



# Snapshot

Annual review of performance 2017/18



Regulator reviewed: **Nursing and Midwifery Council**

## Key facts & figures:

- Regulates the practice of **nurses** and **midwives** in the **United Kingdom** and **nursing associates** in **England**
- **690,278** professionals on register
- Annual registration fee: **£120** for all registrants

## Standards of good regulation

### Core functions

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### Met

(number of Standards)

Guidance & Standards

4/4

Education & Training

4/4

Registration

6/6

Fitness to Practise

8/10

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## Focus on: **Headlines about the NMC's performance in respect of the Standards**

We published our **NMC Lessons Learned Review (LLR)** in May 2018. Since then the NMC has initiated a significant programme of work in response – identifying two key areas to focus on: improving how it engages with families and patients; and being open and transparent.

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### **EDUCATION AND TRAINING: STANDARDS ARE LINKED TO STANDARDS FOR REGISTRANTS**

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The NMC is progressing its work on developing new education standards. This includes standards of proficiency and education for registered nurses, midwives and nursing associates. The NMC has considered the views of nurses, midwives, nursing associates, educators, students, employers, other regulators and the public from across the UK to ensure that it meets its aim to produce education standards that enable registrants to deliver modern and safe care. The NMC is undertaking a five-year education programme of change and will review other post-registration standards. This Standard is met.

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### **REGISTRATION: ONLY THOSE MEETING THE REGULATOR'S REQUIREMENTS ARE REGISTERED**

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In 2017 the NMC reviewed and then consulted on its requirements for demonstrating English language competency. It introduced changes in November 2017. These changes allowed applicants who qualified outside the UK to demonstrate English language competency by taking the Occupational English Test. It has also aligned English language competency requirements for those who qualified outside the European Economic Area (EEA) and EU. The changes were designed to increase the flexibility for applicants, while still ensuring that the appropriate standard is achieved. We received feedback from one organisation who commended the NMC on this review. This Standard is met.

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### **FITNESS TO PRACTISE: ANYBODY CAN RAISE A CONCERN**

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The NMC continues to offer comprehensive information for registrants, employers and members of the public explaining the types of concerns it can handle. The Employer Link Service (ELS) continues to liaise with NHS/Social Care boards and trusts. The ELS offers support to employers to determine whether to make a referral, advice on the information to include in referrals, and training on fitness to practise thresholds. We received positive feedback about the ELS. This Standard is met.

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### **FITNESS TO PRACTISE: THE PROCESS IS TRANSPARENT, FAIR AND PROPORTIONATE**

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Following a targeted review, we concluded that the NMC has not met this Standard. We had concerns about its evidence gathering for hearings, including failing to present important documents such as medical records and expert evidence, and about its approach to offering no evidence to fitness to practise committees. We reviewed a sample of cases about registrants conducting personal independent payment (PIP) assessments and identified concerns about the NMC's approach. These included: not systematically considering all the concerns raised by complainants; relying on the findings of employers, without proper scrutiny; and not obtaining all relevant evidence. We considered that these issues created a barrier to vulnerable people raising potentially serious concerns. The NMC is reviewing how it handles these cases.

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### **FITNESS TO PRACTISE: ALL PARTIES ARE KEPT UPDATED**

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The NMC did not meet this Standard last year: our LLR highlighted concerns around how the NMC deals with families and patients and how it values their evidence. We carried out a targeted review and concluded that this Standard remains unmet. Our audit of PIP cases found some similar issues to those raised in our LLR (the cases we audited predated the publication of our LLR and the NMC's response to it). The NMC has started a significant programme of work to address these matters, including introducing its Public Support Service, reviewing its tone of voice in all public correspondence, and introducing a new enquiries and complaints team. Much of this work is still in progress or its impact cannot yet be assessed. The NMC still has work to do to improve how it ensures that it properly understands and addresses patients'/families' concerns and how it communicates decisions.

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