nmc Insights

Insight into Fitness to Practise

1 April 2020 – 31 March 2025

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Welcome to our Fitness to Practise insights

About the NMC

Our vision is for safe and effective nursing and midwifery practice across the four countries of the UK – regulated and supported by the NMC – a fit for the future organisation, with fairness and equity at the heart of everything we do.

Our role is to **protect the public and maintain confidence** in the nursing and midwifery professions. As the largest independent regulator in Europe of more than 860,000 nursing and midwifery professionals, we have a crucial role in making this a reality.

We do this 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.

We have a duty to **investigate** concerns and to 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.

We are building a new NMC with integrity, fairness, respect, equity and effectiveness at its core.

We are determined to improve and modernise our culture and ways of working. This will ensure that the public and professionals feel confident in our work.

Fitness to Practise

Fitness to Practise is the process by which we investigate concerns about the professionals on our Register and take action if it is required to protect the public. Fitness to Practise affects relatively few of our professionals but it can have significant consequences and is therefore subject to particular scrutiny.

We are committed to improving and using our Fitness to Practise data to enhance our work. Alongside this report, we have published an interactive **dashboard** to share our insights with others who are interested in the quality and safety of our professions.

This publication provides new insights about:

- Why some cases about similar concerns receive more serious sanctions than others
- What types of behaviours constitute dishonesty
- Why some concerns raised by employers concluded at the initial stages, indicating that some concerns can be safely and fairly resolved locally.

We hope this insight will lead to better understanding of our process, our decision-making, and will assist professionals in the provision of safe and effective care through collaborative learning. Through this insight, we can show the types of behaviours and factors which are more likely to result in a more serious sanction, how behaviours such as dishonesty can be prevented or overcome by building a working environment that makes sure nursing and midwifery professionals feel safe to speak up, and why local resolution and support may prevent a concern needing to be raised with us.

Our insight shows the importance of a joint approach to safe and effective care based upon a culture of learning where it is safe for nurses, midwives and nursing associates to speak up.

What we found

Continuing rise in new concerns

We have seen a 13% increase in the new concerns we received in the last year. The number of professionals on our Register increased by 3%. Members of the public continue to be the biggest source of concerns, but referrals from employers are increasing and returning to pre-pandemic levels. The number of Fitness to Practise concerns received each year involves less than 1% of the professionals on our Register.

Concerns raised by employers

Between 1 April 2024 and 31 March 2025, 15% of concerns raised by employers were closed after an initial assessment and did not progress beyond screening for regulatory investigation.

We want to work more closely with employers to support the right decisions about the concerns they can manage locally, and when a fair and appropriate referral is required. Making unnecessary Fitness to Practise referrals causes additional stress and worry for those involved. It also causes delays in the progression of other Fitness to Practise cases.

Our analysis of a sample of employers' concerns found that just over half of employers in the sample had not used the employer advice line before making the referral, and that employers had been unable to complete local investigations for a quarter of the concerns because professionals had not engaged with the process.

Outcomes at hearing stage

Factors which result in the most serious sanctions include conduct which puts people risk of harm, a lack of insight into failings, a pattern of misconduct over time, and abuse of a position of trust. Dishonesty is one of the concerns most likely to result in a more serious sanction. Our analysis reveals the types of behaviours that constitute dishonesty and some of the reasons expressed by professionals for this behaviour.

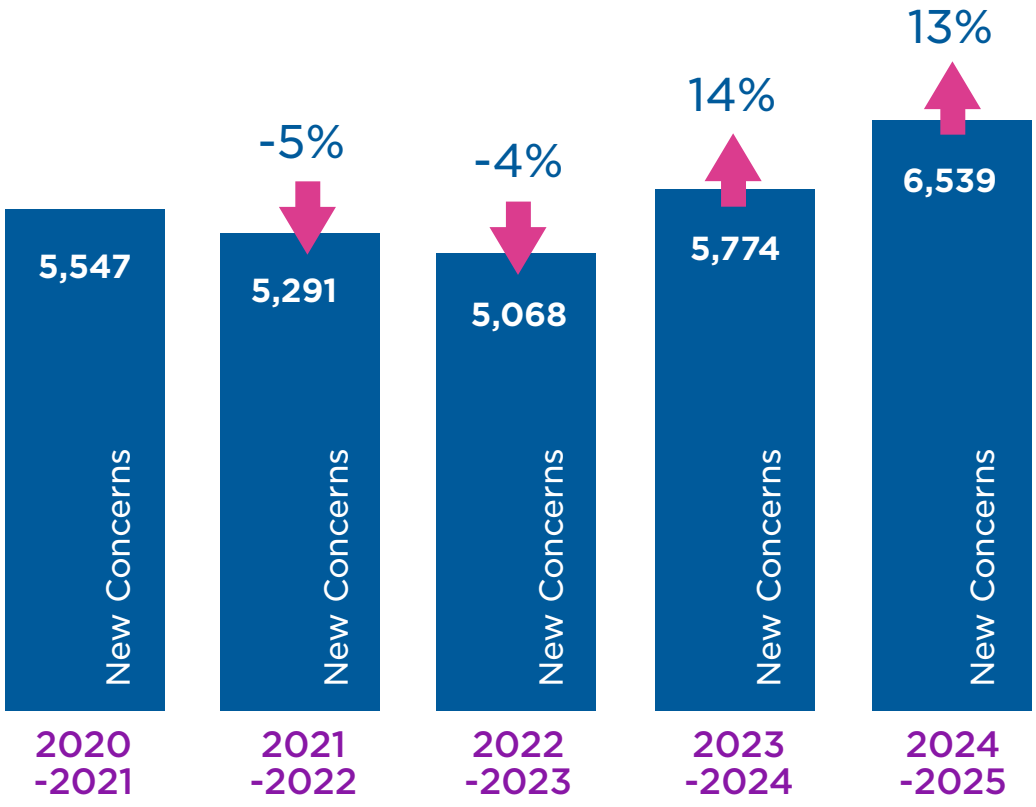
A culture of learning

It is important that professionals experience working environments and workplace cultures that enable them to speak up and report mistakes so that learning can be shared. This also prevents repetition of that mistake and enables the nurse, midwife or nursing associate to rectify errors immediately without fear of blame, bullying or harassment.

The volume of concerns received

We reviewed the number of concerns received as well as the decisions we made between 1 April 2020 and 31 March 2025. The figures for each financial year are shown below.

New concerns received by financial year from 1 April 2020 – 31 March 2025



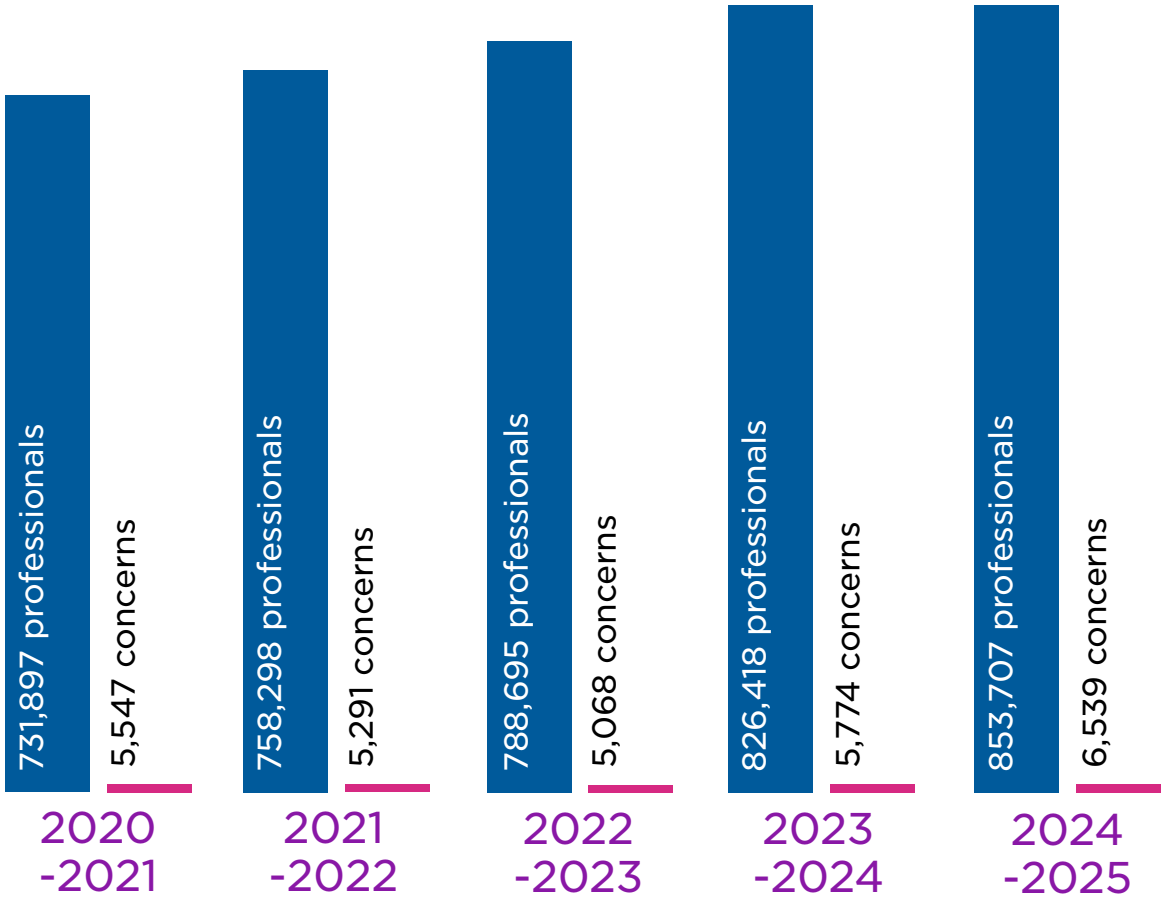
We saw a 13% increase in concerns from 5,774 in 2023-2024 to 6,539 in 2024-2025. This upward trend mirrors what we saw in 2023-2024.

More information about trends in Fitness to Practise data is provided in our annual **Fitness to Practise report**.

The volume of concerns received compared with the number of professionals on our Register

Despite this increase in concerns, it is important to note that the majority of professionals on our Register do not have concerns raised about their Fitness to Practise. Fitness to Practise concerns consistently involve less than 1% of professionals on our Register. As of 31 March 2025, there were 853,707 professionals on Register but we only received 6,539 concerns.

The number of professionals on our Register alongside the number of Fitness to Practise concerns since 2020-2021

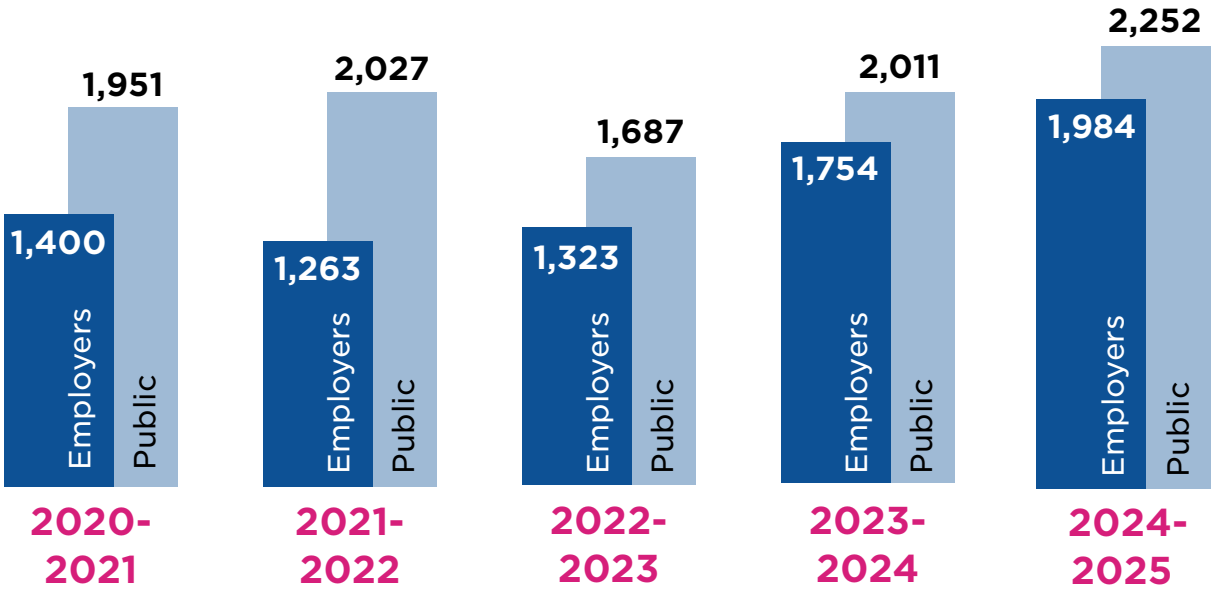


More information about the number of professionals on our Register is provided in our **annual registration report**.

Sources of concerns

Since 2019-2020 members of the public have been the biggest group raising their concerns with us. However, more recently, we have received an increase in the number of concerns that employers are raising with us.

The number of Fitness to Practise concerns raised by employers compared with members of the public since 2020-2021



The number of concerns raised by employers is heading back towards levels previously seen in 2018-2019.

Types of concerns

Throughout our Fitness to Practise process we assign codes to the types of concerns that are referred to us which we call ‘allegation coding’. It is important to remember that some cases may involve more than one type of concern, and that concerns can change during our assessment or investigation of a case.

Types of concerns recorded by case examiners after investigation

Allegations coded at this stage of the Fitness to Practise process show what we have progressed for investigation. As above, one case may involve several allegations. The four most common types of allegations have remained consistent over the last five years.

Allegations from all sources including patients, the public, nurses, midwives or nursing associates making referrals about themselves or their colleagues, employers, the NMC, another professional, another regulator, or unknown.

- **21%** **Patient care**
- **13%** **Prescribing and medicine management**
- **11%** **Record keeping**
- **10%** **Dishonesty**

Allegations from members of the public

- **19%** **Patient care**
- **12%** **Maternity services**
- **10%** **Behaviour or violence**
- **10%** **Record keeping**

Allegations from employers

- **22%** Patient care
- **14%** Prescribing and medicine management
- **13%** Record keeping
- **11%** Dishonesty

Regulatory thresholds and tests for action

Members of the public are more likely than employers to raise concerns about maternity services. While members of the public refer maternity experiences, not all of the concerns raised with us meet the threshold for regulatory intervention.

Our role is to act where there is a risk to public safety or confidence in the professions, and where local resolution is not sufficient.

We consider factors such as:

- the seriousness of the concern
- the impairment of a professional's fitness to practise
- the available evidence to support the allegations.

Our thresholds ensure that our process remains proportionate and focused on protecting the public, while enabling employers to manage concerns locally where appropriate.

Concerns raised by different groups vary. For instance, employers tend to raise the same types of concerns that we see across all our Fitness to Practise cases and at all stages of our process.

However, concerns raised by members of the public differ. While patient care is still the most common type of allegation, the second most common allegations relate to maternity care. Maternity care accounts for 12% of allegations raised by members of the public at the investigation stage compared with 1% of allegations raised by employers and 2% of allegations raised by all sources.

This aligns with our analysis which has shown that members of the public are more likely to raise concerns about midwives compared with employers. The type of maternity care concerns raised by members of the public are:

- Concerns about monitoring, observations or assessments of woman and infant
- Midwifery-specific communications
- Failure to escalate or respond appropriately to deterioration of woman or baby.

However, the types of midwifery concerns raised by employers are:

- Concerns relating to basic midwifery skills, competencies and knowledge
- Concerns relating to examinations
- Concerns relating to labour management.

UK-wide maternity reviews

The midwives on our Register are critical to providing good maternity care. There are a number of reviews into aspects of maternity and neonatal care at the time of writing, including the rapid review of maternity care in England and a national review of maternity services in Wales. Our recently published **Midwifery Action Plan** sets out our work and priorities to support the UK-wide maternity reviews.

Type of concerns at the final hearing stage

These are allegations which are found proven at the final hearing or meeting. These allegations mirror what we reported last year, apart from the fact that 'not maintaining professional boundaries' has replaced dishonesty as an allegation type in concerns raised by members of the public.

Allegations from all sources including patients, the public, nurses, midwives or nursing associates making referrals about themselves or their colleagues, employers, the NMC, another professional, another regulator, or unknown.

19% **Patient care**

15% **Prescribing and medicine management**

13% **Record keeping**

9% **Dishonesty**

Allegations from members of the public

- 24% **Patient care**
- 16% **Record keeping**
- 10% **Communication issues**
- 9% **Not maintaining professional boundaries**

Allegations from employers

- 20% **Patient care**
- 16% **Prescribing and medicine management**
- 13% **Record keeping**
- 11% **Dishonesty**

What our analysis shows

Our previous **Insight into Fitness to Practise** publication found that professionals who demonstrated insight and evidence of strengthening practice (how we describe remediation) were more likely to have Fitness to Practise cases closed at an earlier stage.

Strengthening practice means steps have been taken to improve the skills, knowledge, or competence in the relevant area through further training or a period of supervision.

Our recent analysis focused on the following questions:

- Why do some cases with similar concerns receive more serious sanctions than others?
- What types of behaviours constitute dishonesty?
- Why are some of the concerns raised by employers concluded at the initial stage?

More serious sanctions

At the end of a Fitness to Practise hearing, our panel members will make their decision once facts and impairment have been established. The decision could be:

- Taking no further action
- A caution order lasting between one and five years
- A conditions of practice order lasting up to three years
- A suspension order lasting up to twelve months
- A striking off order.

We consider striking off orders and suspension orders to be our most serious sanctions due to the high level of restriction placed on practice. No further action and caution orders are the least serious sanctions because they allow the professional to continue to practise without restriction.

Factors that influence serious sanctions

We found cases which resulted in more serious sanctions typically involved several factors, all of which contributed to the final decision. This includes the duration or frequency of the conduct in question, the professional's role and relationship with those involved, and the insight and learning that has taken place. We must demonstrate that we are being proportionate in our choice of sanction.

A one-off mistake was more likely to result in a less serious outcome. Multiple occurrences of the same concern, behaviours which indicate a deep-seated attitudinal issue, or pre-meditated behaviours were more likely to result in a more serious sanction.

Professionals involved in concerns which resulted in serious harm to the patient (such as serious infection, life altering injuries, or death) were more likely to receive a more serious sanction. Professionals who demonstrate to panels they are no longer a risk to the public receive less serious sanctions.

Professionals who fully engaged throughout the Fitness to Practise process as well as initial local investigations were more likely to receive the least serious outcomes. This was also the case for professionals who had representation at the final hearing. This supports the findings of our previous analysis and research.

Panels also consider the working environment and the professional's health when making their decisions. Isolated incidents which may not have occurred if circumstances had been different were more likely to result in less serious sanctions.

Behaviours which were more likely to result in serious sanctions were dishonesty - including falsifying patient clinical records, or dishonesty for financial or personal gain - concerns relating to patient neglect, misuse of position, or aggressive behaviour towards a patient or colleague.

Disparities in hearing outcomes

Our previous work found that professionals who are male, disabled, Black or whose sexual orientation is unknown are more likely to progress further through the Fitness to Practise process than those who are female, not disabled, white, or heterosexual. Additionally, professionals who are male and/or disabled are more likely to receive the most serious sanctions compared with those who are female and/or not disabled.

Furthermore, our most recent Ambitious for Change Research showed differences regarding the nature of restrictions applied to interim conditions of practice orders for male and/or Black professionals compared with female and/or white professionals.

Our recent analysis – focusing on a data period of 1 April 2020 to 31 March 2025 – found that male professionals are still more likely to receive a more serious sanction than female professionals. Last year, we showed that male professionals are referred more often for serious concerns such as sexual misconduct and behaviour or violence, and they are less likely to demonstrate insight or remediation compared with women. Both factors make a difference to the outcomes professionals receive.

We have set ambitious new equality, diversity and inclusion targets aimed at eliminating disparities in our Fitness to Practise process, including disproportionate referrals made by employers of concerns that do not meet the threshold for regulatory action, and differential experiences and outcomes in education and training:

Our new targets:

- Eliminate ethnicity and gender disparities in our Fitness to Practise process by 2030
- Eliminate the disproportionate pattern of Fitness to Practise complaints received from employers in relation to ethnicity by 2030
- Eliminate disproportionate outcomes, based on ethnicity, in nursing and midwifery education and training by 2035.

Dishonest Behaviour

Dishonesty is a particularly challenging concern as it raises questions about a professional's integrity, trustworthiness, and indicates a possible attitudinal concern which may damage public confidence in the profession.

We carried out analysis of Fitness to Practise cases involving allegations of dishonesty. This provided an understanding of the types of behaviours that constitute dishonesty, as well as the reasons behind those behaviours. Cases over the last five years were reviewed with a qualitative deep dive carried out on data from 1 April 2024 to 31 March 2025. Cases at all stages of the Fitness to Practise process were reviewed.

Many dishonest behaviours relate to patient care. These include falsifying records or changing medical charts or administration procedures to reflect false information.

Many of these incidents were coupled with an attempt to alter clinical records to cover up mistakes. This included changing medical charts to reflect what should have happened rather than what did happen, altering observation logs to indicate checks had been carried out when they had not, or providing false information.

Our analysis identified a number of reasons for this behaviour:

- Fear of punishment – Professionals were concerned there would be adverse consequences if they reported an error and therefore tried to hide it.
- Challenging workplace context – Heavy workloads and staff shortages meant professionals were working under high levels of stress and were reluctant to add to that by reporting an error.
- Avoiding accountability – A genuine attempt to mislead employers to avoid taking responsibility for the mistake or to cover up intentional wrongdoing.

We found that these types of behaviours rarely occurred in isolation. Allegations of dishonesty often appeared alongside concerns about patient care, prescribing and medicines management, and record keeping. The top five concerns linked with dishonesty reflected the overall types of concerns reported to us.

Dishonest behaviours pose a threat to the safety of people receiving care and contravene the Code. However, we also recognise that, in these types of incidents, there may be context factors which need to be taken into consideration, as well as wider issues around workplace culture.

Our analysis shows that mistakes can often be remedied through demonstrating insight and further training, which may also result in a less serious outcome, or the case being concluded at an earlier stage of the Fitness to Practise process. Dishonesty, such as the act of trying to hide a mistake, indicates a deeper concern which is harder to remedy and features highly in more serious sanction decisions.

To provide safe and effective care, the professionals on our Register need to be working in a safe environment themselves. This includes having the freedom to speak up about mistakes or concerns without fear of reprisal or punishment.

Employers need to encourage a culture of learning where mistakes can be acknowledged and rectified safely.

Providing a safe culture of learning will enable professionals and employers to work together to remedy mistakes and create an environment which supports safe practice and helps protect the public. It will also set a clear distinction between this and other types of dishonest behaviour which relate to personal and sometimes criminal motivations.

These are the types of dishonest behaviours which increase the risk of receiving a serious sanction due to the erosion of trust between the service users and the professional involved and wider trust and confidence the public have in our regulated professions.

An important responsibility for healthcare professionals is the duty of candour. This means professionals have a duty to be open and honest with patients as well as employers. This is particularly the case when things go wrong with treatment or care, including an adverse incident or near miss. Our **guidance on the professional duty of candour** was developed in conjunction with the General Medical Council.

Employer concerns closed at the initial stage

We close nearly two-thirds of all concerns raised with us after an initial assessment (in 2024-2025, 72% of concerns were closed after initial assessment, the same proportion as 2023-2024). Conclusion at this stage indicates the concern did not require regulatory investigation.

This could be for several reasons including:

- The concern was not serious enough for the professional to be considered unsafe to practise, or there was not enough evidence to support the concern
- The person the concern relates to is not on our Register
- The concern has been remedied and there is no longer a risk to patients or members of the public.

We close most concerns because they are not serious enough to require regulatory action (just over a third of concerns were closed for this reason between 2020-2025) with insufficient evidence to support the concern also being a key reason (just under a third of concerns were closed for this reason between 2020-2025).

Employers tend to have a clearer understanding of the types of concerns which can be evidenced and may require regulatory action to be taken. However, employers currently account for 15% of concerns closed at the initial stage between 1 April 2024 and 31 March 2025.

This is up from 12% in 2020-2021. As with other concerns, most employers' concerns closed early are deemed not serious enough for the professional to be considered unsafe to practise (between 2020-2025 39% of employers' concerns closed at the initial stage did not progress for this reason).

However, unlike other concerns, nearly one in five employers' concerns are closed because they have been remedied (17% of employers' concerns were closed for this reason between 2020-2025). Supporting employers to handle concerns such as these at a local level may deliver redress, learning and fairness in a way that reduces stress on professionals.

Use of the Employer Link Service Advice Line

Our Employer Advice Line is a service employers and managers can use to speak with one of our regulation advisers about whether a concern requires a referral to us. The aim of this service is to help employers to decide whether a referral is fair and appropriate, or whether it is better to manage the concern locally.

We analysed a targeted dip sample of 166 concerns raised by employers which were concluded at the initial stage of our Fitness to Practise process in 2024-2025. We found that just over half of that sample (90 concerns) had not used the advice line before making the referral. This finding applied to NHS, Health and Social Care (Northern Ireland) and independent sector employers.

We encourage all employers to make use of the **employer advice line** when considering whether to make a referral.

One difference noted between sectors was that independent care homes were more likely to report isolated incidents than NHS and Health and Social Care (Northern Ireland) employers. Our analysis found that 15% of concerns contained within a dip sample were concluded because they related to isolated incidents, and 70% of those cases were referred by independent care homes.

The types of allegations reported as isolated incidents were often medication errors. These are the types of concerns which can potentially be addressed through training and support by employers and therefore may not require our involvement.

Engaging in local resolution and Fitness to Practise

A quarter of the concerns in the dip sample found that employers had been unable to complete local investigations because either the professional had resigned with immediate effect or was off on long-term sick leave, meaning they were unable to engage with the process. This meant the employer was unable to fully assess whether the concern was likely to be repeated.

Our analysis has shown the importance of early engagement with local resolution processes. By engaging with fair, thorough local investigations employers and professionals can better understand what went wrong and why. This supports learning and improves care provision and safety for members of the public. Actions can be taken to reduce the risk of recurrence, and concerns are more likely to be resolved safely, efficiently, and effectively.

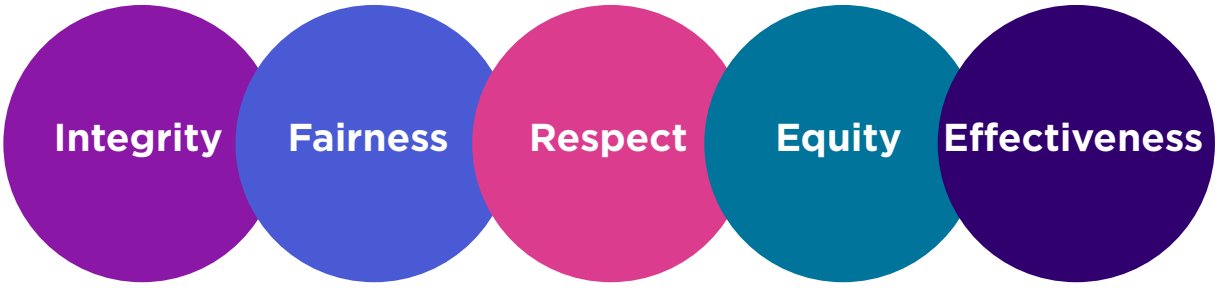
Deciding whether a regulatory referral is necessary can be difficult. But getting this decision right is important and making the right referrals at the right time is vital for public protection. Making unnecessary Fitness to Practise referrals causes additional stress and worry for those involved.

Final Thoughts

The aim of this publication is to provide insight into our Fitness to Practise process and decisions. We are sharing these insights in order to:

- Help nurses, midwives and nursing associates understand the types of behaviours which lead people to raise concerns
- Encourage engagement with local investigations which may prevent Fitness to Practise investigations needing to take place
- Encourage employers to use our advice line before making a referral and to support professionals to remedy one-off or isolated concerns rather than referring them to us
- Share understanding about the factors which influence our decisions to issue a more serious sanction.

If you have found this publication useful, visit our **insight hub** for more information. Please also **get in touch** with any questions or ideas for how we can improve the usefulness of our insight.



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