professional standards authority

Nursing and Midwifery Council

Performance Review

Periodic review 2023/24

About this report

This is our report on the performance of the Nursing and Midwifery Council (NMC) in 2023/24. We were originally due to publish our report by September 2024. However, in Autumn 2023 the NMC commissioned three independent reviews to look into issues raised in whistleblowing disclosures. We delayed our report so that we could take the outcomes of these reports into account.

The first of the three independent reviews, the Independent Culture Review (ICR), was published in July 2024. Its findings included serious concerns about the NMC's culture and governance. It made 36 recommendations, which the NMC has accepted. In response, we set up the Independent Oversight Group (IOG) to monitor the NMC's work to address these findings and recommendations. The IOG includes senior representatives from all four UK governments, professional bodies, and relevant experts (including from patient and service-user groups). There is more information about the IOG on our website.

The other two reviews have not yet been published. These are both being led by Ijeoma Omambala KC: one into the NMC's handling of the fitness to practise cases identified through the whistleblower's concerns, and the other into the NMC's handling of whistleblowing disclosures. The terms of reference for the reviews are published on the NMC's website.

We believe it is in the public interest for us to report on the NMC's performance in a timely way. We are publishing our report now without waiting any longer for the evidence from the two outstanding independent reviews.

Our report covers the period from 1 July 2023 to 31 December 2024. It is based on the information we have already gathered, including findings from the ICR where relevant. We have explained in the report where we think the evidence from the ongoing independent investigations may be relevant to our view of the NMC's performance.

We are clear that the findings and any recommendations from the Omambala reviews are important. We will consider them in detail when they are available, including deciding how we can most appropriately report on what they tell us and whether there is further action we need to take.

Key findings and areas for improvement

Response to whistleblowing disclosures

The NMC has been working to respond to serious concerns raised in whistleblowing disclosures. It commissioned three independent reviews, two of which had not yet been published by the time we completed our review. The published ICR made numerous critical findings about the NMC's organisational culture, and the NMC accepted all its recommendations. We note that the concerns are serious, and we had regard to the findings of the published ICR where relevant, alongside the other evidence available to us. We will consider the findings of the other two reviews when they are available.

Equality, Diversity and Inclusion (EDI)

The whistleblowing concerns included concerns about discrimination and the organisational culture of the NMC. We saw that the NMC has processes in place to promote EDI, but given the findings of the ICR, we could not be assured that these processes were working effectively. The NMC has acknowledged that it needs to develop its capability in EDI, and has begun work on a range of improvement actions. We saw that the NMC's standards and guidance promote non-discriminatory, respectful, compassionate, and kind care. However, we were not assured that the NMC has effectively embedded EDI into its work. Therefore Standard 3 was not met.

Education quality assurance

We noted some serious concerns about the NMC's work to assure the quality of education and training. Having identified issues about a training provider's compliance, the NMC carried out a mandatory self-reporting exercise where it required all training providers to send information about compliance with its standards. In our view, the need for such an exercise illustrated a failure of the NMC's routine monitoring. The NMC had also carried out an internal review of its education quality assurance work, which identified a number of serious risks, and limitations on the NMC's ability to mitigate them. The NMC started work on an improvement plan, but this was still in development by the end of our review period. Therefore Standard 9 was not met.

Accuracy of the register

Around 350 graduates from a university training course were added to the NMC's register when they had not completed the required practice hours. When it became aware of the issue, the NMC contacted the affected graduates to request information about further practice learning they may have undertaken; most but not all had responded by the end of the review period. A number of other people may have joined the register fraudulently in relation to instances of large-scale fraudulent applications. The NMC is investigating these matters and has taken steps to improve its fraud prevention processes. However, maintaining an accurate register is a core function of a regulator, and a large number of people were added to the NMC's register without meeting its requirements. Therefore Standard 10 was not met.

Fitness to practise

The NMC is still taking too long to deal with fitness to practise cases. It has been working to an action plan to clear its backlog but had made only limited progress during the review period, partly because it had received more referrals than expected. Therefore Standard 15 was not met.

Concerns about the NMC's safeguarding capability were identified through the whistleblowing disclosures. Safeguarding is identified as the NMC's highest strategic risk, and it has taken action to improve its ability to detect and address cases. However, an internal audit identified that there had been cases where the NMC had not taken action that was necessary from a safeguarding perspective. Even a small number of safeguarding failings could amount to a serious risk to the public. Therefore Standard 17 was not met.

The evidence we saw from our audit of a sample of cases did not give us serious concerns about the NMC's routine decision-making. One of the independent reviews into whistleblowing disclosures will be reviewing a sample of fitness to practise cases, and we will consider the outcomes of the review when available.

Nursing and Midwifery Council

Performance review report 2023/24

About our performance reviews

We have a statutory duty to report annually to Parliament on the performance of the 10 regulators we oversee. We do this by reviewing each regulator's performance against our Standards of Good Regulation and reporting what we find. The judgements we make against each Standard incorporate a range of evidence to form an overall picture of performance. Meeting a Standard means that we are satisfied, from the evidence we have seen, that a regulator is performing well in that area. It does not mean there is no room for improvement. Where we identify areas for improvement, we pay particular attention to them as we continue to monitor the performance of the regulator. Similarly, finding that a regulator has met all of the Standards does not mean perfection. Rather, it signifies good performance in the 18 areas we assess.

Our performance reviews are carried out on a three-year cycle; every three years, we carry out a more intensive 'periodic review' and in the other two years we monitor performance and produce shorter monitoring reports. Find out more about our review process here. We welcome hearing from people and organisations who have experience of the regulators' work. We take this information into account alongside other evidence as we review the performance of each regulator.

This is a periodic review report on the Nursing and Midwifery Council and covers 1 July 2023 to 31 December 2024.

About the NMC

The NMC regulates the practice of nurses and midwives in the United Kingdom, and Nursing Associates in England. It has **850,707 professionals** on its register (as at 31 December 2024).

Standards of Good Regulation met 2023/24

General Standards	2 out of 5
Guidance and Standards	2 out of 2
Education and Training	1 out of 2
Registration	3 out of 4
Fitness to Practise	3 out of 5
Total met	**11 out of 18**

Standards met 2020-23

2022/23	17 out of 18
2021/22	17 out of 18
2020/21	17 out of 18

About the NMC's performance for 2023/24

For this review, the NMC met 11 out of 18 of our Standards of Good Regulation. These Standards provide the benchmark against which we review performance. Meeting or not meeting a Standard is not the full story about how a regulator is performing. Our report provides more detail about the NMC's performance this year.

General Standards

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

1.1 The NMC continues to provide a range of information through its website. We have not identified any concerns about the accuracy or the accessibility of the information published.

1.2 The NMC published its *Spotlight on nursing and midwifery* report in August 2023, which included data about the professionals on its register. It published an additional *Spotlight* report in September 2024.

1.3 The NMC launched a social media campaign ('#OurCode') in March 2024 to encourage students to reflect on the NMC's regulatory requirements.

1.4 The NMC had included in its corporate plan for 2023-24 a commitment to create a new website, but this was paused due to other priorities.

1.5 Last year we noted that stakeholders had called for the NMC to facilitate remote access for observers to Council meetings. The NMC told us this was to be addressed by a planned refit of its Portland Place offices. However, that work has now been rescheduled due to other priorities, such as the increased investment in fitness to practise (FTP). One stakeholder noted in its feedback that it is still asking the NMC to facilitate remote access to Council meetings to improve their accessibility. The NMC conducts a proportion of Council meetings online with observer access, and we have not been made aware of any new concerns about the accessibility of Council meetings.

Conclusion

The NMC continues to publish information and we have not identified concerns about its accuracy or accessibility. We are satisfied that this Standard is met.

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 ICR noted that 'Concerns around the NMC neglecting its core purpose were frequently shared throughout our engagement not just from staff, but also from senior nursing and midwifery stakeholders from outside the organisation.' Respondents said that 'there had been a cultural shift in the last few years, away from the NMC's core business of Fitness to Practise and moving into trying to influence other areas such as policy.'

2.2 NMC staff reported to Rise that its culture 'is preventing the NMC from fulfilling its key purpose.'

2.3 The ICR was critical of the NMC's governance, saying that it had 'led to mistrust, there is little faith in decision making and the duty of candour responsibility for healthcare professionals to be honest when things go wrong has become anathema at the NMC.'

2.4 The ICR concluded that '… the NMC had strayed from its central mission' and recommended that 'The NMC needs to retain a focus on its core regulatory purposes, and how best to deliver its mandate to protect the public within a changing environment.'

2.5 The NMC has acknowledged that its culture and performance are intrinsically linked. We have heard from the NMC, at Council meetings and at IOG meetings, how it is taking steps to address its culture. The NMC has recognised that it needs to balance both immediate, urgent actions and the need to embed sustainable change. It said: 'When faced with challenges before, we have increased resources but have not successfully tackled underlying causes or cultural issues.'

2.6 In its Council papers of 24 September 2024, the NMC accepted the 36 recommendations in full and said: 'We have started tackling these issues with urgency. However, eliminating the problems and transforming our culture successfully will take time, and our proposed plan envisages a multi-year transformation programme.'

2.7 The ICR highlighted the issues around timeliness of FTP decision-making, including the significant backlog of cases. In response to the ICR, the NMC undertook a six-month review of its FTP improvement plan. This was presented to Council in January 2025, and incorporated the findings and recommendations of Anthony Omo, who was seconded from the General Medical Council (GMC). The NMC's FTP performance is discussed under Standards 14 to 18; however, it is noted that the NMC did not meet Standards 15 and 17, and it was a finely balanced decision as to it meeting Standards 16 and 18.

2.8 The NMC's corporate plan for 2024-2026 contains five priority outcomes: Progressing fitness to practise referrals in a safe and timely way; Build an inclusive, high-performance learning culture; Modernise our internal systems, tools, policies, and processes; Contribute to workforce strategies and support professionals in the four nations; and Strengthen the integrity of the register. The NMC attaches strategic risks to each of these priority outcomes, all of which were rated Red[1] or Amber at the end of the review period.

[1] The NMC does not provide definitions for its Red, Amber or Green (RAG) ratings in its Council papers. It scores its strategic risks out of 25, which is reached by multiplying a score out of 5 for impact by a score out of 5 for likelihood. A score of 25 is therefore the highest possible risk rating. A score of 16 or above results in a Red rating.

2.9 The ICR emphasised the need for sustainable and effective leadership. The NMC continues to have a number of vacancies at Executive Director level, for which there are currently numerous Interim Directors. The NMC has taken steps to implement one of the ICR recommendations focused on eliminating the use of fixed-term contracts and interims, for example by moving 140 staff in FTP from fixed-term to permanent contracts. However, instability at senior leadership level remains a concern.

Conclusion

Overall, the NMC met 11 out of the 17 other Standards. We have seen issues across a number of the NMC's regulatory functions during the review period. The NMC's corporate plan contains five priority outcomes, and all key strategic risks connected to these are either rated Red or Amber. The ICR concluded that '… the NMC had strayed from its central mission' and recommended that 'The NMC needs to retain a focus on its core regulatory purposes, and how best to deliver its mandate to protect the public within a changing environment.'

Taken together, the issues within the NMC, both operationally and culturally, are sufficiently serious for us to conclude that this Standard is not met.

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.

3.1 As part of our new approach, we have broken down the Standard into four separate outcomes. For a regulator to meet the Standard, we would need to be assured that the regulator has met all four of the outcomes. Our assessment of the NMC's performance against the four outcomes is set out below.

Outcome 1: The regulator has appropriate governance, structures and processes in place to embed EDI across its regulatory activities

3.2 The NMC publishes information on the diversity of both its Council members and FTP panellists. It also publishes gender, ethnicity and disability pay gap reports, and uses the questions from the NHS Workforce Race Equality Standard in its annual employee survey to allow it to compare the results with other large organisations.

3.3 The NMC has an EDI plan setting out its EDI objectives, priorities and actions for 2022-2025. The plan lists the NMC's four overarching EDI objectives:

- Reflect our values as a regulator that prioritises the needs and wellbeing of the nursing and midwifery progressions and the public

- Make sure we show good equality practice as an employer
- Use EDI data in a strategic and coordinated way, both internally and with partners across the health and care sector
- Tackle health inequalities by using our platform to advocate for better care for everyone accessing services.

3.4 The NMC routinely considers the EDI implications of changes to its policies in Council papers and through Equality Impact Assessments (EQIA). The NMC told us that it utilises an EQIA toolkit which encourages staff to regularly equality impact assess their work.

Good Practice

The NMC told us that the toolkit and accompanying guidance 'set out a step-by-step decision-making process to support colleagues in why and when to carry out an EQIA. It sets out the fundamental elements for colleagues to consider, including an auditable EQIA review process. The EDI team reviews EQIAs to oversee compliance with our equality duties and to identify opportunities to strengthen our framework and build organisational competence.'

The NMC's EQIA toolkit gives it a structured means of considering when EQIAs might be required and how to approach them. We consider that the EQIA toolkit demonstrates good practice in encouraging and supporting staff to take account of EDI in the NMC's work.

3.5 In March 2024, the NMC published its corporate plan for 2024-26, which included five reprioritised areas of work over the next two years, including 'building an inclusive, high-performance learning culture.' Under this heading, the NMC committed to act on learning from independent investigations, to learn from and act on recommendations from external inquiries, to improve data collection and incident reporting, to deliver its EDI action plan, and to review a sample of FTP cases to look for risks of bias and discrimination.

3.6 The ICR was published in July 2024. It made numerous critical findings about the extent to which EDI is embedded in the NMC's work, and the extent to which policies are being followed in practice. It heard from a range of evidence sources, including surveys, people's accounts of their own experiences (including about discrimination and harassment) and reflections on organisational culture, across which there was a consistent theme of concerns about the NMC's ability to identify and address issues relevant to EDI.

3.7 In response to the ICR's findings and recommendations, the NMC said that it needs to tackle issues urgently but also acknowledged that 'eliminating the problems and transforming our culture successfully will take time, and our

proposed plan[2] envisages a multi-year culture transformation programme.' We consider this approach to be reasonable in principle, as the NMC acknowledged that changes recommended in previous reviews have not been sustained.

3.8 The NMC has engaged with its staff and stakeholders, including through the IOG, to develop the plan. At the end of the review period, some of the work was still in development and there is limited evidence about the impact of the work that has been undertaken to embed EDI throughout the organisation.

3.9 Whilst we recognise and welcome the work the NMC has started to address these issues, fundamental issues have been identified with this aspect of the NMC's performance that have not yet been fully resolved. Outcome 1 is therefore not met.

Outcome 2: In terms of EDI, the regulator ensures that registrants and students are equipped to provide appropriate care to all patients and service users, and have appropriate EDI knowledge and skills

3.10 The NMC Code clearly stipulates the need for registrants to treat people as individuals and uphold their dignity. It requires registrants to take reasonable steps to meet people's language and communication needs, and to treat people fairly and without discrimination, bullying or harassment.

3.11 The NMC's standards of proficiency for nurses, midwives and nursing associates require registrants to provide and promote non-discriminatory, respectful, compassionate, and kind care, and take account of any need for adjustments. The NMC's standards include clear requirements for registrants to provide care in an inclusive way, although these are more explicit and detailed in the standards for midwives than for nurses and nursing associates.

3.12 The NMC's *Standards framework for nursing and midwifery education* (2023) provide that the NMC will only approve programmes where the learning culture is ethical, open and honest, is conducive to safe and effective learning that respects the principles of equality and diversity, and where innovation, inter-professional learning and team working are embedded.

3.13 In April 2024, the NMC launched a campaign titled *Seeing the whole person supports better care*. It encourages professionals to reflect on how seeing the person as a whole can improve practice and promote person-centred care.

[2] The NMC presented an action plan to the IOG on 2 October 2024, and a culture transformation plan on 28 November 2024.

Good Practice

The NMC published guidance on: *Being inclusive and challenging discrimination*; *Combatting Racial Discrimination*; and *Freedom of expression and fitness to practise*. The NMC's standards require registrants to challenge discrimination, and it publishes resources to help registrants understand and meet their responsibilities. We consider this to be demonstrative of good practice.

3.14 We are assured that the NMC meets this Outcome.

Outcome 3: In terms of EDI, the regulator makes fair decisions across all regulatory functions

3.15 The NMC has a range of guidance making clear the seriousness of allegations of racism and other discriminatory behaviour. Its guidance on screening includes discrimination and harassment as factors making a concern more serious, and therefore more likely to require investigation. Its guidance on seriousness emphasises that concerns around bullying, harassment, discrimination and victimisation should be taken very seriously.

Good Practice

The NMC publishes EDI data tables annually, which includes data on registrants by age group, disability, ethnicity, gender, gender identity, religion or belief and sexual orientation. The latest data shows an increase from last year (from an already high base) in the proportion of data held. The tables also include data on the same diversity characteristics for those at each stage of the FTP process. We consider that the completeness of the NMC's EDI data, and its regular publication of detailed EDI data tables, amounts to good practice.

3.16 The NMC uses its own data and research it has commissioned to identify where its processes and decisions might be affecting people differently on the basis of shared characteristics. It has found some evidence of differential outcomes associated with some characteristics. Its *Ambitious for Change* research seeks to better understand the reasons for different experiences, and the NMC will also be undertaking further work with employers to understand reasons for differential referral rates. However, the focus of this research appears still to be on understanding the issues rather than action to deliver improved outcomes. Moreover, it is five years since the NMC launched *Ambitious for Change*, and its Phase One (2020) and Phase Two (2022) reports both identified evidence of differential outcomes. There appears to be a gap in the extent to which its further work is focused on action to address this.

3.17 The NMC does not currently collect EDI data on those raising FTP concerns. Early in the review period, the Executive Board agreed that the NMC should start

collecting data from members of the public making FTP referrals. The NMC said that this will be implemented when the relevant system changes can be made; however, by the end of the review period, this had not been enacted.

3.18 Whistleblower concerns were raised in October 2023 around the management of FTP cases. The whistleblower considered that the NMC's management of FTP cases is being impacted negatively both by its internal culture and by the need to clear its backlog of cases. They stated that this results in failures to fully investigate cases, and failures to address discriminatory application of policies, as well as systematic harassment of staff who challenge practices in any way.

3.19 In response to the whistleblowing concerns, the NMC instructed Ijeoma Omambala KC to undertake a review into the NMC's handling of a number of FTP cases. This review has been delayed, and we decided to assess the NMC on the evidence available to us during the review period.

3.20 The ICR highlighted numerous examples of concerns around the NMC's approach to discrimination, including racism, and of bias in decision-making. The ICR did not review these cases, and while it is possible that some of these cases are included in the sample for the Omambala review, we have not been able to confirm this.

3.21 We conducted an audit of a sample of 40 FTP cases, which gave rise to a limited number of concerns. Our audit provided assurance that the NMC's policies are applied appropriately and do not lead to differential outcomes on the basis of protected characteristics.

3.22 The findings of the Omambala review into the NMC's management of FTP cases is highly likely to be relevant to this Outcome. We will review this and consider its findings when this becomes available; however, on the balance of the evidence available during the review period, this Outcome is met.

Outcome 4: The regulator engages with and influences others to advance EDI issues and reduce unfair differential outcomes

3.23 The NMC has been active in engaging with and seeking feedback from a wide range of stakeholders. We have seen that it has taken steps to secure input from groups it would not otherwise have heard from, including groups of patients and service users, and registrants who share protected characteristics. The NMC's response to the computer-based test (CBT) and occupational English test (OET)[3] issues, discussed in further detail under Standard 11, demonstrated awareness of possible unintended consequences for overseas-qualified professionals.

3.24 We have seen examples of the NMC seeking feedback from a diverse range of stakeholders in its consultations. For example, in April 2024, the NMC set up a

[3] The NMC has been investigating allegations of fraud at a computer-based test (CBT) centre in Nigeria, and at an occupational English test (OET) centre in India. This is discussed in more detail under Standards 10 and 11.

new engagement forum for international nursing and midwifery associations[4] (INMA). This was established in recognition of the racism, discrimination, and inequality that some internationally educated and diaspora professionals experience in the workplace and in the NMC's own processes (as evidenced in the *Ambitious for Change* research).

Good Practice

We consider that the NMC has demonstrated good practice in the range of its engagement activity and the evidence that this has influenced its regulatory work.

3.25 The NMC reports to its Council on how it has monitored and learned from inquiries, and runs cross-organisational workshops to identify actions and help embed lessons learned. It reviewed its Code and standards against the findings from the Ockenden and East Kent reviews and published a statement in response to the Birthrights' inquiry report into racial injustice and human rights in UK maternity care, the Five X More Black Maternal Experience report, and the Invisible report into the maternity experience of Muslim women.

3.26 The NMC is a member of the regulatory EDI forum, and of the Business Disability Forum, Stonewall Diversity Champions and Inclusive Employers, all of which it can approach for advice, policy reviews and training opportunities for colleagues.

3.27 We note the potential for issues raised in the whistleblowing concerns to affect the NMC's ability to engage effectively with stakeholders about EDI. However, we have seen strong evidence for all indicators under this outcome, and we are therefore assured that this Outcome is met.

Conclusion

The ICR made numerous critical findings about the extent to which EDI is embedded in the NMC's work, and the extent to which policies are being followed in practice. The ICR heard from a range of evidence sources, across which there was a consistent theme of concerns about the NMC's ability to identify and address issues relevant to EDI. On this basis, Outcome 1 was not met. On the evidence available during the review period, we were satisfied that Outcomes 2, 3 and 4 were met.

The NMC met three out of four outcomes under this Standard; accordingly, the Standard is not met.

[4] Now called the International and Diaspora Nursing and Midwifery Associations.

Whilst the Standard was not met, we identified the following examples of good practice: the EQIA toolkit, which encourages and supports staff to take account of EDI; the completeness of the NMC's EDI data, and its regular publication of detailed EDI data tables; the NMC's standards, which require registrants to challenge discrimination, and the resources it publishes, which help registrants to understand and meet their responsibilities; and the range of the NMC's engagement activity in respect of EDI, including evidence that this has influenced its regulatory work.

We recognise that the Omambala reviews are likely to make findings relevant to this Standard, and we will assess these findings when they are available as part of the next review period.

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.

4.1 The NMC continues to report regularly on performance to its Council. Performance reports include monthly performance against organisational Key Performance Indicators (KPIs), and there is a standing item to update on the progress of the FTP improvement plan.

4.2 The NMC was designated as a core participant in the Thirlwall Inquiry and gave evidence in writing and by appearing at the Inquiry. The report is due to be published in November 2025. The NMC's cross-organisational Inquiries Working Group considered the findings of the Brook House Inquiry and the Independent Review into Greater Manchester Mental Health Foundation Trust (Edenfield) in the course of the review period.

4.3 The NMC undertook a mapping exercise in response to the findings of the Care Quality Commission (CQC) National Review of Maternity Services 2022-2024. Through this exercise, the NMC gained assurance that midwives, at the point of registration, have the skills to detect and escalate to an appropriate healthcare practitioner when a woman or newborn infant has complex needs or complexities. It also determined through this exercise that the skills for high dependency are gained after initial registration, if required for a midwife's scope of practice.

ICR findings

4.4 The ICR reflected on the recent history of reports into performance and cultural issues at the NMC, and found that the NMC has failed to implement and embed recommendations from these reviews. It also reflected on the whistleblowing disclosures which had led the NMC to commission the review; while it did not specifically investigate the circumstances of the whistleblowing disclosures, it reviewed documents describing the reaction of senior managers, and it spoke to staff who reported that 'there was anger felt towards the whistleblower from senior

leaders and that issues raised were seen as a source of irritation rather than an opportunity for learning…'

4.5 The ICR found that 'The resistance we saw to the whistleblower encapsulates a wilful deafness to criticism and a culture that is seemingly not open to feedback and opportunities to improve when things go wrong.'

4.6 The ICR made a number of recommendations relevant to the NMC's capacity to report on its performance and address concerns. For example:

- Recommendation 8 to 'improve its operational data and performance reporting'
- Recommendation 20: develop an anti-racist action plan, including that 'An ambitious set of targets (cultural and quantitative) and milestones should be developed to drive forward the Plan, ensuring that there is a clear line to the insights gained from this Review, and that previous research findings and reports are tackled once and for all.'
- Recommendation 22: to continue publishing annual pay gap reports, including a need to improve the reporting of disability data.
- Recommendation 34: 'The NMC needs to transform itself into a data driven organisation to support the more effective and efficient delivery of its regulatory processes. As part of its Modernisation of Technology Services programme and its data strategy, the NMC should urgently seek to improve its data maturity to enable open access of data in the near future.'

NMC response to ICR

4.7 The NMC accepted the ICR recommendations in full, and acknowledged that it has 'not developed on all the recommendations of previous reports and have failed to make sustainable and lasting change.'

4.8 The NMC acknowledged that its culture and performance are intrinsically linked, and to deliver sustainable change, it is prioritising its colleagues, FTP and culture. It has revised its FTP, People and EDI plans to take account of the recommendations. The majority of the recommendations have been incorporated into these existing structures, which the NMC said will facilitate the process of embedding them, and all recommendations have a senior responsible officer for accountability.

4.9 At the request of the Department of Health and Social Care, we established the IOG to oversee the NMC's response to the ICR, and the Omambala reviews when they become available. The group meets every six weeks to consider various facets of the NMC's improvement plans.

4.10 The NMC presented its action plan to transform its culture to the IOG in October 2024, outlining the urgent steps taken by the NMC to address unacceptable behaviours and its progress against the ICR recommendations. The NMC has engaged with its staff to develop the action plan, during which it identified a

tension between ‘the expectation of external stakeholders who want to see rapid progress on actions, and the desire of many colleagues for the organisation to ensure they feel included and have meaningful opportunities to shape the direction of travel, so that progress can be sustained.’

4.11 The NMC has developed a culture transformation plan, which was published on 19 March 2025. Staff were afforded time and space to engage with this process, and the Interim Chief Executive and Registrar led in the shaping of the plan following his appointment in January 2025. This is a reasonable approach in light of the previous failures to embed and sustain culture change. However, we consider that there needs to be clear, consistent messaging as to the plan, whether this latest iteration of the plan overrides the previous plans presented to the IOG on 2 October 2024 and 28 November 2024, as well as its objectives and indicators against which progress can be measured.

Reporting on performance

4.12 The NMC produces a strategic risk exposure report on a quarterly basis to Council. By the end of the review period, there were 10 Red-rated risks. This does not necessarily illustrate a decline in performance, and indeed it may reflect more accurate or comprehensive reporting. However, several of the risks reflect on limitations in the NMC’s ability to report accurately on performance, or address concerns.

4.13 The NMC’s highest rated risk relates to safeguarding. This issue is discussed in more detail under Standard 17, as it relates to the NMC’s ability to identify and prioritise cases that suggest a serious risk to the public. The risk has been rated at the highest possible level since October 2024 and remained at that level at the end of the review period. The score was raised owing to ‘the findings of the recent internal safeguarding audit’, and in November 2024 the NMC noted that ‘the anticipated findings of the recent safeguarding audit and the review of cases undertaken by the specialist advisor in Professional Practice shows that there has been a failure to identify and act on safeguarding concerns.’ We have not seen these internal reports, but we can infer from the published information that they found significant problems and/or risks in the NMC’s approach.

4.14 Safeguarding, and the associated strategic risk rating,[5] is reported to Council on a quarterly basis within the NMC’s performance dashboards on its priority outcomes. The NMC also has a standing item at each Council meeting to update on its FTP casework progress, which provides a general update on safeguarding. However, since the publication of the ICR, there has not been a substantive item on safeguarding at any of the NMC’s Council meetings, despite the strategic risk rating increasing to the highest possible rating.

[5] Strategic risk REG24/01 ‘We fail to meet our statutory safeguarding responsibilities to protect people who come into contact with the NMC through our work from abuse or mistreatment’

4.15 The Safeguarding Board quarterly report was due to be presented to Council in November and was originally referred to as a substantive agenda item. However, the report did not form part of the papers and was removed as an agenda item. The report was subsequently published after the meeting on the NMC's Council meetings webpage for the November meeting. The publication of the report does not of itself demonstrate Council discussion and oversight of this issue, the NMC's highest strategic risk.

4.16 The NMC has been developing measures and performance reporting arrangements for its improvement plans, and these have been scrutinised at the IOG.

4.17 We have seen that the NMC continues to report in detail on FTP performance to Council meetings. At the January 2025 Council meetings, which covers performance to the end of our review period, the NMC presented a combined 23 pages of narrative and data, and the associated minutes record 10 points noted by the Council. We also noted that questions have been raised by stakeholders about the clarity of NMC reporting and strength of Council oversight. For example, at the IOG meeting on 2 October 2024 the group 'sought assurances from the Chair of the NMC as to Council monitoring the planned improvements and the action plan more widely', and at the November 2024 Council meeting one attendee asked 'what checks have Council members put in place to ensure that information being reported to them is an accurate representation of what is happening within the NMC?[6]'

4.18 At the IOG meeting on 28 November 2024, the NMC presented an item on its governance and assurance framework, during which it said that 'Council receives the information necessary to give it assurance on the implementation of the cultural transformation and fitness to practise plans.' The NMC adjusted its governance framework following the ICR, by establishing a culture transformation steering group[7]. The NMC also said that the Charity Commission was satisfied that Council are being properly informed of and involved in the management and handling of the issues, and that they saw no failure of governance.

4.19 We have also identified inconsistencies in the NMC's FTP reporting. In the January 2025 Council papers, the NMC described a reduction in the median case age at screening as a positive impact of the NMC's action plan, which began in 2024. However, a subsequent chart showed that the median case age at screening has been higher since March 2024 than the period immediately before, and has remained broadly stable since then. The minutes of the November Council meeting recorded that 'good progress made in reducing the median case age was commended. The way median case age was presented to the Council would be reviewed to ensure it was clear.'

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[6] In response to this question, the NMC said: 'The Council has commissioned three independent investigations into the concerns raised to ensure it understands the necessary action in response to them. The Council holds the Executive to account through Council as well as Council Committee meetings.'
[7] The first meeting of the culture transformation steering group was held in April 2025.

4.20 Under Standards 9 and 10, we set out concerns around the NMC's inability to report reliably on relevant data. Notably, in relation to Standard 9, there is evidence of a failure in the NMC's routine controls, and significant concerns about the NMC's capacity, resources and expertise to implement its education quality assurance (QA) improvement plan, particularly given the high number, and severity, of areas of risk.

4.21 The Omambala reviews are highly likely to make findings on matters relevant to this Standard, in terms of the NMC's performance in addressing concerns raised about it. We will consider the findings of the Omambala reviews, and the NMC's response, as part of the next review period.

Conclusion

We have seen considerable evidence of routine public reporting, including the NMC's public acceptance of the ICR's recommendations and the work and material prepared for Council and the IOG. However, we have identified inconsistencies within the NMC's FTP reporting, and there are significant gaps in respect of the NMC's ability to report on its education QA function.

The ICR described 'a culture that is seemingly not open to feedback and opportunities to improve when things go wrong.' It found that the NMC has failed to implement and embed the findings and recommendations of previous reviews, which the NMC accepted.

We recognise the efforts the NMC has taken to address the concerns highlighted in the ICR. It has reviewed its various improvement plans and incorporated a number of the ICR recommendations within these existing structures to facilitate the process of embedding them. The NMC has engaged with the IOG on a frequent basis, providing an extra level of scrutiny on its improvement plans. However, there are numerous concurrent recognised problems associated with this Standard, and it will take time to fully address all of the issues. Accordingly, this Standard is not met.

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.

5.1 The NMC responded to a variety of consultations by regulatory and other bodies throughout the review period, including the GMC and PSA consultations on regulatory reform, the Health and Care Professions Council (HCPC) consultation on English language requirements and the Scottish government consultation on banning conversion practices. It also issued joint statements with other regulators, for example in April 2024 the NMC, together with the CQC and GMC, issued a joint statement welcoming the introduction of 'Martha's Rule'. In May 2024, the NMC signed up to a framework for sharing intelligence between health and care regulators in Northern Ireland, including Northern Ireland Social Care Council (NISCC) and Regulation and Quality Improvement Authority (RQIA).

What we heard from stakeholders

We received positive feedback about the NMC's engagement with stakeholders, as we have done in recent years.

One stakeholder 'welcomed the NMC's leadership in several areas of innovation in regulation […] On a strategic level, [we sit] alongside the NMC on several UK-wide forums such as Chief Executives of Regulatory Bodies (CEORB) and Directors of Regulation of Health and Social Care in the UK. The NMC are regular and values attendees at these networks, contributing fully and effectively to those discussion.

Another stakeholder highlighted positive engagement in relation to a range of work, such as the CBT and OET fraud issues, and changes to English language requirements. Overall, it said there was 'a sustained commitment to engage and explain from the NMC, as well as substantive efforts to align with other regulators.'

Another stakeholder told us that it has good engagement with the NMC at a senior level. It takes part in stakeholder engagement groups in relation to regulatory reform and FTP.

Another stakeholder commented positively on the NMC's engagement with it at different levels of the respective organisations. It also said that the NMC engages well with its members.

Another stakeholder said it has positive and frequent engagement with the NMC, and considered that it managed the communications around the CBT cases well. It would like the NMC to make more country-specific information available.

5.2 Throughout the review period, the NMC has regularly considered what steps it needs to take to communicate and engage with stakeholders. It routinely includes sections within its Council papers to exhibit its engagement with stakeholders. One example is a bespoke analysis it undertook to provide a baseline of stakeholders' experiences of the FTP process, with a focus on professionals. It has used this baseline as a progress measure, and is using feedback to further inform the enhancements to the FTP plan.

5.3 The NMC's review of practice learning entailed significant engagement with stakeholders, the public and student groups. Additionally, it actively engaged with its steering and advisory groups to build consensus on recommendations. Separately, the NMC shared its *Spotlight on Nursing and Midwifery* reports with a targeted group of stakeholders to highlight issues.

5.4 The NMC convened regulatory stakeholder meetings in relation to the CBT and OET issues throughout the review period. It has also been engaging with representative bodies such as the Nigerian Nurses Charitable Association UK and the British Indian Nurses Association.

5.5 The NMC's public voice forum continues to meet and have input into its work. The report of the advanced practice work noted the contribution of the forum.

5.6 The ICR made two recommendations in connection with stakeholder engagement. In response to the review, the NMC acknowledged it 'could have done more to engage stakeholders early and consistently'. The NMC has taken reasonable steps to improve transparency and collaborative working with stakeholders. This has been particularly notable in its engagement with the IOG, learnings from which have informed both its FTP improvement and cultural transformation plans

Conclusion

There is considerable evidence to show that the NMC works with and engages its stakeholders to manage and mitigate risks to the public. This Standard is met.

Guidance and Standards

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.

6.1 The NMC continues to maintain Standards for its registrants. It published an update to its post-registration Standards in April 2024 with a minor change of wording.

6.2 In March 2024, the NMC's Council approved the proposal that additional regulation of advanced practice is required. The NMC will develop standards of proficiency for advanced practice and associated programme standards; advanced practice training courses would be brought into the remit of the NMC's education quality assurance activity, and registrants' revalidation will include their advanced practice.

6.3 We have received positive feedback about the NMC's work in this area and we are assured that it is taking a reasonable approach. We will monitor this work as it continues.

Conclusion

The NMC has standards for its registrants, and we have seen evidence of the NMC ensuring they remain up to date. This Standard is met.

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 The NMC continues to provide guidance for its registrants. In this review period, it has published a range of new resources, including resources for midwives, resources for nursing and midwifery leaders and guidance for registrants on freedom of expression. In March 2024, the NMC launched a social media campaign to encourage students to reflect on what it means to practise in line with the NMC's Code, with further resources available in its student hub.

7.2 In August 2024, the NMC published a statement in response to the riots that took place that month. This statement reminded health and care professionals of the guidance that the NMC developed with NHS England and NHS Confederation on combatting racial discrimination against ethnic minority nurses, midwives and nursing associates. The NMC also wrote directly to all registrants, and part of this provided guidance about refusing care when faced with racism, violence or aggression by a member of the public.

7.3 In September 2024, the NMC shared a blog on Martha's Rule, explaining its significance and how it relates to nursing and midwifery professionals' practice. The blog encouraged all registrants to ensure they are familiar with their local processes to enable them to escalate concerns relating to patient safety and ensure that Martha's Rule is embedded in practice.

7.4 The NMC has been working to strengthen its guidance on the remote prescribing of medicines used for aesthetic treatments to ensure it is fulfilling its duty to protect the public. The NMC said that this would better align its position with other regulators who require professionals to carry out face-to-face consultations before prescribing for aesthetic purposes. The NMC published a statement in August 2024 setting out its plans to gather views from stakeholders.

Conclusion

The NMC continues to publish guidance, and produced further guidance this year which reflects areas of known or emerging risk. This Standard is met.

Education and Training

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.

8.1 The NMC continues to maintain standards for education and training providers and this Standard was met last year. However, we identified issues that we wanted to

follow up on, specifically, the evaluation of increased use of simulated practice learning, the impact of the changes to education programme standards regarding the use of simulated practice learning, and concerns raised by some stakeholders.

8.2 Last year, the NMC changed its programme standards to allow training providers to deliver up to 600 hours of practice learning by simulation, up from 300 hours previously. During the Covid-19 pandemic, 20 education providers had been given approval to deliver up to 600 hours of simulated practice and they had been due to undertake an evaluation of their experience, but this was not complete by the time the NMC increased its limit.

8.3 The NMC told us that the education providers involved have '*established a supportive community of practice*', with which the NMC meets monthly. The providers also submit quarterly reports to the NMC. The NMC published the evaluation report in September 2024.[8] The report found that there were significant benefits of simulated practice learning, but there can be financial challenges in delivering it consistently.

8.4 Some stakeholders identified risks with an increased use of simulation, such as students having less opportunity to develop soft skills, and the burden it would place on education providers to offer simulation that is capable of replacing real-life practice. We received feedback this year that education providers found implementing the standards straightforward, and welcomed the flexibility of them, but some were not able to take advantage of this due to the significant resources required.

8.5 We heard some concerns from stakeholders last year that the NMC's Standards for Student Supervision and Assessment (SSSA) and its standards for pre-registration nursing in relation to mental health may not be adequate. We have not seen any further evidence to substantiate these concerns this year.

8.6 We received positive feedback on the NMC's engagement with stakeholders, both in relation to education and in other areas of work. We were also reassured by the breadth of engagement the NMC has undertaken with the sector specifically in relation to the SSSA, including Q&A sessions, webinars and publishing information following discussions with the sector.

8.7 The NMC has been approving all relevant Approved Education Institutions (AEIs) against its updated standards of proficiency for specialist community public health nurses, following their initial introduction in 2022. All AEIs were due to be approved by 1 September 2024, however a number of AEIs requested approval after the deadline. This meant that the affected AEIs were requesting approval for the spring 2025 intake, resulting in a slight contraction in the availability of post-registration programmes for a brief time.

[8] https://www.nmc.org.uk/globalassets/sitedocuments/simulated-practice-learning/reports/2024/evaluation-of-simulated-practice-learning-in-pre-registration-nursing-programmes.pdf

8.8 The NMC is currently reviewing nursing and midwifery practice learning for pre-registration courses. It has established an independent steering group with an external chair, and it has commissioned the Nuffield Trust to carry out research to inform this review. We have received positive feedback from stakeholders about this work.

Conclusion

We have not seen further evidence to substantiate the concerns raised with us last year, we have received broadly positive stakeholder feedback, and relevant work is in progress in this area. On that basis, this Standard is met, and we will continue to monitor any further developments.

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.

9.1 We have been monitoring some significant issues in relation to the NMC's work to assure the quality of education and training.

9.2 The NMC withdrew approval for Canterbury Christ Church University (CCCU) midwifery course in May 2023, following concerns about the practice learning environment it relied upon. The NMC later discovered that the CCCU nursing programme had been miscalculating students' practice learning hours, which meant that remedial action was needed before some graduates could join the register.[9]

9.3 The NMC subsequently undertook extraordinary reviews at two other AEIs in March 2024. Evidence from these reviews indicated that students had received practice learning hours for activities that did not meet the standards for practice learning. Consequently, the NMC decided to require mandatory exceptional self-reporting from all AEIs, to establish whether there were similar issues elsewhere.

9.4 The NMC received responses from 95 AEIs in all. It undertook manual triangulation and mapping of these responses. The NMC's education quality assurance documentation and information were collected and stored in multiple places, meaning that it was forced to adopt manual approaches to establish

[9] Under the current arrangements, students must complete at least 2,300 practice hours as part of their pre-registration training programme to be eligible to join the NMC's register.

accuracy and to identify and mitigate risk. The NMC accepted that 'this drawback highlights the limited progress in our ambition to having a data-driven approach' to education quality assurance.

9.5 The findings from the exercise were reported to Council in September 2024, six months after the initial extraordinary reviews. The analysis identified a number of issues concerning non-compliance with standards which the NMC had not detected through its routine monitoring. These included some basic elements of an education quality assurance function, such as clear requirements about how to calculate the required practice hours. Some graduates had joined the register without having completed the required number of practice hours.[10] The review identified variation in the use of reflective practice and 'practice related activities', as well as disparity in the counting of breaks as practice learning hours.

9.6 The NMC has acknowledged that further clarity is needed, and it plans to co-produce a policy position on student breaks and reflective learning for the forthcoming academic year. A review is also ongoing into practice learning and the NMC's pre-registration standards.

9.7 The NMC reviewed its risk management approach in light of the analysis. It was satisfied that the failures to meet the relevant standards[11] represented a risk to students' learning journey and experience, rather than to patient safety. While it committed to remedying the issues, the NMC said that 'without any other data to suggest new entrants to the register were not capable of safe and effective practice, we believe the risk to professional practice and patient safety is low.' We were not assured by the NMC's view that AEIs' non-compliance with its standards does not represent a significant risk, particularly given the gaps the NMC identified in its data. In our view, the need for a separate exercise to request and manually collate information about AEIs' compliance with the NMC's standards indicated a failure in its routine controls. We noted that the NMC's approach to securing compliance continued to rely on AEIs' self-assessments in circumstances where the same AEIs had previously failed to identify or declare relevant issues, and it was not clear to us how the NMC had assured itself this was sufficient.

What we heard from stakeholders

One stakeholder told us that education quality assurance is the area of most concern for its members. It noted concerns around the consistency of guidance from the NMC in relation to self-reporting, reapprovals and when to report by exception, and felt that the NMC's definition of practice hours is open to interpretation and requires greater clarity.

Another stakeholder spoke positively of the NMC's focus on learning lessons from the withdrawal of approval of Canterbury

[10] See Standard 10 below.
[11] The NMC's Standards for Student Supervision and Assessment.

Christ Church midwifery course, with a particular focus on the wellbeing of students.

9.8 The NMC is developing an education quality assurance improvement plan after an internal review identified numerous significant risks, and limitations on the extent to which these are currently being managed. The areas of risk included: the limited capacity of its assurance processes to meet the demands of ongoing monitoring; the increasing volume and seriousness of concerns about AEIs; and a shift to a new quality assurance partner, which might be an opportunity for long-term improvement, but which carried risks at the point of transition. The NMC acknowledged that it does not currently have the capacity in terms of data, processes, or resource within the team, to manage these risks effectively.

9.9 The education quality assurance improvement plan also identified significant risks associated with the NMC's limited data capability: it is currently unable to access a single view of an AEI's assurance history, which the NMC said 'has led to a number of issues where concerns have been raised and [it] has been unable to respond quickly and effectively with confidence due to difficulties in identifying and gathering relevant information'. The NMC said that these limitations in its data capability mean it is 'not confident that it has a complete picture of where all students undertake their placement learning.' It accepted that this is a 'significant intelligence gap which could result in critical concerns in relation to a placement not being identified.'

9.10 The education quality assurance improvement plan proposed to run over the course of 18 months. The plan was still at the approval stage by the end of the review period. The NMC's public reporting to its Council identified a high risk around its education quality assurance work. We recognise that the NMC is currently facing several high-risk areas across its work, but we were concerned about the limited progress to address the serious risks it had identified. Furthermore, given the challenging context, we had concerns about whether the NMC has the capacity, resources and expertise to successfully implement the plan.

Conclusion

Some significant concerns have been identified about the NMC's ability to effectively monitor and quality assure AEIs. By the end of the review period, the NMC was in the process of developing an improvement plan to address these. However, this was not finalised and we had concerns about the NMC's ability to implement it. This Standard is not met.

Registration

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

10.1 We carried out a check of a sample of 50 register entries where registrants had been subject to final fitness to practise hearings. The check did not identify any concerns about the accuracy of the information displayed on the register.

Fraudulent applications to the register

10.2 The NMC saw an increase in the number of incorrect and fraudulent entries to the register over the review period. It has been investigating three separate instances of large-scale fraudulent applications for registration:

- alleged fraud at a computer-based test centre in Ibadan, Nigeria (CBT cases)
- alleged fraud at an OET language testing centre in Chandigarh, India (OET cases)
- and fraudulent applications using a forged Pakistan Nursing Council stamp (PNC cases).

CBT cases

10.3 Overseas-trained applicants must successfully complete tests to demonstrate their professional skills before they can join the NMC register. Part of this process is a computer-based test (CBT), which can be taken at various centres around the world. The NMC has been investigating allegations of fraud at a CBT centre in Nigeria.

10.4 As described in Standard 11 below, the NMC's investigation included both applicants and registrants. Forty-eight registrants were alleged to have gained entry to the register fraudulently. By the end of the review period, the NMC had completed nine hearings; in seven of these cases, individuals were found to have joined the register fraudulently and were removed. Hearings are expected to continue until the end of 2025.

OET cases

10.5 The Occupational English Test (OET) is one of the tests the NMC accepts as evidence of English language skills for overseas-trained applicants. The NMC has been investigating allegations of fraud at an OET centre in India. The allegations concerned 68 registrants. Its investigation was ongoing at the end of the review period.

PNC cases

10.6 We considered the NMC's response to this issue in last year's monitoring report. This year the NMC provided an update on the conclusion of its investigation. Of the 112 cases, 81 had been found to be legitimate; a further seven had already lapsed from the register; and 16 were removed for fraudulent entry. An Assistant

Registrar reviewed the remaining eight cases in September 2024 and decided to close them in line with the relevant guidance as, after repeated enquiries, there was a lack of evidence to support the allegation of fraudulent entry.

NMC response

10.7 The NMC has taken steps to review and improve its processes to detect and prevent registration fraud. An external audit in April 2024 found that its controls were soundly designed and made some recommendations for improvements. The NMC has developed a new Registrations Fraud Policy and Process, which introduced a central governance structure with clear reporting channels and protocols for the sharing of intelligence across the organisation. It has also developed a Widespread Registrations Fraud Management Framework, which sets out the process for responding to future incidents of widespread fraud. The NMC has also taken steps to improve how it works with third parties such as companies providing test centres.

10.8 By the end of our review period, it was not yet clear how many people may have joined the register fraudulently in relation to the CBT and OET issues.

Shortfall in practice hours

10.9 As noted at Standard 9 above, the NMC found that some AEIs had not been complying with its standards. As a result, 352 registrants from one AEI had joined the NMC's register despite not having completed enough practice learning hours during their course. The NMC wrote to these registrants in September 2024 to obtain further information about any subsequent practice learning they may have completed. We understand it did not take steps to seek objective corroboration. By the end of the reporting period, 44 of the 352 affected graduates had not responded.

10.10 As noted in relation to Standard 9, we considered that the AEI's miscalculation of the NMC's practice hours requirements, and the NMC's inability to detect this before the affected individuals graduated and joined the register, reflected a failure of the NMC's controls in relation to education quality assurance.

Conclusion

The total number of people added to the register without meeting the NMC's requirements is over 350, and could be over 400, depending on the outcomes of the CBT and OET investigations. The NMC's register is so large that this amounts to a relatively small proportion, but we consider it a large number of individuals to be registered in error. Maintaining an accurate register is a key function and duty of a regulator, in the interests of public safety and public confidence.

The NMC has added a large number of people to the register who had not met its requirements, and by the end of our review period it had not been able to fully remedy the situation. Whilst it has taken steps to mitigate the risk of widescale fraud in the future and has begun to develop work to improve its controls in education quality assurance, we were not sufficiently assured about the NMC's ability to ensure the

integrity of the register during the period under review. Accordingly, this Standard is not met.

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

11.1 As noted under Standard 10, this year the NMC has been investigating a significant volume of allegations of fraud in respect of the CBT and OET issues.

11.2 Concerns about the CBT centre were first reported in May 2023. The test provider identified evidence of suspicious activity. The NMC worked to gather further information. Although not everyone who took a CBT at the affected test centre was suspected of fraud, the NMC determined that it could not rely on any tests completed there. It required all those affected to retake their CBT, so that it could be sure it had reliable evidence of their competence to join the register.

11.3 Some of the people affected had already joined the register; others had applications still in progress. The NMC investigated 48 registrants under its fraudulent entry process; it referred 669 applications for a decision by an Assistant Registrar where it suspected possible fraud.

11.4 By the end of our review period, the NMC had completed 11 fraudulent entry hearings. Assistant Registrars had made decisions on 200 of the 427 applications where applicants suspected of fraud had successfully retaken a CBT. Most of these applications were refused. The NMC received a significant number of appeals against decisions to refuse registration, and had completed a small proportion of these appeal hearings by the end of the review period.

11.5 The NMC has taken steps to update and support affected individuals and organisations. It extended its Careline service to those affected, and has been working with Nigerian Nurses Charitable Association UK to deliver webinars on the process. It has held regular briefings for employers and other stakeholder organisations.

11.6 The OET investigation commenced in May 2024 and was originally expected to conclude by September 2024; however, it remained ongoing by the end of the review period. At that point, the NMC had sent a summary of the evidence to 46 of the 68 affected registrants. They were invited to respond and to submit any related evidence. The NMC was still awaiting evidence from OET for the remaining 22 registrants, and those individuals had not received a summary of the evidence by the end of the review period.

11.7 We recognise that these cases presented numerous challenges for the NMC, including:

- the high volume of cases, which challenged its capacity – particularly in relation to hearings, where its ability to schedule and complete hearings has been

limited by the availability of its own independent panellists and registrants' representatives

- the nature of the evidence, which is complex and often limited
- the fact that it is reliant on third parties for evidence relevant to its investigations.

11.8 We are aware that stakeholders including representatives of registrants and employers are concerned about the time it is taking. We, too, are concerned, though again we recognise that the NMC must investigate thoroughly and fairly, and that some factors outside the NMC's control have affected how quickly it can make progress.

Conclusion

The NMC has investigated a large number of allegations of fraudulent applications to the register. We are concerned about how long it is taking to complete this work, but we recognise that the NMC has been faced with a large number of complex cases, which it must investigate and resolve fairly. It has also been taking steps to support and update those affected. On balance, this Standard is met. The NMC needs to ensure this work is appropriately prioritised so that the remaining cases are resolved without further delay.

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 There have been no substantive changes to the NMC's approach to illegal practice and misuse of protected titles, this year, and we have not seen any evidence of significant concerns about this aspect of its work.

12.2 We are aware that stakeholders have been in discussion with the NMC about protection of the health visitor title. The Institute of Health Visiting reported that it has raised this issue with the NMC, and one stakeholder told us that it had useful discussions with the NMC about this issue.

12.3 In September 2024, the NMC reported that it had updated its Standard Operating Procedure for potential breaches to the Protected Title/Protection of a Title of a Registered Nurse, Midwife or Nursing Associate[12] and Protection Function of the Midwife[13]. This was part of its work with stakeholders to develop a set of principles

[12] Article 44, Nursing and Midwifery Order (2001)
[13] Article 45, Nursing and Midwifery Order (2001)

for individualised care for women giving birth outside maternity units, in response to increasing concerns around freebirth and care from unregulated people.

Conclusion

We have no concerns about the NMC's performance against this Standard. This Standard is met.

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

13.1 The second phase of the NMC's *Ambitious for Change* research[14] considered evidence of differences in revalidation rates associated with different protected characteristics. Whilst it did not hear from people with some of the characteristics associated with lower rates of revalidation, the findings were still consistent with previous research. The NMC will be carrying out further work with disability organisations and networks, to understand the barriers to revalidation faced by disabled professionals.

13.2 We noted last year that the NMC had deferred its planned review of revalidation, and did not identify any significant concerns about this. We do not have any other concerns about the NMC's approach to revalidation.

Conclusion

There have been no significant changes to the NMC's approach to revalidation in this review period. We will continue to monitor the progress of its work in this area. This Standard is met.

Fitness to practise

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

14.1 The NMC reports on the number of referrals it receives into its FTP function. Between April 2023 and March 2024, the NMC received 5,774 referrals, an increase of around 14% from the previous 12 months. For the following year, April

[14] https://www.nmc.org.uk/about-us/equality-diversity-and-inclusion/edi-research/ambitious-for-change-research-into-nmc-processes-and-peoples-protected-characteristics/

2024 to March 2025, the NMC received 6,550 referrals, a further increase of 13% from the previous year.

14.2 The continuing increase in referrals being received by the NMC suggests that there are unlikely to be inappropriate barriers to anyone raising a concern with it about a registrant. However, we also note the challenges that a higher number of referrals creates for the rest of the NMC's FTP processes and improvement work.

14.3 The NMC's Employer Link Service (ELS) continues to help with progressing FTP cases and supporting employers with advice on making referrals. In its annual report on this service for 2023/24, the NMC noted that it received over 1,000 calls, the highest it has ever received, with 55% being advised to make a referral. This service includes a process for quality assuring advice and following up on calls where the service advises an employer to make a referral. The evidence suggests this service is a helpful way to support appropriate FTP referrals being made

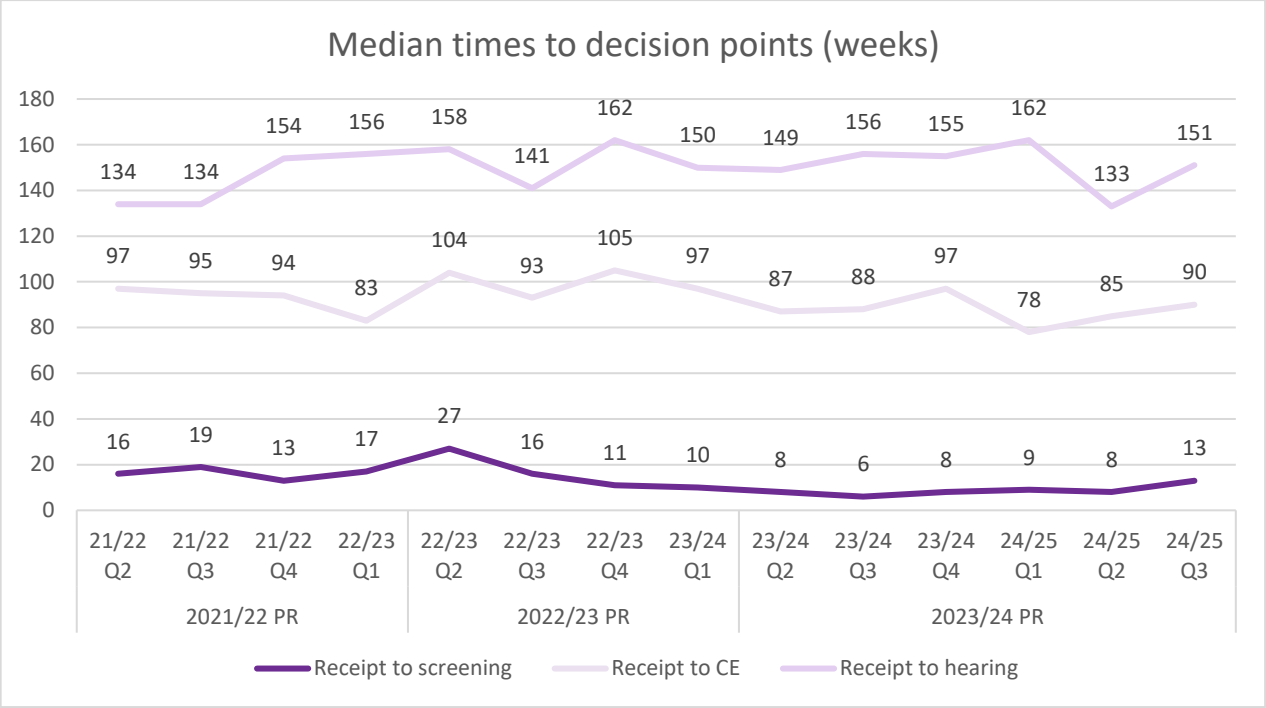
Conclusion

The NMC is receiving an increasing volume of referrals, which suggests it is not placing inappropriate barriers to referrals being made. It also uses the ELS to support employers with advice on making appropriate referrals. This Standard is met.

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

15.1 The NMC has not met this Standard since 2018/19. We have written to the Secretary of State under our escalation policy because the NMC has repeatedly not met this Standard.

15.2 The chart below shows the median times to decisions points as recorded in our dataset, up to the end of this review period.



15.3 The chart shows that, for the majority of this review period, the time taken from receipt of cases to a screening decision has been lower than in previous performance reviews. However, this has increased in the final quarter, which is likely to be a result of the NMC closing more of its older cases at the screening stage.

15.4 The time from receipt of a case to a Case Examiner decision appears to have slightly decreased in this review period, which is positive, and the time from receipt of a case to a decision at a hearing has fluctuated but remained largely unchanged on average compared to the previous review period.

15.5 Whilst there are some positive indications in the above data, the overall time taken for FTP cases to conclude remains concerning.

15.6 The number of cases waiting for a hearing to start at the NMC is also concerning, as it has increased from 872 at the start of the review period to 1,064 at the end of the review period, with a median age of 148 weeks. The overall volume of old cases held by the NMC has not shown significant improvement compared to the previous review period, either. Whilst the volume of such cases decreased in the first four quarters of this review period, from 2,971 at the end of the last review period, to 2,654 at the end of June 2024, it has since increased to 2,947 cases that are over a year old.

Fitness to practise improvement

15.7 In March 2024, the NMC approved its latest improvement plan. This plan involves investing £30 million over three years and includes seven key areas of work, including safe and swift progression of cases at screening and investigations, and improving the quality and timeliness of decisions at the adjudication stage. It has headline success measures for the average caseload ages at each stage of the process, including a target of two months at screening by March 2025. As of the end of December 2024, this was at 23 weeks, compared to 24 weeks in March 2024.[15]

15.8 In January 2025, the NMC noted that its FTP plan had 'undergone significant review and adaptation of the past months.' It is currently in 'Phase 1: Stabilisation' with its focus being on eliminating its backlog of unallocated screening cases and better management of its older cases. Phase 2 will be 'Improvement' and Phase 3 will be 'Steady State'.

15.9 The NMC has successfully reduced the cases awaiting allocation at the screening stage, from 949 in April 2024 to 419 by the end of the review period. However, this is only one step towards dealing with its screening cases. The overall number of cases at the screening stage is more relevant. At the start of this review period, it was 2,247, by the end of March 2024, it was 2,894, and at the end of the review period, it was 2,969.

15.10 There are signs of improved performance at the screening stage. The NMC has invested in this part of the process and in the final six months of the review period, it averaged 553 screening decisions per month, compared to 475 in the six months prior to that. This has not led to a decrease in the caseload, due to the NMC receiving a high number of referrals, but it is a positive step.

15.11 With respect to its work on older cases, the NMC has noted that teams are actively focusing on the oldest cases, with staff at each stage of the FTP process reviewing the 10 oldest cases every month, with an aim to progress them. It is not clear from reporting if the NMC is making significant progress with clearing its older cases. The significant increase in the time to make a screening decision in the chart above reflects older cases having decisions made at screening. However, as also noted above, the number of cases over a year old has been increasing since June 2024, and in particular, the number of cases over three years old has continued its long-term upward trend.

15.12 Other impacts that the NMC notes have resulted from its improvement plan include a significant reduction in the number of cases needing a legal review at the Case Preparation and Presentation stage, a significant increase in the number of cases with an allocated hearing date, and case-weighting tools being put in place to ensure a fair distribution of work across the NMC teams. These are all steps towards improving performance, but we do not consider these steps to be

[15] This has decreased to 19 weeks as of March 2025, but this post-dates our review period.

evidence that the NMC has made significant progress in its overall FTP performance.

15.13 Some of the challenges that the NMC has noted in relation to its improvement plan include a higher number of referrals than anticipated, and the need for the plan's focus to expand into areas such as safeguarding and cultural changes. It has also noted that it underestimated how long it would take to implement productivity improvements and changes whilst improving timeliness, and the NMC stated that due to its historic underinvestment in its people and building its capabilities, it is harder to deliver sustained improvements.

Audit findings

15.14 Our audit identified a number of cases where there were significant delays, which was to be expected, given the data on the NMC's timeliness. In three out of 18 cases we reviewed at screening, and three out of 13 cases we reviewed at the case examiner stage, we felt that the decision-makers did not have sufficient information to make a reasonable decision.[16]

15.15 In two of the three screening cases, the NMC reopened them, sought further information, and then closed them. In three of the four other cases, we felt that the information would have been unlikely to affect the outcome or would have been unlikely to be available, if the NMC had sought it.

Independent Culture Review

15.16 The ICR made findings about the timeliness, fairness and proportionality of the NMC's FTP process. In its introduction, it noted that the NMC commissioned the ICR due to the whistleblower's disclosures, which included allegations that a 'deep seated toxic culture' was leading to skewed and failed investigations.

15.17 The report featured feedback from panel members. This included positive feedback, with some panel members considering the hearings to be fair, inclusive, collaborative, respectful and supportive to all participants. However, some panel members provided critical feedback, noting that there are people chairing NMC hearings who 'do not understand what discrimination is' and 'don't support vulnerable people', and the hearings can be 'slow and drawn out'.

15.18 The ICR made recommendations to the NMC, which it accepted in full. The recommendations are often relevant to more than one of our Standards. Some that were relevant to this Standard included that the NMC should commit to eliminating the screening backlog by 2025, and that the NMC must engage more effectively with stakeholders to ensure they are efficiently and effectively using resources to complete more adjudications decisions each month.

[16] The NMC did not agree with all of our findings in the audit.

Other work undertaken by the NMC

15.19 The NMC has published revised guidance for decision-makers, to strengthen it in respect of concerns arising outside of registrants' professional practice. It is allocating panels to hearings 10 weeks in advance, as opposed to two weeks in advance, allowing them more time to prepare for the panels. The NMC also appointed the Director of FTP and General Counsel at the GMC on a short secondment, to offer advice on improvements in its regulatory work.

Conclusion

The NMC does have areas of improving performance against this Standard, and it is investing significant money and effort in trying to improve. However, there continue to be areas of weakness in the NMC's performance, and in particular its FTP cases are taking too long to process. Therefore, this Standard is not met.

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.

Agreed removals

16.1 The data on agreed removals showed a significant increase in the number of applications for agreed removal in 2023/24, when changes to the process came in. There were 339 applications of which 154 were granted, compared to 108 applications, of which 60 were granted, in 2022/23. The total number of applications and the successful applications decreased in 2024/25 but remain significantly higher than 2022/23.

16.2 The NMC evaluated the changes it made to the guidance for its agreed removal process, which noted that decisions on removal were being made earlier in the process, and without full admissions to the FTP concerns. In some cases, it was not clear what information had been reviewed by the decision maker, and some decision makers raised concerns about the NMC taking a proactive approach to encouraging professionals to consider agreed removal.

16.3 Our audit included reviewing a sample of cases where the agreed removal decision had been made before a referral to the case examiners to decide if there was a case to answer. We did not identify any concerns about the NMC's use of this process, and identified two cases which we considered demonstrated the benefits of the new process. Specifically, these were cases which, under the old process, would have likely been drawn out and stressful for the registrant, but under this process were able to proceed to agreed removal, with public protection maintained.

Independent Culture Review

16.4 The ICR did not review any individual cases, but it heard evidence from a number of respondents with direct experience of cases. It noted that there were 'multiple examples where safeguarding cases have been closed down by screening teams on the basis that risks occurred in registrants' private lives' and quoted accounts from NMC staff of very serious referrals being inappropriately closed at screening. It also heard evidence from respondents who expressed concern about the fairness of the NMC's decision-making in relation to EDI considerations.

16.5 The ICR drew a clear link between the NMC's internal culture and the fairness and robustness of its decision-making. This was also flagged by the whistleblower and the handling of a number of cases involving issues such as alleged discrimination and safeguarding is under investigation by Ijeoma Omambala KC. The NMC has acknowledged that the ICR has damaged stakeholders' confidence and trust in the leadership of the organisation and their views on the NMC's ability to make safe and effective decisions that prioritise patient and service user safety.

16.6 Some of the recommendations made by the ICR which were relevant to this Standard included that the NMC should develop a quality assurance framework which ensures that there are consistent standards across its FTP work which applies to internal and outsourced teams, and that it should clarify the relationships between legal teams across the NMC and the role of legal expertise in multi-professional teams. The NMC is still at an early stage with respect to both of these recommendations.

Audit findings

16.7 In addition to finding a good level of assurance with respect to the NMC's agreed removal decisions, we were assured by other decisions we reviewed in our audit. Our sample size was small compared to the overall size of the NMC's caseload, but we saw a range of types of referrals from different sources and we saw a high degree of consistency in our findings. We did not have any concerns about the outcome in 90% of the cases reviewed.

16.8 There were two decisions made in screening where we identified concerns which engaged some of the considerations from the ICR. We saw one case involving an allegation of domestic violence, where the NMC did not seek further information and referenced its guidance on criminal cautions and convictions that was in place at the time. We saw another case where the NMC did not seek further information about an allegation of harassment on the grounds of disability. In both cases, the NMC reopened the cases after we raised them, sought further information, and subsequently closed the cases.[17]

[17] These cases are the cases referenced at paragraph 15.15.

Quality assurance of decisions

16.9 The NMC's work to assure and improve the quality of its decisions, following the concerns raised in the ICR, remains at an early stage. This is partly because the Omambala review will further inform its work in this area. However, the NMC has noted that with respect to quality assurance, its initial focus is streamlining data capture and reporting to help drive learning and improvement. It is also in the process of considering its future quality assurance framework for FTP.

Section 29

16.10 We have initiated 23 appeals of decisions made by the NMC during this review period and continued to provide learning points to the NMC where we identify them in our reviews of its decisions. Of the appeals that have concluded, 17 were settled by consent, two were upheld, and one was withdrawn. This does represent an increase in the number of appeals compared to the previous review period, where we initiated nine.[18] However, given the number of NMC cases we review and the relatively small number of appeals, we do not consider this to represent a significant cause for concern, but we will monitor this in future performance reviews.

Conclusion

The evidence of the NMC's performance against this Standard is mixed, and the Omambala review of decisions made by the NMC will be particularly relevant to this Standard. We will review this and consider its findings when this becomes available.

Our audit did not identify any significant concerns, but it was a small sample size. The ICR did identify significant concerns, but it did not review any specific cases.

It is clear that the NMC must improve with respect to its decision-making and our decision against this Standard was finely balanced. However, given the assurance from our audit, which did look at specific cases, we determined that this Standard is met.

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.

17.1 The NMC's KPI for interim order timeliness is that they are imposed within 28 days of opening a case. Its target is for 80% of interim orders to be imposed within this timeframe, but it consistently does not meet this target. However, the NMC does consistently have over 50% of interim orders imposed within this timeframe. Whilst

[18] This review period lasted 18 months, whereas the previous review period only lasted 12 months. However, this still represents a significant increase in the number of referrals.

direct comparisons between regulators can be challenging due to differences in their processes, the NMC's performance in this area does compare favourably to the other regulators we oversee.

17.2 Our audit of 40 FTP cases did not identify any cases where the NMC failed to consider an interim order when it was necessary. We saw some instances of risk assessments not being completed in a timely manner, or being insufficient, but we did not have significant concerns overall.

17.3 We received feedback from a senior nursing stakeholder, who raised concerns about a high-profile FTP case which they felt illustrated significant and systemic issues that undermined the credibility of the FTP process. The NMC commissioned a review of the case and was assured that it had been dealt with appropriately, though the stakeholder remained concerned. The NMC has established an oversight group, including this stakeholder and others, to oversee this FTP case and other associated cases.

Independent Culture Review

17.4 The ICR contains multiple examples raised by NMC staff of cases involving allegations which appear to be clearly high-risk, but which were closed at the Screening stage. These included allegations of abuse against children, allegations of accessing indecent images of children and allegations of sexual assault. Whilst the ICR did not review individual cases, this feedback does highlight concerns about the NMC's ability to identify cases which suggest a serious risk to the public.

17.5 Other concerns raised within the ICR included that:

- NMC staff spoke of "safeguarding generally being devalued across the NMC"
- Senior leaders and staff at the NMC reported concerns about a 'lack of a safeguarding lens in casework despite the availability of expert advice and support internally'
- There is an "absence of a clinical voice in the (safeguarding) process" which 'was highlighted as a key reason why public protection was not paramount'
- 'A number of seasoned professionals shared candid concerns that the current safeguarding function was not delivering the NMC's duty as required by the Charity Commission. In the last year there has been multiple Serious Event Reviews relating to the potential failure of the NMC to appropriately handle allegations of physical or sexual abuse against children occurring outside of clinical settings.'

17.6 Many staff highlighted safeguarding mistakes to the ICR team, others added that they didn't think lessons were being learned, and a number of people claimed to have taken warnings to senior leadership about safeguarding failures, which hadn't been taken seriously.

17.7 The ICR made multiple recommendations in relation this area, which the NMC accepted. These included that complex and serious cases should be managed by a specialist team, the NMC should urgently reviewed its responsibilities regarding the delivery of safeguarding responsibilities in line with the Charity Commission, and that the NMC should develop a safeguarding hub alongside clear messaging from the executive that safeguarding is a priority.

Safeguarding

17.8 The NMC established its Safeguarding Board in June 2024, which held four meetings in this review period, including an extraordinary meeting following the publication of the ICR. It has a safeguarding working group, which reports directly to the Safeguarding Board and is responsible for delivering work that strengthens the safeguarding function.

17.9 It also launched its safeguarding hub in September. This enables additional checks for safeguarding risks early in the process, when new referrals are received. The safeguarding hub reviews new referrals for potential safeguarding or wellbeing components and advises NMC staff on the best way to manage them. Early feedback on the work of the safeguarding hub from NMC staff has been positive.

17.10 Other action taken by the NMC in relation to safeguarding includes developing a process for making referrals to the Charity Commission, conducting a Training Development Needs Analysis with training being provided to all NMC staff, and recruiting further staff to work in safeguarding.

17.11 We also note that the NMC's safeguarding team is undertaking After Action Reviews for significant safeguarding incidents, to feed into Serious Event Reviews, after the Serious Event Review process became overwhelmed with the number of safeguarding incidents raised. Whilst it is positive that the NMC is now better at identifying safeguarding incidents, this does raise concerns about the NMC failing to identify safeguarding incidents previously.

17.12 As noted at Standard Four, the NMC's highest strategic risk relates to safeguarding, and this risk has been rated at the highest possible level for both impact and likelihood since October 2024. In the NMC's risk reporting in November 2024, it noted that 'the anticipated findings of the recent safeguarding audit and the review of cases undertaken by the specialist advisor in [Professional Practice] shows that there has been a failure to identify and act on safeguarding concerns.'

17.13 This is an area of focus for the NMC, and it is positive to see the NMC undertaking work to improve performance. However, the NMC itself notes that it had been failing to identify and act on safeguarding concerns, and safeguarding continues to be the NMC's biggest strategic risk. This clearly raises concerns about the NMC's performance in this area over the course of the review period.

Conclusion

There are concerns raised about the NMC's performance against this Standard from multiple different sources, including the ICR and the NMC's public reporting on safeguarding. We note that this Standard relates to high-risk areas, where smaller numbers of issues may be sufficient to amount to significant concerns. The NMC's reporting and the action it is taking demonstrates that it recognises the risk. However, due to the number of relevant issues raised regarding the NMC's performance which remain ongoing as of the end of the review period, this Standard is not met.

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

18.1 The ICR made findings in relation to this Standard. It noted that safeguarding failings at the NMC included failings with respect to registrants in the FTP process. Several people spoken to as part of the ICR argued that drawn out investigations had been a contributory factor to six nurses taking their lives in the prior year. The ICR also included comments from senior NHS and nursing figures suggesting that the NMC's FTP process is combative and adversarial.

18.2 The ICR recommended that the NMC 'needs to review the contact and case update arrangements for registrants and witnesses to ensure they have a better experience and make improvements as needed.' The NMC accepted this recommendation, as it did with all of the ICR's recommendations.

18.3 We reviewed 40 of the NMC's FTP cases as part of our audit and found customer service issues in nine of those cases. One of these was a concern about a registrant's wellbeing which had been mentioned in the referral and not been picked up or actioned until 17 months later. The other issues were generally low-level, and we did not have significant concerns. They included a lack of updates to an employer for 10 months and letters to registrants not being appropriately tailored to the case.

18.4 Other concerns we identified in relation to this Standard were that an analysis of 50 corporate complaints showed professionals frequently complain about insensitive language and a lack of support for vulnerable people, and responses to the NMC's FTP experience feedback survey noted that less than half of the respondents were asked if they needed reasonable adjustments. We also received some concerns from both individuals and organisations regarding the support for professionals involved in the FTP process.

18.5 The NMC has begun taking steps to improve in this area. This includes increasing the proportion of hearings taking place in person, training panel members on good case management, including when to intervene if the process is becoming too adversarial, and it has recruited professional liaison officers to support professionals involved in the FTP process.

Conclusion

The evidence of the NMC's performance against this Standard is mixed. The ICR noted concerns about the NMC's support for registrants and made a relevant recommendation that the NMC accepted. We also received some concerns from other sources. However, our audit of 40 FTP cases mostly identified only low-level issues, and we can see that the NMC is undertaking work to improve its performance in this area. We know that all regulators are taking steps to make their processes less adversarial, and we do not see evidence that the NMC is doing less work than other regulators in this area. Therefore, on balance, we have concluded that this Standard is met.

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