,
 - (ii) be represented at the hearing;
 - (i) ... **1**
 - (j) inform the registrant of the Fitness to Practise Committee’s power to make an interim order under article 31(2) of the Order;
- (k) where the Fitness to Practise Committee is to consider an allegation at an initial hearing, inform the registrant of the action the Fitness to Practise Committee may take under article 29 of the Order;
- (l) **subject to paragraph (4)**, where the Fitness to Practise Committee is to consider an allegation at an initial hearing, invite the registrant to state in writing, no later than 28 days after service of the notice, whether any admissions are made in respect of the allegation, and inform her that any admissions made will be taken into account by the Fitness to Practise Committee; and
- (m) where the allegation, previous order or application for restoration to be considered by the Fitness to Practise Committee relates solely to the registrant’s physical or mental health, invite the registrant to inform the Fitness to Practise Committee if the registrant wishes the hearing, or part of the hearing, to be conducted in public.

(3A) In paragraph (3) “venue” includes details of audio or video conferencing arrangements.

(4) If the notice of hearing is sent less than 28 days before the date fixed for the hearing, the periods specified in the notice may be shorter than those prescribed in paragraphs (3)(h) and (3)(l).

Notice of meeting

11A. — (1) Where a meeting is to be held in accordance with rule 10(3), the Fitness to Practise Committee shall send notice of the meeting to the registrant no later than 28 days before the date the meeting is to be held **unless—**

- (a) **the registrant consents to a shorter period being given; or**
- (b) **the Registrar or the Fitness to Practise Committee considers it is in the public interest for there to be a shorter period.**

(2) The notice of meeting shall—

- (a) contain a charge particularising the allegation, which shall set out any alleged facts on which it is based, and be accompanied by copies of any documents in support that have not previously been disclosed to the registrant by the Council or a Practice Committee;

¹ Omitted – SI 2012/17, rule 11(b)

- (b) where the Committee is to review an order previously made or consider an application for restoration to the register, contain a copy of the order or striking-off order previously made, and the Committee's reasons for making that order;
- (c) inform the registrant of the Committee's power to make an interim order under article 31(2) of the Order;
- (d) inform the registrant of the action the Committee may take under article 29 or 30 of the Order, as applicable; and
- (e) **subject to paragraph (3)**, invite the registrant to state in writing, no later than 28 days after service of the notice, whether any admissions are made in respect of the allegation, and inform her that any admissions made will be taken into account by the Committee.

(3) If the notice of meeting is sent less than 28 days before the date fixed for the meeting, the period specified in the notice may be shorter than that prescribed in paragraph (2)(e)

...

Part 5 Procedure at hearings

Application of Part 5

16. —This part shall apply to—

- (a) the Investigating Committee, when considering at a hearing —
 - (i) an allegation which relates to a fraudulent or incorrect entry in the register, or
 - (ii) whether to make, revoke, confirm, vary or replace an interim order; and
- (b) the Fitness to Practise Committee when considering at a hearing —
 - (i) an allegation that the registrant's fitness to practise is impaired,
 - (ii) whether to make, revoke, confirm, vary or replace an interim order,
 - (iii) an order previously made by it, at a review hearing, or
 - (iv) an application for restoration to the register.

Interpretation

17. —In this part, "Committee" means—

- (a) the Investigating Committee considering an allegation which relates to a fraudulent or incorrect entry in the register, or considering whether to make, revoke, confirm, vary or replace an interim order; or
- (b) the Fitness to Practise Committee.

Case management directions

17A — (1) A Committee or Chair of the Committee may give directions (referred to in article 32(3) of the Order) as to the conduct of the case and for the consequences of failure to comply with such directions (“case management directions”) acting on the request of a party or on their own initiative.

(2) Case management directions may be given, varied or set aside—

- (a) by the Committee at any hearing or meeting held in accordance with these Rules;
- (b) by the Chair at a preliminary meeting held in accordance with rule 18; or
- (c) by the Committee, or a legally qualified chair of the Committee, without a preliminary meeting.

(3) Where a Committee or Chair gives case management directions under these Rules, they must—

- (a) keep a record of the directions given; and
- (b) send written confirmation of such directions to all parties promptly

(4) Case management directions are binding on the parties and on any subsequent Committee considering the case, unless that Committee considers that—

- (a) there has been a material change in circumstances; or
- (b) it is not in the interests of justice for that to be the case.

Preliminary meetings

18. — (1) Before any allegation is considered by a Committee at a hearing in accordance with the provisions of this Part, that Committee or ~~the~~ a Chair of the Committee may hold a preliminary meeting if such a meeting would, in its or her opinion, assist the Committee to perform its functions.

(2) A preliminary meeting referred to in paragraph (1) shall be—

- (a) chaired by ~~the~~ a Chair of the Committee considering the allegation;
- (b) held with a legal assessor in attendance, **unless the meeting is being held by a legally qualified chair or by a Committee with a legally qualified chair**; and
- (c) held in private with the parties, their representatives and any person the Chair or Committee considers appropriate.

(3) ~~The Chair of the preliminary meeting may give the directions mentioned in article 32(3) of the Order.~~

(4) The Chair of the preliminary meeting shall give the parties not less than 14 days notice of any preliminary meeting **unless—**

- (a) the parties consent to a shorter period being given; or
- (b) it is in the public interest for there to be a shorter period.

- (5) Directions given by the Chair of the preliminary meeting may include, but shall not be limited to—
- (a) time limits for the service of evidence and disclosure of expert evidence (if any);
 - (b) a requirement that each party provide an estimate as to the length of the hearing and any dates on which they or any witnesses would not be able to attend the hearing;
 - (c) where facts are not in dispute, or the issue of misconduct is admitted, a requirement that the parties produce a statement of agreed facts;
 - (d) save in the case of an allegation of a kind referred to in article 22(1)(a)(iv) of the Order, a requirement that the parties state whether or not the health of the practitioner will be raised as an issue in the proceedings, and if so, whether, in their view, medical reports should be obtained;
 - (e) a requirement that a party call the author of any expert report;
 - (f) where agreed between the parties, a direction that the witness statement of a witness shall stand as the evidence in chief of that witness;
 - (g) where the Committee is considering—
 - (i) an allegation that the registrant’s fitness to practise is impaired by reason of her physical or mental health, or
 - (ii) whether to make, revoke, confirm, vary or replace an interim order,
 whether the proceedings should be held in public or private;
 - (h) special measures to be put in place at the hearing ~~for vulnerable witnesses~~ **to support witnesses to give their evidence;**
 - (i) a direction for an adjournment of the preliminary meeting or that a further preliminary meeting should be held; ~~and~~
 - (j) a direction that the registrant, within such period as the Chair may specify in the written confirmation referred to in paragraph (8),—
 - (i) undertake an examination or other assessment of the registrant’s knowledge of English as specified in the written confirmation referred to in paragraph (8), and
 - (ii) provide the Fitness to Practise Committee with evidence of the result of that examination or other assessment in the form required by rule 6B(3C); ~~and~~
 - (k) **where the meeting is conducted by the Committee—**
 - (i) **a direction determining any legal argument; and**
 - (ii) **a direction as to the admissibility of evidence.**
- (6) ~~At the preliminary meeting, the legal assessor may give a preliminary opinion for the purpose of resolving questions of law or admissibility of evidence.~~

(7) ~~Notwithstanding paragraph (6), decisions as to whether or not any evidence is to be admitted at the hearing shall be taken by the Committee considering the allegation.~~

(8) Where a direction is made pursuant to paragraph (5)(j) the Chair of the preliminary meeting must inform the registrant of the matters set out in rule 6B(3D).

(a) ~~keep a record of the directions given;~~

(b) ~~send written confirmation of such directions to the parties promptly; and~~

(c) ~~where a direction is made pursuant to paragraph (5)(j), inform the registrant of the matters set out in rule 6B(3D).~~

Legal advice

18A — (1) If the chair is not a legally qualified chair, a legal assessor shall be in attendance to advise the Committee and shall give their advice in accordance with the Nursing and Midwifery Order 2001 (Legal Assessors) Order of Council 2004.

(2) If the chair is a legally qualified chair, they shall give legal advice to the Committee and must do so in the presence of every party in attendance at the hearing unless paragraph (3) applies.

(3) The legally qualified chair may advise in the absence of the parties where the Committee—

(a) has begun to deliberate on its decision; and

(b) considers that it would be prejudicial to the discharge of its functions for that advice to be given in the presence of the parties.

(4) Where the legally qualified chair gives advice in the absence of the parties under paragraph (3), the chair must—

(a) as soon as reasonably practicable after completion of the deliberations inform each party (or their representatives) who attended the hearing of the advice given, together with any questions which led to that advice; and

(b) subsequently record those matters in writing and give a copy to those parties or their representative.

(5) Copies of written advice, made for the purposes of paragraph (4) shall be available, on application, to every party to the proceedings who does not attend, and is not represented at, the hearing before the Committee.

Public and private hearings

19. — (1) Subject to paragraphs (2) and (3) below, hearings shall be conducted in public.

(2) Subject to paragraph (2A), a hearing before the Fitness to Practise Committee which relates solely to an allegation concerning the registrant's physical or mental health must be conducted in private.

(2A) All or part of the hearing referred to in paragraph (2) may be held in public where the Fitness to Practise Committee—

(a) having given the parties, and any third party whom the Committee considers it appropriate to hear, an opportunity to make representations; and

(b) having ~~obtained the advice of the legal assessor~~ **taken legal advice in accordance with rule 18A,**

is satisfied that the public interest or the interests of any third party outweigh the need to protect the privacy or confidentiality of the registrant.

(3) Hearings other than those referred to in paragraph (2) above may be held, wholly or partly, in private if the Committee is satisfied—

(a) having given the parties, and any third party from whom the Committee considers it appropriate to hear, an opportunity to make representations; and

(b) having ~~obtained the advice of the legal assessor~~ **taken legal advice in accordance with rule 18A,**

that this is justified (and outweighs any prejudice) by the interests of any party or of any third party (including a complainant, witness or patient) or by the public interest.

(4) In this rule, “in private” means conducted in the presence of every party and any person representing a party, but otherwise excluding the public.

...

~~Vulnerable witnesses~~ **Special measures for giving evidence**

23. — (1) While ensuring proceedings are conducted fairly, the Committee or the Chair acting under rule 17A (case management directions) may give such directions as they consider appropriate to support witnesses to give their evidence. (In proceedings before the Fitness to Practise Committee, the following may be treated as vulnerable witnesses—

~~(a) — any witness under the age of 18;~~

~~(b) — any witness with a mental disorder;~~

~~(c) — any witness who is significantly impaired in relation to intelligence or social functioning;~~

~~(d) — any witness with physical disabilities who requires assistance to give evidence;~~

~~(e) — any witness, where the allegation against the registrant is of a sexual nature and the witness was the alleged victim; or~~

~~(f) — any witness who complains of intimidation.~~

(2) When deciding whether to give directions to support witnesses, the Committee or Chair must—

(a) take account of the interests of the witness and the circumstances of the case;

(b) take legal advice in accordance with rule 18A (unless the direction is given by a legally qualified chair acting alone under rule 17A(2)(b) or (c)); and

- (c) invite representations from the parties (where present).

~~After seeking the advice of the legal assessor, and upon hearing representations from the parties, the Committee may adopt such measures as it considers necessary to enable it to receive evidence from a vulnerable witness.~~

(3) ~~Measures adopted by the Committee~~ **The directions** may include, but shall not be limited to—

- (a) use of video links;
- (b) subject to paragraph (4), use of pre-recorded evidence as the evidence in chief of a witness, provided always that such witness is available at the hearing for cross-examination and questioning;
- (c) use of interpreters (including signers and translators); and
- (d) the hearing of evidence by the Committee in private.

(4) Where—

- (a) the allegation against a registrant is sexual in nature;
- (b) a witness is the alleged victim; and
- (c) the registrant is not represented,

she shall not be allowed to cross-examine the witness directly in person.

(5) In the circumstances set out in paragraph (4), any questioning of the witness shall be undertaken by such person as the Committee considers appropriate.

(6) In this rule, —

(a) “in private” means conducted in the presence of every party and any person representing a party, but otherwise excluding the public; **and**

(b) “witness” includes a registrant who gives evidence to the Committee.

...

Part 6 General

Joinder

29. — (1) Unless of the view that there is a risk of prejudice to the fairness of the proceedings, and upon taking ~~the advice of the legal assessor~~ **legal advice in accordance with rule 18A**, the Fitness to Practise Committee may consider an allegation against two or more registrants at the same hearing where—

- (a) the allegation against each registrant arises out of the same circumstances; or
- (b) in the view of the Committee, a joint hearing is necessary.

(2) The Fitness to Practise Committee may consider one or more categories of allegation against a registrant provided always that an allegation relating to a conviction or caution is heard after any allegation of misconduct has been heard and determined.

(3) Where—

- (a) an allegation has been referred to the Fitness to Practise Committee;
- (b) that allegation has not yet been heard; and
- (c) a new allegation which is of a similar kind or is founded on the same facts is received by the Council,

that Committee may consider the new allegation at the same time as the original allegation, notwithstanding that such new allegation has not been included in the notice of hearing.

(4) Where it is proposed that a new allegation should be heard by the Fitness to Practise Committee, it shall—

- (a) inform the registrant of the new allegation, and the alleged facts on which is based; and
- (b) afford her the opportunity to make written representations on the new allegation and require any such representations to be received within 28 days of notification of the new allegations or within such period of time as is otherwise agreed by the parties.

...

Evidence

31. — (1) ~~Upon receiving the advice of the legal assessor,~~ **Having taken legal advice in accordance with rule 18A** and subject only to the requirements of relevance and fairness, a Practice Committee considering an allegation may admit oral, documentary or other evidence, whether or not such evidence would be admissible in civil proceedings (in the appropriate Court in that part of the United Kingdom in which the hearing takes place).

(2) Where a registrant has been convicted of a criminal offence—

- (a) a copy of the certificate of conviction, certified by a competent officer of a Court in the United Kingdom (or, in Scotland, an extract conviction) shall be conclusive proof of the conviction; and
- (b) the findings of fact upon which the conviction is based shall be admissible as proof of those facts.

(3) The only evidence which may be adduced by the registrant in rebuttal of a conviction certified or extracted in accordance with paragraph (2)(a) is evidence for the purpose of proving that she is not the person referred to in the certificate or extract.

(4) A certificate as to a determination about a registrant's fitness to practise made by—

- (a) a body in the United Kingdom responsible under any enactment for the regulation of a health or social care profession; or
- (b) a licensing body elsewhere,

signed by an officer authorised by the body to sign such certificates shall be admissible as prima facie evidence of the facts referred to in the determination.

(4A) Where under these Rules the registrant is directed by the Registrar or the Fitness to Practise Committee to undertake an examination or other assessment of the registrant's knowledge of English, a certificate or other document stating the result achieved by the registrant in that examination or other assessment that is signed by an officer of the body providing the examination or other assessment shall be conclusive proof of the result achieved by the registrant in that examination or other assessment.

(5) In determining whether a registrant's fitness to practise is impaired by reason of physical or mental health, the Fitness to Practise Committee may take into account, amongst other matters—

- (a) a refusal by the registrant to submit to medical examination;
- (b) the registrant's current physical or mental condition;
- (c) any continuing or episodic condition suffered by the registrant; and
- (d) a condition suffered by the registrant which, although currently in remission, may be expected to cause a recurrence of the impairment of the practitioner's fitness to practise.

(6) In determining whether a registrant's fitness to practise is impaired by reason of lack of competence, the Fitness to Practise Committee may take into account any refusal by the registrant to submit to an assessment.

(6A) In determining whether a registrant's fitness to practise is impaired by reason of not having the necessary knowledge of English, the Fitness to Practise Committee may draw such inferences as seem appropriate to it if a registrant fails to undertake an examination or other assessment or to provide evidence of the result of that examination or other assessment in accordance with a direction made pursuant to these Rules.

(7) Where the Fitness to Practise Committee finds that a registrant has failed to comply with the standards established by the Council under article 21(1)(a) of the Order and set out in the Code, such failure—

- (a) may be taken into account by the Committee in determining whether or not that registrant's fitness to practise is impaired; and
- (b) shall not, of itself, be taken to establish that the registrant's fitness to practise is impaired.

(8) Where a party, without good reason, fails to comply with a direction issued under article 32(3) of the Order or rule 17A, a Practice Committee may—

- (a) draw adverse inferences; and
- (b) refuse to admit evidence, where the failure is a failure to comply with a direction for service of that evidence, or otherwise relates to the admissibility of evidence.

~~Where a party has—~~

- ~~(a) failed to comply with any directions for service of evidence given at a preliminary meeting under rule 18, including service of expert reports;~~
- ~~(b) shown no good cause for failure to comply with the directions given; and~~

~~(c) — seeks to adduce such evidence at the hearing,~~

~~a Practice Committee may refuse to allow that party to admit the evidence in question.~~

Postponements and adjournments

32. — (1) The Chair of the Practice Committee may, of her own motion, or upon the application of a party, postpone any hearing of which notice has been given under these Rules before the hearing begins.

(2) A Practice Committee considering an allegation may, of its own motion or upon the application of a party, adjourn the proceedings at any stage, provided that—

- (a) no injustice is caused to the parties; and
- (b) the decision is made after hearing representations from the parties (where present) and taking ~~advice from the legal assessor~~ **legal advice in accordance with rule 18A.**

(3) Where the proceedings have been adjourned, the Practice Committee shall, as soon as practicable, notify the parties of the date, time and venue of the resumed hearing.

(3A) In paragraph (3) “venue” includes details of audio or video conferencing arrangements.

(4) In considering whether or not to grant a request for postponement or adjournment, the Chair or Practice Committee shall, amongst other matters, have regard to—

- (a) the public interest in the expeditious disposal of the case;
- (b) the potential inconvenience caused to a party or any witnesses to be called by that party; and
- (c) fairness to the registrant.

(5) Save where the proceedings relate to the consideration of an interim order, before adjourning the proceedings, the Practice Committee shall consider whether or not to make an interim order and shall—

- (a) invite representations from the parties (where present) on this issue;
- (b) deliberate in private;
- (c) announce its decision in the presence of the parties (where present);
- (d) give reasons for its decision; and
- (e) notify the registrant of its decision in accordance with article 31(14) of the Order.

...

Service of documents

34. — (1) Any notice of hearing required to be served upon the registrant shall be delivered by sending it by—

- (a) a postal service or other delivery service in which delivery or receipt is recorded to, or by leaving it at, the registrant’s address in the register; or

- (b) a postal service or other delivery service in which delivery or receipt is recorded to, or by leaving it at, where this differs from, and it appears to the Council more likely to reach the registrant at, the registrant's last known address; or
- (c) electronic mail to an electronic mail address that the registrant has notified to the Council as an address for communications.

(2) If the registrant is represented by a solicitor, professional body or trade union, a copy of the notice served in accordance with paragraph (1) may also be—

- (a) sent or delivered to the solicitor's practising address;
- (b) sent or delivered to the professional body or trade union's business address; or
- (c) sent by electronic mail to an electronic mail address of the solicitor, professional body or trade union, where the address has been notified to the Council as an address for communications.

(3) Any other notice or document to be served on a person under these Rules may be sent by—

- (a) ordinary post; ~~or~~
- (b) electronic mail to an electronic mail address that the person has notified to the Council as an address for communications; ~~or~~
- (c) being placed on an online account with the Council where the recipient has agreed to accept communications via the account.

(4) The service of any notice or document under these Rules may be proved by—

- (a) a confirmation of posting issued by or on behalf of the Post Office, or other postal operator or delivery service;
- (b) a confirmation of receipt of the notice or document sent by electronic mail; ~~or~~
- (c) a signed statement from the person sending by ordinary post or delivering the notice in accordance with this rule; ~~or~~
- (d) a confirmation showing the notice or document has been placed on the online account with the Council

(5) Where any notice or document is sent or otherwise served under these Rules, it shall be treated as having been served—

- (a) on the day after it was sent by delivery service; ~~or~~
- (b) where the notice has been left at an address or sent by electronic mail, on the day on which it was left or sent; ~~or~~
- (c) on the day it was placed on the online account with the Council.

(6) Where these Rules require a notice to include any documents, the requirement will be met if—

- (a) the recipient has agreed to accept communications via an online account with the Council

- (b) the documents are placed on the online account with the Council; and
- (c) the notice confirms that the documents have been placed on the online account with the Council.

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Council

Proposal to increase the registration fees

Action requested:	<p>Following the public consultation on proposals to increase the prescribed registration fees, the Council is requested to approve:</p> <ul style="list-style-type: none">(i) the recommendation to increase all registration fees(ii) amendments to the Fees Rules. <p>For decision</p> <ul style="list-style-type: none">(i) The Council is invited to review and agree the conclusions set out in annexe 1 of this paper.(ii) The Council is asked to approve an increase of 19.2 percent to the prescribed registration fees.
Key background and decision trail:	<ul style="list-style-type: none">• Mindful of cost-of-living pressures we have not raised our fees for 11 years since March 2015. The cumulative CPI growth in the last 11 years is 40.5 percent. While this accounts for the price increases, it reflects a 28.8 percent loss in the real purchasing power of the main registration fee of £120 since then. At the same time, our work has increased in volume and complexity, and our own costs have risen. Had we increased the fee in line with inflation over this period, it would now be at £168 and we would have benefitted from additional income of £186 million in the years up to the end of March 2026.• As a result of not increasing our fees in line with inflation we are facing intense financial pressures. In 2023-2024, we spent more money than we received from registrants' fees. In 2024-2025, we posted a deficit of £19 million (after investment gains) and we are projecting a deficit of up to £26 million for 2025-2026. We are also projecting another substantial deficit for the new financial year.• When an organisation keeps posting substantial deficits, the sustainability of its reserves comes under increasing pressure.• The proposed increase to the prescribed registration fees of 19.2 percent is the minimum necessary to enable us to meet our statutory duty to protect the public and to support registrants to practise safely and effectively.• On 21 October 2025, the Council approved the launch of a public consultation on proposals to increase the prescribed registration fees. This consultation took place between 3 November 2025 and 26 January 2026.

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	<ul style="list-style-type: none"> On 25 March 2026, the Council approved the budget for 2026-2027 without any assumption as to a fee increase. This budget is already constraining the level of investment we can make in improving how we handle FtP cases and would not be repeatable in 2027-2028 without a fee increase, thereby constraining further investment in improvement of most areas, including higher quality training and education for our professions, modernising our standards and improving EDI across our regulatory processes. This paper summarises the outcome of the fees consultation and restates our current financial position. It recommends that the Council proceed with an increase to all registration fees. 		
Key questions:	<ul style="list-style-type: none"> Has an appropriate consultation been carried out on these proposals? Taking into account the consultation responses and our current financial circumstances, are the proposed fees still the minimum necessary to deliver our regulatory functions and protect the public? What is our response to concerns about affordability? In the light of people’s feedback, what will be our fee policy for the future? What can registrants and other stakeholders expect us to achieve with a higher fee? 		
Annexes:	<p>The following annexes are attached to this paper:</p> <ul style="list-style-type: none"> Annexe 1: Fee Consultation <i>Thinks</i> report Annexe 2: Fee review - Summary EQIA and WLIA Annexe 3: Fee review - EQIA Action Plan Annexe 4: Draft amendment order to the Fees Rules 		
Further information:	<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="384 1704 1385 1872"> <tr> <td data-bbox="384 1704 858 1872"> Author: Razia Karim, Head of Regulatory Reform Policy, Legislative Change Team razia.karim@nmc-uk.org </td> <td data-bbox="858 1704 1385 1872"> Executive Director: Emma Westcott Strategy and Insight Directorate emma.westcott@nmc-uk.org </td> </tr> </table>	Author: Razia Karim, Head of Regulatory Reform Policy, Legislative Change Team razia.karim@nmc-uk.org	Executive Director: Emma Westcott Strategy and Insight Directorate emma.westcott@nmc-uk.org
Author: Razia Karim, Head of Regulatory Reform Policy, Legislative Change Team razia.karim@nmc-uk.org	Executive Director: Emma Westcott Strategy and Insight Directorate emma.westcott@nmc-uk.org		

Proposal to increase the registration fees

Discussion

1. At its meeting on 10 June 2025, Council assessed our financial situation, noted that it was then 10 years since we had raised our fees, and agreed in principle to consult on increasing the main registration fee by £1.92 per month, which equates to £23 a year. This would increase the fee to £143 a year, up from £120. Council also agreed to consult on increasing all other registration fees by an equivalent amount (i.e. by 19.2 percent).
2. In order to change any of the fees that we charge, we are required to make amendments to our Fees Rules.
3. Changes to our Fees Rules are subject to a public consultation which we must carry out in accordance with article 47 of the Nursing and Midwifery Order 2001 (“the Order”). If the Council adopts the recommended proposals, it can make the amendments to the rules. The rules must then be approved by the Privy Council and laid in Parliament before they can come into force.
4. On 21 October 2025, the Council agreed to publicly consult on these proposals. This paper contains an overview of the consultation responses and the final recommendation on proposed changes to the fees by the Executive Board.

Consultation activity and engagement

5. We held a 12-week public consultation on our proposals which ran from 3 November 2025 to 26 January 2026. We partnered with a research organisation, *Thinks*, to help manage the consultation, host the survey and provide an external independent perspective on key stakeholder feedback, which we then considered. This work included:
 - 5.1 An online survey, which was completed by 40,641 respondents. To ensure accessibility and inclusivity, the survey was available in English, Welsh and Easy Read.
 - 5.2 Four focus groups with registered professionals.
 - 5.3 Two focus groups with nursing and midwifery students.
6. We received a broadly representative response rate from across the four nations.
7. The consultation report by *Thinks* is attached as annexe 1 and a summary of the findings is set out in the next section.

Summary of consultation findings

8. Our register has grown over recent years. We regulate 1 percent of the UK population and 2 percent of the UK working population. The growth has increased our income in cash terms, but a bigger register means more complex, regulatory work to deliver – and, in recent years, there has been a substantial increase in the number of Fitness to Practise referrals made to us every month, increasing the size of our caseload and threatening our ability to resolve cases in a timely fashion. As our costs have been

subject to inflationary pressures over the last decade, the diminished value of the current fee is becoming a growing concern, as it threatens the sustainability of our reserves and our ability to carry out our critically important regulatory functions.

9. We consulted, therefore, on proposals to increase the main registration fee by £1.92 per month. This is equivalent to £23 per year, raising the annual fee to £143, up from £120. For those paying quarterly, this would equate to an additional £5.75 every three months. We also proposed increasing the initial registration fee for internationally qualified applicants from £153 to £182 and to increase all other registration fees by 19.2 percent, including the fees for evaluating international qualifications and fees for adding additional qualifications to the register.
10. In the consultation document, we set out our statutory obligation to protect the public and our duties to:
 - 10.1 Establish and maintain a register of qualified nurses, midwives and nursing associates
 - 10.2 Establish and maintain standards of education, training, conduct and performance for nurses, midwives and nursing associates – including the Code
 - 10.3 Approve and monitor education programmes
 - 10.4 Investigate concerns about the conduct or practice of registrants and take action when needed to protect the public
11. We explained that the registration fees paid by nurses, midwives and nursing associates account for about 97 percent of our income and this is spent on delivering our statutory duties. We further explained that mindful of the cost of living, we hadn't increased our fees for 10 years. As a consequence, the value of our fee income, as stated in the consultation document, had declined by 28 percent in real terms over that period, compared to what it would have been if we had kept pace with inflation, at a time when our work has increased in volume and complexity, and our own costs have risen due to inflation. We are now increasingly spending more money than we receive.
12. Having set out the financial context, we asked respondents three questions about our proposals.
13. First, we asked how far, if at all, they understood the financial context in which we are now operating. A majority of respondents (82 percent) said they had a strong level of understanding of the financial rationale for the proposals. In the focus groups, a small minority of participants acknowledged that the proposed increase could be justified by inflation and the passage of time since the last fee increase. However, despite understanding that the fee income had lost value because of inflation, the vast majority of registrants did not want to pay the increase at a time when they were feeling the pressures from the rising cost of living, stagnant wages, and challenging work conditions.
14. While Unite said it had some understanding of the financial context, both it and Unison questioned the financial details behind the proposals. Unison countered the proposal by saying that it was contrary to our financial strategy which was aimed at avoiding large and sudden increases.

15. Second, for each fee type, we asked whether our proposal to increase the fee was reasonable. A majority of respondents (81 percent) disagreed that the proposal was reasonable, with over 63 percent strongly disagreeing. In focus groups, participants acknowledged that the proposed increase was affordable in isolation, but they said it felt unreasonable at this time for the reasons given above, e.g. high cost of living.
16. The opposition to increasing the overseas application fee was less pronounced. 42 percent of respondents disagreed with the proposal and 33 percent agreed that it was reasonable. In focus groups, participants acknowledged that the increase was justified by the additional checks which are needed to demonstrate that internationally qualified professionals are capable of safe and effective practice. Some participants raised concerns about the impact on the workforce, although most did not believe that the increase would deter applicants from coming to the UK.
17. Respondents were opposed to the proposal to increase the fees for registering additional qualifications. The majority of respondents (56 percent) disagreed that the proposal was reasonable. Only 22 percent of respondents agreed with the proposal. Respondents and participants thought the fees penalised registrants for pursuing additional learning and that higher fees could discourage development.
18. Third, we asked respondents whether they agreed or disagreed with our plans for future investment. The majority of respondents agreed with each of the investment areas. Focus group participants perceived the investment areas as important and worthwhile with some areas – education and training – viewed especially positively (78 percent). The findings were:
- 78 percent of respondents agreed we should invest in assuring **high quality training and education** that properly prepares nurses, midwives and nursing associates and maintains high standards of safety.
 - 64 percent agreed that we should update our **Code and standards** so that registrants, students and educators know what's expected of them and they can provide the best possible care and advice.
 - 64 percent of respondents agreed we should invest in how we handle **fitness to practise** cases to ensure clarity, fairness and reasonable timeframes.
 - 62 percent of respondents agreed with should invest in promoting **equality, diversity and inclusion** across our regulatory processes to ensure they are fair for all registrants and other involved.
 - 54 percent of respondents agreed we should invest in the right **technology and data** systems at the NMC to work efficiently and best support registrants, stakeholders and our teams.
19. However, some participants said these areas were 'business as usual' and queried why additional investment was necessary.
20. More broadly, the responses across all questions revealed a low understanding of our role and function. In focus groups, participants struggled to see tangible benefits for their registration fees. Some respondents and participants also felt that they were

being asked to pay for the NMC's historical shortcomings. These sentiments contributed to opposition to the proposals.

21. We also heard consistent support for options to alleviate the hardship of a fee rise on some registrants, for example newly qualified and younger professionals; registrants who are pregnant or on maternity leave and disabled. We address this in paragraphs 36 – 45.

22. We have carefully considered the responses to the consultation, and we are grateful to those who have shared their views. We acknowledge that registrants are experiencing financial and other pressures, especially given the rising cost of living, and a below the rate of inflation wage increases. We acknowledge that the majority of respondents disagree with our proposals to increase the fees by the stated amounts.

Our financial position

23. The registration fees paid by nurses, midwives and nursing associates account for about 97 percent of our income. The fees have remained frozen for 11 years since March 2015, despite inflationary costs. We do not receive funding from the UK or devolved governments. This ensures our independent status as a regulator.

24. We have revisited the financial projections since the close of the consultation. Our position remains broadly unaltered: without a fee increase the sustainability of our reserves and our ability to deliver core regulatory functions would be at risk. This may compromise public protection and will be detrimental to registrants and the public, for example by making our Fitness to Practise process progressively less timely and compromising our ability to provide sufficient oversight for the education of nursing and midwifery students.

25. Our budget for 2026-2027, approved by Council in March 2026, shows that, without a fee increase, we are projecting a deficit of £29 million on income of £109 million. This is even after we reduced our non-staff costs and took the difficult decision to reduce our headcount by around 10 percent at the end of 2025. This will be the third consecutive year of a deficit budget on top of the deficit of £19 million in 2024-2025 and £26 million expected in 2025-2026. These deficits have, in turn, been reflected in our rapidly dwindling reserves, as measured by our cash and investments. These have declined from £101 million in 2023-2024, to £83.3 million in 2024-2025, to £49.6 million in 2025-2026 and are scheduled to fall to £15.9 million in March 2027 without a fee increase.

26. Although we have protected further investment to make certain improvements, such as replacing our Fitness to Practise case management system, without a fee increase other investments such as improving Fitness to Practise end-to-end, to help us eventually reach our target of 80 percent of cases being resolved in a timely fashion, would be at risk. We would also not have sufficient funds to ensure that we can provide sufficient oversight for the training and education of nursing and midwifery students in the long term. This would put at risk our ability to deliver our critically important regulatory functions.

27. An increase to the registration fees is necessary if our reserves are to remain sustainable. The fees increase will provide us with about an additional £7m in 2026-

2027, £16m in 2027-2028, £20m in 2028-2029, and £20m in 2029-2030. This is the minimum we need to deliver our statutory duties and to begin to restore our financial position from the latter part of 2026-2027.

28. The Council is **recommended** to approve an increase to all prescribed registration fees as set out below.

Fee Type	Registrants	Current Fee	Proposed New Fee
Initial registration application fee	Overseas applicants	£153	£182
Retention fee (paid annually on the 1 st and 2 nd anniversary of registration).	All	£120	£143
Initial registration application fee	UK applicants	£120	£143
Renewal fee (paid at the end of the registration period on the 3 rd anniversary).	All	£120	£143
Evaluation fee (to evaluate international qualifications and assess eligibility to apply for registration)	Overseas applicants	£140	£167
Application fee for entering an additional preregistration qualification	All	£23	£27
Application fee for entering on the register a recordable qualification (post-registration qualifications)	All	£25	£30
Application for readmission or restoration to the register	All	£120	£143

Efficiencies

29. As a responsible regulator, we are committed to using registrants' fees efficiently and to achieving value for money. We have already taken steps to control our costs and make efficiencies. We have reduced our staff headcount by 10 percent. Our total recurrent savings is £9 million, including pay and non-pay savings, starting from 2026-2027. We have maintained our main office at 23 Portland Place, due to a very low rent of £250 per year. We have foregone planned comprehensive refurbishment at 23 Portland Place and slowed the pace of investment in technology. We are also making projected savings across non-pay costs. But these savings are just sufficient to maintain the viability of our reserves in the short term.

Demonstrating value for money

30. We have listened to the fact that the vast majority of respondents did not want to see the stated registration fee increase.
31. As stated in the consultation, our role is to protect the public, promote confidence in the nursing and midwifery professions and uphold the standards of those professions. As the largest healthcare professional regulator in Europe of more than 860,000 nursing and midwifery professionals, we have a crucial role in making this a reality. We also want to support our registrants to practise safely and effectively.
32. We do both by setting and promoting high education and professional standards for all future and registered nurses and midwives in the UK and nursing associates in England. We also ensure every nurse, midwife and nursing associate on our register meets clear standards of conduct and practice which protects the public and the reputation of our professions.
33. We investigate concerns and take steps to protect the public in the relatively rare instances where we need to limit or restrict a nurse, midwife or nursing associate's right to practise. Managing the fitness to practise caseload will continue to be our main expenditure for 2026-2028. We have committed to:
- Replacing the case management system which will assist with delivering timely, safe and fair outcomes;
 - Appropriately managing and signposting cases that are not for us, so we can focus on those that need regulatory action;
 - Improving safeguarding for registrants and witnesses;
 - Embedding equality, diversity and inclusion into our decision-making and taking measures to prevent bias based on ethnicity and gender in our decision-making.
34. The fee income will also help us to improve other core regulatory work to protect the public and for the benefit of registrants by:
- Investing more in our education quality assurance function. We currently approve 100 Approved Educational Institutions (AEI) to deliver 2,478 under- and post-graduate courses, affecting 116,000 students. Additional investment is needed to improve our data management and analysis and allow for a faster evidence-based response to regulatory concerns, and to improve the experience for stakeholders, especially students. This will ensure that nursing, midwifery and nursing associate students are trained safely and effectively, ensuring firm foundations for them delivering high quality healthcare to the public, when they join the register.
 - Updating our standards, the Code and revalidation to help underpin safe and effective practice, in a changing world, in response to registrants' priorities for modernisation and suggestions for greater impact.

- Rolling out any agreed improvements to the way nursing and midwifery students are educated, following the forthcoming publication of our practice learning review, in autumn 2026.
- Responding to the calls from our registrants and the public to strengthen the regulatory framework around advanced practice so that professionals on our register can confidently undertake advanced roles, in the interest of patients and service users.
- Modernising our technology in order to provide better customer service to registrants, employers and educators, and to support accurate and swift decisions for everyone relying on us to regulate well.
- Implementing changes that the government will shortly make to our legislation, allowing us to modernise our approach to regulation, including delivering a more timely and person-centred model for Fitness to Practise.
- Strengthening regulatory fairness and driving out bias based on ethnicity and gender.
- Embedding anti-racist principles in nursing and midwifery education.

35. We set our intentions for future investment and resources in the consultation. We are reassured that the majority of respondents supported our priorities for investment.

Future Fee Strategy

36. Respondents suggested we consider a differentiated fee structure, for example:

36.1 A lower fee for nursing associates

36.2 A lower fee for newly qualified professionals

37.3 A tiered fee structure linked to salary

37. If we introduced a discounted fee for a particular category of registrants this year, then it would create a shortfall in income. We cannot meet the shortfall by imposing a higher fee on the other registrants than the fee we consulted on. We cannot afford to operate with a shortfall.

38. We do not collect salary data from registrants or their employers. We would need to build and maintain a means of securing accurate pay information from registrants and a process for verification. For a register the size of ours, and taking account of the diversity of employment settings, this would require significant technical and operational change to collect and maintain pay related data and then manage it, at a cost.

39. The Executive Board maintains the policy position that the main registration fee relates to the cost of regulation and should be borne equally by all registrants, irrespective of profession, employment status or income. We address affordability by charging as low a fee as we can while securing sufficient income for our statutory work, by facilitating quarterly payments, and by promoting the availability of tax relief on fees.

40. Regulatory reform will require us to set out in rules a framework for setting and charging fees. We will engage stakeholders in deliberation of this framework.

41. Having considered the feedback to the consultation, our view is that, going forward, smaller, more frequent increases will be better than larger increases following long-term freezes.

Payment by monthly instalments

42. Some respondents asked about payment by monthly instalments. We already offer payment by quarterly instalments of £30, and this option is only taken up by forty percent of registrants. We used the consultation to raise awareness of this option. The low take up of payment by quarterly instalments may indicate that many registrants can cope with meeting the main fee in a single payment.

43. There is a risk that monthly instalments may lead to an increase in accidental lapsing due to missed payments. This will generate additional casework to deal with readmissions to the register at a cost. The main fee is an annual fee and remains payable for the year, even if a registrant wishes to leave the register midway through a year. In practice, if registrants paid by instalments and lapsed mid-year, we would have no practicable means of recouping unpaid instalments without incurring disproportionate cost.

44. Monthly instalments would have a negative impact on our cash flow and the stability of our reserves. Additional transaction costs would be significant as we are charged per transaction.

45. We would need to make IT system upgrades to offer payment by monthly instalments. Our income team would require an increase in capacity to cope with higher and frequent transactional volume. These are all costs that would be added to the sum we needed to raise through the fee. For these reasons, we have decided not to offer payment by monthly instalments.

Next Steps

If the Council decides to approve the proposed increase to the registration fees, then the broad timescale for subsequent events is as follows:

- The Council will be asked to agree the amendments to the fees rules in April 2026.
- The rules will subsequently be submitted to Privy Council for approval and following this will be laid in Parliament in accordance with the negative approval procedure.
- If approved, the new fees rules will come into force in October 2026.

Following the completion of the rules approval process, we will publish the consultation report attached to this paper along with a policy statement on the decisions that have been taken, and the equality impact assessment that has been developed as part of the process.

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	Whole paper but paras 23 - 27 specifically.	Fees Consultation Document consultation-on-proposals-to-increase-our-registration-fees.pdf
Safeguarding considerations	Not Applicable		
The four country factors and considerations.	Yes		Breakdown of respondents by nation included in the <i>Thinks</i> report.
Resource implications including information on the actual and expected costs involved.	Yes	Whole paper	Budget for 2026/2027
Risk implications associated with the work and the controls proposed/ in place.	Yes	Paragraphs 23 – 27	
Legal considerations.	Yes	Paragraph 3	
Midwives and/or nursing associates.	Yes	The proposals apply to all three professions	
Equality, diversity, and inclusion and Welsh Language impact.	Yes		Equality Impact Assessment and Welsh Language Impact Assessment. EDI data in the <i>Thinks</i> report.
Stakeholder implications and any external stakeholders consulted.	Yes	Paras 8 – 22	<i>Thinks</i> Report

Regulatory Reform.	Yes	Para 40	
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6 March 2026

Nursing and Midwifery Council Consultation on changes to fees rules

Final report

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1. Key findings

Across both the survey data and the qualitative focus groups there was a high degree of consistency in how respondents replied to the proposed fee increases. There are 8 key findings:

1. **There was very strong opposition to the proposal to increase the main registration fee.** 4 in 5 respondents (82%) disagreed that the proposal is reasonable, with over 3 in 5 (63%) strongly disagreeing.
2. **While there were strong levels of understanding of the NMC's rationale for increasing fees, this did not translate into support.** Around 4 in 5 (82%) said they have a good or complete understanding of the NMC's rationale for increasing fees, a similar proportion to those who disagreed that the proposal was reasonable.
3. **When explored qualitatively, in isolation the increase (of £1.92 a month) after 10 years was felt to be affordable, it is landing in an extremely challenging context.** Respondents noted stagnant wages, a wider cost-of-living crisis and increasing pressure on their roles; the fee increase was seen as *another* thing they have to grapple with. This all contributed to the perceived unfairness of the proposals and pushback on the NMC's rationale.
4. **There was opposition to increasing the fee for adding additional qualifications, however, it was less strong than the proposal for the main registration fee.** Nearly 3 in 5 (57%) disagreed the proposal to increase the fee for adding qualifications to the register was reasonable, with only 1 in 5 (22%) agreeing. Disagreement was driven by a sense that the measure would discourage or penalise professional development.
5. **The proposal to increase the overseas application fees was more divisive.** 2 in 5 (42%) respondents disagreed that the proposal was reasonable, while 1 in 3 (33%) thought it was reasonable. Disagreement was driven by concern about the impact on staffing challenges, as well as additional financial pressures on overseas registrants.
6. **Across the proposals, low understanding of what the NMC does and how it delivers value underpinned opposition.** In the focus groups there was low understanding of or registrants tended to downplay that the NMC exists to protect the public, and because of this they struggled to discern what the NMC is doing for them. This undermined their willingness to accept higher costs. When thinking about potential areas for investment, respondents emphasised they want clarity on the impact this would have on registrants.
7. **Midwives and younger registrants were consistently more opposed to the proposals and the NMC than other groups.** Findings from the focus groups suggested this is due to lower pay, student debt and a sense that newer entrants are being asked to pay more and sooner than previous generations. Moreover, there were stronger levels of frustration among midwives with the NMC generally as they believed it does little for midwifery compared with nursing.

8. **Respondents said the proposals would disproportionately affect those who might be less financially secure including those on lower incomes, part-time workers, and nursing associates.** Nearly a third (32%) felt it would impact individuals based on protected characteristics, most commonly age, pregnancy and maternity, disability and ethnicity. To mitigate this, alternative payment structures were suggested including how fees could be aligned to income, that increases could be introduced in phases and that hardship support schemes could be offered.

2. Context and background

2.1 The NMC Fees consultation

The Nursing and Midwifery Council (NMC) consulted on proposals to raise registration fees for nurses, midwives and nursing associates. The 12-week consultation opened on 3 November 2025 and ran until 26 January 2026.

To support this consultation, the NMC commissioned Thinks Insight and Strategy to carry out independent research to understand views of all relevant stakeholders including registrants, representative bodies and the wider public.

The purpose of this work was to understand attitudes towards the fee proposals in the context of the statutory work the NMC must carry out as an independent regulator working in the public interest. It had three objectives:

- To understand views of the three categories of proposed fee increases and the NMC’s reasoning for the proposals to raise the main registration fee, overseas application fees, and additional qualification fees, and explore what drives these attitudes;
- To gather insights to support the equality impact assessment and Welsh Language impact assessment for the proposed fee increases; and
- To understand registrants’ current fee-paying practices and explore awareness and uptake of practical options to manage fees.

3. Methodology

3.1 Summary of methodology

We used a mixed-methods approach to deliver the consultation. It consisted of:

- **An online survey** which was live on the NMC’s consultation platform
- **4 focus groups** with registered professionals (delivered December 2025)
- **2 focus groups** with nursing and midwifery students (delivered December 2025)

3.2 Methodology and sample of quantitative stage

The NMC hosted an online consultation survey on its dedicated consultation webpage. To ensure accessibility and inclusivity the survey was available in English, Welsh and Easy Read.

The quantitative data used in this report has come from a total of 40,657 responses. This comprised of:

- 40,641 respondents who completed the fees survey online
- 16 respondents who completed the Easy Read version and shared their response with the NMC

The sample breaks down by the following key subgroups:

Type	Individual: 40,594 Organisation: 47* <i>*Following review, 10 survey responses and 2 additional written submissions (one of which was also included in the survey responses) were included in the analysis of organisational responses, having been confirmed as representative of the relevant organisations. Those organisational responses that were not verified as being from an organisational representative are included in the dataset, however, are not referenced in the organisational highlights within the report.</i>
Country of address	England: 32,089 Scotland: 4,480 Wales: 2,005 Northern Ireland: 1,536 Outside EEA/ EU: 154 Within EEA/EU but not in the UK: 120 <i>Totals for individuals</i>
Gender (Total sample)	Woman: 33,916 Man: 4,418

	Other: 135
Ethnicity (Total sample)	Total: White: 30,944 Total: Mixed: 1,013 Total: Asian: 3,116 Total: Black: 2,211 Total: Other: 134
Age (Total sample)	Under 21: 20 21-30: 5,043 31-40: 12,247 41-50: 8,778 51-55: 4,526 56-60: 4,041 61-65: 2,910 66-70: 671 71-75: 114 Above 75: 38
Role (Total sample)	Nurse registered with NMC: 34,619 Midwife registered with NMC: 2,711 Nurse and midwife registered with NMC: 1,586 Nursing associate registered with NMC: 708 Educator: 198 Student within nursing and midwifery: 155 Retired: 100 Member of the public: 69 Other health and care professional: 40 Fitness to Practise committee member: 22 Employer: 21 Other: 190 <i>Roles with bases n <6 are not listed above but are included in the overall results</i>
Sector (NMC Registered roles only)	NHS or HSC (Northern Ireland): 32,266 Healthcare (non-NHS or HSC): 4,470 Social care: 676 Other: 1,733
Employment type	Employed directly (not via a UK agency): 36,535

(NMC Registered roles only)	Employed via an agency: 1,404 Self-employed: 470 Volunteering: 55 Other: 323
Organisation Type	Government department or public body: 1 Professional organisation or trade union: 5 Employer of nurses, midwives and/ or nursing associates: 4 Agency for nurses, midwives and/ or nursing associates: 1 Charity / voluntary sector: 2 <i>*To note organisations were able to select all that apply and therefore totals exceed number of organisation responses.</i>

The report focuses on the subgroups most affected by the proposals, with particular attention to NMC registered roles (including registrants with protected characteristics), professional and trade union organisations. Other subgroups have been drawn out where relevant.

The report shows where there are statistically significant differences between subgroups. This is based on significance testing (95% confidence level). It means the difference is genuine and unlikely due to random chance.

Although the sample was self-selecting (respondents opted in to take part), all professionals on the NMC register were invited to participate in the survey and the total sample broadly reflects the register. The consultation also includes responses from roles outside of the register. This means although differences are not technically generalisable (in a statistical sense) they are notable. Due to the large sample size some statistically significant differences appear very small (<3%).

Please note that total figures (e.g. *agree + strongly agree*) are calculated using the total number of respondents selecting those options. This means the total percentage may be slightly higher or lower (e.g., by ±1 percentage point) than the sum of the individual percentages due to rounding.

Some subgroups have small or very small base sizes and so findings should be treated with caution. In the instances of small base sizes, we have highlighted the figure in **red**.

3.3 Methodology and sample of qualitative stage

We delivered 4 x 90-minute focus groups with registered professionals between 2 December and 5 December 2025. In total, 21 registered professionals took part. This included 10 midwives, 9 nurses and 2 nursing associates.

We delivered 2 x focus groups with students. In total, 10 students participated, comprising of 5 student nurses and 5 student midwives.

Participants were recruited from England, Wales, Scotland and Northern Ireland and professionals represented a broad range of healthcare settings and sectors.

Each focus group lasted 90 minutes and was facilitated by experienced moderators from Thinks. Moderators followed a structured topic guide to ensure consistency across sessions, while allowing flexibility for participants to explore issues most important to them.

Insights from the focus groups were analysed thematically and are used within this report to complement and add depth to consultation survey findings.

In this report, **respondents** denotes individuals who completed the NMC consultation survey. **Participants** denotes individuals who took part in focus groups.

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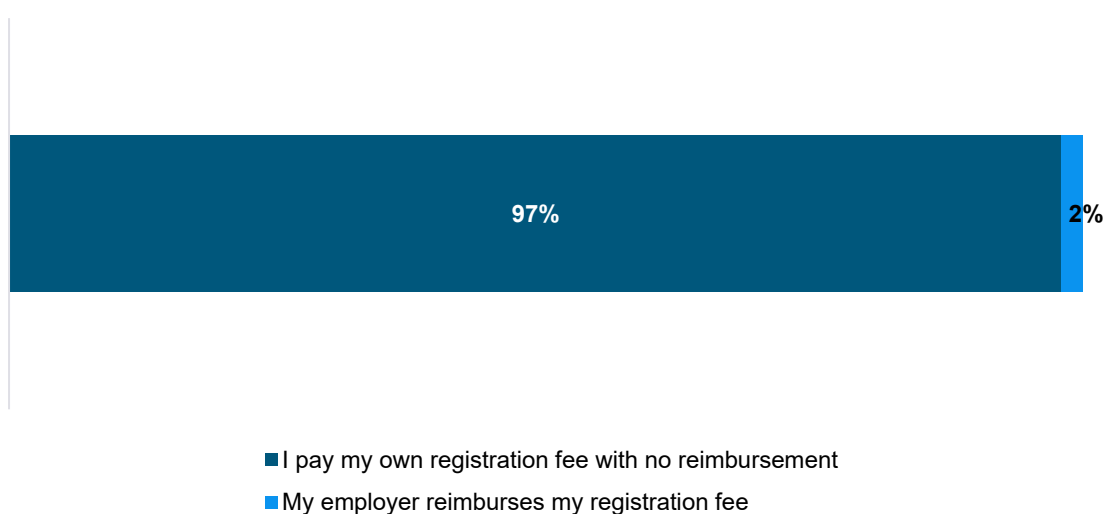
4. Findings

4.1 Current relationship with fees

4.1.1. Reimbursements from employers

We asked survey respondents if they pay their own registration fee or if their employer reimburses them. Nearly all (97%) of those working as a nurse, nursing associate or midwife said they paid their own registration fee with no reimbursement from their employer. Only 2% reported that their employer reimburses their fees.

Do you pay your own registration fee or does your employer reimburse you? Base: All currently working as a nurse/midwife (n=38,336)



When explored in the focus groups, many participants did not realise that some types of employers offer a reimbursement and wondered what types would reimburse fee payments.

“My employer reimburses 50%.”
 – Nurse, England, Survey respondent

Subgroup differences regarding employer reimbursement

Although very low levels of reimbursement were consistent across all subgroups, there were some noteworthy differences between respondents depending on their ethnicity, age and the setting in which they work.

The most notable differences appeared between respondents in different healthcare settings. Those working in **occupational health, the Police, and care home sectors** were more likely to say they are reimbursed by their employers compared with the total sample.

Setting	% of nurses/nursing associates/midwives whose employer reimburses their fee
Police (n=102)	19%

Occupational health (n=388)	18%
Care home sector (n=1546)	16%

While still only a small proportion, more respondents from **Asian and Black ethnic backgrounds** reported being reimbursed by their employer compared with respondents from White backgrounds. Across the sample a higher proportion of respondents from Black and Asian ethnic backgrounds work within the care home sector which likely explains this difference.

Ethnicity	% of nurses/nursing associates/midwives whose employer reimburses their fee
Total: Asian (n=2,920)	3%
Total: Black (n=2,024)	3%
Total: White (n=29,459)	2%

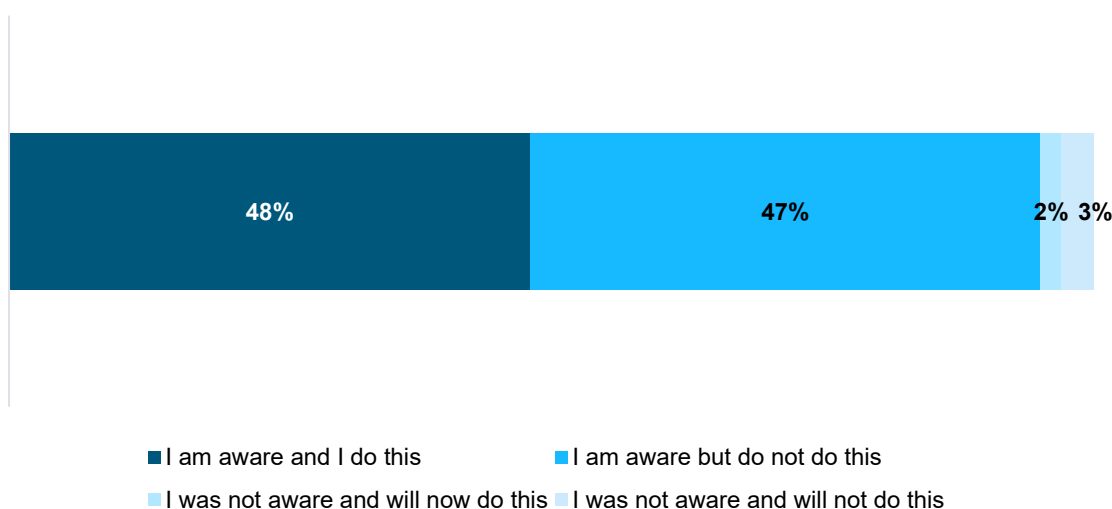
Similarly, while ultimately a small proportion, **older respondents (aged 66-75)** were twice as likely to say they had their fees reimbursed compared to younger respondents.

Age	% of nurses/nursing associates/midwives whose employer reimburses their fee
71-75 (n=95)	4%
66-70 (n=572)	4%
61-65 (n=2,624)	3%
56-60 (n=3,749)	3%
51-55 (n=4,306)	2%
41-50 (n=8,409)	2%
31-40 (n=11,816)	2%
21-30 (n=4,744)	2%

4.1.2. Awareness of quarterly payments

We asked survey respondents if they were aware they could pay their registration fee in quarterly payments, and if this was how they currently pay their fee. Nearly all survey respondents (94%) were aware that they could pay their fees quarterly. 5% of respondents were not aware they could pay in quarterly instalments. This comprised of 2% who reported that they will now do this (pay in quarterly instalments) and 3% who said they would not do this and would continue paying annually.

Are you aware that you can pay your registration fee in quarterly payments and, if so, do you do this? Base: All NMC registered respondents (n=39,624)



In the focus groups, there was a high degree of awareness that registrants could pay their fees quarterly.

- Those who paid quarterly did so because the smaller payment amount feels more manageable.
- Whereas those who paid annually preferred making a one-off payment. They felt this minimised the risk of them missing a payment.

“I thought it was once a year, or twice a year, like every six months. I didn’t realise it was quarterly as well.” - Student Midwife, England, Focus group participant

Subgroup differences regarding quarterly payments

Majorities across all subgroups were aware that they could pay their fees quarterly, but there were some small differences by country of address and role.

For example, respondents from **England, outside the UK and outside the EEA/EU** were more likely to say they were unaware they could pay fees quarterly compared with those in Northern Ireland, Scotland and Wales.

Country of address	% who were not aware
Outside EEA/EU (n=144)	21%
Within EEA/EU but not in the UK (n=117)	15%
England (n=31,360)	5%
Wales (n=1,954)	3%
Northern Ireland (n=1,495)	4%

Scotland (n=4,383)	3%
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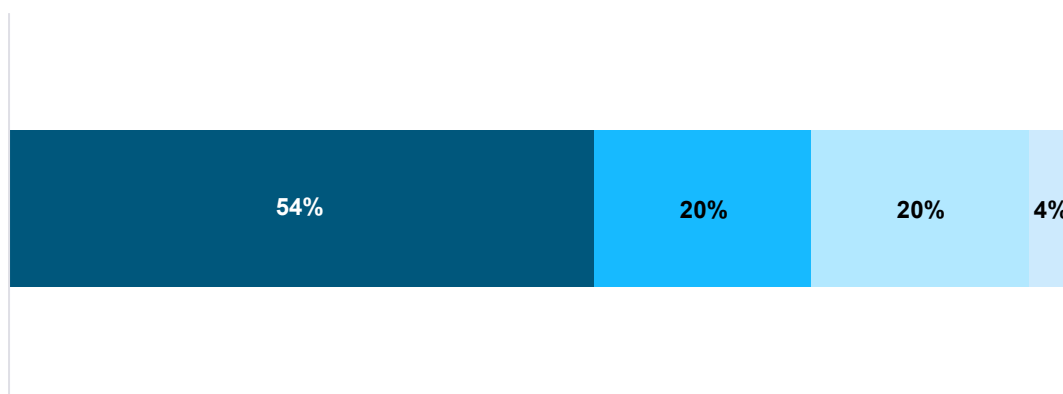
Although the majority of both nurses and midwives said they were aware they could pay their fees quarterly, **nurses** were notably more likely to say they were unaware of this option compared with midwives.

Roles	% who were not aware
Nurses registered with the NMC (n=34,619)	5%
Midwives registered with the NMC (n=2,711)	3%

4.1.3. Claiming tax relief

We asked survey respondents if they knew they could claim tax relief on their annual registration fee and if they currently do this. The majority (73%) were aware and 54% of all respondents do this currently. 23% of respondents were not aware they could claim tax relief. 20% of respondents said they were not aware but they would do this in the future and 4% say they would not do this in the future.

Are you aware that you can claim tax relief on the annual registration fee, if so, do you do this? Base: All NMC registered respondents (n=39,624)



- Aware and currently do this
- Aware and do not do this
- Not aware and will now do this
- Not aware and will not do this

“No, [I was not aware you can claim tax relief] but I am going to write that down and look into that afterwards.” – Student midwife, England, Focus group participant

“A few years ago, must have been about four or five years ago, there was a bunch of leaflets in the unit about how to [claim tax relief]. I remember doing that and getting a small little sum back. I think it must have been about £150 or something for X amount of years. Haven’t done it since. I’m not sure if I’m entitled to do it again or haven’t had any information about it since.” – Junior Midwife, Wales, Focus group participant

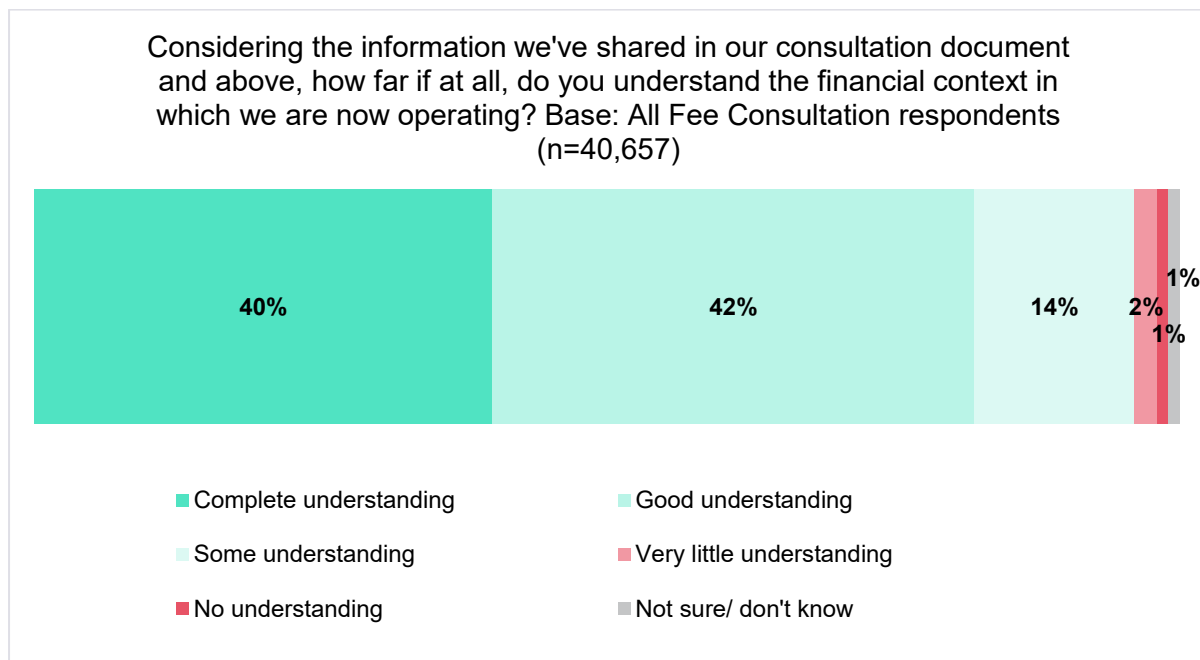
Subgroup differences regarding tax relief

Respondents living in **Scotland and Wales** were notably more likely to be aware they could claim tax relief and to do this currently compared with those living in England, Northern Ireland, within the EEA/EU and outside of the EEA/EU. (N.B. Tax relief is only available to UK taxpayers which may explain lower incidence outside of the UK)

Country of address	% who are aware and who do this now
Scotland (n=4,383)	59%
Wales (n=1,954)	57%
England (n=31,360)	53%
Northern Ireland (n=1,495)	49%
Within EEA/EU but not in the UK (n=117)	47%
Outside EEA/EU (n=144)	33%

4.2 Understanding of the rationale for increasing fees

We shared the NMC’s rationale for the proposed fee increases (i.e. the financial context in which it is now operating) and asked about respondents’ level of understanding. Survey respondents reported strong levels of understanding of the reasoning for the proposed increases; 82% said they had ‘complete’ or ‘good’ understanding while only 3% said they had ‘very little’ or ‘no’ understanding.



Insights from both the survey and focus groups showed that while there was an *understanding* of the rationale for raising fees in the current financial context, it did not

always feel like an acceptable justification for the proposals. In the focus groups, a small minority acknowledged that the 10-year gap since the last fee increase and the rise in costs due to inflation were a good justification for the proposals to increase fees.

“I’m going to give it to the NMC. For 10 years it’s not been increased which has been very good for us.” - Senior Nurse, England, Focus group participant

However, this acknowledgement was accompanied by a strong sense that registrants are facing similar financial challenges due to their wages not increasing in line with inflation and the wider cost-of-living crisis. Many felt that their job has also become more challenging in the last 10 years, and they are getting paid less to do more. This was also strongly echoed in responses to open-ended survey questions which emphasised the extreme pressure nurses and midwives are facing in a stretched healthcare system. Ultimately, this meant that focus group participants and survey respondents were unwilling to accept the increase – even if they understood the reasoning.

“Tax rises continue year on year, cost of living increases year on year, inflation increases year on year. Yet here we are with further increases that will impact our income, imagine paying to do a job where you help people and your tax increases which is also used to fund the NHS.” - Nurse, Scotland, Survey respondent

“Cost of living is continuing to rise, I have to pay to go to work, pay to do the job that I again paid £60,000 to get the degree to do that I will never pay back, when does it end? Increasing NMC fees will just encourage people to leave the register due to not being able to afford it on NHS salaries.” - Midwife, England, Survey respondent

Moreover, focus group participants and survey respondents were sceptical that the NMC having ‘one of the lowest fees among regulators’ was a justification for increasing fees. They highlighted that nurses’ and midwives’ salaries are considerably lower than other clinical professionals (e.g. doctors and dentists) and so the comparison did not feel fair.

“I’m not sure they’re using that as a justification. But your doctors... they are earning far more, significantly more than for example a nursing associate, a newly qualified midwife. So, is that comparable?.” - Senior Midwife, England, Focus group participant

Finally, low acceptance of the fee increase was compounded by limited trust in the NMC, low awareness of the full scope of its role, and low confidence in its effectiveness as a regulator. Focus group participants were sceptical about the value and visibility of returns on current fees and then questioned the NMC’s efficiency and how well it would use additional funding. They were unwilling to accept increases without demonstrable improvements in the NMC’s work. Midwives in particular called for greater transparency about how registration fees are used and how additional funds would be allocated.

“I genuinely don’t mind paying that if it’s actually going to something useful. Before I started paying that, I would want a real breakdown of where exactly that’s going, what they currently use the funding for and, not to be

distrusting, but just to ensure that's not going into some top CEO's pay rise or bonus... if it's actually going to help us, the people at the bottom, then absolutely fine, don't mind paying it." - Junior Midwives, Scotland, Focus group participant

Subgroup differences regarding understanding of the rationale for increasing fees

Across all subgroups the majority had complete or good understanding of the NMC's reasoning for the proposed increase of fees. Significant differences in the size of the majority were observed in 2 subgroups: country of address and registered role.

Respondents living in **Scotland** and **within the EEA/EU** were more likely to have complete or good understanding than other geographies.

Country of address	% complete/good understanding
Within EEA/EU but not in the UK (n=120)	93%
Scotland (n=4,480)	85%
Northern Ireland (n=1,536)	83%
England (n=32,089)	82%
Wales (n=2,005)	82%
Outside EEA/EU (n=154)	81%

Educators and midwives were more likely to have complete or good understanding than other registered roles and students.

Roles	% complete/good understanding
Educator (n=198)	86%
Midwife registered with the NMC (n=2,711)	85%
Nurses registered with the NMC (n=34,619)	82%
Nurse and Midwife registered with the NMC (n=1,586)	78%
Student within nursing and midwifery (n=155)	80%
Nursing Associate registered with the NMC (n=708)	75%

Non-registered roles including employers, members of the public and retired professionals showed comparatively high levels of understanding for of rationale. No other significant differences were observed across subgroups.

Organisation views on understanding the rationale for increasing fees

Professional organisations and trade union responses expressed significant concerns about the NMC's financial justification for the fee increases. Organisations highlighted inconsistencies in the NMC's financial messaging. They noted that in previous financial strategies NMC reported to have a good level of resources.

"However, in the NMC's latest financial strategy for 2025-2026 published in March 2025, the NMC claims to be in an 'privileged financial position.... This change in tone within only 7 months will leave many registrants concerned about the NMC's ability to manage its finances effectively." - Professional organisation or trade union, Organisation Response

Additionally, they highlight that the proposed fee increases directly contradict previous commitments from the NMC to avoid unaffordable or sudden increases to fees.

"With proposals to increase the fee by £23 (or 19 per cent) in one go, the NMC is opting to subject registrants to a large sudden increase as opposed to a smaller, more regular increases. This contradicts the [previous] statement [in the financial strategy]." - Professional organisation or trade union, Organisation Response

They noted that the proposals come at a time of diminished confidence in the NMC. Responses cited examples including a backlog of Fitness to Practise cases, fraudulent results at the Yunnik Technologies Test Centre, and findings from the Independent Culture Review as reasons for lacking in confidence.

"To acknowledge failings and then suggest a price rise for registration appears to be a further kick in the teeth for the professionals and questions what assurances are in place and what this extra money will contribute to." – Professional organisation or trade union, Organisation Response

Organisations also highlighted that in the consultation's comparison with other healthcare regulators it failed to account for the significantly higher earnings of registrants in those professions, and that other regulators offer income-based discounts or reduced rates for new graduates that the NMC does not provide.

"The consultation fails to mention the higher earnings of the vast majority of the registrants in many of the other regulators...the GMC offers a 50 per income discount for registrants who earn less than the income threshold...HCPC offer a 50 per cent discount for new graduates for 2 years following completion of their programme." - Professional organisation or trade union, Organisation Response

4.3 Proposal to increase the main registration fee

We shared the NMC’s proposal to increase the main registration fee. The term annual registration fee includes the initial registration application fee (for UK educated professionals), the retention fee, the renewal fee, the readmission fee and the restoration fee. The proposal is to increase the annual registration fee from £120 to £143.

Survey respondents reported overwhelming disagreement that the proposal to increase to the main registration fee is reasonable. 82% disagreed the proposal was reasonable, with most (63%) disagreeing “strongly”. Just 13% either strongly agreed or agreed with the proposal.

To what extent do you agree or disagree that the proposal to increase to the main registration fee is reasonable? Base: All Fee Consultation respondents (n = 40,657)



In the focus groups, we explored this further to understand the perspectives underpinning the objection to or acceptance of the proposal. Across the groups, there was consensus that the proposal to increase the main registration fee is affordable in isolation (i.e. an additional £23 a year) and for some, less than what they were expecting.

“I think when you put it like that, you put oh, an extra £2 a month like it wouldn’t be so much.” - Student Nurse, England, Focus group participant

“I think most things went up quite a lot in price, especially this last couple of years. In fact, they haven’t increased since 2015. I feel like they must be at a point now where it’s like breaking point. They need to do it or else the whole thing will collapse. I do think it is fair, like it’s a business at the end of the day.” - Nursing Associate, England, Focus group participant

However, the widespread objection to and perceived unfairness of the proposal was due to the context in which it was being received. This relates to the previously discussed concerns regarding cost of living, insufficient salary increases in line with inflation and a wider health system in crisis adding pressure to registrants’ roles.

“£120 to £143 is only £23. But when you look at the fact that nurses are getting paid lower already, midwives are getting paid lower, everyone's quite burnt out. There's not a lot of support.” - Student Midwife, England, Focus group participant

“They're going to say, oh, it's just £1.92 a month and it's just £5.75 until they do it the next time and say exactly the same thing. I shouldn't have to pay to be a midwife.” - Senior Midwife, England, Focus group participant

Subgroup differences regarding the proposal to increase the main registration fee

Across all subgroups the majority either strongly disagreed or disagreed that the NMC's proposal to increase the main registration fee is reasonable. Significant differences in the size of the majority were observed across several subgroups including registered role and career stage/age.

While there were strong levels of opposition across all registered roles, **midwives and students** showed notably higher levels of disagreement that the proposal to increase the main registration fee is reasonable.

Roles	% strongly disagree/disagree
Student within nursing and midwifery (n=155)	89%
Midwife registered with the NMC (n=2,711)	87%
Nursing Associate registered with the NMC (n=708)	83%
Nurse registered with the NMC (n=34,619)	81%
Nurse and Midwife registered with the NMC (n=1,586)	81%
Educator (n=198)	61%

This opposition from midwives was further substantiated in the focus group discussions, where they questioned the NMC's relevance to and impact on midwifery (as mentioned in Section 4.2). Furthermore, there was a deep resentment towards the idea of paying registration fees altogether and a sentiment that they should 'not have to pay to do their job'.

“I think what this shows is we're all a group of midwives that have been midwives for a relatively long time and we don't understand what the NMC is doing for us, and we don't understand really what this means. And what this will change in layman shop floor terms, for us. So maybe we need more understanding of what the NMC is doing for us and where this money is going.” - Senior Midwife, England, Focus group participant

Across non-registered role respondents, members of the public and other health and care professionals showed similarly high levels of disagreement with the proposal.

Roles	% strongly disagree/disagree
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Member of the public (n=69)	91%
Other health and care professional (n=40)	78%

The survey data also showed that **younger respondents** were significantly more likely to disagree that the proposal to increase the main registration fee is reasonable than older respondents.

Age	% strongly disagree/disagree
21-30 (n=5,043)	91%
31-40 (n=12,247)	88%
41-50 (n=8,778)	83%
51-55 (n=4,526)	77%
56-60 (n=4,041)	71%
61-65 (n=2,910)	60%
66-70 (n=671)	47%
71-75 (n=114)	32%

This was reflected in the focus groups where the need to support those on lower incomes and early career professionals was a strong theme. Unsurprisingly, this sentiment was more likely to be raised by junior professionals and students. They highlighted the perceived unfairness of paying fees to work before receiving their first salary payment or on top of student debt. They strongly advocated for instalment plans and concessions for newly qualified professionals.

“Considering that they've increased it when we're already paying like nine [thousand pound a year to study]. And then you get to the end of it and then it's like you have to pay even more money before you've even worked and earn any money. It all just seems like a bit of a complex system to me.” - Student Midwife, England, Focus group participant

On the other hand, more senior participants were often more accepting of increases. That said, they advocated for protections for newly qualified and lower-band colleagues, including nursing associates.

“So, whilst I'm complaining about the increase. Yeah. If I'm being really honest, I'm going to afford it and I'm going to grumble about it and I'm not going to not be a midwife. However, I think we need to be looking after our newly qualified and our nursing associates a lot better than we have.” - Senior Midwife, England, Focus group participant

Registered role respondents **working within the NHS or HSC** were notably more likely to disagree that the proposed main registration fee increase is reasonable in comparison with other sectors.

Sector	% strongly disagree/disagree
NHS or HSC (Northern Ireland) (n=32,266)	84%
Healthcare – non-NHS/HSC (n=4,470)	73%
Social Care (n=676)	64%

Similarly, those **employed directly** tended to disagree more than those employed through other means.

Roles	% strongly disagree/disagree
Employed directly (n=36,535)	83%
Employed via agency (n=1,404)	71%
Self-employed (n=470)	62%

White respondents were significantly more likely to disagree with the proposal than those from other ethnic groups.

Ethnicity	% strongly disagree/disagree
Total: White (n=30,944)	83%
Total: Mixed (n=1013)	78%
Total: Asian (n=3,116)	70%
Total: Black (n=2,211)	66%

Finally, respondents from **within the UK** were significantly more likely to disagree with the proposal from those **within or outside the EEA/EU**

Country of address	% strongly disagree/ disagree
Scotland (n=4,480)	83%
Wales (n=2,005)	83%
Northern Ireland (n=1,536)	83%
England (n=32,089)	81%
Within EEA/EU but not in the UK (n=120)	61%

Outside EEA/EU (n=154)	47%
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No other significant differences were observed across subgroups.

Organisation views on the proposal to increase the main registration fee

There was strong levels opposition with the proposal to increase the main registration fee across organisational responses. Survey data from one professional organisation or trade union respondent highlighted that many registrants are already financially stretched due to the cost-of-living crisis and rising work-related costs.

"An overwhelming 99 per cent of our 3,114 respondents do not support the £23 a year increase to the main registration fee. Only 10 per cent of respondents said the proposed increase in the registration fee would be affordable for them. The survey responses showed that many registrants are already stretched financially and the increase in fees would only make this situation worse." - Professional organisation or trade union, Organisation Response

Significant concerns were also raised about the potential impact on workforce retention and recruitment.

"We fear such a significant increase in fees could ultimately act as a disincentive to staff from either continuing in or returning to their important roles, particularly where, for example, staff were considering a return to work on a part-time basis. This is further compounded by the fact that part-time workers pay the same registration fee." - Professional organisation or trade union, Organisation Response

Alternative fee structure proposals to consider

Across survey respondents and focus groups there was consistent support for alternative payment structures that better reflect the varied financial circumstances of registrants. They highlighted that a flat fee disproportionately affects those on lower incomes. Suggestions included phased fee increases, hardship support schemes, and income-based or stratified fee models (particularly for nursing associates and newly qualified staff).

"Many nurses and midwives are already struggling with increasing costs of living and delayed salary increases. [We] would suggest that NMC consider a fee stratification model as the greater number of registrants are in lower salaried pay bands" - Employer of nurses, midwives and/or nursing associates, Northern Ireland, Survey respondent

"I would support alternative approaches such as phased increases, hardship support, [or] discounts for newly registered nurses." - Nurse, England, Survey respondent

Organisation views alternative fee structures

Organisational responses supported alternative fee structures and stratification models to support registrants on lower salaries. Suggestions from professional organisations or trade unions include:

- Option to pay the registration fee in monthly instalments
- Reduced rate for part-time workers or those registrants whose salary does not meet a certain income threshold
- Reduced rate for nursing associates
- Reduced rate for newly qualified staff
- Partial fee refund system for registrants who end their registration part-way through the year, for example if they retire.

"Many nurses and midwives are already struggling with increasing costs of living and delayed salary increases. Would suggest that NMC consider a fee stratification model as the greater number of registrants are in lower salaried pay bands" - Western Health and Social Care Trust." – Employer of nurses, midwives and/or nursing associates, Organisation Response

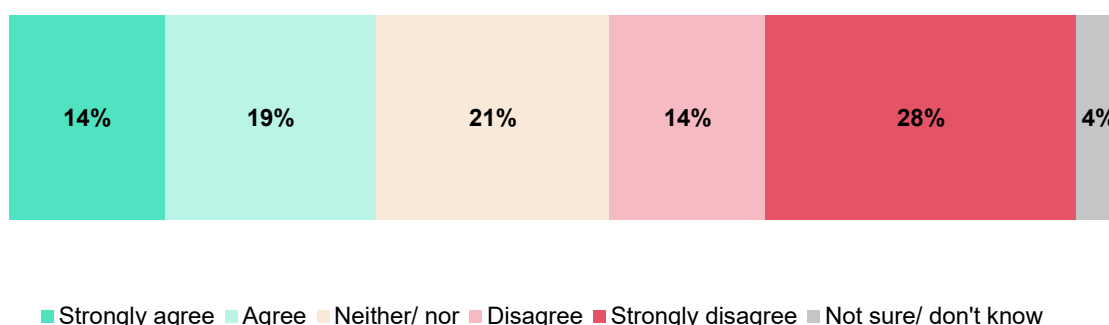
4.4. Proposal to increase overseas application fees

We shared the NMC's proposal to increase overseas application fees with survey respondents and focus group participants. This proposal includes:

- The evaluation fee (to evaluate international qualifications and assess eligibility to apply for registration) from £140 to £167
- The initial registration application fee (for overseas educated professionals), from £153 to £182

Of all the proposals, the response to increasing overseas application fees was most divisive. 42% disagreed and 33% agreed the proposal is reasonable.

To what extent do you agree or disagree that the proposal to increase overseas application fees is reasonable? Base: All Fee Consultation respondents (n=40,657)



The divided opinions on the proposal to increase overseas application fees were reflected in the focus groups and responses to open-ended survey questions. On the one hand, participants in the focus groups – particularly those who were more senior – recognised the additional checks and protections required to demonstrate that professionals who have trained overseas are capable of practising safely and effectively. This was seen as grounds for increasing overseas application fees.

On the other hand, there was a view that the proposal could contribute to workforce challenges. Most believed the increase in fees would not significantly deter overseas professionals from applying to come to the UK, however, they did still believe there would be some impact.

“We rely on overseas nurses as NHS recruitment is poor. This may lower overall numbers.” - Nurse, Wales, Survey respondent

“It risks creating additional barriers for skilled international nurses and midwives who are already facing significant financial and logistical challenges relocating to the UK. The NHS relies heavily on overseas recruitment to maintain safe staffing levels, and increasing fees sends the wrong message at a time when the system should be supporting, not discouraging, global applicants.” – Nurse, Scotland, Survey respondent

More strongly, there was concern about how it would affect the financial position of those who do apply. Respondents said that many overseas applicants were already financially insecure, and an increase could worsen their financial position. These respondents emphasised that overseas application fees do not exist in isolation but are part of a much larger financial commitment that includes such the Objective Structured Clinical Examination (OSCE) the English Language Proficiency Tests (IELTS/OET), visa fees and relocation expenses. Some raised concerns that internationally trained professionals were being exploited, particularly given the substantial financial investment required with no guarantee of employment. There was also concern that beginning their careers in the UK in a worse financial position could have a consequential impact on staffing challenges.

“It’s not going to lead to people declining jobs, it’s not going to lead to people not coming over from other countries. They’re not going to say all of a sudden, I’m not coming to the UK, they’re going to find [the money]. But you’re going to push them into poverty.” - Senior Midwife, England, Focus group participant

“I strongly disagree with the proposal to increase overseas application fees because internationally educated applicants already face extremely high costs throughout the registration process, even before being accepted onto the register. In addition to this financial burden, many overseas applicants still face uncertainty about securing employment or visa sponsorship after completing these costly steps.” - Midwife, Outside EEA/EU, Survey respondent

Subgroup differences regarding the proposal to increase overseas application fees

Across all subgroups, differences in agreement were observed across a number of categories including country of address, roles, sector, employment type, ethnicity and age.

Subgroups more likely to agree with the proposal	Subgroups more likely to disagree with the proposal
White respondents	Respondents from Asian, Black and Mixed ethnicities
Older respondents	Younger respondents
Respondents outside the EEA/EU	Respondents in England, Northern Ireland and within the EEA/EU but not in the UK
Respondents working in social care or in healthcare (non-NHS/HSC).	Respondents working in the NHS/HSC
Self-employed respondents	Respondents employed directly or via an agency

Registered (and student) roles were more likely to disagree than agree with the proposal. Disagreement was strongest among **students** and **midwives**.

Roles	% strongly agree/ agree	% strongly disagree/ disagree
Student within nursing and midwifery (n=155)	23%	50%
Midwife registered with the NMC (n=2,711)	28%	47%

Nurse and Midwife registered with the NMC (n=1,586)	31%	44%
Educator (n=198)	35%	44%
Nurse registered with the NMC (n=34,619)	33%	42%
Nursing Associate registered with the NMC (n=708)	32%	40%

Across additional roles, other healthcare professionals and members of the public were more likely to disagree with the proposal to increase overseas fees. Whereas employers and retired professional were more likely to agree.

Roles	% strongly agree/ agree	% strongly disagree/ disagree
Member of the public (n=69)	25%	58%
Other health and care professional (n=40)	29%	58%
Employer (n=21)	43%	33%
Retired (n=100)	63%	14%

Respondents **working in the NHS or the HSC** were more likely to disagree with the proposal, while those working in healthcare (non-NHS or HSC) or social care were more likely to agree.

Sector	% strongly agree/ agree	% strongly disagree/ disagree
NHS or HSC (n=32,266)	31%	44%
Healthcare – non-NHS/HSC (n=4,470)	39%	37%
Social Care (n=676)	46%	31%

Similarly, those **employed directly or via an agency** were more likely to disagree with the proposal, whereas those who are self-employed were more likely to agree with it.

Roles	% strongly agree/ agree	% strongly disagree/ disagree
Employed via agency (n=1,404)	31%	48%
Employed directly (n=36,535)	32%	43%

Self-employed (n=470)	53%	28%
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There was also a clear divide in support across age groups. **Younger respondents** were significantly more likely to disagree with the proposal, while **older respondents** were more likely to agree.

Age	% strongly agree/ agree	% strongly disagree/ disagree
21-30 (n=5,043)	22%	56%
31-40 (n=12,247)	25%	52%
41-50 (n=8,778)	33%	41%
51-55 (n=4,526)	40%	32%
56-60 (n=4,041)	46%	28%
61-65 (n=2,910)	55%	22%
66-70 (n=671)	60%	17%
71-75 (n=114)	68%	11%

There were notable differences across ethnic groups. Ethnic minority respondents reported stronger levels of disagreement than white respondents. This was in **contrast to the proposal to increase the main registration fee**, where White respondents reported much stronger levels of disagreement compared to respondents from ethnic minority backgrounds.

Ethnicity	% strongly disagree/disagree
Total: Asian (n=3,116)	50%
Total: Black (n=2,211)	49%
Total: Mixed (n=1013)	49%
Total: White (n=30,944)	40%

Respondents in most nations were more likely to disagree than agree with the proposal, however, the strength of disagreement was notably higher in **England, Northern Ireland and within the EEA/EU**. On the other hand, respondents **outside the EEA/EU** were more likely to agree than disagree with the proposal, this group reported higher levels of agreement with all the fee proposals.

Respondents in **Scotland and Wales** were most divided – while agreement with the proposals was higher than elsewhere in the UK and the EEA/EU, similar proportions

disagreed. This was in **contrast to the proposal to increase the main registration fee** where respondents from Scotland and Wales expressed higher levels of disagreement.

Country of address	% strongly agree/agree	% strongly disagree/disagree
Outside EEA/EU (n=154)	47%	38%
Scotland (n=4,480)	37%	36%
Wales (n=2,005)	35%	39%
England (n=32,089)	32%	43%
Northern Ireland (n=1,536)	32%	42%
Within EEA/EU but not in the UK (n=120)	33%	48%

No other significant differences were observed across subgroup

Organisation views on the proposal to increase overseas fees

Professional organisations and trade union responses unanimously disagreed with the proposal to increase overseas application fees, emphasising that the consultation failed to provide of clear rationale or an assessment of the impact on international recruitment.

"The NMC appears to have also made no assessment on the impact that increasing the overseas fee, or in fact its current level, could have on the number of overseas professionals that may see the UK as a destination to come and work." - Professional organisation or trade union, Organisation Response

Particular concern was raised about timing, given the sharp decline in international registrations. One organisation noted that NMC data showed international registrations had fallen by nearly 50% year-on-year and the potential financial risk to the NMC in deterring applications

"In its most recent registration data report, the NMC reported... the lowest six-monthly intake of international professionals for five years. If the increased fee dissuaded 1,008 or more overseas applications, this would in effect wipe out the benefit of any increase in fee to the NMC." - Professional organisation or trade union, Organisation Response

Responses emphasised broader workforce sustainability concerns, they highlighted that the decline in international recruitment presents major risks given that domestic supply has not grown at the same pace.

"An overwhelming 86 per cent of our respondents do not support the £29 increase to the overseas application fee...Increasing the overseas application fee risks further disincentivising internationally educated nurses and midwives from applying for jobs in the UK, especially when we already know nurses and midwives can earn higher salaries in other countries such as Australia and Canada." - Professional organisation or trade union, Organisation Response

4.5. Proposal to increase additional qualification fees

We shared the NMC's proposal to increase additional qualification fees with survey respondents and focus group participants. This proposal includes:

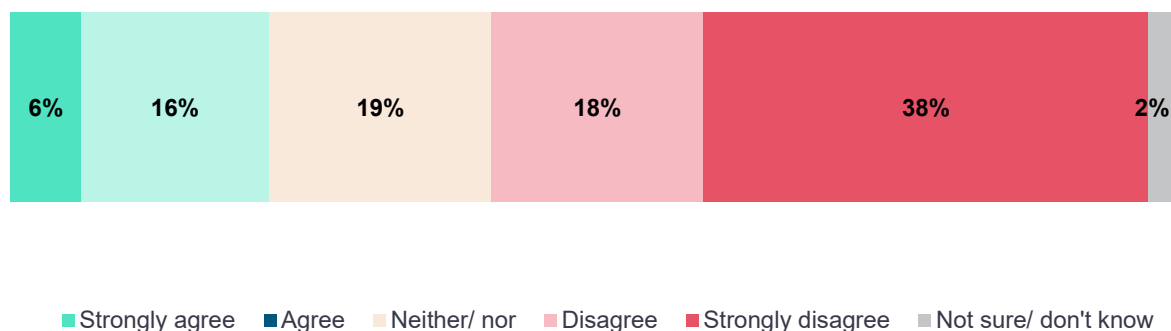
This includes:

- The application fee for entering an additional pre-registration qualification from £23 to £27

- The application fee for entering a recordable qualification (post-registration qualifications) from £25 to £30

The majority (57%) of survey respondents disagreed the proposal is reasonable and 22% agreed.

To what extent do you agree or disagree that the proposal to increase additional qualification fees is reasonable? Base: All Fee Consultation respondents (n=40,657)



We explored the concerns regarding the proposal to increase additional qualification fees in more detail through the focus groups and responses to open ended survey questions. The most significant concern was that the fee was seen to penalise professionals for pursuing additional learning. Many speculated that higher fees could discourage professional development or discourage registering qualifications on the register. In this context, some highlighted the proposal could make the register less accurate and worthwhile.

“I don’t even want to tell them I’ve done my new course so that they’re going to put two letters behind my name and I’ve got to pay an extra fee to it. Like, what’s the point?” - Senior Midwife, England, Focus group participant

“Undertaking additional learning and training often accrues costs to registrants. Once again, you would be penalising those for progressing their professional development.” – Midwife, Scotland, Survey respondent

When thinking about the increase, respondents questioned the cost of the administrative task of adding the qualification to the register. They felt that the cost was likely to be much lower than the fee increase.

“It sounds a lot of money just to get that recorded because all you’re doing is you’re sending them your qualification and they go, yes, that’s fine. And they put it on.” - Senior Nurse, England, Focus group participant

“It should not cost £30 to tick a box essentially to say you have an extra qualification.” - Nurse, England, Focus group participant

Subgroup differences regarding the proposal to increase additional qualification fees

Across all subgroups the majority strongly disagreed or disagreed that the proposal to increase additional qualification fees is reasonable. Significant differences in the size of the majority were observed in 3 subgroups: role, sector and age.

Students were more likely to disagree with the proposal than other roles.

Roles	% strongly disagree/ disagree
Student within nursing and midwifery (n=155)	74%
Midwife registered with the NMC (n=2,711)	59%
Nurse and Midwife registered with the NMC (n=1,586)	58%
Nurse registered with the NMC (n=34,619)	56%
Nursing Associate registered with the NMC (n=708)	55%
Educator (n=198)	45%

Additional non-registered roles including members of the public and other health and care professionals were more likely to disagree with the proposal, whereas employers were more divided.

Roles	% strongly disagree/ disagree
Member of the public (n=69)	83%
Other health and care professional (n=40)	60%
Employer (n=21)	48%

Additionally, respondents **working within the NHS or HSC** were notably more likely to disagree with the proposal in comparison with other sectors.

Sector	% strongly disagree/ disagree
NHS or HSC (Northern Ireland) (n=32,266)	59%
Healthcare – non-NHS/HSC (n=4,470)	49%
Social Care (n=676)	39%

Finally, **younger respondents** were more likely to disagree with the proposal than those who are older.

Age	%age strongly disagree/ disagree
21-30 (n=5,043)	66%
31-40 (n=12,247)	63%
41-50 (n=8,778)	57%
51-55 (n=4,526)	50%
56-60 (n=4,041)	46%
61-65 (n=2,910)	38%
66-70 (n=671)	31%
71-75 (n=114)	18%

No other significant differences were observed across subgroups.

Organisation views on the proposal to increase additional application fees

Organisational responses disagreed with the proposal to increase additional qualification fees. Professional organisations and trade unions stated that the consultation provided insufficient information to assess whether the increases were justified, relying only on general financial pressures rather than specific cost analysis.

"The consultation makes no comment on why these increases are needed, relying on the overall issue that 'the NMC needs more money'. It is impossible to assess whether this increase is justifiable in terms of increased costs to the organisation to administer such updates to the register." - Professional organisation or trade union, Organisation Response

Other organisations highlighted confusion about the rationale for differential fees between pre-registration and post-registration qualifications, noting that registrants perceived this as inconsistent.

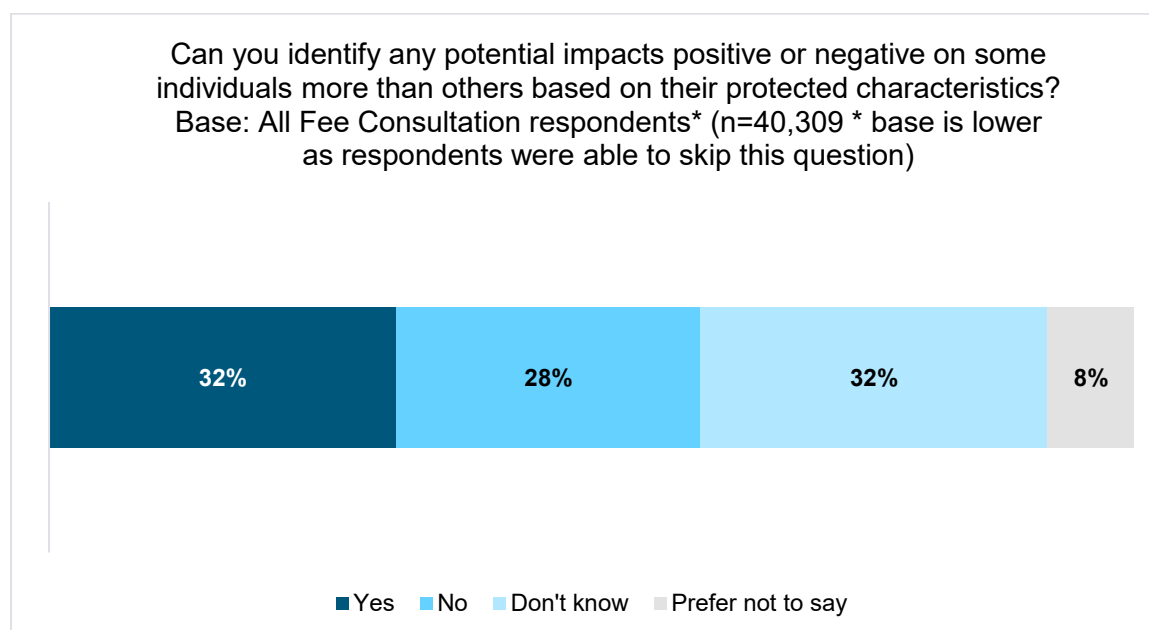
"The consultation document does not provide a rationale for the difference in the fees for additional qualification at pre-reg and post-reg levels. We understand that the cost is associated with an administration fee. Registrants have remarked that this presents an inconsistent approach from NMC as some recordable qualifications have already been removed. This section of the proposal requires further clarity." - Employer of nurses, midwives and/or nursing associates, Organisation Response

4.6 Equality and diversity impacts

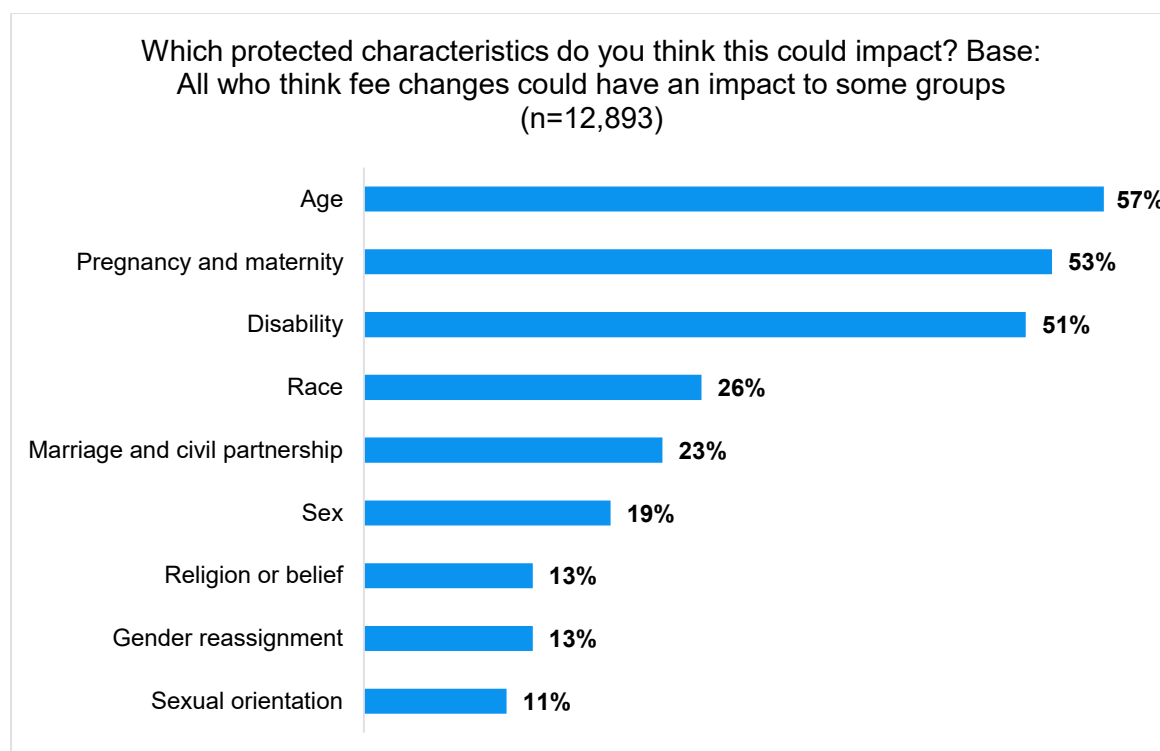
4.6.1 Protected characteristics

After outlining the fee proposals, we asked respondents in the survey and focus group participants if they could identify any potential impacts – positive or negative – on some individuals more than others based on their protected characteristics (e.g. age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation).

32% of respondents said there would be an impact on some individuals based on their protected characteristics. 28% said there would be no impact and 32% said they did not know if there would be an impact.



We then asked respondents which protected characteristics they felt would be impacted. Respondents were most likely to say that age was the protected characteristic that will be impacted (57%) followed by pregnancy/maternity (53%) and disability (51%).



Ultimately, the reason for selecting these characteristics was consistent and a large majority of respondents identified negative impacts. Respondents expected that the fee increase would have a disproportionately negative impact on those who they perceived as less financially secure either due to being on lower pay, working part time or taking a career break.

Respondents said that **younger registrants** were more likely to be at an early stage of their career and therefore on a lower salary;

“Younger nurses and newly qualified registrants are often in lower pay bands and carrying student debt. Increased fees add extra pressure at a financially vulnerable stage in their careers.” - Nurse, Northern Ireland, Survey respondent

They said that those who are **pregnant or are on maternity leave** may not be receiving their full salary or may have returned to work part time;

“I pay the same registration fee cost despite now working part time whilst earning significantly less. Women are significantly more likely than men to work part time after that have chosen to have children. There is not option to have a break from paying your registration fee whilst not practicing whilst on maternity leave.” – Midwife, England, Survey respondent

Finally, they said that some of those who are **disabled** may not be able to work full time due to their health and therefore would be disproportionately impacted by the fee increase;

“Disabled registrants may work fewer hours or face employment discrimination, making it harder to justify or afford higher fees. For those with mental health conditions, financial stress can exacerbate symptoms -

especially if the fee increase feels unfair or poorly explained” – Nurse, Scotland, Survey respondent

Finally, respondents said those from **ethnic minority backgrounds** might also be disproportionately affected as they knew they were more likely to be on a lower pay band, and therefore less financially secure.

“If you increase fees for overseas workers, you may be unknowingly discriminating against certain races” - Nurse, Scotland, Survey respondent

“Only in that it will have a disproportionate effect on lower bands and that those lower bands are more likely to include black and brown nurses, and those on maternity etc.” – Nurse, England, Survey respondent

It is important to note that respondents' who identified as having the mentioned protected characteristics were more likely to identify impacts in those areas. For example, older respondents often highlighted age-related impacts, those identifying as Mixed, Black, or Asian ethnicities raised ethnicity-related impacts, and respondents with health conditions or disabilities identified disability-related impacts.

Across the responses, the proposal to increase the main registration fee specifically was highlighted most frequently and consistently across respondents as negatively impacting certain protected characteristics. This impact was identified as disadvantaging the broadest range of groups across the sample.

“The main registration fee is payable at a fixed rate irrespective of grade/band or whether working as a registrant full time or part time, or whether a partial retiree. Therefore there may be negative impact for some groups, based on age, disability or pregnancy/maternity which may impact on working reduced hours due to long term sick leave or maternity leave which results in lower pay over a period whilst registration fees still need to be paid.” – Nurse, England, Survey respondent

Organisation views on protected characteristics

Organisational responses raised significant concerns about equality impacts and the absence of an equality impact assessment prior to the consultation. One professional and trade union organisation argued that conducting the equality impact assessment after deciding on the fee increase undermined the consultation process and disadvantaged respondents.

"We are concerned that the NMC has arrived at a fee rise position before any equality impact assessment has been considered. We do not believe it is suitable or sufficient to have made that decision and then wait till after the consultation to produce an EQIA until spring 2026. Further, we feel you have disadvantaged people responding to this consultation by only looking to produce an EQIA after the period of consultation has closed." - Professional organisation or trade union, Organisation Response

Organisations highlighted research showing differential career progression patterns by protected characteristics, which would mean fee increases have disproportionate impacts on certain groups relating to age, sex and ethnicity.

"There are substantial differences in progression to Band 6+ by ethnicity: Of nurses at the lowest point of Band 5 in November 2012, 67% of White nurses were in Band 6+ by August 2021 compared with 60% of Black nurses and 52% of nurses of Asian ethnicity (and 66% of nurses of Mixed or Other ethnicity), all conditional on remaining a nurse in an NHS trust." - Professional organisation or trade union, Across the UK, Survey respondent

"The following groups of respondents were more likely to say the proposed increase to the registration fee was 'not at all affordable for them': Those below the age of 35, Women, Those with caring responsibilities." - Professional organisation or trade union, Organisation Response

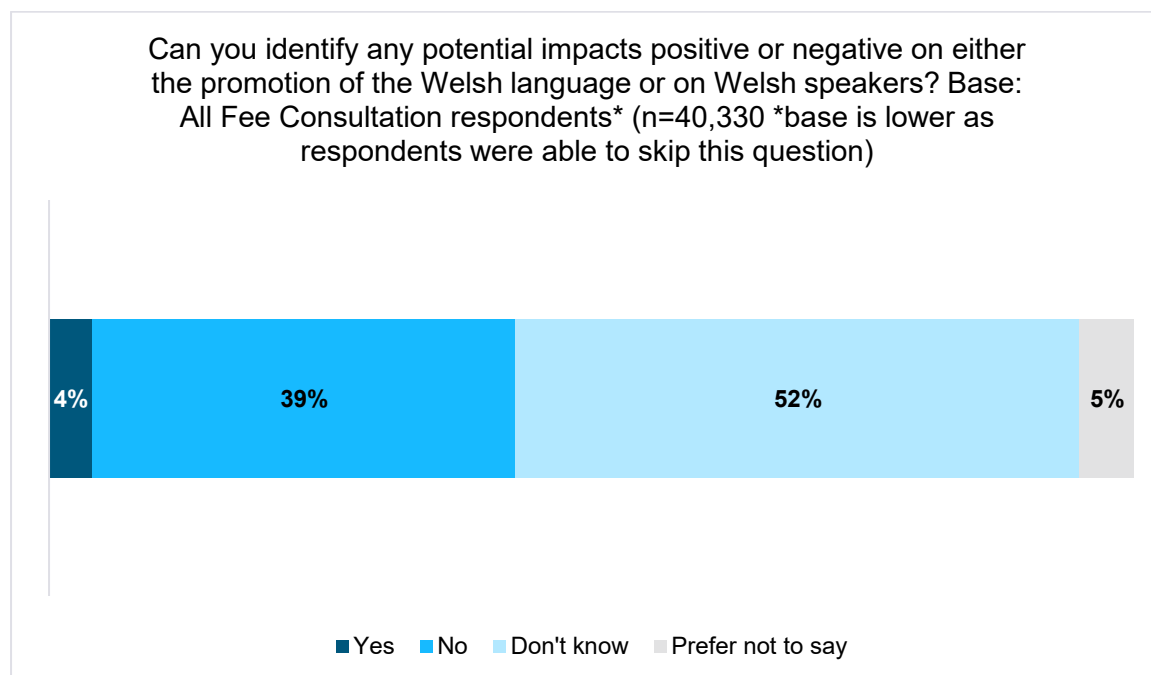
They also highlighted that part-time workers would be disproportionately affected by paying the same fee despite significantly lower incomes.

"As recognised by the NMC in the consultation, the proposed changes to fees will also have a disproportionate negative impact on part-time workers, the majority of whom are women" - Professional organisation or trade union, Organisation Response

4.6.2 The Welsh language

We asked survey respondents if they could identify any potential impacts that the proposals to increase fees could have – positive or negative – on either the promotion of Welsh language or on Welsh speakers.

Overall, 4% of respondents said that there would be an impact on either the promotion of Welsh language or on Welsh speakers. 39% answered no (i.e., there would be no impact) and most respondents (52%) were unsure if there would be an impact.



Respondents from Wales were most likely to have a view on this matter. They were slightly more likely to agree there would be an impact but were also more likely to disagree compared with other nations.

UK nation	% Yes	% No
Wales (n=1,996)	7%	55%
England (n=31,838)	4%	38%
Northern Ireland (n=1,520)	3%	36%
Scotland (n=4,446)	3%	40%

Some who felt this would impact the promotion of Welsh language or Welsh speakers were concerned the increase in fees might decrease the number of Welsh speaking nurses and midwives. They said that Welsh speaking professionals were already working harder in order to act as ‘interpreters’ for Welsh speaking patients and this fee increase would place a greater burden on them. They said if they left the profession, then it would have a consequential negative impact on Welsh speaking patients.

“The increase in the nursing registration fee also disproportionately affects Welsh-speaking nurses. In Wales, bilingual staff play a vital role in providing safe, person-centred care — often acting as informal interpreters, advocates, and communicators for Welsh-speaking patients. Yet this valuable skill is rarely recognised or financially compensated. Raising the fee places an even greater burden on Welsh-speaking nurses, who already contribute additional time and emotional labour to ensure equitable care in both languages. It sends the message that bilingualism, cultural understanding, and patient-centred communication are not valued, even though they are essential to delivering high-quality care in Wales.” – Nurse, Wales, Survey respondent

“The proposed fee increases could negatively impact Welsh speakers by making it harder for some professionals in Wales, particularly those in lower-paid or part-time roles, to maintain registration or pursue further qualifications. This may reduce the number of Welsh-speaking nurses and midwives available to provide bilingual care, undermining efforts to promote and sustain the use of the Welsh language in health services.” – Nurse, England, Survey respondent

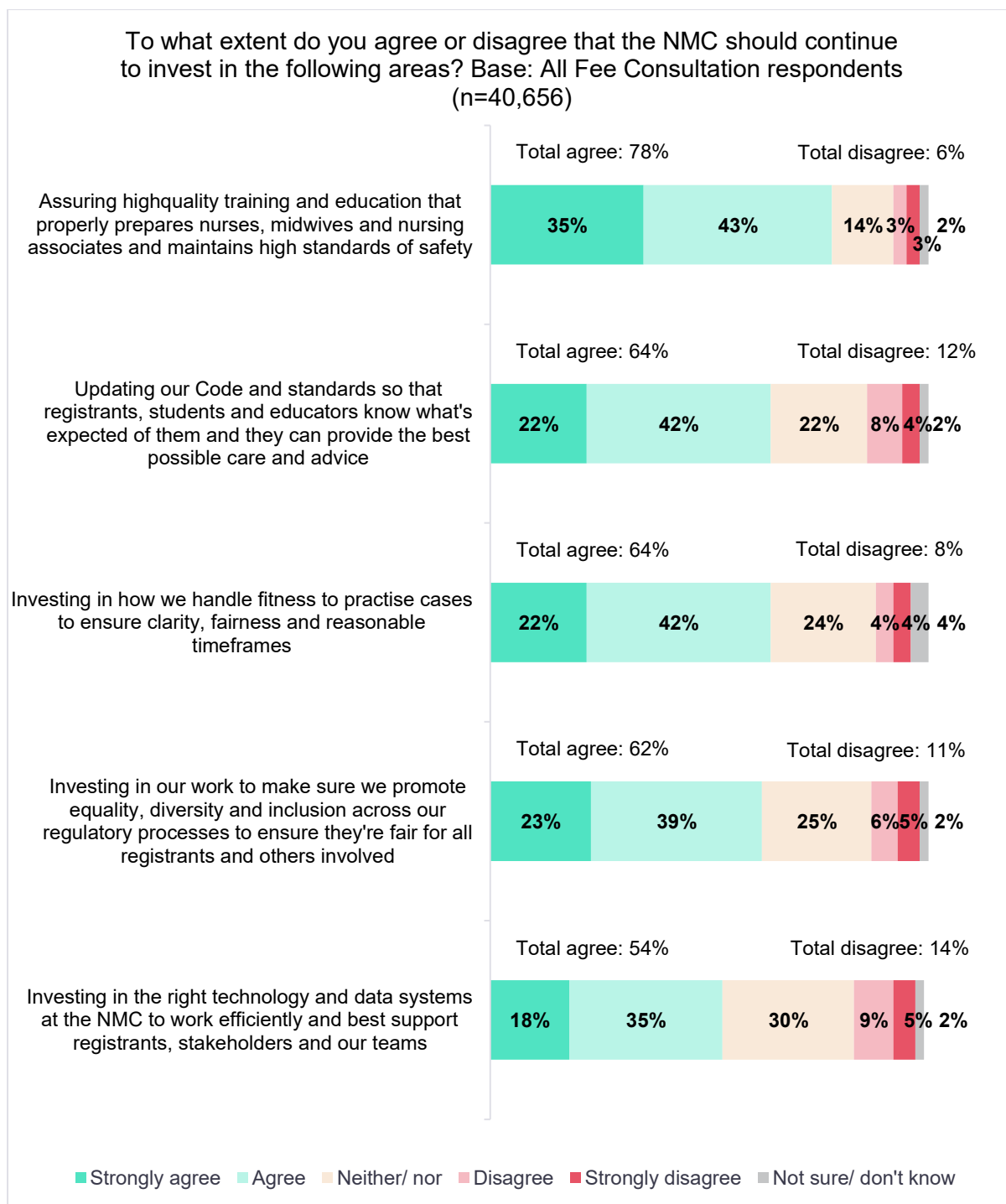
4.7 Investment areas

Finally, we asked respondents the extent to which they agreed or disagreed that the NMC should use funding from fees to continue to invest in the following areas:

- Investing in how the NMC handles Fitness to Practise cases to ensure clarity, fairness and reasonable timeframes
- Updating the NMC’s Code and standards so that registrants, students and educators know what’s expected of them and can provide the best possible care and advice
- Assuring high quality training and education that properly prepares nurses, midwives and nursing associates and maintains high standards of safety
- Investing in the NMC’s work to make sure it promotes equality, diversity and inclusion across its regulatory processes to ensure they’re fair for all registrants and others involved
- Investing in the right technology and data systems at the NMC to work efficiently and best support registrants, stakeholders and the NMC’s teams

In doing so, the NMC were keen to understand which areas of current spend and investment respondents considered more or less important to survey respondents.

Overall, the majority of respondents either strongly agreed or agreed with each of these investment areas. However, the total number of respondents who agreed with investing in the right technology and data systems was notably lower compared with the other areas.



On balance, focus group participants perceived the proposed investment areas as important and worthwhile for the regulator, with some areas – education and training – viewed especially positively. Students and early-career nurses and midwives particularly welcomed investment in this area, as several were unaware that the NMC had a role in supporting education and training.

“The high-quality training and education for nurses and midwives. I do think that is a good area. That's the only thing that really stood out to me to be honest.” – Nurse, Northern Ireland, Focus group participant

However, despite seeing many of proposed areas as important, focus group participants' low understanding of the wider context in which the NMC operates led to some pushback. Many felt that the activities outlined were core responsibilities of the regulator and therefore should already be delivered as part of 'business as usual' rather than requiring additional investment. The use of the term *investment* contributed to this reaction, as participants tended to associate it with new or innovative initiatives, rather than ongoing regulatory functions.

“Those are standard practice for all health and social care organisations, right?... We shouldn't even be questioning investment really because this is their core business so they should be continuing to do all five of them really. I don't like the term investment, this is core, standard practice.” – Nurse, England, Focus group participant

This perspective was evident across several areas. For example, some focus group participants questioned why equality, diversity and inclusion required further investment, as they believed this should already be embedded within the NMC's routine operations. More broadly, these views highlighted a lack of understanding of the NMC's role, responsibilities and financial structure, including how registrant fees are currently allocated.

There were also specific areas which participants felt were less important. Updating the Code attracted the most negative sentiment, with participants from both senior and junior groups questioning why this required further investment. While they acknowledged the importance of safe practice, some felt that frequent updates risked creating confusion and anxiety, particularly for newly qualified professionals.

“Leave the Code alone. Or if you're going to mess with it, don't spend an absolute fortune messing with it. You know, how, how many, how often can we keep looking at the code and spending thousands of pounds on hundreds of thousands of pounds on changing a few words? If you're struggling this much for money, leave it alone is my opinion.” – Midwife, England, Focus group participant

As discussed throughout this report, participants reported that they would have more support for the proposed investment areas, particularly in relation to potential fee increases, if they had clearer information about what the NMC is already doing and how additional funding would lead to tangible improvements. They wanted to understand how any further investment would directly benefit them or a typical nurse or midwife, as many were unsure how their fees were currently being used.

“I didn't really think like the benefits are properly explained. How we are going to benefit from it, all the people that are paying for it.”- Student midwife, England, Focus group participant

Subgroup differences regarding the proposed investment areas

There were some notable differences between subgroups in support for each investment area, including Country of address, healthcare sector, age and ethnicity.

In terms of agreement for **investing in how the NMC handles Fitness to Practise cases**, those **living outside of the UK** were more likely to see investment in this area as important compared with those living within the UK.

Country of address	% Agree
Outside of EEA/EU (n=154)	79%
Within EEA/EU but not in the UK (n=120)	67%
England (n=32,089)	64%
Scotland (n=4,480)	63%
Wales (n=2,005)	63%
Northern Ireland (n=1,536)	63%

In terms of **investing in updating the Code and standards**, those in **social care** were more likely to agree investment in this area is important than those who work in the NHS/HSC.

Sector	% Agree
Social care (n=676)	71%
Healthcare (non-NHS or HSC) (n=4,470)	67%
NHS or HSC (Northern Ireland) (n=32,266)	63%

Younger and older respondents were more likely to agree that the NMC should continue **assuring high-quality training an education** is important compared to middle-aged groups.

Age	% Agree
21-30 (n=5,043)	84%
31-40 (n=12,247)	80%
41-50 (n=8,778)	77%
51-55 (n=4,526)	76%
56-60 (n=4,041)	78%
61-65 (n=2,910)	81%
66-70 (n=671)	87%

71-75 (n=114)	91%
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Respondents from **ethnic minority groups** were more likely to agree that the NMC should continue to invest in **promoting equality, diversity and inclusion** across regulatory processes compared with White respondents.

Ethnicity	% Agree
Black (n=2,211)	85%
Asian (n=3,116)	78%
Mixed (n=1013)	74%
White (n=30,944)	60%

Notably, older respondents were more likely to agree the NMC should continue to **invest in the right technology and data systems** compared with younger respondents.

Age	% Agree
21-30 (n=5,043)	57%
31-40 (n=12,247)	54%
41-50 (n=8,778)	51%
51-55 (n=4,526)	52%
56-60 (n=4,041)	56%
61-65 (n=2,910)	62%
66-70 (n=671)	72%
71-75 (n=114)	78%

Organisation views on investment areas

Professional organisations and trade unions acknowledged that the proposed investment areas represent core regulatory functions, however, they argued strongly that improvements should be funded through existing arrangements rather than increased fees.

"We agree that the NMC should improve the areas listed above as they are part of the standard regulatory functions of an effective healthcare regulator. Therefore, registrants can and should expect the NMC to be performing these duties successfully. However, we think the NMC should deliver these improvements through existing funding arrangements, not through increased fees to registrants." - Professional organisation or trade union, Organisation Response

Organisations urged the NMC to explore alternative approaches to reduce costs rather than placing additional financial burden on registrants. Specific suggestions included improving early case resolution processes and reducing unnecessary fitness to practise referrals.

"We would urge the NMC to explore other avenues to reduce its spending rather than placing the burden on already financially stretched health and care staff. In particular, this could be done by more quickly identifying where complaints against registrants are likely later to be deemed as having 'no case to answer', more regular use of clinical expertise to assist in resolving cases sooner and further work to reduce unnecessary referrals from employers. Not only would this prevent registrants from having to undergo the stress of an investigation but would also reduce the costs associated with an investigation – such as the panel fees and legal fees." - Professional organisation or trade union, Organisation Response

5. Conclusion

This consultation revealed substantial opposition to the NMC's proposed fee increases. Around 4 in 5 (82%) respondents disagreed that the proposal to increase the main registration fee was reasonable, with over three in five strongly disagreeing. This opposition could not be attributed to a lack of understanding as around 4 in 5 (82%) respondents reported having a good understanding of the NMC's financial rationale. Rather, it reflected the challenging financial context in which the proposals were landing, with respondents noting stagnant wages, cost-of-living pressures and increasing demands on their roles.

While opposition varied across proposals, concerns about equity and fairness were consistent. Nearly a third (32%) of respondents felt the proposals would disproportionately impact individuals based on their protected characteristics, including age, pregnancy and maternity, disability and ethnicity. These groups were perceived as potentially less financially secure either due to being on lower pay, working part time or taking a career break. To mitigate these concerns, registrants called for alternative payment structures including income-based fees, phased increases and hardship support schemes.

Increase to Registration Fees

Equality Impact Assessment and Welsh Language Impact Assessment

Summary

Purpose

1. We have carried out an equality impact assessment (EQIA) on the proposals to increase the prescribed registration fees. The purpose of the EQIA is to identify the potential for negative and positive impacts of a fee rise on groups sharing a protected characteristic.
2. The rationale for the proposal to increase the fees is explained fully in the consultation document and Council paper.

Key findings

3. We have considered the available evidence and data sources on employment and pay patterns for the nurses, midwives and nursing associates according to the protected characteristics. Also, as part of the public consultation, we sought views on whether a fees increase would adversely affect some protected characteristics more than others.
4. The evidence we have seen indicates that registrants who are younger (age group 21 to 30); disabled; female or who are pregnant or on maternity leave, and Black, Asian and other ethnic minority registrants are all more likely to work in the lower pay bands, or have additional pressures to repay student loans, or work part-time or to progress at a slower rate. For example:
 - the Workforce Disability Equality Standards (2024), for clinical roles outside medicine, indicate that disabled registrants are under-represented in higher-paid positions and more likely to be in lower-paid roles.
 - the NHS Workforce Race Equality Standards (2025), for clinical roles outside medicine, show that while 29.4% of staff were from a Black, Asian and other ethnic minority group, representation was highest at band 5

(45.7%) which is the base grade for registered nurses and falls to 25.2% at band 6 and 18.8% at band 7.

- The Royal College of Nursing's State of the Profession report (2023), reports that female nurses are much more likely to work part-time. Nearly a third of female nurses work part-time (32%) compared with one in ten male nurses (11%).
5. A third of respondents to the consultation survey (32%) thought there would be an impact on those with certain protected characteristics. The same proportion didn't know and 28% said there would be none.
 6. When asked which protected characteristics would be most adversely impacted by the proposals, respondents said age (57%), pregnancy/maternity (53%) and disability (51%). Respondents said this is because these groups are more likely to work part-time or in lower pay bands and, therefore, to earn less.
 7. Based on the evidence, survey responses and focus group discussions, we can reasonably conclude that registrants sharing the protected characteristics of age (21 to 30); disability; female sex; pregnancy or maternity; and Black, Asian and other ethnic minority heritage are likely to be more negatively impacted financially by the fees increase.

Analysis and outcome

The Public Sector Equality Duty

8. Section 149 of the Equality Act 2010 places a duty on the NMC, as a public body, in the exercise of our functions, to have due regard to the need to:
 - a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
 - b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
 - c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
9. Due regard for advancing equality involves:
 - removing or minimising disadvantage suffered by people due to their protected characteristics
 - taking steps to meet the needs of people from protected groups where these are different from the needs of other people
 - encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.
10. The Equality Act 2010 does not apply to Northern Ireland (NI) where equality legislation is spread across several orders and has some differences to the rest of the UK. However, equality legislation in NI places a

similar statutory obligation on scheduled public authorities in NI to carry out their functions with due regard to the need to promote equality of opportunity and good relations in respect of religious belief, political opinion, gender, race, disability, age, marital status, dependents and sexual orientation. |

11. We have considered the impact of a fee rise, including the benefits, on registrants sharing the protected characteristics under the Equality Act 2010 across the four nations. |

Analysis

12. The new fees will apply to all registrants and new joiners to the register. |

13. While the increase to the international (evaluation and application) fees may have a disproportionately adverse impact on people based on their race (nationality), and applicants will pay additional costs arising from the application process, these fees are a proportionate means of achieving a legitimate aim, including the need for us to undertake additional pre-registration checks. |

14. We acknowledge that all registrants and new joiners to the register will be affected negatively by an increase to the registration fees but there is evidence to suggest that the fees increase will affect some protected characteristics more than others; in particular, younger age (21 to 30); disability; female sex; pregnancy and maternity, and race, (Black, Asian and other ethnic minority registrants). |

15. With this in mind, and in response to the survey responses, we have reviewed our proposals and financial projections. |

16. The registration fees paid by nurses, midwives and nursing associates account for about 97% of our income. We use this income to deliver our regulatory functions and our statutory duty to protect the public. As the fees relate to the cost of regulation, they are borne equally by all registrants, irrespective of profession, employment status or income. |

17. The fees have remained frozen for 11 years, despite inflationary costs. We do not receive funding from the UK or devolved governments. This ensures our independent status as a regulator. |

18. As set out in the recommendations to the Council, our financial position remains broadly unaltered. Our budget for 2026/27 shows that, without a fee increase, we are projecting a deficit of £29 million on income of £109 million, even after a 10% reduction in headcount and other efficiency savings made during 2025/26. |

19. Without a fee increase we will not be able to deliver many of the improvements set out in the consultation document and which benefit our registrants and the public. This may compromise public protection and will be detrimental to registrants and the public, for example by not being able to take |

swift action to deal with fitness to practise cases. The fees increase will enable us to improve our core regulatory work to protect the public and for the benefit of all registrants.

20. For these reasons, we consider that the increase to registration fees is a fair and proportionate means of achieving a legitimate aim, which is public protection and patient safety, and supporting our registrants to practise safely and effectively.

21. We aim to mitigate the impact by charging as low a fee as we can while securing sufficient income for our statutory work, by facilitating quarterly payments, and by promoting the availability of tax relief on fees.

Welsh Language Impact Assessment Summary

Data

22. As at 30 September 2025, there were 41,844 registrants on our register with an address in Wales, approximately 5% of all registrants on the register. According to the Welsh language data from the Annual Population Survey (April 2024 to March 2025), there were an estimated 828,600 Welsh speakers living in Wales in the year ending 31 March 2025. We do not collect data on the number of professionals who are Welsh speakers.

Consultation Outcomes

23. The consultation survey and hosting webpages were available in Welsh.

24. We received a good proportion of responses to the consultation from across the four nations.

25. Participants for the focus groups were recruited from England, Wales, Scotland and Northern Ireland and professionals represented a broad range of healthcare settings and sectors.

26. We asked respondents if they could identify any potential impacts that the proposals to increase fees could have – positive or negative – on either the promotion of Welsh language or on Welsh speakers.

27. The majority of respondents were unsure if there would be an impact on either the promotion of the Welsh language or on Welsh speakers (52%). A very small minority of respondents said there would be an impact (4%) and 39% said there would be no impact.

28. Of the respondents from Wales, the majority said the proposals would not have an impact on the promotion of the Welsh language (55%). Only 7% of respondents from Wales said it would have an impact. Of this group, some believed the increase in fees might lead to a decrease in the number of Welsh speaking nurses and midwives, especially if they were in part time or low paid

roles. They told us that bilingual professionals were already working harder in order to act as ‘interpreters’ for Welsh speaking patients and the fee increase would place a greater burden on them. They said if they left the profession, then it would have a consequential negative impact on Welsh speaking patients.

Assessment

29. Sufficient fee income is essential for the delivery of our core regulatory functions, and our wider public protection work. We must also comply with other statutory obligations such as health and safety legislation, equality legislation, procurement and the Welsh Language Standards Regulations. We consider that good, effective regulation includes making sure that we promote opportunities for persons to use the Welsh language and that we treat the Welsh language no less favourably than the English language. For example the UK trained registration application process is available in Welsh. Information about the fee and other core information is available in Welsh.
30. The fee increase will support us to continue to comply with the Welsh Language Standards Regulations, including our ability to provide information in Welsh, to support the promotion of the Welsh language and to support professionals in Wales to practise safely and effectively.

Annexe 3

Increase to Registration Fees

Equality Impact Assessment

Action Plan

Ref.	Issue/Opportunity	Implications/Groups implicated	Plans to address the issue/take forward the opportunity e.g. alter activity	Actions to be completed by (function and date)
1.	<p>A lower proportion of registrants joining from Northern Ireland, or from overseas, are currently claiming tax relief.</p> <p>Source: Thinks report</p>	<p>Nearly three quarters (73%) of consultation respondents are aware and over half (54%) claim tax relief currently.</p> <p>Less than half of those living in NI (49%) or from EEA/EU (47%), and only a third of international registrants (33%) are currently claiming.</p>	<p>Undertake further communications and engagement activities to promote take up of tax relief (particularly with NI and international applicants / new registrants).</p>	<p>Communication and Engagement Directorate by 31 March 2027</p>

2.	<p>Lower levels of awareness of payment by quarterly instalments amongst international applicants and new registrants.</p> <p>Source: Thinks report</p>	<p>6% of consultation respondents were unaware they could pay by quarterly instalments. Far lower levels of awareness amongst EEA/EU (15%) and other international (21%) respondents.</p>	<p>Undertake further communications and engagement activities to promote quarterly payments (particularly with international applicants / new registrants).</p> <p>Monitor the number of registrants opting for quarterly payments for 6 months from 1 October</p>	<p>Communication and Engagement by 31 March 2027</p> <p>Finance By 31 March 2027</p>
3.	<p>Impact of fee increase on the number of registrants lapsing or missing payments.</p>		<p>Monitor the number of registrants who lapse or miss payments for 6 months from 1 October 2026</p>	<p>Registration team and Finance By 31 March 2027</p>
4.	<p>Impact of fee increase on the number of registrants leaving the register</p>	<p>All - particularly age</p>	<p>Monitor the number of registrants leaving the register for 6 months from 1 October 2026.</p>	<p>Insight team By 31 March 2027</p>

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STATUTORY INSTRUMENTS

2026 No. ****

HEALTH CARE AND ASSOCIATED PROFESSIONS

NURSES, MIDWIVES AND NURSING ASSOCIATES

**The Nursing and Midwifery Council (Fees) (Practice Committee)
(Fitness to Practise) (Amendment) Rules Order of Council 2026**

Made - - - - - ***

Laid before Parliament ***

Coming into force

CONTENTS

1. Citation and commencement
2. Council approval

Schedule — The Nursing and Midwifery Council (Fees) (Practice Committee) (Fitness to Practise) (Amendment) Rules 2026

At the Council Chamber, Whitehall, the [***] day of [***]

By the Lords of His Majesty's Most Honourable Privy Council

The Nursing and Midwifery Council has made the Nursing and Midwifery Council (Fees) (Practice Committees) (Fitness to Practise) (Amendment) Rules 2026, as set out in the Schedule to this Order, in exercise of the powers conferred by article 7(1) and (2), 26(3) and (4), 26C(1), 32(1), (2)(b) and (4), 33(7)(a), 47(2) of, and paragraph 17 of Schedule 1 to, the Nursing and Midwifery Order 2001 (“the 2001 Order”)(a).

In accordance with article 7(3) and 47(3) of the 2001 Order, the Nursing and Midwifery Council has consulted representatives of groups of persons who appear likely to be affected by the proposed Rules.

(a) S.I. 2002/253. Relevant amending instruments are S.I. 2008/1485, S.I. 2009/1182, S.I. 2014/3272, S.I. 2014/1887 and S.I. 2017/321.

In accordance with articles 47(1) and 48 of the 2001 Order, the Rules shall not come into force until approved by order of the Privy Council.

Citation and commencement

1.—(1) This Order may be cited as the Nursing and Midwifery Council (Fees) (Practice Committee) (Fitness to Practise) (Amendment) Rules Order of Council 2026.

(2) This Order comes into force on [***] [October] 2026.

Council approval

2. Their Lordships, having taken the Rules contained in the Schedule into consideration, are pleased to and do approve them.

Richard Tilbrook
Clerk of the Privy Council

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SCHEDULE

Article 2

The Nursing and Midwifery Council (Fees) (Practice Committee) (Fitness to Practise) (Amendment) Rules 2026

The Nursing and Midwifery Council, having consulted in accordance with articles 7(3) and 47(3) of the Nursing and Midwifery Order 2001, makes the following Rules in exercise of the powers conferred by articles 7(1) and (2), 26(3) and (4), 26C(1), 32(1), (2)(b) and (4), 33(7)(a), 47(2) of, and paragraph 17 of Schedule 1 to, that Order.

Citation and commencement

1. These Rules may be cited as the Nursing and Midwifery Council (Fees) (Practice Committees) (Fitness to Practise) (Amendment) Rules 2026 and shall come into force on [xxth] [October] 2026.

Amendment of the Nursing and Midwifery Council (Fees) Rules 2004

2. In rule 3 (fees) of the Nursing and Midwifery Council (Fees) Rules 2004(a), in the table—
- (a) in the entry of column (3) of rows (a), (e), (f) and (i), for “£120” substitute “£143”;
 - (b) in the entry in column (3) of row (b), for “£153” substitute “£182”;
 - (c) in the entry in column (3) of row (c), for “£140” substitute “£167”;
 - (d) in the entry in column (3) of row (g), for “£23” substitute “£27”;
 - (e) in the entry in column (3) of row (h), for “£25” substitute “£30”.

Amendment of the Nursing and Midwifery Council (Fitness to Practise) Rules 2004

3. The Nursing and Midwifery Council (Fitness to Practise) Rules 2004(b) are amended as follows.

4. In rule 6A (notice of fitness to practise allegations)—
- (a) after paragraph (2) insert—
“(3) The Registrar may extend the period specified in paragraph (2)(b).”
5. In rule 6B (investigation of fitness to practise allegations) omit paragraph (4).
6. In rule 6C (consideration of fitness to practise allegations by case examiners)—
- (a) in paragraph (1), omit “, in the light of the information which the Council has been able to obtain and any representations or other observations made to it under rule 6A(2) or under rule 6B(4),”;
 - (b) after paragraph (1) insert—

(a) See the Schedule to S.I. 2004/1654. For relevant amending rules, see the Schedule to each of S.I. 2005/3353, S.I. 2011/229, S.I. 2018/1198 and S.I. 2019/593.

(b) See the Schedule to S.I. 2004/1761. For relevant amending rules, see the Schedule to each of S.I. 2012/17, S.I. 2015/52, S.I. 2015/1923, S.I. 2017/703 and S.I. 2020/364.

“(1A) Before the Case Examiners make a decision that there is a case to answer under paragraph (2), give advice or issue a warning under paragraph (2B) or refer the case to the Investigating Committee under paragraph (4), they must be satisfied that the Registrar has—

- (a) sent any information or documents obtained pursuant to rule 6B to the registrant;
- (b) given the registrant a period of 28 days, beginning with the date on which information and documents obtained pursuant to rule 6B are sent, to make representations in response; and
- (c) informed the registrant that, after the expiry of the period—
 - (i) specified in sub-paragraph (b), or
 - (ii) if that period is extended under paragraph (1B), the extended period,the Case Examiners can proceed to make a decision in the absence of any representations.

(1B) The Registrar may extend the period specified in paragraph (1A)(b).

(1C) Before making a decision, the Case Examiners must consider the information the Registrar has been able to obtain and any representations or other observations made under these Rules.”.

7. In rule 6D (consideration of fitness to practise by the investigating committee), in paragraph (1)(c), substitute “6B(4)” for “6C(1A)”.

8. In rule 11 (notice of hearing)—

(a) for paragraph (2) substitute—

“(2) The notice of hearing shall be sent to the registrant no later than 28 days before the date fixed for the hearing, unless—

- (a) the registrant consents to a shorter period being given; or
- (b) the Registrar or the Fitness to Practise Committee considers it is in the public interest for there to be a shorter period.”;

(b) in paragraph (3)(h) insert “subject to paragraph (4),” before “require the registrant”;

(c) in paragraph (3)(l) insert “subject to paragraph (4),” before “where the Fitness to Practise Committee is to consider”;

(d) after paragraph (3A) insert—

“(4) If the notice of hearing is sent less than 28 days before the date fixed for the hearing, the periods specified in the notice may be shorter than those prescribed in paragraphs (3)(h) and (3)(l).”.

9. In rule 11A (notice of meeting)—

(a) in paragraph (1), after “the date the meeting is to be held” insert “unless—

- (a) the registrant consents to a shorter period being given; or
- (b) the Registrar or the Fitness to Practise Committee considers it is in the public interest for there to be a shorter period.”;

(b) in paragraph (2)(e) insert “subject to paragraph (3),” before “invite the registrant”;

(c) after paragraph (2) insert—

“(3) If the notice of meeting is sent less than 28 days before the date fixed for the meeting, the period specified in the notice may be shorter than that prescribed in paragraph (2)(e).”.

10. After rule 17 (interpretation) insert—

“Case management directions

17A.—(1) A Committee or Chair of the Committee may give directions (referred to in article 32(3) of the Order) as to the conduct of the case and for the consequences of failure to comply with such directions (“case management directions”) acting on the request of a party or on their own initiative.

(2) Case management directions may be given, varied or set aside—

- (a) by the Committee at any hearing or meeting in accordance with these Rules;
- (b) by the Chair at a preliminary meeting held in accordance with rule 18; or
- (c) by the Committee, or a legally qualified chair of the Committee, without a preliminary meeting.

(3) Where a Committee or Chair gives case management directions under these Rules, they must—

- (a) keep a record of the directions given; and
- (b) send written confirmation of such directions to all parties promptly.

(4) Case management directions are binding on the parties and on any subsequent Committee considering the case, unless that Committee considers that—

- (a) there has been a material change in circumstances; or
- (b) it is not in the interests of justice for that to be the case.”.

11. In rule 18 (preliminary meetings)—

- (a) in paragraph (1) for “the Chair” substitute “a Chair”;
- (b) in paragraph (2)(a) for “the Chair” substitute “a Chair”;
- (c) in paragraph (2)(b), after “held with a legal assessor in attendance” insert “, unless the meeting is being held by a legally qualified chair or by a Committee with a legally qualified chair”;
- (d) omit paragraph (3);
- (e) for paragraph (4) substitute—

“(4) The Chair of the preliminary meeting shall give the parties not less than 14 days notice of any preliminary meeting unless—

- (a) the parties consent to a shorter period being given; or
- (b) it is in the public interest for there to be a shorter period.”;

- (f) in paragraph (5)(h) for “for vulnerable witnesses” substitute “to support witnesses to give their evidence”;
- (g) at the end of paragraph (5)(i) omit “and”;
- (h) at the end of paragraph (5)(j)(ii) for “.” substitute “; and”;
- (i) after paragraph (5)(j) insert—

“(k) where the meeting is conducted by the Committee—

- (i) a direction determining any legal argument; and

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- (ii) a direction as to the admissibility of evidence.”;
- (j) omit paragraphs (6) and (7);
- (k) for paragraph (8) substitute—

“(8) Where a direction is made pursuant to paragraph (5)(j), the Chair of the preliminary meeting must inform the registrant of the matters set out in rule 6B(3D).”.

12. After rule 18 (preliminary meetings) insert—

“Legal advice to the Committee

18A.—(1) If the chair is not a legally qualified chair, a legal assessor shall be in attendance to advise the Committee and shall give their advice in accordance with the Nursing and Midwifery Order 2001 (Legal Assessors) Order of Council 2004(a).

(2) If the chair is a legally qualified chair, they shall give legal advice to the Committee and must do so in the presence of every party in attendance at the hearing unless paragraph (3) applies.

(3) The legally qualified chair may advise in the absence of the parties where the Committee—

- (a) has begun to deliberate on its decision; and
- (b) considers that it would be prejudicial to the discharge of its functions for that advice to be given in the presence of the parties.

(4) Where the legally qualified chair gives advice in the absence of the parties under paragraph (3), the chair must—

- (a) as soon as reasonably practicable after completion of the deliberations inform each party (or their representatives) who attended the hearing of the advice given, together with any questions which led to that advice; and
- (b) subsequently record those matters in writing and give a copy to those parties or their representative.

(5) Copies of written advice, made for the purposes of paragraph (4) shall be available, on application, to every party to the proceedings who does not attend, and is not represented at the hearing before the Committee.”.

13. In rule 19 (public and private hearings) in paragraphs (2A)(b) and (3)(b) for “obtained the advice of the legal assessor” substitute “taken legal advice in accordance with rule 18A”.

14. In rule 23 (vulnerable witnesses)—

- (a) for the heading substitute “Special measures for giving evidence”;
- (b) for paragraph (1) substitute—

“(1) While ensuring proceedings are conducted fairly, the Committee or the Chair acting under rule 17A (case management directions) may give such directions as they consider appropriate to support witnesses to give their evidence.”;

- (c) for paragraph (2) substitute—

“(2) When deciding whether to give directions to support witnesses, the Committee or Chair must—

- (a) take account of the interests of the witness and the circumstances of the case;

(a) S.I. 2004/1763. Article 2 is amended by S.I. 2017/703.

- (b) take legal advice in accordance with rule 18A (unless the direction is given by a legally qualified chair acting alone under rule 17A(2)(b) or (c)); and
 - (c) invite representations from the parties (where present).”;
- (d) in paragraph (3) for “Measures adopted by the Committee” substitute “The directions”;
- (e) for paragraph (6) substitute—
- “(6) in this rule—
- (a) “in private” means conducted in the presence of every party and any person representing a party, but otherwise excluding the public; and
 - (b) “witness” includes a registrant who gives evidence to the Committee.”.
- 15.** In rule 29 (joinder), in paragraph (1) for “the advice of the legal assessor” substitute “legal advice in accordance with rule 18A”.
- 16.** In rule 31 (evidence)—
- (a) in paragraph (1) for “Upon receiving the advice of the legal assessor” substitute “Having taken legal advice in accordance with rule 18A”;
 - (b) for paragraph (8) substitute—
- “(8) Where a party, without good reason, fails to comply with a direction issued under article 32(3) of the Order or rule 17A, a Practice Committee may—
- (a) draw adverse inferences; and
 - (b) refuse to admit evidence, where the failure is a failure to comply with directions for service of that evidence, or otherwise relates to the admissibility of evidence.”.
- 17.** In rule 32 (postponements), in paragraph (2)(b) for “advice from the legal assessor” substitute “legal advice in accordance with rule 18A”.
- 18.** In rule 34 (service of documents)—
- (a) at the end of paragraph (3)(a) omit “or”;
 - (b) at the end of paragraph (3)(b) for “.” substitute “; or”;
 - (c) after paragraph (3)(b) insert—
- “(c) being placed on an online account with the Council where the recipient has agreed to accept communications via the account.”;
- (d) at the end of paragraph (4)(b) omit “or”;
 - (e) at the end of paragraph (4)(c) for “.” substitute “; or”;
 - (f) after paragraph (4)(c) insert—
- “(d) a confirmation showing the notice or document has been placed on the online account with the Council.”;
- (g) at the end of paragraph (5)(a) omit “or”;
 - (h) at the end of paragraph (5)(b) for “.” substitute “; or”;
 - (i) after paragraph (5)(b) insert—
- “(c) on the day it was placed on the online account with the Council.”;
- (j) after paragraph (5) insert—
- “(6) Where these Rules require a notice to include any documents, the requirement will be met if—

- (a) the recipient has agreed to accept communications via an online account with the Council;
- (b) the documents are placed on the online account with the Council; and
- (c) the notice confirms that the documents have been placed on the online account with the Council.”.

Amendment of the Nursing and Midwifery Council (Practice Committees) (Constitution) Rules 2008

19. In rule 7 of the Nursing and Midwifery Council (Practice Committees) (Constitution) Rules 2008(a) (chairing of the practice committees), after paragraph (1) insert—

“(1A) The Council may appoint panel chairs who meet the qualification requirements for appointment as a legal assessor under article 34(5) of the Order, to act as legally qualified chairs of the committee of which they are a member.”.

Given under the common seal of the Nursing and Midwifery Council this [] day of [] 2026.

(L.S.)

Ron Barclay-Smith
Chair
Paul Rees
Chief Executive Officer and Registrar
Nursing and Midwifery Council

(a) See the Schedule to S.I. 2008/3148. There are amending rules but none is relevant.

EXPLANATORY NOTE

(This note is not part of the Order of Council)

This Order approves the Nursing and Midwifery Council (Fees) (Practice Committees) (Fitness to Practise) (Amendment) Rules 2026 (the “2026 Rules”).

Rule 2 of the 2026 Rules amends rule 3 of the Nursing and Midwifery Council (Fees) Rules 2004 (approved by S.I. 2004/1654) to increase the fees prescribed for registration:

- rule 2(a) increases the fee for registration in respect of applications for admission to the register where the applicant is relying on article 13(1)(a), (dd) or article 13A of the Nursing and Midwifery Order 2001 (S.I. 2002/253) (“the 2001 Order”) and in respect of applications for renewal of registration, readmission or restoration to the register and retention of registration to £143 (an increase of £23);
- rule 2(b) increases the fee for registration in respect of applications for admission to the register where the applicant is relying on article 13(1)(d) of the Order to £182 (an increase of £29);
- rule 2(c) increases the fee for evaluation of information where the applicant is relying on article 13(1)(d) or (dd) of the Order to £167 (an increase of £27);
- rule 2(d) increases the fee for an application in connection with entering on the register a registrable qualification made separately to an application for registration to £27 (an increase of £4);
- rule 2(e) increases the fee for an application for entering in the register a recordable qualification to £30 (an increase of £5).

Rules 3 to 18 of the 2026 Rules make a series of amendments to the Nursing and Midwifery (Fitness to Practise) Rules 2004 (approved by S.I. 2004/1761) relating to the process and conduct of fitness to practice hearings:

- rule 4 makes provision regarding the period for making representations in fitness to practise cases;
- rules 5, 6 and 7 make provision regarding the making of representations by a registrant;
- rule 8 makes provision for a shorter notice period for hearings, and a shorter period for a response to the notice;
- rule 9 makes provision for a shorter notice period for meetings;
- rule 10 makes provision regarding the case management direction powers of the Committee, or Chair of the Committee, and makes provision regarding the requirements for giving such directions;
- rule 11 makes provision regarding the requirements of a preliminary meeting, and clarifies that the Chair who conducts a preliminary meeting may not be the same Chair who conducts the substantive hearing of an allegation;
- rule 12 makes provision regarding the chairing of proceedings by a legally qualified chair, and the provision of legal advice by the legally qualified chairs to the Committee;
- rules 13, 15, 16(a) and 17 make consequential provision to reflect that legal advice may be given by an appointed legally qualified chair;
- rule 14 makes provision regarding the special measures that can be directed for a broader range of witnesses;

- rule 16(b) makes provision regarding the Committee’s powers to draw adverse inference, and refusal to admit evidence;
- rule 18 makes provision regarding the requirements for sharing notices and information via an online account.

Rule 19 of the 2026 Rules amends the Nursing and Midwifery Council (Practice Committees) (Constitution) Rules 2008 (approved by S.I. 2008/3148) relating to the power of the Nursing and Midwifery Council to appoint a panel chair to act as a legally qualified chair to fitness to practice committees.

A full impact assessment has not been produced for this instrument as no, or no significant, impact on the private, voluntary or public sector is foreseen.

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