

1. Welcome

- 1.1 The Chair welcomed members to the meeting and noted apologies. The Chair noted we had received some helpful comments from Helen Hughes (Chief Executive of Patient Safety Learning) that will be fed into the discussions.
- 1.2 The Chair also noted that at the July meeting it was agreed that the IOG should discuss the future of the group at its September meeting and the papers today are relevant to that discussion, noting that the IOG's Terms of Reference state the IOG will continue to exist until it has received 'sufficient assurance that the NMC has addressed all recommendations from the three reviews'. The Chair reported that we have a further meeting scheduled for November and at that meeting the IOG will be presented with an analysis of the NMC's Your Voice survey.
- 1.3 The Chair noted that towards the end of the meeting IOG members will discuss if we agree sufficient evidence has been provided that all recommendations have been addressed, and if IOG members think further information / evidence is needed, we will need to discuss what that looks like in advance of the meeting in November so that it can be provided by the NMC.
- 1.4 The Chair asked IOG members to bear these points in mind as we proceed with the discussion.

2. Independent Culture Review – update on recommendations (NMC)

- 2.1 The NMC summarised the position in relation to the ICR recommendations. The NMC reported that it has assessed 30 of the 37 recommendations as implemented – meaning that interventions are in place and operating as part of business as usual with oversight by Committees. The NMC reported that as most of the recommendations have in its view become part of the routine operating model of the organisation, the intention was to focus this discussion on the outstanding seven recommendations that have not yet been implemented.
- 2.2 The NMC provided an update on those seven recommendations – noting that recommendation two (reverse mentoring)¹ and recommendation six (fitness to practise timelines)² were the most challenging. The NMC reported that for recommendation two a revised programme is being rolled out. The NMC reported that recommendation six is the most challenging recommendation and as drafted is unlikely to be met because the NMC is not just facing historic backlogs but also increasing numbers of referrals. The NMC reported that it may be necessary to revise

¹ Recommendation two: Senior leadership to engage in reverse mentoring to understand colleagues different lived experiences.

² Recommendation six: Commit to eliminating the screening backlog by 2025 so that, on average, cases remain at screening for no longer than two months. A further commitment should be made to eliminating the backlog of cases at investigations by 2026. The NMC should revisit its Fitness to Practise plan to identify whether additional technology and external resources can be used for further sustained progress and to ensure that the current timeline for removing the backlog in adjudications is brought forward from March 2027.

the recommendation in line with the current operational reality.

- 2.3 The Chair thanked the NMC for the update and the accompanying papers and opened the discussion starting with the 30 recommendations that the NMC consider have been addressed.
- 2.4 The IOG noted that implementation of the recommendations was not the same as transformation. The IOG acknowledged the read across between the implementation of the recommendations in all three reports and the most recent performance review published by the Professional Standards Authority in May 2026 – noting that the outcome of the PSA’s recent performance report in some areas could lead stakeholders to question whether the ICR recommendations have been implemented, for example, in respect of Equality, Diversity and Inclusion.
- 2.5 The IOG discussed the overlap between the recommendations in the ICR and the PSA’s role when assessing the NMC against the Standards of Good Regulation. The Chair noted the PSA’s most recent report was published in May 2026 and covered the 2025 calendar year – we are two thirds of the way through the current reporting period and that report will be published in March 2027. The Chair noted the PSA will be looking for impact and that it may still be the case that we are saying that we have not seen sustained improvement / evidence this year.
- 2.6 The IOG discussed recommendation two – reverse mentoring. IOG members queried how impact or change would be measured as a result of the scheme, how committed leaders were (based on the feedback) and the timelines for next steps. The IOG noted some similarities between the findings of the pilot reported by the NMC and the findings of the ICR.
- 2.7 The NMC reported that when it was first introduced, the scheme did not get the take up that it wanted. The NMC report it is now prioritising the new scheme, building on the feedback. The NMC said it would partly be measuring impact through its appraisals process and that early feedback from the Council members taking part has been positive. The NMC reported it is confident that people are now more comfortable with the scheme.
- 2.8 The IOG recognised the amount of work that has been done and the information that has been provided. The IOG noted the work that had been done to build the confidence amongst leaders at the NMC but also noted the importance of recognising that it is junior staff who felt they were not represented at senior levels. The link between recommendation two and recommendation 18 was also noted. It was suggested linking these two recommendations more closely might be helpful.
- 2.9 The IOG discussed recommendation six – fitness to practise backlogs / timeliness.
- 2.10 The IOG asked the NMC if there had been an increase in referrals for midwives given the ongoing inquiries into midwifery. The NMC reported that it did not have specific feedback on that point but would revert. It also said that it is anticipating an increase in numbers relating to the recent inquiries and it was investing in setting up a dedicated maternity team, including midwifery specialists, within its Sensitive and Complex Casework Team (SCCT), to allow it to take a consistent and informed approach to that casework.

-
- 2.11 The Chair noted the plans in place to deal with the volume but that the data and the end to end figures on timeliness were getting worse.
 - 2.12 The IOG discussed the importance of focusing on the registrants involved in fitness to practise cases, the impact on the registrants of the time taken to progress the cases and the support being provided. Members noted that the IOG had not seen the improvements that they had wanted to see over the last two years. While noting the numbers of referrals are increasing, the IOG also noted that the numbers were increasing two years ago. It was agreed that while some areas have improved, others had not and some problems are being moved around rather than resolved. The IOG discussed whether it was necessary to revisit the improvement plan for fitness to practise given the 'new normal' of increasing referrals.
 - 2.13 The Chair noted that the increase in volume in referrals was not solely an issue for the NMC as other health and social care regulators under the PSA's remit are also seeing an increase in volumes. The Chair noted the PSA will be convening a workshop in October to discuss this with the regulators it oversees.
 - 2.14 The NMC reported to the IOG some of the steps that are being taken to try to deal with this issue – noting that resourcing is still based on a lower number of referrals per month. The NMC reported a reset of the plans for its workforce and recruitment – noting that increasing capacity comes at a cost. The NMC referred to the upcoming increase in fees, work it is doing to look at its threshold criteria and the potential initiative for the NMC to work with Chief Nursing Officers to explore the possibility of CNO sign off for employer referrals. The NMC also updated on its New Ways of Working piece involving 350 cases in a controlled environment where the NMC is looking at earlier interventions in areas such as clinical advice. The NMC's new case management system will be developed by Christmas and rolled out in 2027.
 - 2.15 The IOG agreed that it would not endorse rewording or revising the recommendation in the ICR. Rather it was important that the IOG and the NMC track performance against the original recommendation and understand the context of the recommendation and the improvement plan.

3. Independent reports – Fitness to Practise and Whistleblowing (NMC)

- 3.1 The NMC provided an update on progress made in responding to the recommendations from the two independent reports. The NMC noted that the latest update has yet to be presented to Council but that its position is that three of the 25 recommendations made are outstanding.
- 3.2 The NMC reported that the outstanding recommendations have delivery dates assigned with the final pieces of work due to be completed by March 2027.
- 3.3 The IOG noted the update from the NMC. Strong support was heard for the recommendation regarding the need for a clearly defined process for cases involving criminal proceedings, noting the significant impact those cases have on registrants due to the time they take to progress.

4. Next steps

- 4.1 The Chair summarised the position and next steps. The Chair noted the outstanding recommendations from the ICR, in particular the next steps to progress

recommendation two and the strong view of the IOG not to amend or revise the wording of recommendation six. The Chair also noted the near completion of all the recommendations from the other independent reports with three recommendations outstanding.

- 4.2 It was noted the IOG will consider the NMC's Your Voice staff survey for 2026 at its November meeting which will provide some insight into culture at the organisation.
- 4.3 IOG members were asked to consider what further information or reporting might be needed at the November meeting so that members could be sufficiently assured that all recommendations were in hand – noting that fitness to practise remains an enormous challenge. No suggestions were made during the meeting.
- 4.4 IOG members will need to consider at that meeting if they are satisfied that continued monitoring of the implementation of the recommendations can be left to the NMC Council alongside continued oversight from the PSA in its performance review process and IOG members as stakeholders of the NMC.
- 4.5 The Chair reported that from a PSA perspective action is being taken to address the recommendations even if we have not yet seen evidence of implementation and that, as reflected in the PSA's most recent report, there are a lot of plans in place with few areas where there is tangible evidence of improvement. The IOG agreed to hold a further discussion in November.

5. AOB

- 5.1 None.

Annex 1: Attendee list

Organisation/Role	Name
Deputy Chief Nursing Officer – England	Michelle Bateman / Scott Bynon
Chief Nursing Officer – Northern Ireland	Mary Frances McManus
Chief Nursing Officer – Scotland	Claire McGuinness
Deputy Chief Nursing Officer - Wales	Karen Jewell
Deputy Chief Midwifery Officer - England	Alison Talbot
NMC Chief Executive	Paul Rees
NMC Interim Executive Director for Transformation and Technology Services	Richard Cartland
NMC Executive Director of People and Culture	Ravi Chand
NMC Executive Director of Communications and Stakeholder engagement	Julia Corkey
NMC Executive Director of Professional Regulation	Lesley Maslen
NMC Executive Director of Strategy and Insight	Emma Westcott
NMC Chief of Staff	Ben Wesson
NMC Deputy Director of Professional Regulation	Glenn Mathieson
NMC Head of External Affairs	Nick Medhurst
NMC Assistant Director - Planning, Risk and Performance	Roberta Beaton
NMC Assistant Director Culture Change and Transformation	Charlotte Eimer
NMC Co-Chair of the staff network	Niamh Fleming
NMC Private Secretary to the CEO/Chair	Meg Thomson
DHSC	Jonathan Stones
PSA Chief Executive	Alan Clamp
PSA Scrutiny Manager	Sarah Fox
PSA Scrutiny Officer	Collette Byrne
PSA Scrutiny Officer	Colette Higham
Unite	Dave Munday
UNISON registrants' representation	Louie Horne
Royal College of Nursing	Lynn Woolsey
Royal College of Midwives	Hannah Leonard