Nursing & Midwifery Council

Improving how we learn from professionals' experiences of our fitness to practise processes

September 2025

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Background
Investigating and acting on concerns about the conduct or practice of the professionals on our register is an important way in which the NMC protects the public. As the regulator, it is our statutory responsibility to restrict or prohibit someone from practising as a nurse, midwife or nursing associate if they do not meet the required standards of care.

Being referred to their regulator is an inherently stressful experience for a registered professional, making people anxious about their livelihoods and their reputations. When researching fitness to practise, it is extremely challenging to separate distress about being referred and unhappiness about the outcomes.

Many of the professionals referred to us will also be experiencing other challenges in their professional or personal lives, meaning they may be distressed or vulnerable before we start our work. In some cases, these challenges will be a contributing factor to the events that gave rise to their referral, including bereavement, addiction, physical or mental health crises, and relationship difficulties.

While it is our duty to investigate serious concerns about nurses, midwives and nursing associates, we recognise that, as far as possible, our work must not cause further distress. We need to interact consistently with professionals referred to us with sensitivity and compassion and make sure all our communications are considered. By making improvements in areas such as timeliness and continuity of contact, we will make a difficult experience a little less stressful.

Our Fitness to Practise Plan sets out how we will achieve faster and fairer decisions, while improving the experience for everyone involved.

The main purpose of this research was to support our work in creating a process which is more straightforward and compassionate. To do this well, we heard from participants about what it was like to be the subject of a referral to the NMC so that these testimonies could inform our improvements. The registrants' accounts we share below are by no means representative but illustrate some of our professionals' experiences of the fitness to practise process.

Our sources

We looked at four different sources of information on fitness to practise experiences:

- **Corporate complaints**: Analysing the corporate complaints we received in 2023-2024 relating to fitness to practise
- **Responses to feedback surveys**: Analysing responses received in 2023-2024 to the customer experience survey, which was available to people involved at all stages of the fitness to practise process, and the adjudications survey, which was only available to those whose case had progressed to the adjudication stage
- **External research literature**: Reviewing reports and papers published between 2013 and 2024 on health and care professionals' experiences of regulatory fitness to practise processes
- **Interviews with professionals**: Speaking to a self-selecting[i] sample of 30 people with experience of our fitness to practise process (22 professionals who had been subject to fitness to practise and eight people who had supported professionals through the process). Our interviews related to referrals dating from 2010 to 2022, and cases completed between 2013 and 2024. During this period there have been changes to our fitness to practise legislation, policy and processes.

People currently share their experiences of our fitness to practise process in a number of ways:

- By completing short feedback surveys at different stages of our process
- Proactively getting in touch to share their experiences
- Making a complaint to us if they have concerns
- Participating in external research undertaken by researchers and organisations outside of the NMC.

We want to make sure that the feedback mechanisms we have in place give us what we need to be able to learn from professionals' experiences and make improvements. To help us strengthen our approach to capturing and acting on feedback, we reviewed what we know from our existing sources and how useful they are in enabling us to continuously improve.

[i] By self-selecting we mean people who had contacted us wanting to share a negative experience in order to help us improve things for others.

Our approach

In reviewing our existing sources of feedback, we looked at four main aspects:

Figure 1: Assessing our existing sources of feedback from the fitness to practise process

Findings

1. **Our existing sources of feedback don't give us all the information we need to learn from people's experiences effectively**

There are limitations with our existing sources of feedback that mean we're not always able to use them in our continuous improvement work. For instance, it's not always possible for us to identify who we are hearing from if people choose to respond anonymously. This makes it difficult for us to know how widespread particular issues are, or if they are affecting some groups more than others so that we can target our actions appropriately. For example, under half of the respondents to our fitness to practise feedback survey in 2023-2024 were professionals that had been subject to fitness to practise proceedings – which means that this group is underrepresented in the views put forward in this survey.

Looking at the feedback we have received, we have heard less about some aspects of our process compared to others. For instance, more people completed our feedback surveys once they had received the final decision on their case, whereas we received more corporate complaints relating to the initial screening stage of our process. Feedback on the investigations stage of our process was generally underrepresented across all sources.

2. **Five issues were raised consistently across our sources of feedback**

Five themes came up consistently as important for people's experiences across the different sources of feedback we looked at:

- Communication and support: How we engaged with and supported people during the fitness to practise process
- Participant voice: How well people felt able to engage and participate in the process
- Process issues: How people felt about the way we undertook our investigations
- Our values: Whether people felt that we treated them with kindness or were appropriately person-centred in our approach
- Outcomes of cases: How people felt about the decision they received on their fitness to practise case and its impact on them.

These themes that were raised focused on the outcome of fitness to practise cases and the impact of communication and support.

Communication and support
Issues with how we supported and communicated with people during our fitness to practise process came out strongly across all of the sources of feedback we looked at. People didn't always feel supported or informed. They told us they didn't receive sufficient updates about how their case was progressing and sometimes received

confusing or conflicting information. Some of the professionals we spoke to described being left without access to support or answers over weekends, significantly increasing their anxiety as they could not clarify urgent concerns.

> They [NMC emails/letters] always come on a Friday… so you've got two days before you can speak to your solicitor to say I'm really panicking; what do I do about this?
> *Midwife subject to fitness to practise*

Participant voice

Concerns about how well people felt listened to and able to fully participate in proceedings were strong themes in our feedback. Many of the professionals we spoke to experienced personal challenges such as health concerns at the same time as being involved in fitness to practise and found it difficult to juggle the demands of both.

> I was going to kill myself. I was then taken to a mental health hospital and seen by the crisis team, then daily visits by them for three weeks. They increased my antidepressants. I had got to the edge.
> *Nurse subject to fitness to practise*

Process issues

Concerns about the way we undertook our investigations came out more strongly in the corporate complaints we have received, external research literature and interviews with professionals.[1,2] People were unhappy with the time our investigations took and that there wasn't one key point of contact for their case. Sometimes people also raised issues with how we had handled information – for instance, they reported details missing from our communications.

> There is no respect for… our time. You know, the expectation for us to get things in, and they give you a deadline of a couple of weeks maximum, of getting reflections in and all the rest of it, and reports from my management and all the rest of it. Then it just feels like we have to be marching to that beat and then [the NMC is] kind of six miles back and [it is] not trying even trying to keep us updated… a lot of the time there is no updates, you just have to fear your inbox
> *Nurse subject to fitness to practise*

> [T]here's obviously a big issue about speed. That the process is so drawn out, that it ceases to be helpful. It's not helpful to the complainants and it's not helpful to the registrants because, you know – I mean, I've had people who have reflected year after year after year for interim order reviews, for substantive order reviews on the same tiny incident that happened years ago… As an example of the difficulties of the length of the process, where you get panels contradicting previous panels with people – you know,

> case presenters beginning to, sort of, talk about the registrant in a way that was never talked about initially. So, because everything's getting lost in the mists of time and the process is dominating the original issue.
> *Person who has supported professionals through fitness to practise*

Our values

There were mixed views about how people felt they were treated, with some people feeling that they were shown kindness and consideration and others disagreeing. Some corporate complaints and external literature highlighted perceived insensitive language and a lack of support for those who needed it.[3,4,7] Professionals we interviewed spoke about interactions with NMC colleagues who they felt were not empathetic or respectful.

> [T]he support I got when I attended a hearing… was actually really, really good… That was actually a really good experience. I felt nurtured.
> *Person who has supported professionals through the fitness to practise process*

> One thing that I have always felt about the fitness to practise process, and we are very clear on our Code about care, and there is no care for the nurses in this process. There is no care for our mental health and our wellbeing.
> *Nurse subject to the fitness to practise process*

Outcome of cases

Naturally, some people were unhappy with the outcomes of their cases. These professionals highlighted issues related to the fairness of decisions and the potential reputational damage caused by the process. Often, people highlighted the impact of decisions on their professional standing and career, and their mental health and wellbeing.

> [T]hey take away every sap of your emotional resilience and make you feel humiliated beyond belief. I'd have been treated better if I'd been accused of murder by the police because I'd have had a right to defend myself from the off. The NMC never gave me that right. It took it away. It said, "This is what this woman said and we think you're guilty. We think this is serious enough to already label you as guilty". And I can't – I can't get over that.
> *Nurse subject to the fitness to practise process*

> I am not a criminal. As a nurse and a human being, an honest and genuine person, I couldn't deny a whole lot of things when there was one or two that I did do. So, I felt I was shackled and, at that point, I became really frustrated when I realised there is no outlet

> for me here. I am.. this has become a witch hunt and I am going to be tried regardless.
> *Nurse subject to the fitness to practise process*

3. Our fitness to practise process impacts people in different ways

We learned more about the impact of our fitness to practise process on professionals from speaking directly with people and from wider research literature compared to the other sources.

External research talks about the immediate and longer-term impact of the process on people. Immediate impacts can be emotional, can affect professionals' mental and physical health and wellbeing, and can also have financial implications from having to attend hearings, arrange representation or from not being able to work during investigations.[2,4,5,6,7,8,9]

This was also reflected in the interviews we did:

> I had a complete breakdown... I was on the three calls a day protocol from the local IAPT [Improving Access to Psychological Therapies] service to safeguard me, to make sure I didn't actually do it. Three calls a day to remind me of my safety plan. It was acute for about two weeks... I was looking at the river, contemplating going and drowning myself... I had to take myself off to one of the crisis cafés and then they closed, and I took myself off to A&E.
> *Nurse subject to the fitness to practise process*

Long term impacts include professional reputational damage and impacts on the quality of care the professional can provide as a result of practising more defensively or "hedging" (for example, ordering extra tests or interventions).[2,10]

> I don't go and see patients anymore. It pains me because I love it but I can't do it. I stay up all night if I've seen a patient. I triple check my notes. I make sure that I have done everything I should do. I read my emails late at night, checking what I've said that day, checking that nothing can be used against me. And it pains me because I have lost so much of the job that I loved. I can't risk something else coming for me, knowing that it's going to go like this in a broken system...I don't feel safe to practise with the NMC as the regulator.
> *Nurse subject to the fitness to practise process*

Our response to the findings

Our existing sources of feedback give us useful insights into people's experiences of our fitness to practise process and have enabled us to identify five main things that affect experiences:

- Communication and support: How we engage and communicate with people
- Participant voice: Whether people are able to engage and participate in the process
- Process issues: How we undertake our investigations
- Our values: Whether we treat people in line with our values and are person-centred in our approach
- Outcome of cases: How we decide on cases and communicate this.

We're using these insights in two ways – to improve people's experiences and to strengthen how we capture and learn from those experiences.

How we're using these insights to improve experiences

The work we have committed to in our Fitness to Practise Plan addresses many of the issues raised by people in their feedback:

- A key pillar of our plan is improving support for professionals going through our processes:
    - We've introduced a safeguarding hub and have appointed a number of mental health practitioners with expertise and experience who can provide advice and guidance on how best to support and signpost professionals to appropriate resources
    - We're piloting a new approach for health-related cases (physical and mental health conditions)
    - We're making reasonable adjustments throughout our fitness to practise process to support everyone to engage in the way that best suits their needs and preferences
    - We're also taking steps to improve our engagement, including easier-to-access signposting information to other sources of support.
- To prevent delays and resolve cases in a timely manner we're increasing our capacity across every stage of the process, and within our hearings to enable more to be held in-person
- We have recruited new posts in the team which focus on professional support
- We've already started making improvements to our communications. This includes the tone, content and structure of letters and how we explain the process in a clear and easy-to-understand way. For example, adding trigger warnings to letters and being more careful with language (especially when asking professionals to reflect). While some decisions must be communicated promptly, including on Fridays, we're exploring how to minimise unnecessary distress
- Later this year we'll be consulting on changes to the rules we must follow in our fitness to practise process to:

- Allow us to classify a wider range of professionals as vulnerable and adopt any necessary measures to enable us to receive evidence from them
- Give us more flexibility in how we communicate with professionals, for example, greater flexibility about when we seek representations during investigations and the ability to disclose material through an online account
- Broaden and strengthen our powers to direct that evidence is shared ahead of hearings to reduce delays.

- We are currently reviewing our fitness to practise policies and guidance to look at how we consider a professional's physical or mental health as part of our approach.

How we're using these insights to strengthen our approach to capturing feedback

We have used these insights to shape our approach to capturing experiences in fitness to practise. We have consolidated the various feedback surveys into a single feedback route that tracks satisfaction and experiences across the five key areas we've identified. This approach will allow us to identify any differences in experience between people in different roles in our process (for example, professionals who are subject to proceedings, people acting as witnesses in fitness to practise cases or those who raise concerns with us) as well as by diversity characteristics. People are now able to share feedback with us from the start of the process onwards.

As well as focusing on the issues we now know are important to people's experiences, our new approach has been designed to enable us to identify priority areas of action which include a refresh of our correspondence and communications approach, introducing bespoke pathways for health cases, including professionals who may be experiencing substance misuse or have conditions like dementia, so that we can build a more compassionate and straightforward process for everyone involved

References

[1] NMC (2018) NMC: Fitness to Practise Insight. Qualitative research by ICE for the Nursing and Midwifery Council
[2] NMC (2022) Ambitious for change Phase two report
[3] Bradfield O, Jenkins K, Spittal M & Bismark M (2023) Australian and New Zealand doctors' experiences of disciplinary notifications, investigations, proceedings and interventions relating to alleged mental health impairment: a qualitative analysis of interviews'. International journal of law and psychiatry, 86, 101857
[4] Biggar S, Lobigs M & Fletcher M (2020) How Can We Make Health Regulation More Humane? A Quality Improvement Approach to Understanding Complainant and Practitioner Experiences. Journal of Medical Regulation. 106(1): 7–15.
[5] Bourne T, Vanderhaegen J, Vranken R, Wynants L, De Cock B, Peters M, Timmerman D, Van Calster B, Jalmbrant M & Van Audenhove C (2016) Doctors' experiences and their perception of the most stressful aspects of complaints processes in the UK: an analysis of qualitative survey data. BMJ Open 6: e011711.

[6] Kirkcaldy H, van Rensburg E & du Plooy K (2020) Psychologists' experience of a malpractice complaint: Their relationship with and processes at the regulator. Health SA = SA Gesondheid, 25, 1384.
[7] Maben J, Hoinville L, Querstret D & Taylor C (2020) Health and Care Professions Council Registrants: Experiences of the Fitness to practice process. Final report. University of Surrey.
[8] RCN (2024). Understanding the factors underpinning suicidal ideation amongst the UK nursing workforce from 2022 to 2024. Royal College of Nursing, London.
[9] Worsley A, McLaughlin K & Leigh J (2017) A Subject of Concern: The experiences of social workers referred to the Health and Care Professions Council. British Journal of Social Work, 47(8): 2421-2437
[10] Bourne T, De Cock B, Wynants L, Peters M, Van Audenhove C, Timmerman D, Van Calster B & Jalmbrant M (2017) Doctors' perception of support and the processes involved in complaints investigations and how these relate to welfare and defensive practice: a cross-sectional survey of the UK physicians. BMJ open, 7(11), e017856

Nursing & Midwifery Council

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