

performance review 2020/21

NURSING AND MIDWIFERY COUNCIL





ABOUT THE PERFORMANCE REVIEW PROCESS

We aim to protect the public by improving the regulation of people who work in health and care. This includes our oversight of 10 organisations that regulate health and care professionals in the UK. As described in our legislation, we have a statutory duty to report annually to Parliament on the performance of each of these 10 regulators.

Our performance reviews look at the regulators' performance against our [Standards of Good Regulation](#), which describe the outcomes we expect regulators to achieve. They cover the key areas of the regulators' work, together with the more general expectations about the way in which we would expect the regulators to act.

In carrying out our reviews, we aim to take a proportionate approach based on the information that is available about the regulator. In doing so, we look at concerns and information available to us from other stakeholders and members of the public. The process is overseen by a panel of the Authority's senior staff. We initially assess the information that we have and which is publicly available about the regulator. We then identify matters on which we might require further information in order to determine whether a Standard is met. This further review might involve an audit of cases considered by the regulator or its processes for carrying out any of its activities. Once we have gathered this further information, we decide whether the individual Standards are met and set out any concerns or areas for improvement. [These decisions are published in a report on our website.](#)

Further information about our review process can be found in [a short guide](#), available on our website. We also have a [glossary of terms](#) and abbreviations we use as part of our performance review process available on our website.

The regulators we oversee are:

General Chiropractic Council • General Dental Council • General Medical Council • General Optical Council • General Osteopathic Council • General Pharmaceutical Council • Health and Care Professions Council • Nursing and Midwifery Council • Pharmaceutical Society of Northern Ireland • Social Work England



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Nursing and Midwifery Council performance review report 2020/21

At the heart
of everything
we do is
one main
purpose:
protection
of the public
from harm

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The Nursing and Midwifery Council

key facts & stats

The Nursing and Midwifery Council (NMC) regulates nurses and midwives in the United Kingdom and nursing associates in England.

As at 30 September 2021, the NMC was responsible for a register of:

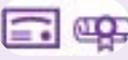
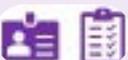
744,929 professionals

Annual registration fee is: £120

The NMC's work includes:

- Setting and maintaining standards of practice and conduct;
- Maintaining a register of qualified professionals;
- Assuring the quality of education and training for nurses, midwives and nursing associates;
- Requiring registrants to keep their skills up to date through continuing professional development; and
- Taking action to restrict or remove from practice registrants who are not considered to be fit to practise.

Standards of Good Regulation met for 2020/21 performance review

	General Standards	5/5
	Guidance and Standards	2/2
	Education and Training	2/2
	Registration	4/4
	Fitness to Practise	4/5

Meeting, or not meeting, a Standard is not the full story about how a regulator is performing. You can find out more in the full report.

Nursing and Midwifery Council

Executive summary

How the Nursing and Midwifery Council is protecting the public and meeting the Standards of Good Regulation



To carry out this review, we collated and analysed evidence from the NMC and other interested parties, including Council papers, performance reports and updates, committee reports and meeting minutes, policy, guidance and consultation documents, our statistical performance dataset and third-party feedback. We also utilised information available through our review of final

fitness to practise decisions under the Section 29 process¹ and conducted a check of the accuracy of the NMC's register. We used this information to decide the type of performance review we should undertake. Further information about our review process can be found in our [Performance Review Process guide](#), which is available on our website.

The Nursing and Midwifery Council's performance during 2020/21

We conducted a targeted review of the NMC's performance against Standards 9, 10, 11, and 15. We concluded that Standard 15 was not met.

Key developments and findings

The NMC's research on issues relevant to diversity

The NMC collects diversity data about its registrants and the developments that affect them. It uses this data to reflect upon the fairness and accessibility of its processes and where changes are needed. In October 2020 the NMC published research into the impact of its processes on different groups. This highlighted some disparities, which it is seeking to better understand through further research and analysis. The NMC has made some recent changes that may address some of these disparities but recognises that further action is needed. It is also working with others including employers to address evidence of overrepresentation of some groups in fitness to practise (FTP) referrals. We consider that the NMC has one of the strongest approaches to EDI of the regulators that we oversee.

Responding to the pandemic through guidance and standards

The NMC established a 'Coronavirus hub' on its website which included information and guidance for registrants and the public on safe practice during the pandemic. The NMC's

¹ Each regulator we oversee has a 'fitness to practise' process for handling complaints about health and care professionals. The most serious cases are referred to formal hearings in front of fitness to practise panels. We review every final decision made by the regulators' fitness to practise panels. If we consider that a decision is insufficient to protect the public properly we can refer them to Court to be considered by a judge. Our power to do this comes from Section 29 of the [NHS Reform and Health Care Professions Act 2002 \(as amended\)](#).

statements took account of disparities in the impact of the virus among different groups of registrants, patients and service users.

Changes to education standards during the pandemic

The NMC introduced emergency standards for nursing and midwifery education which made changes to the balance of theoretical and practice learning and allowed more flexibility in the methods for student support, supervision, teaching and assessment during the pandemic. It updated the emergency standards throughout the year to reflect developments in the impact of the pandemic on health care services.

Stakeholders told us that they welcomed the NMC's flexibility and its level of engagement and collaboration with the sector in planning and implementing these changes.

Temporary registration

The NMC launched its temporary register in March 2020. It published clear policies setting out a risk-based approach to inviting groups to join the register and its process for removal from the register. We received positive feedback from stakeholders about its approach to this work.

The NMC asked employers to certify that some potential temporary registrants were fit to practise during the emergency in terms of their health, character, and English language competence. This policy presented a degree of risk to the public, and the NMC balanced the risks involved against the urgent situation arising from the second wave of the Covid-19 pandemic. It determined that the level of risk was acceptable in the circumstances and as a short-term measure. All temporary registrants in this group were subject to conditions restricting their practice.

Fitness to practise case progression

There has been a further worsening of performance in respect of timeliness this year, as the effects of the pandemic disrupted the NMC's ability to deal with cases. Fewer decisions have been reached, and the age and overall size of the FTP caseload has increased.

The NMC is implementing a wide-ranging programme of work to address this decline in performance, while ensuring that it can support the people involved in the process. However, the NMC does not anticipate that the impact of many of its planned measures will be seen for some time.

We welcome the clear focus and drive for improvement that the NMC has demonstrated. However, in the absence of evidence of significant improvements to performance at this early stage, Standard 15 was not met this year.

Supporting parties to the fitness to practise process to participate effectively

The NMC continues to embed a person-centred approach in FTP. It has improved its website to provide greater clarity about each stage of the process and increased the support offered to those making referrals who have complex needs and may need adjustments to engage effectively.

In considering how to use powers granted in response to the pandemic once the emergency period has ended, the NMC considered a diversity of views and sought to facilitate effective participation for all those involved in the FTP process.

How the NMC has performed against the Standards of Good Regulation

General Standards

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

- 1.1 The NMC updates the information it publishes in response to external events, such as the UK's exit from the EU, so that it remains current and accurate. Throughout this review period the NMC updated the 'Coronavirus hub' on its website, providing information about its response to the pandemic, how it continues to regulate, and pages for different audiences with frequently asked questions and answers.
- 1.2 The NMC has clear policies and processes to ensure that it handles and discloses information appropriately across each of its functions.
- 1.3 Published information about the NMC's registration appeals process is not as comprehensive and accessible as it could be. The NMC plans to address this as part of its action plan in response to our last performance review report. It continues to provide information on the appeals process to applicants when an application to join the register is refused.
- 1.4 The NMC does not currently publish detailed information on its approach to the issues of illegal practice and misuse of a protected title. We are pleased that it is working to develop enforcement policies setting out how it will respond to such cases. We would expect these to be easily accessible on the NMC's website to visitors searching for this information.
- 1.5 Overall, we are satisfied that this Standard is met.

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

- 2.1 The NMC provides clear information about its purpose and role. In the context of the ongoing Covid-19 pandemic, it has been open about what elements of its corporate strategy for 2020-25 remain appropriate and feasible to deliver to planned timescales, and what work must be postponed. It has been flexible and found new ways of delivering its strategic aims, such as through virtual engagement with stakeholders.
- 2.2 In March 2020 the NMC revised its governance structures to enable it to respond quickly to the needs of the pandemic, while ensuring that its Council retained adequate oversight of its activities. It has been transparent in its reporting of the rationale for decisions reached outside of routine Council meetings.

- 2.3 The NMC proactively responded to workforce issues and evidence of inequality resulting from the pandemic. It undertook research, analysed evidence, and collaborated with others to ensure that it continued to fulfil its statutory duties fairly. It has been clear about its remit and has highlighted areas where further work was needed in the health and care sector to support its registrants and protect the public.
- 2.4 We are satisfied that this Standard is met.

Standard 3: The regulator understands the diversity of its registrants and their patients and service users and of others who interact with the regulator and ensures that its processes do not impose inappropriate barriers or otherwise disadvantage people with protected characteristics.

Equality, diversity and inclusion (EDI) implications of the pandemic

- 3.1 The NMC considered the impact of the pandemic on different groups when responding to the emergency. It sought diverse views on the changes made to its processes and standards to ensure that they were fair and did not impose inappropriate barriers or otherwise disadvantage people with protected characteristics.
- 3.2 The NMC published an equality impact assessment of its response to Covid-19 in July 2020 and has kept it updated to reflect external changes.
- 3.3 In external communications the NMC highlighted the EDI implications of the pandemic for both registrants and the public. This included statements on shortages of personal protective equipment and the impact on registrants from minority ethnic groups.

The NMC's research on issues relevant to diversity

- 3.4 The NMC collects diversity data about its registrants (permanent and temporary) and the developments that affect them. It uses this data to reflect upon the fairness and accessibility of its processes and where changes are needed.
- 3.5 In October 2020 the NMC published *Ambitious for Change*,² a report on its research into the impact of its processes on different groups. The research highlighted some disparities, which it is seeking to better understand through further research and analysis. The NMC has made some recent changes that may address some of these disparities but recognises that further action is needed. The NMC is also working with others, including employers, to address evidence of overrepresentation of some groups in fitness to practise referrals.

Diversity in recruitment of decision makers

- 3.6 The NMC aims to improve the diversity of its decision makers to better reflect the diversity of its registrants and those using their services. It set up a Council Associate scheme to enable individuals from underrepresented registrant groups to sit as associate members of Council and develop the skills and expertise needed to

² See: https://www.nmc.org.uk/globalassets/sitedocuments/edi-docs/nmc_edi_research_full.pdf

be a Non-Executive Director in the future. Associates are involved in all aspects of the Council's work and contribute to its business in a similar way to appointed Council members.

- 3.7 The NMC's Appointment Board has a three-year strategy for delivering high quality fitness to practise panel members. The strategy is designed to provide a diverse membership that works in a way that is inclusive and fair.
- 3.8 The NMC's commitment and work towards diversity is among the strongest of the regulators we oversee. We are satisfied that this Standard is met.

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

Reporting on performance and responding to concerns

- 4.1 The NMC launched a new customer feedback survey for its contact centre in February 2020. The survey showed a high level of customer satisfaction. The NMC monitors survey results and contacts unhappy customers to resolve issues immediately.
- 4.2 The NMC provides performance information and data on concerns it has received in a range of public reports. It made changes this year to the way it presents performance information to its Council. The quality and accuracy of the information provided remains appropriate. We saw no evidence that these changes have led to a weakening of the Council's ability to scrutinise the NMC's performance or hold the Executive to account.

Acting in response to external events, including published inquiries

- 4.3 The NMC considers the implications of public inquiries and other reports about healthcare regulatory issues. In the light of them, it reviews the effectiveness of its processes and identifies areas where further action is needed to improve standards of care and enhance public protection.
- 4.4 In January 2021 the NMC reported on its analysis of the findings of several recently published inquiries and investigations into patient safety issues. It identified underlying themes across different settings which affected patient safety. These included: persistent cultures of denial and blame; fear of speaking up or raising concerns among professionals; poor communication and working relationships among multidisciplinary teams; lack of data sharing among regulators and more widely across the health and social care system; and failure to listen to concerns from patients and service users.
- 4.5 In recent years, the NMC has taken action relevant to these issues, including:
- A change in approach in fitness to practise, designed to foster a professional culture that prioritises openness and learning in the interest of safety
 - Establishment of the Public Support Service to provide better support for people who use services and members of the public who have raised concerns about registrants.

- 4.6 However, the NMC recognises that further action is needed and has established an internal learning group to record, share, and embed learning from inquiries and investigations.
- 4.7 The NMC is also working with partners in the sector to address recurring concerns about the safety of some maternity services. Together with the Care Quality Commission (CQC) and the General Medical Council (GMC), it has established a Maternity Services Safety Collaborative Group to address common concerns and provide oversight of joint initiatives, including:
- Improving shared understanding of risk related to maternity services.
 - Testing collaborative ways of working and generating learning that can be shared.
 - Enabling long-term improvements in regulatory collaboration that can help drive improvements in maternity safety.
- 4.8 We are satisfied that this Standard is met this year.

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

Stakeholder engagement during the pandemic

- 5.1 The NMC has continued to communicate regularly with other health and social care regulators, unions and professional and representative bodies, governments in the four nations of the UK, employers and health and social care providers, partners in the education sector and students.
- 5.2 The NMC is developing policies to ensure it can recruit and support a wide range of members of the public to work with it effectively. It has commissioned qualitative research with members of the public to develop a shared understanding of a person-centred approach to regulation.
- 5.3 We received very positive feedback from a number of organisations about the NMC's engagement with them during this review period. They welcomed the NMC's commitment to consultation and collaboration in the context of the ongoing pandemic.

Consultations

- 5.4 The NMC held one full public consultation during this review period, which sought views on its future use of emergency powers granted in response to the coronavirus pandemic. Alongside the online consultation, the NMC commissioned an external research company to complete targeted qualitative research. This included focus groups with members of the public from particular social groups. In March 2021, the NMC provided a detailed report to its Council on responses to its proposals and setting out its rationale for the final proposals with reference to the responses received.³

³ Detail of the policy positions adopted is provided below under the relevant Standards.

- 5.5 During this review period the NMC undertook pre-consultation work about new post-registration standards, including webinars, targeted round tables and smaller discussion groups. Many more people attended virtual events than would have been able to attend face to face events. It published a report⁴ on the pre-consultation activity and appointed an independent research organisation to undertake thematic analysis of communication at virtual meetings and webinars.⁵
- 5.6 We received mixed feedback from stakeholders about their experience of participating in this pre-consultation work. One organisation told us that engagement had been conducted in a systematic manner, being inclusive of relevant stakeholders. Another considered that the NMC held a pre-determined outcome for aspects of the standards development work and that it disregarded views from stakeholders that were not in keeping with this.
- 5.7 The NMC acknowledged that there remained areas of disagreement among stakeholders, particularly about proposals for Specialist Practice Qualifications (SPQs). It agreed that there had been some difficulties with virtual engagement, but noted advantages in terms of reach.
- 5.8 We have not seen evidence that the NMC intended to limit debate or dismiss views that were not in keeping with its own. Some of the proposals involved in this work have proved to be contentious and the NMC has been open about issues where no clear consensus has emerged. Indeed, it changed its proposals for the standards in December 2020.
- 5.9 The public consultation on the new standards was held from 8 April to 2 August 2021 and the NMC is currently considering responses. We will report on the outcome of the consultation and evidence of how the NMC has used the feedback obtained to develop its proposals in our next performance review.

Work with stakeholders to identify and manage risks to the public

- 5.10 As noted under Standard 4, the NMC has been working with the CQC and the GMC to identify themes in maternity safety in England, improve the way intelligence is shared and used, and embed lessons learned in processes. One element of this work is the establishment of a data-sharing platform between the regulators to establish a common understanding of risk and facilitate the identification of specific areas for regulatory interventions.
- 5.11 The NMC has memoranda of understanding (MoUs) with a range of organisations to set out how they will work together and share information about concerns regarding healthcare professionals and providers. We received feedback from one organisation that the NMC's application of an MoU was inconsistent, meaning that at times information about its registrants was not shared promptly.
- 5.12 In response the NMC noted that the number of fitness to practise cases involving information sharing with the organisation in question is low, and that this feedback had highlighted a more general lack of awareness amongst its staff of MoUs and how to use them. It is therefore refreshing its training for the relevant teams.

⁴ See: <https://www.nmc.org.uk/globalassets/sitedocuments/education-programme/post-registration-review---pre-consultation-engagement-report.pdf>

⁵ See: <https://www.nmc.org.uk/globalassets/sitedocuments/education-programme/post-registration-review---pye-tait-report-pre-consultation-engagement-themes-november-2020.pdf>

- 5.13 These concerns relate to a very small number of cases. We also received feedback from another organisation that its MoU with the NMC worked effectively. We will consider any evidence about the effectiveness of the NMC's planned action to improve staff awareness of the use of MoUs in future reviews.

Conclusion on this Standard

- 5.14 We consider overall that the NMC has consulted and worked with its stakeholders across all its functions to manage risks to the public in respect of its processes and registrants. We are satisfied that this Standard is met.

Guidance and Standards

Standard 6: The regulator maintains up-to-date standards for registrants which are kept under review and prioritise patient and service user centred care and safety.

Post-registration standards

- 6.1 The NMC expected to complete work to develop new post-registration standards, with associated education programme standards, between Summer and Autumn 2021. However, the work was delayed because of the pandemic.
- 6.2 As noted above, the public consultation on the NMC's proposals for the standards took place from 8 April 2021 to 2 August and the NMC is currently considering responses. We will report on the outcome of the consultation in our next review.

The NMC's approach to reviewing its guidance and standards

- 6.3 The NMC is establishing a new set of common principles for standards and guidance development. This is to provide a consistent framework for evaluation of the standards. The new model will also consider changes in the external environment that the NMC may need to respond to by updating or amending its standards and guidance. This work was originally intended to be complete by March 2021 but the NMC has rescheduled it into 2021/22 to allow it to release resources to support other areas.
- 6.4 The NMC has committed to evaluate how its new standards of proficiency and for pre-registration education programmes are being implemented and what improvements may be needed in the future. Those standards only recently came into effect (and in the case of pre-registration midwifery education standards will not come into effect until September 2022),⁶ and so we do not consider that a review of their impact is overdue.

⁶ The standards were originally scheduled to be implemented from September 2021, but this was extended by a period of 12 months to allow education institutions and partners in placement settings to focus on responding and adapting to the pandemic.

Conclusion on this Standard

- 6.5 During this review period the NMC has prioritised its work to update its post-registration standards, while postponing the implementation of new standards in relation to midwifery education and its wider work to develop a set of common principles for standards and guidance development and a consistent framework for evaluation of its standards. We think this is reasonable in the challenging circumstances of the past year and considering feedback we have received from stakeholders in the past (and the NMC's own acknowledgment) that the post-registration standards are out of date and do not reflect current practice.
- 6.6 We are satisfied that this Standard is met.

Standard 7: The regulator provides guidance to help registrants apply the standards and ensures this guidance is up to date, addresses emerging areas of risk, and prioritises patient and service user centred care and safety.

- 7.1 In March 2020 the NMC established a 'Coronavirus hub' on its website which included information and guidance for registrants and the public on nursing and midwifery practice during the pandemic, as well as signposting registrants to support and guidance provided by other organisations.
- 7.2 The NMC provided guidance on how registrants could continue to practise safely and in line with its standards during the pandemic. It also highlighted disparities in the impact of the virus among different groups of registrants and patients.
- 7.3 In July 2020 the NMC published new Principles for preceptorship⁷ designed to provide guidance on how best to support newly registered professionals.
- 7.4 In August 2020 the NMC launched a campaign, 'Caring with Confidence: The Code in Action',⁸ to support professionals to uphold high standards, clarify the NMC's expectations around the Code, and reassure professionals it is there to support them. Short video animations were published on the NMC's website and on social media covering themes such as:
- accountability
 - professional judgement
 - delegation; speaking up; challenging discrimination
 - professional use of social media
 - person-centred care
 - end-of-life care
 - professionalism and trust.

⁷ See: <https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-principles-for-preceptorship-a5.pdf>. Preceptorship is period of structured transition for a newly qualified nurse, nursing associate or midwife when they start employment to guide and support them to make the transition from student to registered professional.

⁸ The NMC's Code presents the professional standards that nurses, midwives and nursing associates must uphold in order to be registered to practise in the UK.

- 7.5 In February 2021 the NMC published updated guidance on practising as a midwife in the UK⁹ which reflects the content of the updated standards of proficiency for midwives and of pre-registration midwifery education published in 2019. The guidance describes the NMC's approach to the regulation of midwives and provides information on issues such as the role of the lead midwife for education and legislation governing midwives' administration and prescription of medicines.
- 7.6 In conclusion, the NMC considered the new risks that arose from the pandemic and consequences for the provision of care by its registrants. It responded rapidly, publishing new guidance and advice for both its registrants and the public that reflected the impact of the virus on different groups. The NMC kept this information updated throughout the year. We are satisfied that this Standard is met.

Education and Training

Standard 8: The regulator maintains up-to-date standards for education and training which are kept under review, and prioritise patient and service user centred care and safety.

Changes to education standards during the pandemic

- 8.1 The NMC introduced emergency standards for nursing and midwifery education on 25 March 2020. These made changes to the required balance of theoretical and practice learning for students, based on the stage they had reached in their training. They also allowed more flexibility in the methods for student support, supervision, teaching and assessment.
- 8.2 Throughout the review period the NMC made changes to the standards to reflect developments in the impact of the pandemic on health care services. It was transparent about the evidence relied upon at each stage. The NMC continued to require all programmes to ensure that placement allocations took account of current public health guidelines with due regard to the health and wellbeing of individual students and that all students received appropriate support and supervision.
- 8.3 Stakeholders told us that they welcomed the NMC's flexibility in adapting its education standards during this review period, as well as its level of engagement and collaboration with the sector in planning and implementing these changes.
- 8.4 Some stakeholders highlighted difficulties experienced by students and education providers linked to the changes made. These included a lack of clarity around students' role and remit, their level of access to support services at education institutions, and negative impacts on students' mental health and learning experiences. There was consensus that the long-term impact of these changes is yet to be seen, and that most should not become the norm outside of the emergency period.

⁹ See: <https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/practising-as-a-midwife-in-the-uk.pdf>

Post-registration education programme standards

- 8.5 The NMC's work to develop new post-registration standards of proficiency is discussed above under Standard 6. It also worked to develop new post-registration education programme standards which specify to education providers how specific programmes should be taught.
- 8.6 The NMC reported that some stakeholders support incorporating more input/process standards, for example, specifying programme length. However, it considers that this is not consistent with its design principles, which commit it to being outcome focused and to allowing education providers and their practice learning partners to be flexible, creative, and innovative when developing curricula. However, it committed to testing these alternative views during the consultation. The consultation closed on 2 August 2021 and the NMC is considering responses.
- 8.7 We are satisfied that this Standard is met

Standard 9: The regulator has a proportionate and transparent mechanism for assuring itself that the educational providers and programmes it oversees are delivering students and trainees that meet the regulator's requirements for registration, and takes action where its assurance activities identify concerns either about training or wider patient safety concerns.

Approval and quality assurance of nursing, midwifery, and nursing associate education programmes

- 9.1 The NMC continues to act on concerns identified through its approval and monitoring processes in education, including extraordinary reviews where concerns are particularly serious.
- 9.2 In recent reviews we have noted the high proportion of education programmes being issued conditions following approval events. In the academic year from 1 September 2019 to 31 August 2020 this figure remained high at 67% (2017/18: 71%, 2018/19: 60%). However, as in previous years, the examples of conditions provided in the NMC's annual quality assurance (QA) report do not indicate significant risks. We have seen no evidence that risks are not being managed. Programmes are refused approval where they are found not to meet the NMC's standards. Where concerns are raised at an approval visit that may have implications for current students, the NMC liaises closely with the provider to address them.
- 9.3 In 2019/20 one extraordinary review was carried out of midwifery and nursing education at Staffordshire University. The report was published on 24 June 2020.¹⁰
- 9.4 We received feedback from one organisation in the education sector expressing concern that there is unwarranted variation in the decisions taken by QA teams

¹⁰ See: <https://www.nmc.org.uk/globalassets/sitedocuments/qualityassurance/extraordinary-reviews/staffordshire-university-extraordinary-review-full-report-2020.pdf>. Staffordshire University uses the Shrewsbury and Telford NHS Foundation Trust as a placement setting for nursing and midwifery students. An independent maternity review into cases of concern at the Trust is ongoing at the time of writing.

acting on behalf of the NMC. In particular, the concerns highlighted QA of new blended learning programmes.¹¹

- 9.5 The NMC told us about measures in place to ensure that decisions reached in its education QA reviews are robust and consistent. It has specific guidance to ensure that reviewers have the necessary knowledge to reach judgements on whether new blended learning programmes meet the NMC's standards. The guidance focuses on the areas of greatest risk when programmes are delivered online.
- 9.6 There was no evidence of significant concern about the quality of the NMC's process in the feedback it receives from education institutions. Of the six institutions at which blended learning programmes had been reviewed at the time of the NMC's response to our enquiries, only one had raised a concern about the process. We do not consider that this example demonstrates that reviewers lack the necessary knowledge to reach appropriate judgements on whether the NMC's standards are being met.
- 9.7 We received positive feedback from another stakeholder which thought that the NMC has a good understanding of this new mode of programme delivery and has taken steps to ensure that blended programmes can deliver students and trainees that meet its requirements for registration.
- 9.8 The NMC will continue to review and reflect on its training for QA reviewers in respect of all forms of education.
- 9.9 We do not consider that the concerns raised in this area indicate that the Standard is not met.

Changes to education quality assurance during the pandemic

- 9.10 The NMC adapted its quality assurance approvals process so that it was more flexible and could be undertaken remotely during the pandemic. It reports that remote visits have been well received and it will review how these might be incorporated more systematically, where appropriate, into routine QA activity.
- 9.11 Education providers which adopted emergency education standards were required to submit a dedicated Covid-19 exceptional reporting form outlining how this had been done. The NMC's QA service delivery partner then reviewed these reports to provide assurance that its standards continued to be met. Education institutions were also required to provide an update on their adoption of the standards when submitting their annual self-assessment to the NMC.
- 9.12 We are satisfied that this Standard is met.

¹¹ The Blended Learning programme has been developed by Health Education England to address national shortages in clinical expertise and explore the opportunities of providing predominantly online, remote-access study to those people who may have the aptitude and values to join the healthcare profession, but currently are unable to learn in traditional ways. For more information see: <https://www.hee.nhs.uk/our-work/blended-learning>

Registration

Standard 10: The regulator maintains and publishes an accurate register of those who meet its requirements including any restrictions on their practice.

- 10.1 We saw a case where administrative errors within the NMC's registration function led to restrictions on a registrant's practice expiring without the required review by a panel of the Fitness to Practise Committee. The registrant had been restored to the register following a previous striking off order.¹² We wanted to understand how these errors occurred and how the NMC had responded to them.
- 10.2 The NMC identified the errors through routine monitoring processes and took action to rectify them. It explained the steps taken to prevent their repetition, including updating staff guidance, enhancing its monitoring processes, and reminding staff of the need to follow them.
- 10.3 The NMC deals with relatively few restoration cases,¹³ which may increase the potential for its staff to be less familiar with processes for managing them. The steps taken by the NMC once these errors were identified are appropriate and we have not seen evidence of similar problems in other cases. We therefore decided that this event did not of itself suggest concerns about performance against this Standard.
- 10.4 Each year we conduct a check of a sample of entries on the NMC register for accuracy. This year we checked a sample of 50 register entries. These were randomly selected, but all related to registrants who had been subject to a final fitness to practise decision in the relevant period. All were found to be accurate.
- 10.5 We are satisfied that this Standard is met.

Standard 11: The process for registration, including appeals, operates proportionately, fairly and efficiently, with decisions clearly explained.

Changes to registration processes during the pandemic

- 11.1 The NMC made rapid changes to its registration processes in response to the pandemic to support its registrants and the wider workforce. This included extending the deadline for payment of registration fees and granting extensions to the period within which some applications must be completed. It consulted relevant stakeholders when planning and implementing new measures.
- 11.2 The NMC carefully considered risk when making these decisions and clearly explained its rationale in those terms.
- 11.3 Examples include the NMC's decisions:
 - not to invite students in the final six months of their pre-registration education programmes to join the temporary register. The NMC reported that this was not needed because a high number of students opted-in to extended clinical

¹² Those who have been struck off from the NMC's register may apply for restoration after a period of five years.

¹³ On average 60 per year for the last three years, with an average of 26 applications granted per year in the same period.

placements under the NMC's emergency education standards, deployment of professionals on the temporary register was not at the level expected, and health and care services had not been overwhelmed as had been initially feared.

- not to accept the online International English Language Testing System (IELTS) indicator test designed by the British Council for use as an interim measure while test centres were temporarily closed.¹⁴ The NMC explained that the security measures for the indicator test are not comparable to those in place for the face-to-face test and did not meet the standards it requires for registration.
- not to use its emergency power to temporarily permit registrants without prescribing qualifications to prescribe medicines. The NMC explained that it was particularly concerned about how the power could be safely implemented while still being operationally useful in the care of people using services.

Temporary registration

- 11.4 The NMC launched its temporary register in March 2020. It published clear policies setting out a risk-based approach to inviting groups to join the register and its process for removal from the register where concerns are identified. We received positive feedback from stakeholders about its approach to this work.
- 11.5 In January 2021 the NMC invited overseas-trained nurses who began the registration process after October 2019 but had not completed it to join the temporary register. It asked the employers of these professionals to certify that they were fit to practise during the emergency in terms of their health, character, and English language competence. We were concerned about the appropriateness of delegating these decisions to employers.
- 11.6 The NMC had prepared guidance for employers about providing certification. Employers were required to confirm that an appropriate, proportionate, and objective assessment framework was in place and that it had been followed in each instance when making the certifications.
- 11.7 This group was meant to cover individuals already employed by the employer in unregistered roles. The employer would therefore have had an opportunity to assess individuals' level of English language competence and to identify any health issue preventing them from practising safely. Employers may not have been able to adequately assess potential temporary registrants' good character and any history of criminal or safeguarding concerns.
- 11.8 It is not clear what level of assurance was sought by employers about these matters. The NMC did not require employers to provide any evidence to demonstrate the sufficiency of their checks on this group, beyond self-certification of the suitability of the assessment framework used. This policy therefore presented a degree of risk to the public.
- 11.9 The NMC considered these risks and balanced them against the urgent situation arising from the second wave of the Covid-19 pandemic. It determined that the level of risk was acceptable in the circumstances and as a short-term measure. To

¹⁴ The NMC accepts two language tests as evidence of international applicants' ability to communicate effectively in English: the International English Language Test System (IELTS) Academic and the Occupational English Test (OET).

mitigate the risk, all temporary registrants in this group were subject to conditions restricting their practice.

11.10 The temporary register was closed to this group in July 2021. The applications of those wishing to join the permanent register will be assessed in full, in line with the NMC's standard process.

11.11 Opening the temporary register to this group did not lead to a significant number of referrals under the NMC's temporary registration removal policy.

11.12 Taking these factors into account, while an element of risk remained, we do not consider that this indicates that the Standard is not met. The NMC considered the risks in relation to the situation and put in place appropriate mitigations. The process applied for a restricted period when there was an emergency.

Registration language requirements and the registration appeals process

11.13 Last year we considered the NMC's registration language requirements and appeals process. We considered that the guidance about these processes could be clearer. The NMC has updated its guidance for staff on conceding registration appeals. It has introduced criteria where an applicant's English language competence is in question.

11.14 There is not currently a process in place for reviewing and quality assuring Assistant Registrar decisions about registration appeals. We think this is needed, given the significance of the matters which Assistant Registrars decide.

11.15 We have not, however, seen any evidence of concern about the quality or fairness of Assistant Registrar decisions on registration appeals this year. The NMC told us that it is working to devise terms of reference for a new quality assurance mechanism for registration appeal outcomes. It is also commissioning an independent audit of a sample of its registration case files to identify whether there is disparity in the way it applies its policies, practices, and procedures. We will consider its progress over the coming year in our next review.

Conclusion on this Standard

11.16 The NMC made transparent, risk-based decisions when changing its registration processes in response to the pandemic. This included balancing the risks involved in its temporary registration policies with the urgent need to support the workforce.

11.17 The NMC is making changes to the oversight of Assistant Registrar decisions about registration. We will continue to monitor this area.

11.18 We are satisfied that this Standard is met.

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

12.1 The protected titles for the professions regulated by the NMC are 'Registered nurse', 'Midwife', 'Nursing associate' and 'Specialist community public health nurse'. 'Nurse' is not a title protected by law.

- 12.2 The NMC takes action on a case-by-case basis in respect of those purporting to be on the NMC register when they are not. This can include referral to the police where there are serious concerns. We understand that the NMC's work to develop enforcement policies in this area is continuing.
- 12.3 We have not seen any evidence suggesting concerns about this aspect of the NMC's performance. The NMC is working towards formalising its approach and developing consistent, documented policies that are available to the public. We will report on the outcome of that work.
- 12.4 We are satisfied that this Standard is met this year.

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

- 13.1 We have reported in recent performance reviews on the NMC's implementation of its revalidation scheme. We highlighted the consistently high rates of revalidation and the guidance and supporting resources the NMC has made available to registrants.
- 13.2 The NMC's October 2020 EDI research, *Ambitious for Change*, found lower rates of revalidation among some groups. This reflected previous findings of evaluations of the scheme in the first three years of implementation. The NMC is commissioning qualitative research to look at the reasons behind these disproportionate outcomes.
- 13.3 During this review period the NMC has been flexible in its approach to revalidation, granting additional time to complete the process to those registrants who need it, and providing additional guidance on how best to fulfil revalidation requirements in the context of the pandemic. It has continued to stress the importance of revalidation in helping registrants to maintain safe and effective practice, update their knowledge and develop new skills.
- 13.4 The process by which the NMC requests further information on a sample of revalidation applications for verification was suspended in March 2020 and resumed from January 2021. We think this was proportionate, given the additional burden on registrants and others involved that the process can entail and the significant pressures on health and care professionals during the pandemic.
- 13.5 We are satisfied that this Standard is met.

Fitness to Practise

Standard 14: The regulator enables anyone to raise a concern about a registrant.

- 14.1 The NMC continues to offer comprehensive information for those wishing to raise a concern about a professional on its register. There is a clear statement on the website that anyone can raise a concern if they feel the safety of patients or the public is at risk. Advice on how to make a fitness to practise complaint is provided, tailored to different groups.

- 14.2 We have not seen any evidence to indicate that changes to the NMC's way of working necessitated by the pandemic resulted in difficulties for those raising fitness to practise concerns.
- 14.3 The NMC's fitness to practise improvement programme incorporates measures to increase the efficiency of decision-making at the screening stage of the process and reduce the number of complaints progressing through later stages unnecessarily. We will monitor the impact of those changes, including to see whether there is any evidence that they result in inappropriate barriers to those wishing to raise concerns.
- 14.4 On 2 February 2021 the NMC published *Managing concerns: a resource for employers*.¹⁵ It provides guidance for employers to consider when investigating and managing concerns about a registrant's practice. We welcome the emphasis in the guidance on the need for referrals to be free from bias and discrimination, particularly in view of the findings of the NMC's EDI research that some groups of registrants are overrepresented in referrals from employers. The guidance includes a section dealing specifically with concerns that might require the NMC to take action to protect public confidence in the professions and uphold standards.
- 14.5 This year the NMC has taken a proactive approach to considering complaints related to its registrants undertaking continuing healthcare (CHC) assessments.¹⁶ It completed an analysis on referrals related to CHC assessments and looked at how it had taken account of concerns raised by members of the public, whether there were risks or concerns about how the CHC system operates, and whether there were considerations for professionals who undertake CHC assessments. The NMC shared its initial findings with NHS England and NHS Improvement and established an internal working group to look at how it will handle these cases and ensure that NMC staff receive appropriate training on managing them. We received one concern from a member of the public about the NMC's handling of their complaint about a nurse involved in the CHC assessment process. We will report on the outcome of the NMC's work to develop its approach to these cases and consider any further concerns raised with us directly.
- 14.6 In conclusion, there are some areas of the NMC's work in relation to this Standard that we have identified for continued monitoring over the coming year, as it implements new guidance and measures under its fitness to practise improvement programme and seeks to reduce the fitness to practise caseload. We are, however, satisfied that this Standard is met this year.

Standard 15: The regulator's process for examining and investigating cases is fair, proportionate, deals with cases as quickly as is consistent with a fair resolution of the case and ensures that appropriate evidence is available to

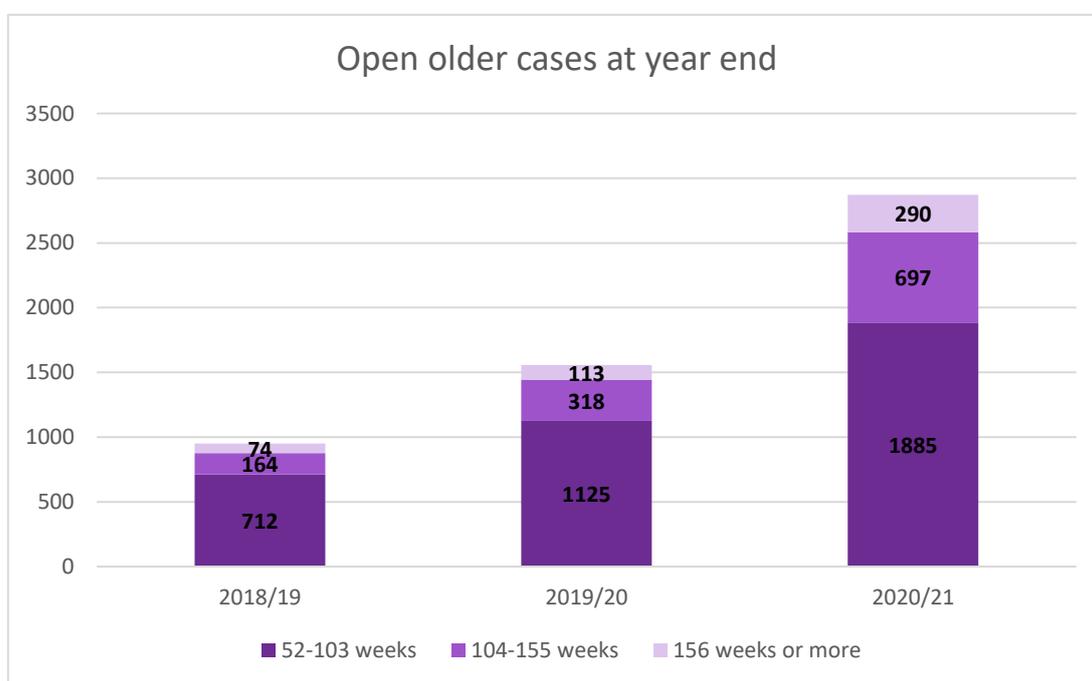
¹⁵ See: <https://www.nmc.org.uk/employer-resource/>

¹⁶ Continuing healthcare (CHC) funding is a process overseen by NHS England and NHS improvement (in England only) whereby some people with long-term complex health needs qualify for NHS funded care.

support decision-makers to reach a fair decision that protects the public at each stage of the process.

Timeliness of case progression

- 15.1 The NMC did not meet this Standard in last year’s review. A decline in the timeliness of fitness to practise case progression, which predated the pandemic, was a significant factor in our decision.
- 15.2 As expected, there has been a further worsening of performance this year, as the effects of the pandemic disrupted the NMC’s ability to deal with cases. The number of older cases has continued to increase across each category that we measure. The chart below sets out comparative data for the last three years:



- 15.3 The table below sets out the median timeframes for stages of the fitness to practise process from 2018/19 to 2020/21:

Dataset measure	2018/19	2019/20	2020/21
Median time from receipt of referral to IC/CE decision (weeks)	45	58	85
Median time from IC/CE decision to final disposal (weeks)	26	25	42
Median time from receipt of referral to final disposal (weeks)	80	90	118

- 15.4 There has been an increase of:

- 27 weeks in the median time taken from the NMC receipt of a referral to the case examiner decision.¹⁷
 - 17 weeks in the median time taken from a case examiner decision to final disposal of the case.
 - 28 weeks in the median time from receipt of a referral to final disposal of the case.
- 15.5 The NMC told us about the impact of the pandemic on fitness to practise case progression during this review period. When a national emergency was declared and during the first wave of the pandemic, the NMC's response included pausing all physical fitness to practise hearings activity, holding virtual meetings and hearings only where there was an immediate risk to the public, and pausing most investigations.¹⁸
- 15.6 The NMC identified the primary impacts of the pandemic on its performance in fitness to practise case progression as:
- It made fewer decisions, particularly at final hearings, though its ability to make screening and case examiner decisions was also affected throughout 2020/21.
 - The pause in investigations and cases that had reached a case examiner decision led to an increase in the median age of cases.
 - An increased caseload. The total number of cases within fitness to practise rose from 4,506 on 1 April 2020 to 6,357 by 31 March 2021.
- 15.7 The impact of the reintroduction of restrictions related to the second wave of the pandemic from November 2020 was less than that of the first, as the NMC had by then developed and expanded its capacity to run virtual hearings. Moreover, improvements in treatment of Covid-19, increased availability of personal protective equipment and the introduction of vaccines changed the challenges faced by the NHS and the NMC's registrants. However, the NMC anticipates that these impacts will continue to be felt throughout 2021/22 and 2022/23.
- 15.8 In early 2021, the NMC began implementing a wide-ranging programme of work to address this decline in performance in case progression. The programme is intended to deliver changes to the NMC's processes and systems to support recovery efforts and ensure that it can support the people involved in the process. The NMC has set targets for case progression and resolution against which it will report its progress. It reports that, in addition to measures of timeliness, focus is being maintained across a range of quality measures to ensure that there is no detrimental impact on quality.

Concerns identified through our review of final decisions

- 15.9 This year there was a significant reduction in the number of decisions notified to us under section 29 because of the pause in hearing activity caused by the pandemic. Although hearings and meetings subsequently resumed, activity levels have remained reduced throughout the year.

¹⁷ Once the NMC has completed its investigation into the concerns about a registrant, its case examiners decide whether the registrant has a case to answer.

¹⁸ The NMC's approach to case prioritisation and risk management is discussed further under Standard 17.

- 15.10 In recent years we have reported on some persistent areas of concern relevant to this Standard, including the charges drafted by the NMC and failures to investigate or obtain and present relevant evidence. We identified these concerns in only a small number of cases in the context of the NMC's caseload, but they have significant implications for the fairness of the process. This year, the number of cases where concerns have been identified is smaller still, and it is not possible to determine whether this is the result of an improvement in the NMC's performance or the fact that fewer cases reached a final decision.
- 15.11 We have raised our concerns in individual cases through appeals of final decisions, correspondence and learning points. We will continue to monitor these issues.

Emergency powers in Fitness to Practise

- 15.12 Emergency legislation introduced in March 2020 enabled the NMC to hold hearings and meetings remotely, and to have fitness to practise panels without a registrant member and with two members rather than three.
- 15.13 The NMC initially limited virtual events to matters with an immediate risk to the public. This was expanded from September 2020 to include all types of fitness to practise events. It published emergency guidance¹⁹ in March 2020 setting out factors it would consider in deciding whether a hearing should be held entirely virtually, or with some or all parties attending a hearings centre.
- 15.14 The NMC's continued use of virtual hearings beyond the emergency period was part of the Covid-19 emergency rules consultation held between 4 November 2020 and 15 January 2021. The NMC confirmed that it will continue to hold meetings virtually unless there is a good reason not to. It will hold hearings virtually where it is fair and practical to do so. The NMC reports that its experience of virtual hearings is developing and that it will need to continue engaging with those involved in its proceedings and to keep relevant processes under review.
- 15.15 The consultation also sought views on the NMC's approach to the constitution of fitness to practise panels. The NMC's agreed approach is that it does not intend to use the power to have a panel without a registrant outside of a national emergency. It considers that there could be very limited circumstances outside of a national emergency where it may want to use the power to have panels of two members rather than three.²⁰
- 15.16 We do not have any concerns about the positions agreed following the consultation. However, we think the impact of using these new powers should be reviewed and we welcome the NMC's commitment to this.

Implementation of the NMC's new strategic direction for fitness to practise

- 15.17 During this review period the NMC continued to implement its new strategic direction in fitness to practise.

¹⁹ See: https://www.nmc.org.uk/globalassets/sitedocuments/ftp_information/nmc-guidance-during-the-covid-19-emergency-period.pdf

²⁰ For example, where a hearing has already started, a non-registrant panel member cannot continue (for example due to illness) and adjourning the hearing would result in substantial delay to the proceedings. In these circumstances, both the NMC and the registrant would have to agree to proceed with a two-member panel.

- 15.18 A six-month review of the NMC's new approach to 'enabling remediation' was due to take place in June 2020 but was postponed because of the pandemic. We have not identified any evidence of the impact of the new approach this year. We will continue to monitor evidence of its effectiveness over the next review period.
- 15.19 In March 2021 the NMC published updated guidance on taking account of context²¹ which incorporates commitments which the NMC will apply when investigating and responding to concerns about registrants. We welcome the NMC's drive to improve consistency in how context is considered in fitness to practise cases. The NMC's analysis of recent inquiries and investigations into failings in care has highlighted some underlying themes impacting patient safety, including fear among professionals of raising concerns, lack of clear leadership and governance, and clinical isolation leading to divergence from mainstream best practice. Under the NMC's new approach it will consider whether there is evidence of such issues in the referrals it receives, and whether wider regulatory action is required to address them. However, it is also important that taking greater account of context is not used as a way of negating individual responsibility for misconduct, particularly where registrants have responsibility due to seniority or managerial roles. We will consider evidence of how the approach is being implemented in practice in future reviews.

Complaints about Personal Independence Payment (PIP) assessments

- 15.20 We have reported in previous reviews on the NMC's handling of complaints about registrants conducting PIP assessments. We received a small number of concerns about complaints related to PIP assessments this year, some of which involved referrals made outside of this review period. We saw evidence during our targeted review last year indicating improvement in the NMC's management of such complaints and we do not consider that this small number of concerns indicates that the Standard may not be met. We will consider any evidence of further concerns in this area in future reviews.

Conclusion on this Standard

- 15.21 During 2020/21 the time it takes the NMC to progress fitness to practise cases has increased significantly. The NMC is taking action in response to the pandemic's impact on performance in this area. We do not have concerns about the overall approach taken in what were unprecedented and challenging circumstances. The impact on timescales and case progression decreased over time, in part due to the NMC having successfully developed its capacity to operate remotely. It is currently implementing a wide-ranging fitness to practise improvement programme. However, the NMC does not expect the impact of these measures to be seen for some time.
- 15.22 We recognise that improving timeliness was particularly challenging in the context of the ongoing pandemic. We welcome the clear focus and drive for improvement that the NMC has demonstrated. However, in the absence of evidence of significant improvements to performance at this early stage, we consider that timeliness of case progression and the size of the NMC's older caseload are such that this Standard continues not to be met this year. We will continue to monitor closely the

²¹ See: <https://www.nmc.org.uk/ftp-library/understanding-fitness-to-practise/taking-account-of-context/>

development of the NMC's improvement programme over the next year and will report on this in our next review.

15.23 For these reasons we have determined that this Standard is not met.

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

- 16.1 Through our review of final decisions this year we identified some failings in the findings and reasoning of the Fitness to Practise Committee, including some decisions we considered to be insufficient to protect the public. We appealed a small number of decisions. In other cases we issued learning points, and we have seen that the NMC reviews these and feeds back learning to decision-makers. We will continue to monitor the Committee's decision-making for any patterns of concern.
- 16.2 Last year we identified concerns about the advice issued by legal assessors in a small number of cases. We observed this in only two cases this year. In one case we have appealed the decision. We will continue to monitor this issue.
- 16.3 We are satisfied that the data provided by the NMC on initial and final decisions through the dataset and in its own performance reporting does not indicate any concerns about performance against this Standard.
- 16.4 This year the NMC has taken measures to improve decision-making in fitness to practise, including the establishment of a Quality of Decision Making team and a strategy for delivering high quality panel members and chairs.
- 16.5 In the early stages of the pandemic the NMC proactively considered cases that might be suitable for early review of a substantive order with a view to allowing registrants to return to unrestricted practice. We had concerns about this approach because it might not adequately reflect public interest concerns about these cases. In one case we considered that the decision might not be sufficient to protect the public on public interest grounds (though we accepted the view that the registrant did not pose a clinical risk to patients). We shared our concerns about that case with the NMC and have seen no further examples of such cases. In light of this, and the small number of cases involved, we do not consider that this matter is indicative that the Standard is not met.
- 16.6 We are satisfied that this Standard is met.

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

Risk assessment and prioritisation during the pandemic

- 17.1 At the outset of the pandemic, the NMC decided to concentrate its resources on high risk cases in order to deal with the pressures the pandemic placed on its own

resources and on those employers and others who were needed to provide evidence for such cases. This meant focusing on:

- reviewing and risk assessing new referrals or new information on existing referrals to decide whether immediate action was needed to protect the public
- applying for interim orders²² and reviewing existing interim orders
- carrying out reviews of existing substantive orders²³
- applying to the courts to extend interim orders, where needed.

17.2 When considering new referrals, the NMC prioritised both high risk cases which required consideration of an interim order and straightforward case closures.

17.3 The NMC decided to only seek information from healthcare bodies on interim order and substantive order review cases. It paused most aspects of its casework from March to July 2020, unless it was essential for risk management. Any new information received in relation to existing cases was risk assessed.

17.4 The NMC only held hearings virtually where it was necessary to manage an immediate risk to the public from March to September 2020.

Performance data

17.5 The median time taken by the NMC to reach an interim order decision from receipt of a referral has remained stable at 28 days this year.

17.6 The NMC aims for 80% of interim orders to be imposed within 28 days of opening a case. Performance against this target was slightly affected by increasingly high caseloads and pressure on resources caused by the pandemic. However, 78% of orders were imposed within this target (2019/20: 81%, 2018/19: 84%).

17.7 Last year we noted an increase in the number of interim order extension applications made by the NMC to the relevant court from 238 in 2018/19 to 289 in 2019/20. This year 619 applications were made. The NMC told us that the increase was due in large part to the effects of the pandemic.

Conclusion on this Standard

17.8 We think the NMC's approach in prioritising the most high risk cases and continuing to risk assess new referrals, while pausing the majority of its casework, was reasonable. This has resulted in an increase in the number of applications for interim order extensions and has slightly affected the NMC's performance in imposing interim orders within 28 days of opening a case. We do not think that the data shows cause for significant concern in the circumstances. We will continue to monitor this data as the NMC implements its fitness to practise recovery plans.

²² Interim orders are urgent measures to temporarily suspend or restrict a registrant's practice while the NMC investigates concerns about them. They must be reviewed before they expire.

²³ Substantive orders are those made at a final hearing or meeting. They include caution orders, conditions of practice orders, suspension orders and striking off orders. Suspension orders and conditions of practice orders must be reviewed before they expire, unless the panel that makes the order also directs that a review is not needed.

- 17.9 The NMC has now developed its ability to operate casework and hearings virtually, meaning that it does not intend to pause these activities again, as it can continue to operate safely during times of lockdown.
- 17.10 We are satisfied that this Standard is met.

Standard 18: All parties to a complaint are supported to participate effectively in the process.

- 18.1 The NMC continues to embed a person-centred approach to fitness to practise. Since May 2019, 226 meetings have taken place with referrers who are members of the public. The meetings are an opportunity to better understand someone's concerns, explain the NMC's role and remit, ensure that the NMC has all the information needed, and signpost to other organisations if necessary. The NMC reports that feedback on the meetings has been positive.
- 18.2 The NMC has improved its website to provide greater clarity about its processes. This includes videos for each stage of the fitness to practise process, a suite of 'Easyread'²⁴ documents explaining the process, and updated information for members of the public regarding the NMC's approach to context.
- 18.3 The NMC is trying to improve how it identifies and makes adjustments for those involved in the fitness to practise process. It has introduced a specialist case advisor role to advise on the type of adjustments it should make in early communication for people with complex needs. It has also developed a protocol for staff to follow if they are concerned that someone may be at risk of suicide or self-harm.
- 18.4 The NMC has in place resources to support complainants, witnesses, and registrants under investigation. These include:
- The Independent Emotional Support Line, a 24 hour telephone line provided in partnership with the GMC through Victim Support to provide personal support to people affected by poor care.
 - The Fitness to Practise Careline, an independent support helpline for registrants under investigation. During this review period an app has also been developed to allow registrants alternative means of access to the service.
- 18.5 The NMC's Covid-19 emergency rules consultation sought views on issues relevant to this Standard, including the use of email to send notices of meetings and hearings and public access to virtual hearings. In considering how to use its new powers once the emergency period has ended, the NMC took account of all views expressed and sought to facilitate effective participation for all those involved in the fitness to practise process.
- 18.6 We received a small number of concerns this year from members of the public about their experience of engaging in the fitness to practise process and the level of information shared by the NMC. The NMC has updated its fitness to practise

²⁴ Easy read is a method of presenting written information to make it easier to understand for people with difficulty reading.

information handling guidance²⁵ to make clearer what information it can share and to encourage a more transparent approach. It is also reviewing the impact of enhanced engagement with referrers through its Public Support Service. We will continue to monitor this issue and consider the available evidence.

18.7 We are satisfied that this Standard is met.

Useful information

The nature of our work means that we often use acronyms and abbreviations. We also use technical language and terminology related to legislation or regulatory processes. We have compiled a glossary, spelling out abbreviations, but also adding some explanations. You can find it on our website [here](#).

You will also find some helpful links below where you can find out more about our work with the 10 health and care regulators.

Useful links

Find out more about:

- [the 10 regulators we oversee](#)
- [the evidence framework we use as part of our performance review process](#)
- [the most recent performance review reports published](#)
- [the Standards of Good Regulation](#)
- [our scrutiny of the regulators' fitness to practise processes, including latest appeals](#)

²⁵ See: https://www.nmc.org.uk/globalassets/sitedocuments/ftp_information/ftp-information-handling-guidance.pdf

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for Health and Social Care November 2021

