

Nursing and Midwifery Council

Periodic review

2024/25

The Nursing and Midwifery Council regulates nursing and midwifery professionals in the UK. There are:

867,265

nursing and midwifery professionals on the register as of 31 December 2025

This report covers
the period
1 January 2025 to
31 December 2025

Executive summary

Introduction

This report covers the PSA's assessment of the NMC's performance during the period 1 January-31 December 2025. Due to the publication date of this report, approximately five months after the end of the review period, we do at times refer to work that has been undertaken by the NMC since 31 December 2025.

We recognise that 2025 was a very challenging year for the NMC as it continues to address the significant concerns identified in the Independent Culture Review (ICR)¹ which was published in July 2024.

In this reporting period, in addition to working to try to address its operational challenges, the NMC made many senior-level staff changes, including appointing a new interim Chief Executive and Registrar in January 2025 – who was appointed to the role permanently in July 2025 – and a new Chair in April 2025. We recognise that the NMC has taken a number

¹ [The Nursing and Midwifery Council - Independent Culture Review](#)

of significant steps to understand the issues within the organisation and to improve its operational performance.

We are encouraged by the new leadership's intentions and commitment to change. However, as this report sets out, we have not yet seen significant evidence of overall improvement and this is reflected in our findings for 2025 and our conclusion that the NMC has only met nine of the 18 Standards in 2025.

In line with our Escalation Policy, we have written to the Secretary of State for Health and Social Care and the Chair of the Health and Social Care Committee to provide an update on the NMC's performance, the key areas that we are concerned about and the recommendations we have made.

There is clearly a lot more work for the NMC to do to bring about the improvements required in the interests of public protection. Our key findings are set out below. We have also made a number of recommendations to help inform the improvements the NMC needs to make.

We will continue to assess the NMC's performance against our Standards. Our next periodic review will cover the period 1 January-31 December 2026 and is due to be published before the end of March 2027.

Equality, Diversity and Inclusion (EDI)

The NMC did not meet Standard 3 because we did not have sufficient assurance that it was meeting two of the four outcomes we require to meet this Standard. We note that the NMC has made progress in this area in this reporting period. It has established appropriate governance, structures and processes to embed EDI across its regulatory activities, and continues to engage with a diverse range of stakeholders to advance EDI issues.

The latest phase of the *Ambitious for Change*² research identified biases in the NMC's fitness to practise processes. Alongside this, there are known disparities in the NMC's fitness to practise processes. The NMC has published EDI targets, accompanied by supporting initiatives and reporting measures, to address this by 2030. It has also made progress in its review of the Code, revalidation and practice learning, which will ultimately strengthen the EDI requirements for students and registrants. However, we have seen limited evidence of the impact of the changes the NMC has made with respect to EDI in this reporting period. We have also seen limited evidence that the NMC is encouraging registrants to improve their EDI knowledge through the revalidation process, and we continue to have significant concerns about the NMC's approach to monitoring education providers' compliance with its standards. Overall, we found that the NMC did not meet Standard 3 in this reporting period.

Education quality assurance

The NMC's education quality assurance function remains an area of high risk. We highlighted this in our performance review for 2023/24, and we are concerned that the

² [Ambitious For Change](#)

NMC has taken very limited action to address this. We also remain concerned that the NMC is overly reliant on unsubstantiated self-reporting from education providers, which carries inherent risks. These risks materialised at Southampton Solent University (more details below) during this review period. Our continued concerns in this area led us to conclude that Standard 9 was not met.

Registration

In February 2026 the NMC notified us of a significant issue with respect to its registrations function. The NMC identified that its registrations team had not been following its process to refer high-risk or borderline decisions involving health and/or criminal conviction declarations to an Assistant Registrar for a decision. This had been ongoing for a number of years and affected a significant number of cases. This serves to undermine the NMC's register and the proportionality of its process for registration, which led us to conclude that Standards 10 and 11 were not met.

Fitness to Practise

Timeliness

The NMC did not meet Standard 15 because it continues to take too long to deal with fitness to practise cases. The NMC has made significant improvements to timeliness of decision-making at the screening stage, however this has not been replicated at the investigations and adjudications stages of the process.

Quality of decision-making

We conducted an audit of cases closed at the screening stage in this review period. This differed from previous audits, in that we targeted our audit at higher-risk cases, following our findings in last year's review. Of the 42 cases audited, we identified six cases that were closed prematurely. Accordingly, we could only take limited assurance about the quality of the NMC's decision-making at the screening stage. This was a factor in us concluding that Standards 15 and 16 were not met.

Safeguarding

We reviewed how the NMC was identifying and managing safeguarding risks as part of our audit. Overall, we only took limited assurance that the NMC was appropriately identifying and managing these risks. We also saw poor record-keeping in respect of safeguarding considerations and decisions throughout our audit. This led us to conclude that Standard 16 was not met.

Recommendations

Within this report, we have made a number of recommendations for the NMC, to provide further clarity on some of the areas where we expect the NMC to urgently focus on improving its performance. These recommendations are listed below and are included at the relevant Standard within the report.

The recommendations are not exhaustive or intended to cover every area where the NMC needs to improve in order to meet our Standards. They are intended to highlight certain areas of importance that we have identified this year, issues that the NMC is aware of but

has not yet addressed, or where we think changes could be made reasonably quickly to improve the NMC's performance.

Standard 4: We recommend that the NMC reviews its public Council reporting in order to improve transparency, particularly in the areas of strategic risk management and fitness to practise timeliness.

Standard 9: We recommend that the NMC prioritises its Education Quality Assurance improvement plan to develop and introduce a process that provides effective, robust assurance of the quality of education and training that supports public protection. The current process, including a reliance on uncorroborated self-declarations, carries significant risks and has been shown to be ineffective.

Standard 16: We recommend that the NMC should accurately capture when and why a full safeguarding assessment is carried out in a fitness to practise case, and what the findings and resulting actions are.

Standard 17: We recommend that the NMC keeps risk under review throughout the life of a fitness to practise case.

Standard 18: We recommend that the NMC reviews its processes to improve its ability to support and keep parties updated on fitness to practise cases. This is particularly important given the challenges the NMC has in terms of timeliness and case progression and the stress placed upon all those involved in the process.

Standards met: 9 out of 18



General Standards

2 out of 5



Guidance and Standards

2 out of 2



Education and Training

1 out of 2



Registration

2 out of 4



Fitness to Practise

2 out of 5

Previous years

2023/24

11 out of 18

2022/23

17 out of 18

Our performance review process

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 usually carried out on a three-year cycle with an intensive 'periodic review' every three years and in the other two years shorter 'monitoring' reports. However, given the number of concerns identified in the ICR and accepted by the NMC, and the outcome of last year's performance review which resulted in the NMC not meeting seven of the 18 Standards of Good Regulation, we have undertaken a further periodic review for 2024/25. We plan to undertake a third periodic review for 2025/26. As part of that review, we will consider what further scrutiny we think might be necessary as we continue to closely monitor the NMC's performance.

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General Standards

In this section:

Standard 1 (accessible information)

Standard 2 (clear about purpose)

Standard 3 (equality, diversity and inclusion)

Standard 4 (reports on itself and addresses concerns)

Standard 5 (consults with stakeholders)

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 accessibility of this information.
- 1.2 The NMC continues to publish an annual data report. This provides comprehensive data and insights about the professionals on its register. This year, it explored issues such as the slowdown in international recruitment, the slower rate of growth in UK-educated professionals joining the register, and the increased ethnic diversity of the register.

Conclusion: 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 NMC published a new corporate plan for 2025-26, as well as a new strategy for 2025-27, during this review period. The NMC also published a culture transformation plan in March 2025 (discussed in more detail under Standard 3). All of these plans ensure a renewed focus on the NMC's core regulatory duties.
- 2.2 The NMC has taken steps to stabilise and strengthen its senior leadership. The NMC has appointed a new permanent Chair, Chief Executive and Registrar, Executive Director of People and Culture, Executive Director of Strategy and Insight, and Executive Director of Communications and Engagement. It has also created a new directorate for Transformation and Technology Services. We consider the NMC has made positive progress in this area.
- 2.3 On this evidence, we are satisfied that the NMC is clear about its purpose. However, we have continued concerns that the NMC is failing to ensure that

its policies are applied appropriately across all its functions, and that relevant learning from one area is applied to others.

- 2.4 The registration issue (discussed in detail under Standards 10 and 11) raises significant concerns about the NMC's application of its policies. This issue resulted from poor governance and quality assurance, and we are concerned that there is a risk that other policies are similarly not being applied appropriately.
- 2.5 The NMC has reported that it has established a Policy and Standards Board to mitigate this risk. We note this was established outside of the period under review and the aim is to assure Council and the Executive Board that the NMC's new or revised regulatory policies, standards and guidance are right-touch, evidence and stakeholder-informed, and fit for purpose. We consider this to be a positive step, noting that the NMC has recognised a gap in this respect.
- 2.6 The NMC's overall performance against other Standards is material to its performance against this Standard. As set out in detail in this report, during this review period, we have seen a range of issues across the NMC's core regulatory functions, including in respect of education quality assurance, registration and fitness to practise that cause us concerns in respect of this Standard.

Conclusion: The NMC has taken significant steps to strengthen its focus on its core regulatory duties, and we are therefore satisfied that the NMC is clear about its purpose. While we note that the NMC has put in place a number of plans aimed at improving the way it operates during this review period, we have not yet seen clear evidence of progress in how it ensures that its policies are applied appropriately across all its functions and that relevant learning from one area is applied to others. This is particularly the case regarding the registration issue and education quality assurance. Accordingly, 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 assessment of Standard 3 we continue to break down the Standard into four outcomes. For a regulator to meet Standard 3, we must be assured it has met all four 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 Equality Diversity and Inclusion (EDI) across its regulatory activities.

- 3.2 The NMC undertook a significant amount of activity in this area during the review period. In March 2025, the NMC published its Culture Transformation Plan. The plan is comprised of six pillars and envisages a three-year programme of change. It contains specific actions for each pillar and for each quarter over the three-year duration. The plan also sets out the desired outcome for each pillar, and how the NMC proposes to measure this.
- 3.3 The NMC has established governance structures to oversee the plan's implementation. This includes a Culture Transformation Network which is comprised of a diverse group of staff members; the Network meets monthly and supports the communication of key culture initiatives within their teams and directorates, and a Culture Transformation Steering Group. The NMC has also expanded its Culture and EDI team. The plan is underpinned by the NMC's delivery of a comprehensive coaching programme for its senior staff, leaders and managers. The coaching programme will cover the following five topics: strong and effective leadership; values-based decision-making; embedding EDI; ensuring psychological safety; and helping staff teams enjoy their work.
- 3.4 The NMC has committed to the following EDI strategic objectives for 2025-2028:
- Build a positive, empowering and inclusive culture for colleagues
 - Achieve greater diverse representation and reduce pay gaps, focusing on ethnicity and gender
 - Put EDI at the heart of infrastructure and decision-making, including governance, processes and prioritisation
 - Ensure greater regulatory fairness and a reduction in disparities for groups across regulatory processes
 - Become an anti-racist organisation.
- 3.5 In April 2025 the NMC signed the UNISON Anti-Racism Charter and in July 2025 it published five EDI targets to tackle discrimination and differential outcomes, both in respect of regulation and its workforce. These are:
- Eliminate disparities in treatment based on ethnicity and gender in the NMC's FTP processes by 2030
 - Eliminate the disproportionate pattern of FTP complaints received from employers in relation to ethnicity in 2030
 - Eliminate disproportionate outcomes, based on ethnicity, in nursing and midwifery education and training by 2035
 - Eliminate disparities in the representation of Black, Asian and ethnic minority NMC colleagues in the upper two pay quartiles, starting now
 - Eliminate ethnicity, gender and other pay gaps by 2030.

- 3.6 These targets are accompanied by supporting initiatives, and the NMC published an extensive suite of actions aimed at achieving these.
- 3.7 We consider that the NMC has made strong progress in establishing appropriate governance, structures and processes to embed EDI across its regulatory activities. We are satisfied that this Outcome is 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.

- 3.8 We continue to be satisfied that the NMC’s standards for students and registrants include clear requirements to provide care in an inclusive way.
- 3.9 The NMC is in the process of reviewing its Code, revalidation and pre-registration practice learning, with a view to publishing revised processes in Autumn 2027. The NMC has also committed to strengthening requirements around EDI when it updates its revalidation process alongside the Code. However, we identified a gap in respect of the NMC’s revalidation guidance. This was last updated in 2019, and we saw limited evidence to show that the NMC is encouraging registrants to improve their EDI knowledge and skills during the period under review.
- 3.10 The NMC launched its Midwifery Action Plan in November 2025, in response to a report by the Health and Social Care Committee which found that racism is one of the core drivers of poor maternal outcomes. The NMC has undertaken mapping exercises of its standards and committed to strengthening its standards by November 2026 if the mapping identifies the need to do so. The NMC has also commissioned independent midwifery professors to review its standards of proficiency against the recommendations from recent maternity reviews, with a view to identifying where the standards align with best practice and areas for improvement.
- 3.11 In last year’s review, we identified significant concerns regarding what we considered to be over-reliance on self-reporting by Approved Education Institutions (AEIs). The NMC updated its approach to annual self-reporting this year, which involved asking more targeted questions around EDI. However, we remain concerned about the limitations of the NMC’s approach to self-reporting, and the fact that the NMC does not collect evidence to corroborate this. We consider that the limitations in the NMC’s approach to monitoring compliance with its standards means it can only take limited assurance that AEIs are equipping students with appropriate EDI knowledge and skills.
- 3.12 The NMC has made progress in its review of the Code, revalidation and practice learning, which will ultimately strengthen the EDI requirements for students and registrants. We also consider the NMC has taken positive steps with its Midwifery Action Plan, which was developed in response to an emerging area of risk. However, we saw limited evidence that the NMC is

encouraging registrants to improve their EDI knowledge through the revalidation process, and we continue to have significant concerns about the NMC's approach to monitoring AEl's compliance with its standards. Accordingly, we are not assured that the NMC has met this Outcome for this reporting period.

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

- 3.13 The NMC's fitness to practise guidance documents, including its screening guidance and misconduct guidance, continue to appropriately refer to racism and other discriminatory behaviour.
- 3.14 Last year, we noted that the NMC did not collect EDI data from those raising fitness to practise concerns. The NMC has rectified this during this review period, and it now collects EDI data from members of the public and peer referrals.
- 3.15 The fairness of the NMC's regulatory processes has been the subject of a number of reviews. A review into the NMC's handling of a number of fitness to practise cases was published in September 2025. The review looked into cases involving allegations of racism and did not identify any concerns regarding the NMC's handling of these cases. Similarly, our audit, discussed in more detail under the Fitness to Practise Standards, did not identify any concerns in respect of the NMC's decision-making in cases involving discrimination at the screening stage.
- 3.16 The review found that 'the general concerns raised by the whistleblower and other NMC staff about the approach taken to private life matters were well founded. The guidance was not sufficiently clear, it was not always consistent across guidance documents, and it was frequently interpreted and applied in an overly restrictive manner.' The review made a number of recommendations targeted at strengthening the NMC's fitness to practise guidance. This included removing the concept of a 'deep-seated attitudinal issue'. The NMC has confirmed that it has removed this from its guidance, and that it is in the process of reviewing its fitness to practise guidance library in line with these recommendations.
- 3.17 The latest phase of the Ambitious for Change research, published in June 2025, found that there is evidence of bias, as well as indirect consequences of uneven practices, in how the NMC handles cases involving Black professionals compared to White professionals and male professionals compared to female professionals. The NMC has accepted this and committed to five headline EDI targets as noted under Outcome 1.
- 3.18 The NMC's coaching programme provides training on EDI issues for managers and senior leaders. We also noted that the review into fitness to practise identified that anti-racism training for fitness to practise panel members was last delivered in 2023, and recommended that this should be

an essential requirement. The NMC accepted this recommendation and confirmed that ‘as an interim measure it has developed and delivered EDI fundamentals training’ whilst it reviews its EDI induction training.

- 3.19 We have seen some progress in respect of this Outcome during the period under review. We have also identified some significant gaps, which the NMC has committed to addressing. We were particularly concerned by the Ambitious for Change research finding evidence of bias, as well as indirect consequences of uneven practices, in how the NMC handles cases involving Black professionals compared to White professionals and between male and female professionals. Accordingly, we could not be satisfied that the NMC met this Outcome in this reporting period.

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

- 3.20 We have seen the NMC make considerable efforts to engage with and influence others to advance EDI issues and reduce unfair differential outcomes. The NMC’s ongoing review of the Code and revalidation saw it conduct extensive engagement with a diverse range of stakeholders, and the development of the principles of advanced practice followed extensive stakeholder engagement with professionals and the public. The NMC is also consulting widely with unions and a group of senior Black, Asian and minority ethnic registrants on what measures it should take to remove ethnic and gender bias from its fitness to practise processes.
- 3.21 The NMC established an EDI Target Reference Group this year, comprised of a diverse group of lived experience stakeholders. The NMC continues to attend the regulatory EDI forum alongside other regulators, and remains a member of the Business Disability Forum, Stonewall Diversity Champions and Inclusive Employers.
- 3.22 The NMC continues to publish EDI data, research and analysis. In this review period, the NMC published the latest phase of its Ambitious for Change research, as well as registration and revalidation data reports and a report on professionals leaving the register. We identified a gap in respect of its publication of EDI data about Council members and fitness to practise panellists. Prior to this year the NMC published this data on an annual basis, yet we did not see this during the period under review. The NMC has confirmed that it continues to hold this data, and it has reported that it has increased the ethnic diversity of its fitness to practise panellists, with 24% of lay members now being Black, Asian or minority ethnic and 23% of registrant panel members coming from minoritised backgrounds.
- 3.23 There is strong evidence to show that the NMC continues to meet this Outcome. We expect the NMC to address the gap identified in respect of published EDI data on its Council members and fitness to practise panellists. However, despite that we are satisfied that this Outcome is met.

Conclusion: The NMC has taken significant steps to embed EDI across its regulatory functions, and we are satisfied that Outcome 1 is met. We are satisfied that the NMC has also met Outcome 4. However, we did not have sufficient assurance during this reporting period that the NMC has met Outcomes 2 and 3. The NMC's overall performance means we conclude that Standard 3 is not met for this reporting 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.

Reporting on performance

- 4.1 The NMC continues to report on its performance in Council papers and through its website, as well as through engagement with stakeholders and at the Independent Oversight Group (IOG)³.
- 4.2 We identified concerns around the transparency of the NMC's reporting during this review period. The NMC's reporting on the Southampton Solent University issue (discussed in detail under Standard 9) was limited and not proportionate to the level of risk. The NMC did not make clear in its Council papers the extent of the issue, for example how many students were impacted, or the actions it took in response.
- 4.3 Similarly, the NMC has been investigating allegations of fraudulent entry from Romania (discussed in detail under Standard 11). This issue was not reported on in Council papers, and we only became aware of this following a meeting with a stakeholder in February 2026.
- 4.4 The NMC has amended its approach to reporting on strategic risks, which is now contained within a quarterly strategic risk exposure report. This report contains Red/Amber/Green (RAG) ratings for each strategic risk alongside current and planned mitigations. However, we note it no longer contains the rationale behind each RAG rating. The NMC told us that a supporting narrative is captured in the covering papers, however, as we have noted, the NMC has not always reported transparently on key issues. We consider that the NMC's new approach to strategic risk reporting is less transparent and makes it harder for members of the public to understand.
- 4.5 We consider that the NMC's reporting to its Council on fitness to practise matters, and to the public in the form of news updates on its website, has sometimes been too selective. For example, the NMC has regularly reported throughout the review period that its fitness to practise timeliness has

³ The IOG was established by the PSA at the request of DHSC in September 2024, following publication of the ICR. The group is tasked with scrutinising the NMC's response to the ICR and the independent investigations into fitness to practise and whistleblowing. Its terms of reference can be found [here](#).

improved, with data showing improved timeliness at screening. However, as we have set out under Standard 15, the NMC's overall fitness to practise timeliness has not improved in this reporting period. We therefore consider that the NMC's reporting on its fitness to practise performance has the potential to be viewed as misleading.

4.6 We recommend that the NMC reviews its public Council reporting in order to improve transparency, particularly in the areas of strategic risk management and fitness to practise timeliness.

4.7 In March 2025, the NMC commissioned PricewaterhouseCoopers (PwC) to carry out a 'diagnostic report' of its fitness to practise processes. PwC completed this work in May 2025 and the NMC told us that PwC made a number of recommendations. In November 2025, the NMC reported that the recommendations had informed the latest iteration of its fitness to practise improvement plan. This plan has not been published, although commentary is provided in Council papers and website updates.

4.8 We requested a copy of the PwC report on several occasions throughout the review period. The NMC refused to provide us with a copy and initially failed to provide any rationale as to why. The NMC subsequently shared a summary of the actions it would be taking in response to PwC's findings. After further discussions, the NMC told us the report could not be shared with us as it contained information that was commercially sensitive. The NMC later told us that no such 'report' existed and that, in fact, PwC had simply provided a very detailed PowerPoint slide deck which contained significant amounts of information that was commercially sensitive to PwC.

4.9 We consider the lack of transparency regarding this piece of work to be a significant concern. Given its focus on fitness to practise, this report is highly relevant to our work and despite concerns about commercially sensitive information it could have been shared with us in confidence. The NMC has acknowledged that its handling of this request was not adequate, and has committed to learning from this.

Addressing concerns identified about it

4.10 The NMC has responded to the latest phase of its Ambitious for Change research by publishing five EDI targets. This is discussed in more detail under Standard 3, but for the purposes of this Standard, we are satisfied that the NMC has responded proportionately to these findings.

4.11 The NMC has also received the findings and recommendations of the independent review into a number of fitness to practise cases raised by a whistleblower. We note that the NMC did not explicitly accept all of these recommendations following publication of the review, to allow itself time to consider the findings and recommendations before committing to actions. We consider this to be proportionate, however the NMC should be transparent about how it is implementing the recommendations it accepts, and if it does not accept a recommendation, the NMC should explain why.

4.12 The NMC reported that it has completed 27 of the 37⁴ recommendations from the Independent Culture Review (ICR). We consider that there remains a need for robust evidence to be shared with stakeholders to demonstrate that those recommendations have been met.

4.13 Throughout this review period, we have identified a number of examples which are illustrative of the NMC failing to address concerns about it. These included the NMC's lack of progress in prioritising an education quality assurance improvement plan (discussed under Standard 9), following our findings in our 2023/24 review, and the NMC's failure to address our concerns around its application of the lapse with impairment guidance (discussed under Standard 16).

Considers the implications of findings of public inquiries and other relevant reports about healthcare regulatory issues

4.14 The NMC's Council papers contain an Executive report as a standing item. This includes a section on 'key developments in the wider landscape' that covers relevant political developments as well as the progress, findings and implications of relevant reviews and inquiries.

4.15 We have seen the NMC monitoring and engaging with these reviews throughout the review period:

- The NMC submitted two statements to the Lampard Inquiry
- The NMC is a core participant to the Nottingham maternity inquiry and the Thirlwall inquiry, and has continued to engage with these inquiries in that capacity
- The NMC responded to the Skills for Care annual review of the adult social care sector and workforce in England in October 2025.

4.16 We are satisfied that the NMC continues to monitor the potential implications for it of findings of public inquiries and other relevant reports about healthcare regulatory issues.

Conclusion: The NMC has shown clear intent to implement the recommendations from the ICR, however we need to see more robust evidence to be satisfied that these recommendations have been met. The NMC has also responded to the findings from the Ambitious for Change research but it is too soon to measure the impact of its response.

The NMC has failed to address some of the issues identified in our last performance review, most notably in respect of education quality assurance. During this review period, we identified issues with, and raised concerns about, how the NMC applied its lapse with impairment guidance at hearing. We have also identified issues with respect to the NMC's transparency of reporting during this

⁴ The NMC separated the first of the 36 recommendations into two parts, to facilitate oversight and tracking of progress.

review period, which we consider is lacking when compared to other regulators, and falls short of the standard expected of a regulator. Accordingly, we are not satisfied that this Standard is 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 We have seen the NMC engage extensively with a range of stakeholders over the 2025 calendar year. Some examples include:

- The NMC collaborated with the General Medical Council to produce resources for professionals working in maternity care (see Standard 7 for more details).
- The NMC conducted a survey of all professionals on its register to gather an understanding of their experiences of delivering care. This covered a range of issues, such as barriers to good standards of care, next career steps and how well professionals think the NMC is performing as a regulator.
- The ongoing review of the Code and revalidation is informed by feedback from a variety of stakeholders, including:
 - Public Advisory Group: this is co-chaired by the Chief Executive of National Voices and is formed of people with lived experience of nursing and midwifery care, as well as representatives from charities and advocacy groups.
 - Independent Steering Group: this consists of ‘professionals, employers and public representatives from across the UK’, and is tasked with guiding the NMC’s research and engagement.
 - Breadth of Practice Group: this will include a range of professional voices and a Student and Recently Registered Professionals groups.
 - Survey: this received over 13,500 responses from professionals, students and the public as part of the initial research-gathering phase of the review. The NMC also held a number of webinars to allow stakeholders to share their views.

What we heard from stakeholders

We received overwhelmingly positive feedback about the nature and extent of the NMC's engagement with stakeholders during the review period. Stakeholders reported that engagement had improved over the course of the review period. One stakeholder told us that the NMC had shown excellent leadership on the Somerville issue. Another stakeholder told us that stakeholder engagement remains one of the NMC's strengths.

- 5.2 The NMC continues to attend and engage with the Independent Oversight Group (IOG). The NMC is responsible for preparing the papers for these meetings, and we saw the quality and depth of these improve over the course of the review period. The NMC has been proactive in sharing a fitness to practise dataset with IOG members, which assists the group in assessing fitness to practise performance over time.
- 5.3 The NMC's principles for advanced practice, discussed in more detail under Standard 6, were developed following considerable stakeholder engagement with professionals (including representatives from the advanced practice community of interest) and members of the public.

Remote prescribing of non-surgical cosmetic medicines

- 5.4 In June 2025, the NMC updated its guidance on remote prescribing of non-surgical cosmetic medicines so that nursing and midwifery prescribers are required to consult with people face-to-face before issuing prescriptions for such procedures.
- 5.5 We subsequently received some concerns about the NMC's lack of consultation prior to implementing this change. The NMC told us that it elected not to hold a public consultation as it would have been disproportionate to the proposed changes and that the changes being made were to bring the guidance in line with the position adopted by all other regulators. The NMC told us that it held a roundtable event to hear from the public, as well as focus groups and commissioned a survey carried out by an external provider. The NMC also told us it conducted an Equality Impact Assessment, which identified a risk to business interests of a small number of registrants but determined that this risk was outweighed by the potential benefits to public protection.
- 5.6 We have seen evidence that the NMC engaged with relevant stakeholders on its proposals and consider that the NMC adopted a proportionate and risk-based approach to its implementation of these changes.

Nottingham Maternity Review

- 5.7 In February 2025, we received feedback from the Nottingham Maternity Review, regarding the conduct of NMC staff at an engagement event with

affected families. We also received correspondence from affected families who told us that NMC representatives were poorly prepared for the meeting and demonstrated a lack of professionalism. We note that the NMC subsequently met with the Nottingham Maternity Review and affected families in November 2025, and that the NMC attends a quarterly meeting with affected families. More recent feedback (received outside of this reporting period) indicated that the NMC had shown significant improvement in its engagement with the Nottingham Maternity Review.

Conclusion: Overall, we have seen considerable evidence to show that the NMC continued to engage closely with a broad range of stakeholders in this reporting period. We are satisfied that this Standard is met.

Guidance and Standards

In this section:

Standard 6 (maintains up-to-date standards)

Standard 7 (maintains up-to-date 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.

Review of the Code and revalidation

- 6.1 In September 2025, the NMC announced that its review of the Code and revalidation would be led by an independent steering group comprised of ‘professionals, employers and public representatives from across the UK’. The group is tasked with guiding the NMC’s research and engagement, and with reviewing any proposals before submission to the NMC Council.
- 6.2 The NMC launched a survey in September 2025 for professionals to comment on its review of the Code and revalidation; a survey targeted at students was also launched in October 2025. The NMC outlined some of the early findings from this survey in November 2025, with themes including calls for clearer standards on the use of AI tools, greater focus on challenging racism and other forms of discrimination, more revalidation guidance around continuous professional development (CPD) and greater flexibility in the revalidation process. The NMC plans to consult on the Code and revalidation in September 2026, with a view to publishing the new requirements in October 2027.

Principles for advanced practice

- 6.3 The NMC published new principles for advanced practice in June 2025. The principles include a definition of advanced practice for professionals and the public and set out what is expected of registered nurses and midwives who are taking on complex, autonomous and expert roles.

6.4 The NMC has committed to publishing new advanced practice standards in Spring 2028. The Government pledged its support to assisting the NMC with the consultation on these standards in the NHS 10 Year Plan.

Midwifery Action Plan

6.5 The NMC launched its Midwifery Action Plan in November 2025. The plan contains recommendations and actions, desired outcomes and timeframes targeted at three key areas:

- Black maternal health
- UK-wide maternity review work
- Supportive actions to help midwives deliver the highest standards of care.

6.6 The NMC has undertaken a mapping exercise of its standards and will use this in assessing whether it is necessary to update its standards for midwives. The NMC has reported that it also commissioned midwifery professors to review its standards of proficiency for midwives against the recommendations from recent maternity reviews.

Conclusion: We consider the NMC has made progress in its review of the Code and revalidation. We also welcome the launch of the Midwifery Action Plan. We will continue to monitor this work. For this reporting period, we are satisfied that 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.

Midwifery guidance

7.1 In August 2025, the NMC published *Principles for supporting women's choices in maternity care*, following collaboration with maternity service users and stakeholders across the four nations, including the Chief Midwifery Officers, the National Police Chief's Council, midwives working with ambulance services, service users and wider maternity community organisations.

7.2 The NMC reported that it developed these principles in response to a changing maternity landscape, with more women seeking personalised care and, in some cases, making choices outside standard care pathways. For example, the NMC noted that there is emerging evidence that freebirths, sometimes supported by unregulated people, are increasing across the UK.

- 7.3 The principles are designed to support midwives and employers to navigate complex care scenarios, and set out how organisations can support staff when care is declined, requested outside of guidance, or involves unregulated people. The principles also clearly define the roles and responsibilities of midwives and doulas, to enable women to make informed choices and decisions about their care.

Good Practice

In October 2025, the NMC and the GMC published new resources for healthcare professionals working in maternity care. These include case studies reflecting what good teamwork looks like, from the perspectives of different professionals such as midwives, neonatal nurses and doctors, as well as women and families. It also includes a section covering the issue of health inequalities in everyday practice. We consider that the NMC's work on this, in collaboration with the GMC, amounts to **good practice**.

- 7.4 **Remote prescribing of non-surgical cosmetic medicines**
The NMC updated its guidance on the remote prescribing of non-surgical cosmetic medicines so that, from 1 June 2025, prescribers are required to consult with people face-to-face before issuing prescriptions for these procedures. The NMC's position was informed by research it commissioned with members of the public who had undergone non-surgical cosmetic procedures and those who had not. The NMC also hosted a roundtable event attended by a range of stakeholders and updated its 'Useful information for prescribers' guidance.

Conclusion: We have seen evidence to show that the NMC continues to provide guidance to help its registrants to apply its standards, and that this addresses emerging areas of risk, such as in respect of midwifery care. We are satisfied that this Standard is met for this reporting period.

Education and Training

In this section:

Standard 8 (maintains up-to-date standards for education and training)

Standard 9 (effectively quality-assures education provides and training programmes)

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.**

Practice learning review

- 8.1 In January 2025, the NMC published its five key lines of enquiry for the next phase of the pre-registration practice learning review.

8.2 These include to:

- further examine practice learning experiences to understand whether protected characteristics are taken into account as part of students' learning
- expand the type of support offered to students, practice supervisors and practice assessors, including strengthening requirements for protected learning time for nursing associate students
- develop indicators and metrics to measure the quality of students' practice learning as part of our education quality assurance function; and evaluate key aspects of the midwifery curricula to understand midwifery students' practice learning experiences, including what works well and what could be improved.

8.3 This work was informed by an independent report commissioned by the NMC, and completed by the Nuffield Trust in partnership with the Florence Nightingale Foundation and is being overseen by an independent steering group.

8.4 In November 2025, the NMC's Council approved a public consultation on its education standards. This was launched in February 2026.

Social care placement strategy for nursing students

8.5 In July 2025, Skills for Care, in partnership with the Council of Deans of Health, launched a placement strategy for social care nursing, which aims to position social care as a placement of choice for nursing students. The NMC said that it was grateful to have contributed to this strategy and that it will work with partners to support the implementation of this.

Conclusion: The NMC continues to maintain up-to-date standards for education and training, as evidenced by its ongoing review of practice learning. Patient and service user care and safety is at the core of this review. We are therefore satisfied that this Standard is met for this reporting period.

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 identified Education Quality Assurance (EdQA) as an area of heightened risk in our 2023/24 review and this has remained the case during this review period. It is also an area of risk recognised by the NMC as reflected in its strategic risk register.

Education QA improvement plan

- 9.2 The NMC's EdQA improvement plan was in development by the end of previous review period (December 2024), and this remained the case by the end of this review period. The NMC deferred the business case for the improvement plan in July 2025, to allow it to conduct an internal audit of its EdQA function. The findings of this audit served to inform the NMC's development of the improvement plan. A detailed analysis of the data requirements was undertaken by an external consultant, alongside a review of regulatory processes. The recommendations from this audit were accepted in full by the NMC's Executive Board in December 2025. However, the business case for the improvement plan is still yet to be approved.
- 9.3 The NMC has reported that the EdQA improvement plan will be monitored under a new governance approach, with EdQA incorporated into the Professional Practice directorate.
- 9.4 While we welcome the steps the NMC has taken to establish clear governance principles for EdQA, we have significant concerns about the lack of progress in implementing the EdQA improvement plan. This was identified as a significant risk in our previous review, and we would therefore expect the NMC to have prioritised this.

Approach to self-reporting

- 9.5 As we noted in our previous review, the NMC is reliant on self-reporting from Approved Education Institutions (AEIs) to gain assurance that AEIs are complying with the NMC's standards for education providers. This means that the NMC obtains Annual Self Reports (ASR) from AEIs in which the AEI is required to declare that their programmes are meeting the NMC's standards. The NMC has an EdQA partner, the Quality Assurance Agency (QAA), that is responsible for this function.
- 9.6 The NMC's approach to self-reporting does not mandate that AEIs need to provide evidence to corroborate declarations made in the ASR. We continue to hold the view that this approach carries inherent risks, is limited when compared to other regulators, and does not amount to independent quality assurance monitoring.
- 9.7 We note that the NMC has sought to mitigate this risk by building stronger partnerships with AEIs, 'to foster a culture of openness, encouraging them to share any irregularities or risks, which we will address in a non-punitive manner.' However, we consider that this mitigation is limited.
- 9.8 We note that the NMC's EdQA partner, QAA, did not conduct any monitoring visits at AEIs during this review period. This shows limited active monitoring of student programmes during the review period.
- 9.9 The NMC has reported that it has updated its approach to ASR following engagement with AEIs, so that the form contains more targeted questions to enable the NMC to collect more relevant data.

- 9.10 The NMC conducted a review of minor modifications as part of the 2024/25 ASR. The NMC received 1,171 minor modifications during this period, from 71 AEIs; 92 were flagged and the majority required no further action. The NMC sampled 22 different AEIs and requested that they provide evidence of their declared minor modifications. The NMC said that all 22 AEIs did this satisfactorily.
- 9.11 The NMC needs to go much further in strengthening its approach to monitoring AEIs' compliance with its education standards.

Southampton Solent University

- 9.12 Following an Extraordinary Review Assessment in February 2025, the NMC found that the mental health nursing degree programme at Southampton Solent University (SSU) had a deficit in 41 standards of proficiency for nursing. The NMC first identified this when SSU provided the NMC with more than one version of the mapping for its mental health programme, and was unable to assure the NMC which version was correct.
- 9.13 The NMC subsequently undertook a mapping of the mental health nursing programme against the evidence provided. This exercise identified that 28 standards of proficiency lacked theoretical content and academic assessment. Practice learning was the only area where evidence was provided of academic assessment. The NMC identified a significant deficit of 1,520 theory hours, more than half of the total required by the NMC's standards (2,300).
- 9.14 The NMC subsequently developed an action plan, and for the students who joined the programme in 2022, completion of the mental health nursing programme was delayed until February 2026 (instead of July 2025). Consideration was given to withdrawing approval of the programme completely, however the NMC decided that it was in the best interests of the students to facilitate an opportunity for the AEI to deliver a programme extension in order to rectify the shortfall. The NMC worked with SSU to develop a programme of theory and assessment to address the issues. The NMC offered an in-person meeting, in conjunction with NHS England, to affected students, and said that it incorporated learning from the Canterbury Christchurch University lessons learned review.
- 9.15 The NMC approved the Extended Programme of Study for affected students in September 2025. The NMC also made further adjustments for mental health nursing students who were entering years 2 (the 2024 cohort) and 3 (the 2023 cohort). There was no intake for 2025. SSU is scheduled for a complete Major Modification approval event of its entire NMC provision in April 2026.
- 9.16 The NMC wrote to all Vice Chancellors and Deans in November 2025 to request an exceptional report for any '*undeclared major modifications or clusters of minor modifications*'. Of the 99 AEIs, three responded with exceptional reports for review to ensure they had not deviated from the

NMC's standards. The NMC investigated these and did not identify any significant concerns.

9.17 In summary, we have seen another incident of major non-compliance with the NMC's education standards in this review period; this follows a shortfall in practice learning hours affecting 352 students at the University of Brighton during the previous review period. We consider that this continues to demonstrate the limitations associated with the NMC's approach to self-reporting. At both SSU and the University of Brighton, the AElS did not declare the issues in self-reporting, and in the case of SSU, the problem was only discovered by accident. We therefore cannot be assured that there are no further instances of non-compliance at other AElS.

9.18 We recommend that the NMC prioritises its EdQA improvement plan to develop and introduce a process that provides effective, robust assurance of the quality of education and training that supports public protection. The current process, including a reliance on uncorroborated self-declarations, carries significant risks and has been shown to be ineffective.

What we heard from stakeholders

We received mostly negative feedback on this area of the NMC's work. Stakeholders reported that they had limited assurance that the NMC is able to discharge its duty to protect the public through effective and proportionate regulation of nursing and midwifery education. In particular, stakeholders had concerns about the limitations in the NMC's data capabilities, which they said was hindering its ability to discharge this function.

Some stakeholders spoke positively of the NMC's work to strengthen relationships with AElS, and commented that processes under QAA had become clearer and more consistent.

Conclusion: EdQA remains an area of high risk for the NMC and we continue to have significant concerns regarding the NMC's approach to self-reporting. This was identified as a concern in our last performance review and we have seen no evidence that the NMC has taken any substantive action in response to those concerns or appropriately prioritised this. In fact, the NMC was still yet to launch an EdQA improvement plan by the end of this review period. We are, therefore, not satisfied that the NMC has met this Standard in this review period.

Registration

In this section:

Standard 10 (maintains and publishes an accurate register, including restrictions on practice)

Standard 11 (registration process operates fairly and effectively)

Standard 12 (risks to public from those using protected title is managed)

Standard 13 (ensures registrants continue to be fit to practise)

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

Registration issue

- 10.1 The NMC has a team that reviews declarations of health conditions or criminal convictions made by registrants that potentially could impair their ability to meet the registration requirements. These declarations could either be made at the point of registration or during registration.
- 10.2 In February 2026, the NMC informed us that applications for initial registration, revalidation and readmission to the Register had been processed incorrectly. These contained declarations relating to the applicants'/registrants' character and/or health. The NMC's guidance provides that certain declarations in high-risk categories, or borderline cases, should be referred to an Assistant Registrar (AR) for a decision. The NMC told us that it had discovered that this process was not consistently applied and a significant number of cases (potentially thousands) were closed over a number of years without a decision being made by an AR. This resulted in a significant risk to public protection and clearly serves to undermine the integrity of the NMC's register.
- 10.3 We note that the NMC notified us of this issue, and has committed to reviewing all affected cases. We welcome the NMC actively informing us of this issue once it was identified. However, this issue is clearly of significant concern, as the NMC's process was not being followed for a substantial period of time.
- 10.4 We are monitoring the actions the NMC is taking as part of our 2026 review.

Computer-based test fraud

- 10.5 In the 2023/24 review, we reported that the NMC was investigating 48 registrants who were suspected to have joined the register having obtained their computer-based test (CBT) fraudulently. By the end of the last review period (December 2024), the NMC had held nine hearings, with charges of fraudulent entry found proven in seven cases. These individuals were removed from the register.

10.6 The NMC has progressed the majority of these remaining hearings over the course of this review period, with 19 people having been removed from the register. 18 appeals have been lodged, and these cases will be heard during 2026.

Register check

10.7 We conducted a check of 50 entries on the NMC's register. We identified some minor inconsistencies in how the NMC recorded registrants whose cases were closed with 'no case to answer', with some registrants appearing as 'Registered' and others appearing as 'Registered – no restrictions on practice'. We flagged this issue with the NMC, as we consider this could cause confusion to members of the public. In response, the NMC committed to improving consistency in this area.

Conclusion: The extent of the registration issue detailed above raises significant concerns. This presents a significant risk to public protection and clearly undermines the integrity of the NMC's register. Accordingly, this Standard is not met.

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

Registration issue

11.1 As detailed under Standard 10, the scale of the registration issue raises significant concerns about the NMC's process for registration. We consider that the NMC's failure to adhere to its process for a significant period of time resulted in risks to public protection, which speaks to the proportionality and overall effectiveness of the NMC's process for registration.

Registration processing times

11.2 The time taken to process applications for registration, and registrant appeals, is consistent with the previous review period. The NMC received a similar number of appeals when compared to the previous year. We do not have any concerns about the timeliness of this process.

Occupational English Test fraud investigation

11.3 In the 2023/24 review, we reported that the NMC was investigating allegations of fraud within the process for the Occupational English Test (OET). The NMC concluded this investigation during this review period and found insufficient evidence to prove fraud had taken place, with no further action taken. The NMC subsequently signed a memorandum of understanding with OET to reinforce its expectations and mitigate the risk of international registrations fraud in future.

CBT hearings

11.4 In February 2026, we received a concern regarding hearings held during the 2025 review period into allegations of CBT fraud. The concern reported that

nurses were found to have obtained their CBT test fraudulently, and had subsequently passed the character requirements (and joined the register) after having assisted the NMC as witnesses in their investigations and hearings against other registrants. This concern asserted that this represents double standards for those nurses who were removed from the register after having been found to have obtained their CBT test fraudulently.

- 11.5 Whilst we would agree that nurses found to have obtained their CBT test fraudulently should be refused entry, or removed from, the register; we consider there is a risk if nurses were similarly found to have obtained their CBT test fraudulently but nevertheless passed the character requirements. Dishonesty is a serious matter, as represented in the NMC's guidance, and it is of concern that nurses found to have been dishonest when joining the register are free to practise. Equally, we must defer to the expertise of the incorrect/fraudulently entry hearing panel, who heard the case, and we have not reviewed the findings of these cases in detail.
- 11.6 We commented in last year's review that we considered it reasonable for the NMC to reflect on the evidence heard in the first tranche of hearings, and where possible to strengthen the evidence. We also acknowledged that there would be arguments about potential unfairness, but it is difficult to argue that the alternative, to maintain the same evidential basis for all hearings, would have been in the public interest. We maintain the same position on this, although we expect the NMC to continue to monitor the impact, and to balance this against the public interest.

Allegations of fraudulent entry from Romania

- 11.7 In February 2026, we became aware that the NMC had been investigating alleged fraudulent entries from Romania. The NMC told us that it received an anonymous allegation in September 2024 alleging that Romanian individuals were obtaining fraudulent nursing certificates with a view to joining the NMC register. The allegations do not relate to the authenticity of the certificates themselves, but to the manner in which the underlying qualifications may have been obtained.
- 11.8 The concern was initially managed by the NMC's screening team (within fitness to practise) in September 2024 and was not shared with the international registrations team until July 2025. The NMC looked at applicants who had applied and been registered since 2018, when a similar allegation was made.⁵ The NMC identified 23 registrants from the relevant institutions and regions in Romania during this timeframe.
- 11.9 All 23 registrants were required to complete an ID and document verification check at an OSCE centre prior to registration. The NMC said there is no evidence to suggest that the documents submitted for review at the

⁵ The NMC investigated this, and the matter was raised with the EU Commission, then closed with no further action due to a lack of evidence.

verification check were forged or inauthentic. Of the 23 registrants, one had been subject to FTP proceedings, for which the case is still open.

11.10 The NMC took the following actions:

- *Existing Romanian applications:* acceptance of new applications from Romanian-trained applicants was paused on 5 August 2025 while the NMC made enquiries with a range of stakeholders, including the Department of Health and Social Care (DHSC).
- *Register and fitness to practise data checks:* the NMC conducted targeted register and fitness to practise checks and data analysis in September 2025. No notable patterns or trends were identified in the data which indicated fraud
- *Engagement with stakeholders:* the NMC engaged with various stakeholders, including the EU Network for Nurse Regulators and the Alliance of UK Health Regulators in Europe, to understand if they had received any similar concerns. No concerns were raised. The NMC also met with the Nursing and Midwifery Board of Ireland, which did not have any information to support the concerns.
- *Writing to regulators:* the NMC wrote to all UK regulators, and no information of concern was received.

11.11 All applicants relying on Romanian qualifications continue to be assessed through the NMC's established processes. Where applicants have declared information in relation to their training that requires clarification, the NMC is making further enquiries as part of the normal assessment process. The NMC said that these enquiries had not identified any information of concern, but that it continues to keep this under review.

11.12 Overall, we consider that the NMC's approach in obtaining additional assurances and making further enquiries was reasonable. However, the initial concern was received in September 2024, and seemingly the issue was not referred to the International Registrations team until July 2025, where it was appropriately escalated. Additionally, the NMC did not proactively inform the PSA of this issue.

Conclusion: The NMC continues to process applications for registration, and appeals, in a timely manner. It has also concluded the investigation into allegations of OET fraud during this review period, and has signed a memorandum of understanding with OET to mitigate this risk in future. However, we have concerns around the timeliness of the investigation into allegations of fraudulent entry from Romania. This, together with the failures associated with the registration issue, mean that we cannot be satisfied that this Standard is met in this reporting period.

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 We have seen no changes to the NMC's approach to illegal practice and misuse of protected titles this year, and we have not received any concerns about this aspect of the NMC's work.
- 12.2 In May 2025, DHSC announced that 'nurse' will become a protected title under UK law.

Conclusion: We are satisfied that the NMC has met this Standard in this reporting period.

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

- 13.1 There have been no significant changes to the NMC's approach to revalidation this year. The NMC has been progressing its review of revalidation, as discussed throughout this report. This remains ongoing, and we will continue to monitor the progress of this next year.

Conclusion: We are satisfied that this Standard continues to be met in this reporting period.

Fitness to practise

In this section:

Standard 14 (anyone can raise a concern about a registrant)

Standard 15 (timeliness of fitness to practise process)

Standard 16 (fitness to practise decisions are fair and proportionate)

Standard 17 (regulator identifies and prioritises cases posing a serious risk)

Standard 18 (all parties involved in the process are supported)

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

Incoming referrals

- 14.1 The NMC, like several of the regulators we oversee, has seen a sustained increase in the number of referrals it receives over the course of this review period. The NMC received 7,048 referrals in the 2025 calendar year, compared to 6,373 in 2024. The average number of monthly referrals has risen to 590, compared to an average of 540 at the start of the review period.

New webform for referrals from members of the public

- 14.2 The NMC updated its webform for member of the public referrals at the start of this review period. The NMC continued to receive a sustained high number of referrals throughout the review period, which indicates that this has not had an impact on incoming referrals. We would expect the NMC to continue to monitor this.

Audit findings

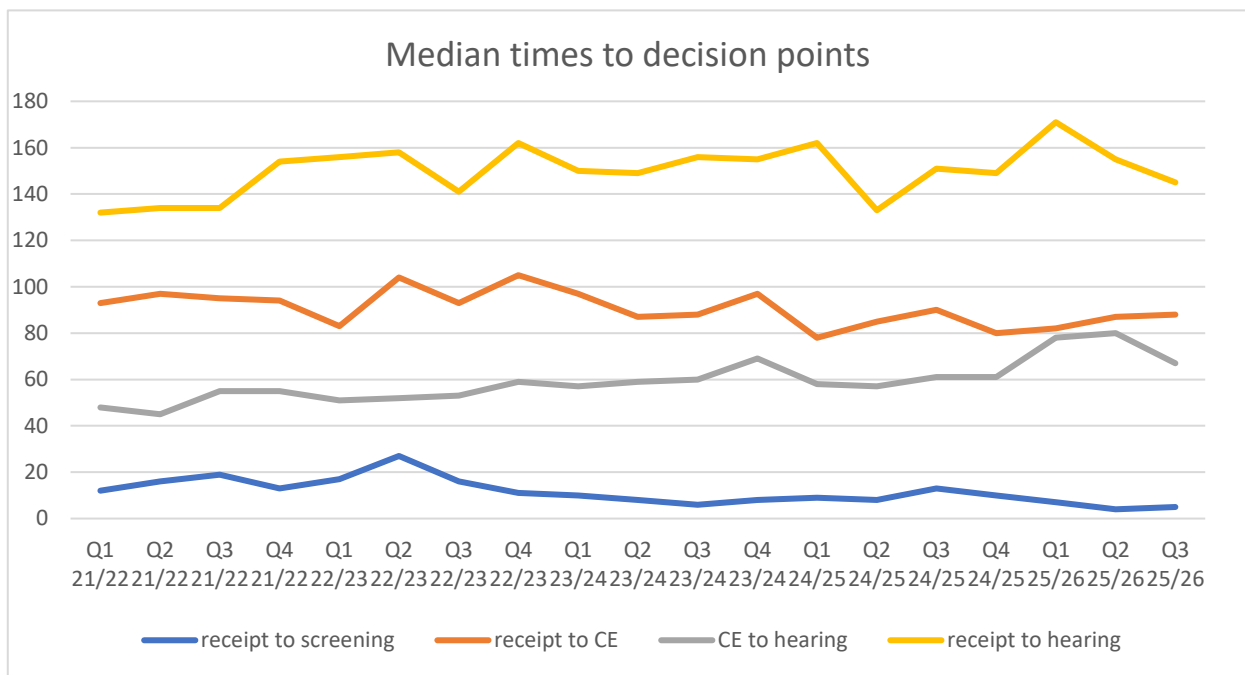
- 14.3 When reviewing cases closed at the screening stage as part of our audit we did not identify anything to indicate that the NMC's process imposes inappropriate barriers to people's ability to raise fitness to practise concerns.

Conclusion: We note the sustained increase in the number of referrals the NMC continues to receive, and we recognise that this is having an impact on the NMC's fitness to practise work (discussed in more detail under Standard 15). We are satisfied that this Standard is met for this reporting period.

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.

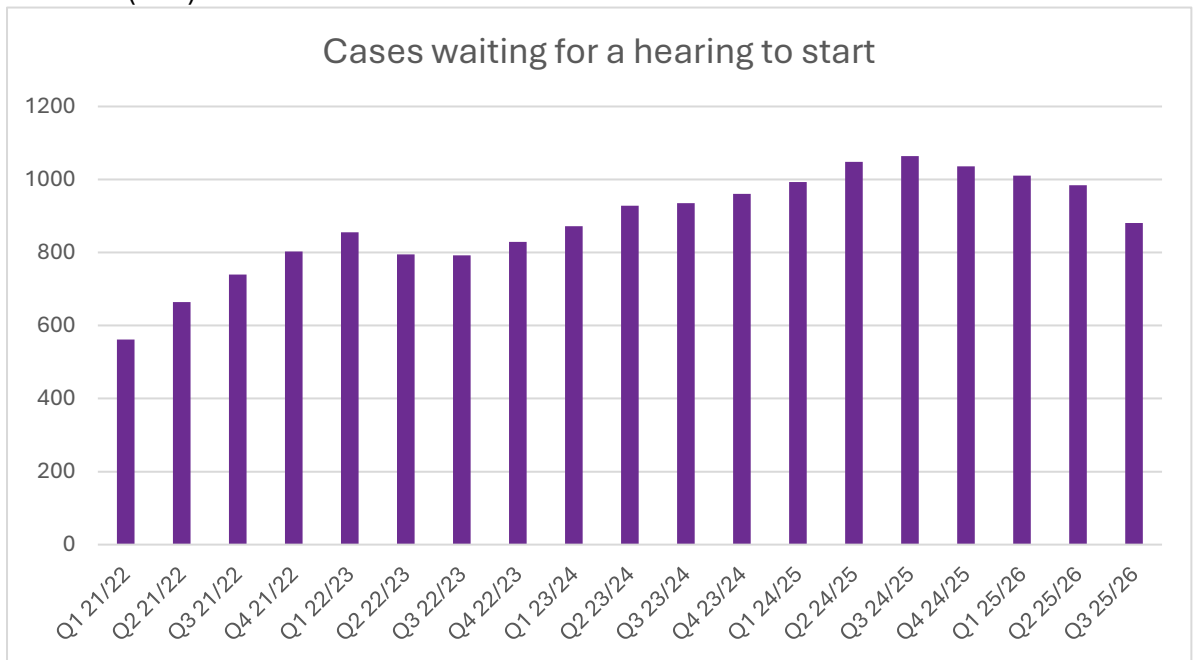
Timeliness of fitness to practise investigations

- 15.1 The NMC last met this Standard in 2018/19. Our quarterly dataset captures the time it takes for fitness to practise cases to reach key decision points. The chart below shows:
- The time taken to make screening decisions has improved significantly in this review period, with the median time falling from 13 weeks in Q3 2024/25 to 5 weeks in Q3 2025/26
 - The median time taken to reach a decision at the case examiner stage has remained broadly the same (90 weeks in Q3 2024/25 compared to 88 weeks in Q3 2025/26)
 - The median time from case examiner to hearing has worsened (61 weeks in Q3 2024/25 to 67 weeks in Q3 2025/26, from a high of 80 weeks in Q2 2025/26)
 - The median time from receipt of a referral to a hearing has improved slightly (from 151 weeks in Q3 2024/25 to 145 weeks in Q3 2025/26, from a high of 171 weeks in Q1 2025/26).



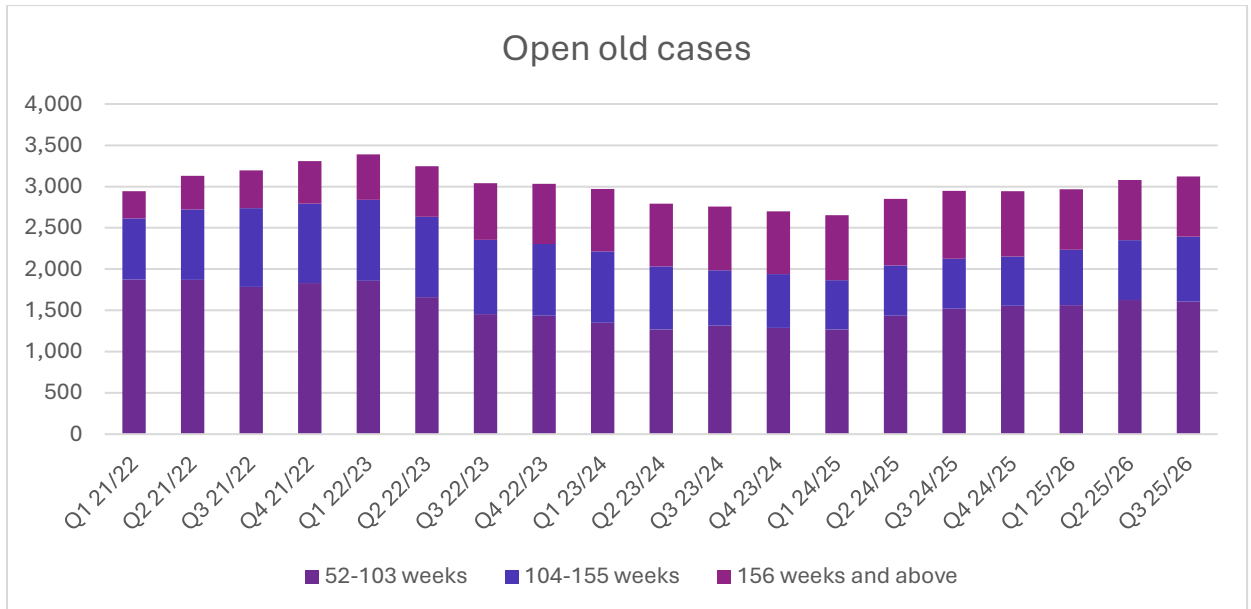
15.2 The median times to case examiner and final hearing decisions are far longer than those seen when the NMC last met this Standard.⁶

15.3 The NMC has made some progress in reducing the number of cases awaiting a hearing (881) when compared to last year, as shown in the below graph. However, this represents an increase when compared to 2022/23 (829), and 2018/19 (267).



⁶ This was in 2018/19, when the median time from receipt to CE decision was 45 weeks; the median time from CE decision to final hearings, 26 weeks; and the median time from receipt to final hearing, 80 weeks.

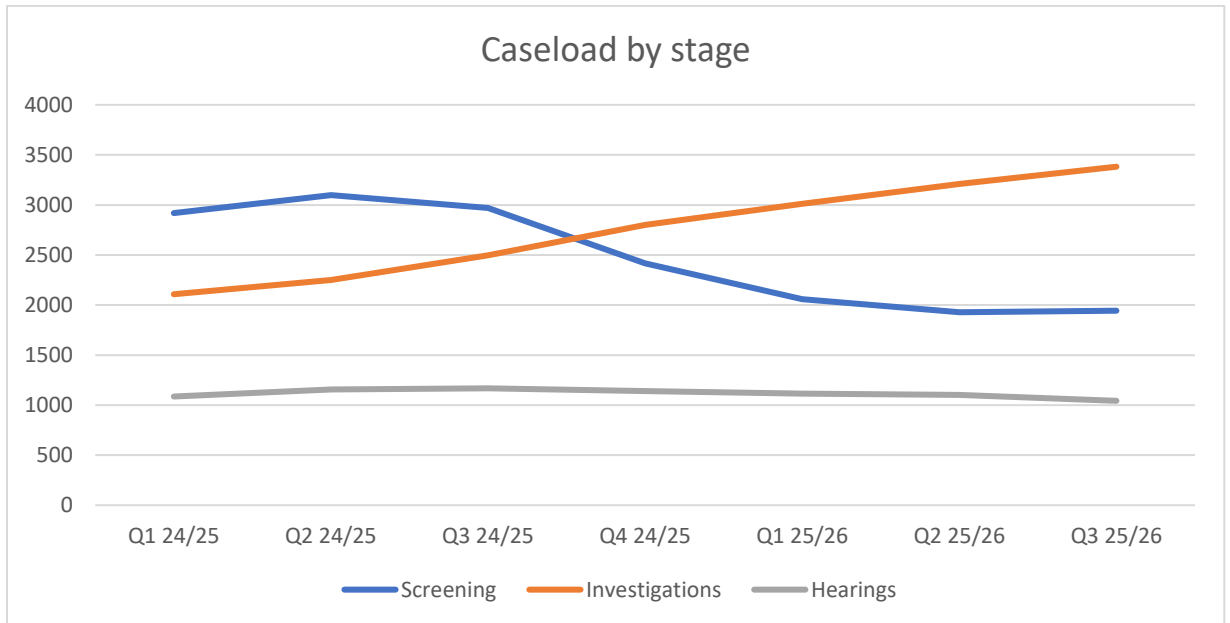
15.4 The number of cases aged 52 weeks and above has increased slightly when compared to last year, as shown in the below chart. The NMC has reduced the number of cases aged over 156 weeks from 823 in Q3 2024/25 to 727 in Q3 2025/26. However, the number of cases aged 52 weeks to 103 weeks, and 104 weeks to 155 weeks, have both increased.



Fitness to practise improvement plan

15.5 The NMC’s FTP improvement plan was launched in March 2024, during the last review period. The plan has been targeted at improvements to screening, which was where the majority of the NMC’s caseload lay. The NMC updated its screening guidance in May 2025. The NMC’s focus on screening has had significant benefits for timeliness of this process, as noted above. However, our audit findings raise significant concerns about the quality of decision-making at this stage. This is discussed in more detail below.

15.6 Whilst the caseload at screening has reduced, we note that the caseload at the investigations stage has increased significantly. This is shown in the graph below.



15.7 In Q3 2025/26, at the end of this review period, the NMC’s overall caseload was 6,369. This compares to 6,633 at the end of the last review period (December 2024).

15.8 We note that the slight progress made in decreasing the overall caseload has been achieved in the face of a sustained increase in the number of referrals made to the NMC. We also recognise the NMC’s commitment to improving the timeliness of its fitness to practise processes and we note that this has been a central focus of its improvement plan. However, overall timeliness figures have shown minimal improvements over the course of this review period.

Audit methodology

15.9 We conducted detailed reviews of 42 cases closed at the screening stage between 1 January 2025 and 30 June 2025 in our audit. We took a different approach to our audit methodology in this review period. We carried out initial reviews of 196 cases⁷ to identify if they met certain criteria including: whether there was over reliance on local resolution; if the case involved allegations of sexual misconduct, racism, discrimination or criminal offences; safeguarding concerns; or if it appeared clinical advice had not been handled appropriately. Cases that invoked these criteria were flagged for a detailed review. This enabled us to identify those cases that were potentially high risk and assess the NMC’s handling of these. We consider that this was proportionate in light of the risks identified in the ICR and our performance review during the last review period.

⁷ We randomly selected 50 cases closed at triage and 150 cases closed at screening between 1 January 2025 and 30 June 2025. We also selected all 16 cases that were closed at screening during this period in which the NMC had identified criminal allegations. We undertook initial reviews of 30 out of the 50 cases closed at triage, all 150 cases closed at screening and all 16 cases closed at screening in which the NMC identified criminal allegations.

Audit findings

- 15.10 Our audit identified significant and unexplained delays in cases. We had concerns about case progression in 17 out of 42 cases, and minor concerns in nine cases. We saw that 15 cases progressed without delay.
- 15.11 We identified nine cases where we considered the NMC should have sought more information to make a reasonable decision to close the case. The NMC agreed with our findings in five of these cases but disagreed with the remaining four.
- 15.12 In terms of decision-making, we found:
- Decision-makers applied the appropriate test⁸ in 34 out of 42 cases reviewed. We had concerns about the application of the test in two cases where we considered the NMC did not appropriately take into account aggravating factors when applying the test. Separately, we identified two cases where the NMC did not apply the first stage of the test, i.e. to identify whether the individual is a registrant. We raised this with the NMC. The NMC told us that its guidance allows it to apply the test flexibly. It is our position that the NMC should first seek to identify the registrant before considering the other stages of the test; this would enable the NMC to identify any patterns of behaviour which, taken together, could indicate a risk to public protection.
 - We identified four cases where we were satisfied that clinical advice was appropriately sought and taken into consideration in the NMC's decision-making. We identified two cases where we consider clinical advice should have been obtained but was not; the NMC accepted this while also maintaining that the lack of clinical advice did not adversely impact the assessment of risk.
 - We identified 10 cases where we could not be assured that the NMC's decision was sufficient to protect the public and/or maintain standards in the profession. Of these, we considered that six were wrongfully closed. Four cases involved allegations of drink driving where we considered the NMC had not taken into account aggravating factors in its decision-making. In the other two cases we had concerns with respect to the NMC failing to appropriately take into account repeat offending.

⁸ Before May 2025, the test at screening was:

- 1) Do we have a written concern about a nurse, midwife or nursing associate on our register? 2) Is there evidence of a serious concern that could require us to take regulatory action to protect the public? 3) Is there clear evidence to show that the nurse, midwife or nursing associate is currently fit to practise?

From May 2025 onwards, the test at screening is:

- 1) Do we have a concern in writing about someone on our register? 2) Is there evidence to suggest that there is an ongoing risk to public safety, public confidence or professional standards that could require us to take regulatory action?

- The NMC accepted our findings that six cases were wrongfully closed. This equates to 14% of our audit sample.

Independent review into fitness to practise

- 15.13 In September 2025, the NMC published an independent review looking at its handling of 20 fitness to practise cases from 2018–2023 raised by a whistleblower and others. Although the review looked at cases that were closed before this review period, we have taken into consideration the report’s findings and recommendations as part of our review.
- 15.14 The review found that the NMC’s guidance on private life matters was not sufficiently clear, was not always consistent across guidance documents, and was frequently interpreted in an overly restrictive manner. The review also found that ‘there may have been referrals involving racist behaviour in a registrant’s private life which were wrongfully not pursued, even though we did not find that to be the situation in any of the 20 identified cases we have examined’.
- 15.15 The review recognised that the NMC has strengthened its guidance on private life cases since the relevant time period. Nonetheless, it recommended that ‘the NMC review all relevant guidance to ensure that the concept of a deep-seated attitudinal issue or problem is not framed as a test or threshold that must be met before a concern about racist language or behaviour is pursued.’ The review also recommended that the NMC ‘Consider additional strategies for evaluating and monitoring how guidance is understood and applied across the FTP process, to ensure a common understanding and approach’.
- 15.16 The review looked into a number of cases involving allegations of racism. It did not identify any concerns with the NMC’s handling of the cases. Our audit did not identify any concerns in respect of the NMC’s decision-making in cases involving discrimination at screening.

Ambitious for Change research

- 15.17 As noted under Standard 3, the latest phase of the NMC's Ambitious for Change research found that there is evidence of bias, as well as indirect consequences of uneven practices, in how the NMC handles cases involving Black professionals compared to White professionals and between male and female professionals. The NMC has accepted this, and in response set out five headline EDI targets, including to eliminate ethnicity and gender disparities in FTP by 2030.

What we heard from stakeholders

We received mixed feedback from stakeholders about the NMC's fitness to practise process, with some noting improvements, and others highlighting the impact ongoing delays are having on case parties.

Stakeholders particularly welcomed the improved performance in respect of timeliness of decision-making at the screening stage. However, stakeholders had concerns about the sustainability of this, with some noting the NMC's current financial constraints. Some stakeholders commented that there were emerging bottlenecks forming at the later stages of the process. One stakeholder noted that there had been better judgement of referrals for interim order hearings.

A number of stakeholders noted delays in the NMC's fitness to practise process, particularly at the investigation and Case Examiner stages and expressed concern about the impact of those delays on registrants' wellbeing. One stakeholder described the later stages of the process as 'slow, inconsistent and overly punitive for many registrants'. This stakeholder added that delays are causing 'significant emotional, financial and professional harm'.

Conclusion: The NMC has made progress in improving the timeliness of decision-making at the screening stage. However, our audit identified significant concerns about the quality of decision-making at this stage. The NMC's overall fitness to practise timeliness has not improved over the course of this review period, and our audit identified delays and concerns around case progression, which was corroborated by the dataset provided by the NMC as well as stakeholder feedback. This Standard is not met for this reporting period.

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.

Audit findings

- 16.1 As noted under Standard 15, our audit identified six out of 42 cases that we considered, and the NMC agreed, were wrongfully closed at the screening stage. This represents 14% of our sample. Our sample enabled us to identify those cases that were potentially high risk and assess the NMC's handling of these. When applied to the NMC's overall caseload and volume of decisions, 14% represents a reasonably high proportion.

Safeguarding findings

- 16.2 Safeguarding has been a focus for the NMC following publication of the ICR in July 2024. The NMC established a safeguarding hub in September 2024, which reviews all new referrals through a safeguarding lens. This area was a focus of our audit, which looked at cases closed between 1 January 2025 and 30 June 2025. We met with members of the NMC's safeguarding team during our audit and the NMC recognised that its approach to safeguarding has evolved over time. The NMC also acknowledged that its record-keeping had not been as robust as it should have been, and since our audit, has rolled out a new Standard Operating Procedure.
- 16.3 In our sample of 42 cases, we identified 28 cases where safeguarding issues were engaged. In seven of these cases, we consider that the NMC failed to identify the safeguarding issues or to manage these issues appropriately. The NMC accepted our findings in four cases.
- 16.4 We identified two further cases where we consider the NMC did not appropriately manage safeguarding concerns. The NMC accepted our findings in both of these cases. In a separate case, we saw that the safeguarding team advised that further enquiries should be made but we saw no evidence that this was carried out. The NMC subsequently told us that it accepted further enquiries should be made and it has opened a new case.
- 16.5 Despite these concerns, we did see some examples of good practice. In one case, after the case was closed, the NMC received a number of emails from the referrer, the content of which suggested that they were suffering from a mental health condition and raised concerns about their wellbeing. The case officer referred the emails to the safeguarding team, who contacted the referrer's GP and an external safeguarding team to make a referral. In another case, a recommendation for improvement was identified by the safeguarding team.
- 16.6 The NMC's safeguarding hub 'pre-screens' each fitness to practise referral upon receipt, and where it identifies a safeguarding concern, this is assigned for a full review by the hub. Our audit identified two cases where we consider a full safeguarding assessment should have been conducted: in one, a safeguarding assessment was not carried out until after the case was closed. The case was reopened and safeguarding issues were subsequently appropriately managed. In the other case, the referral was received via the whistleblowing mailbox, however a safeguarding assessment was not

undertaken. The NMC said that it sought clinical advice on the case, but did not consider that the concerns required input from the safeguarding team. Whilst this is a small proportion of our sample, we can only take limited assurance that the NMC's safeguarding hub is appropriately identifying safeguarding issues at the pre-screening stage.

16.7 If a case is assigned for a full review by the safeguarding hub, the NMC has a safeguarding form to record safeguarding considerations and actions resulting from this. However, we saw poor record-keeping in this regard throughout our audit. The NMC acknowledged during our audit that its record-keeping for safeguarding matters was not as robust as it should have been.

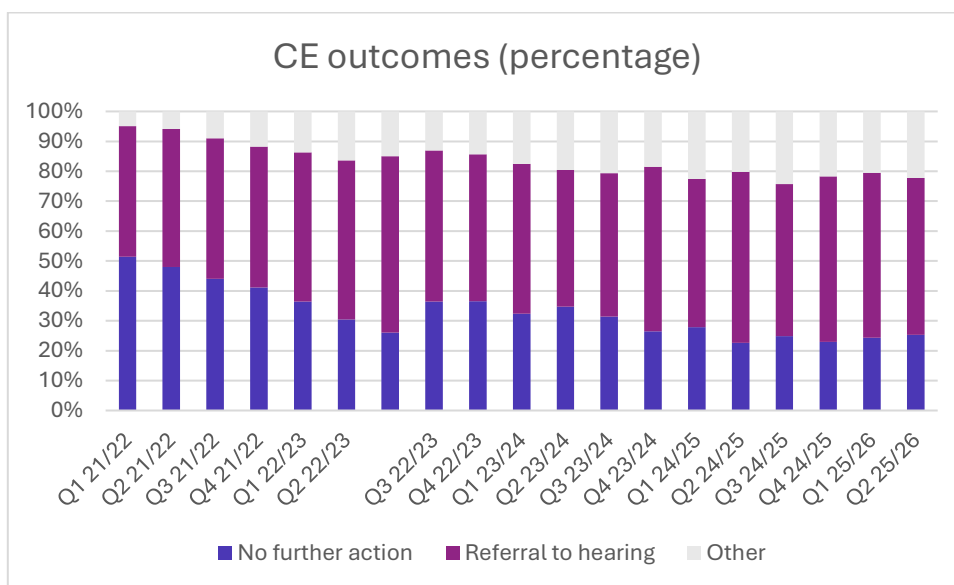
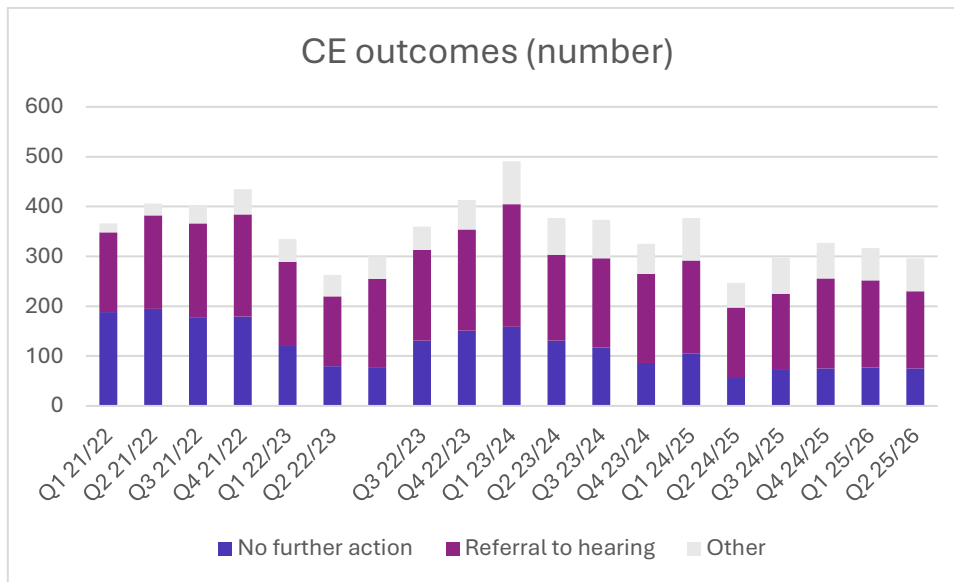
16.8 We recommend that the NMC should accurately capture when and why a full safeguarding assessment is carried out in a fitness to practise case, and what the findings and resulting actions are.

16.9 Our audit identified significant concerns around the NMC's safeguarding function. We recognise that the NMC was in the process of developing a new safeguarding process (and Standing Operating Procedure) during the period we audited, and we acknowledge the small sample size.

16.10 We cannot say that this sample was representative of the NMC's caseload, however, it enabled us to identify those cases that were potentially high risk and assess the NMC's handling of these. We identified issues in respect of both identifying and managing safeguarding risks. The NMC accepted it did not identify safeguarding concerns in five cases, which equates to 18%, a significant proportion of the sample. We also identified a further two cases where we consider safeguarding risks were not appropriately managed, and which the NMC acknowledged. We can therefore only take limited assurance that the NMC's safeguarding function is working effectively to manage safeguarding risks in the fitness to practise process.

Case Examiner outcomes

16.11 The charts below summarise the outcomes of case examiner (CE) decisions. They show the continuation of the trend for fewer cases to be closed with no further action by the CEs. This would be consistent with the NMC identifying and closing at screening more cases which do not raise concerns about fitness to practise. The data also shows a similar percentage of cases closed with other disposals (advice, warnings, undertakings), though the proportions remain relatively small overall.



Agreed removals

16.12 There was a notable reduction in the number of applications the NMC received for agreed removal during this period. The percentage of applications rejected increased when compared to the previous two financial years. As we commented last year, this indicates that the NMC is not treating the process as a simple formality. We conducted an audit of agreed removals decision last year and we were satisfied that the NMC’s consideration and decision-making of these cases was proportionate. We did not carry out an audit of agreed removals this year.

Section 29 appeals and learning points

16.13 During this review period, the NMC made 711 final decisions at the hearings stage, of which we appealed 18 under our Section 29 powers. This compares to 640 decisions in the previous review period, of which we appealed 13. This represents a small percentage increase from 2% to 2.5% of decisions being appealed.

16.14 We have continued to share learning points with the NMC throughout this review period. As with previous years, these have covered a wide range of issues, however the most common recurring theme relates to NMC panels' failure to give adequate reasons in their written determinations. This was the most common learning point we fed back between January and December 2025 and covered a wide range of different cases. Some examples include a failure to explain why the panel appear to have departed from guidance when determining sanction, a failure to explain why in their view certain characteristics of any given case amount to aggravating or mitigating factors and reasons which lack sufficient detail to allow us to understand a panel's conclusions. A failure to give sufficient reasons has also featured in the grounds in several of the appeals brought against NMC panel decisions referenced above.

Failure to impose interim orders for appeal period

16.15 In June and August 2025, we wrote to the NMC regarding three cases where a strike off order was imposed but no interim order was imposed to cover the appeal period. In two of these cases it was unclear whether an interim order had been considered at the conclusion of the hearing. This means that these registrants would have been able to practice unrestricted during this period of time, and had an appeal been brought, until its conclusion. The NMC's guidance does not permit the NMC to apply for an interim order once the 28 day appeal period has commenced. We are not aware of any provision that allows for this to be revisited. Allowing a registrant to remain on the register without restriction during the appeal period or beyond risks undermining the sanction decision and can put the public at risk. It can also send a conflicting message to the public and the profession.

16.16 In response, the NMC confirmed that it had reminded panel members of the need to consider the imposition of interim orders following decisions on a substantive sanction. The NMC also reiterated the importance of applications for interim orders after the imposition of a substantive order to its legal team, and indicated that that it would feed back this learning to panel members. Since this correspondence, we have not identified any further cases where an interim order was not considered or imposed following a substantive order.

Lapse with impairment cases

16.17 We have notified the NMC of concerns we have in respect of its REV-2h guidance, which enables panels to allow a registrant's registration to lapse (i.e. 'fall off' the register) rather than impose a sanction after a finding of impairment on review. We have identified concerns with how this guidance is being applied to a wide range of cases, which presents a potential risk to the public when the registrant is found impaired but able to exit the fitness to practise process; this could enable the registrant to re-join the register without delay. We have seen a relatively large number of cases where the guidance has not been applied correctly, which has led to a decision to allow a lapse of registration which creates a potential risk.

16.18 We first raised concerns about this guidance by way of appeal in January 2025.⁹ We continued to have concerns with the NMC's guidance and its application throughout the review period, appealing multiple cases on this basis. Following the review period, we have engaged with the NMC on updates to its guidance to address the concerns we have about the risk to public protection created by the guidance and its misapplication.

Concerns

16.19 We received 20 concerns from individuals who were concerned about the NMC's decision to close cases at screening. This aligns with our audit findings. We also received four concerns from registrants who said the NMC failed to safeguard them. This included registrants who had notified the NMC that they had mental health concerns.

Conclusion: We recognise the actions the NMC has taken to strengthen its safeguarding function throughout this review period. However, our audit provided limited assurance that the NMC's safeguarding function is working effectively. This was compounded by poor record-keeping, and we have recommended the NMC takes steps to improve this. We identified a range of issues in respect of Section 29 this year, most notably concerning the NMC's application of its lapse with impairment guidance. Limited action was taken by the NMC to address these concerns after they were raised. This, in conjunction with the issues around safeguarding identified in our audit, led us to conclude that this Standard is not 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.

Timeliness of interim orders

17.1 The NMC reports data to us about the time it takes from receipt of a case to make interim order decisions at screening.¹⁰ Its performance against this measure has remained consistent at around five weeks over recent years. It is not able to report on the time taken to make interim order decisions once the need for one has been identified; however, as the overall time from receipt is relatively short, we are not concerned about this.

17.2 The NMC's internal target for interim order timeliness is to impose an interim order within 28 days of opening the case in 80% of cases. The NMC met this target in 69.7% of cases over the course of this review period.

⁹ *PSA v (1) NMC and (2) Graham* [2025] EWHC 3132 (Admin)

¹⁰ It has told us that in the great majority of cases where interim orders are sought, this takes place at screening, so the exclusion of other stages of the process is unlikely to have a significant effect on the data (particularly as we report against the median).

Audit findings

- 17.3 Our audit did not look specifically at the NMC’s application of its Interim Order guidance.¹¹ Rather, we considered the NMC’s assessment of risk, by asking if the case was assigned to an appropriate risk category, one of which was whether the case was ‘PIP for IO’ – meaning that the initial assessment of the case is that it could require consideration for an interim order.¹² We found very high compliance in this respect, with 40 out of 42 cases assigned to the correct risk category. In the two other cases, we identified very minor non-compliance with no significant concerns about this. We did not look at cases that were referred for consideration by the dedicated interim order team; however, we are reasonably assured that the NMC is appropriately identifying risk pathways at the screening stage.
- 17.4 However, we did identify issues with how the NMC keeps risk under review during the life of a case and upon receipt of new information. We had significant concerns in connection with the NMC’s identification and management of risk in five out of 42 cases. The NMC accepted our findings in four of these cases. In the other case, the NMC partially accepted our findings in respect of reviewing the level of risk upon receipt of new information, however it disagreed with our findings in respect of how these risks were managed.
- 17.5 We recommend that the NMC keeps risk under review throughout the life of a fitness to practise case.**
- 17.6 As noted under Standard 15 and 16, we identified six cases that were closed prematurely at the screening stage. However, we did not consider that any of these six cases would have merited consideration for an interim order.

Conclusion: The evidence for this Standard is mixed. Based on our audit findings, we are reasonably assured that the NMC is assigning cases to the correct risk pathways, however, we think improvements can be made to how it manages risk more generally. We did not see any evidence that the NMC failed to identify, and apply interim orders to, high risk cases during this review period, although in one case an interim conditions of practice order was not renewed for four months due to an administrative error. We will be looking closely at the management of interim orders during the next performance review. We concluded that this Standard is met for this review period.

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

¹¹ Our audit in the 2023/24 review period did look at the NMC’s application of its Interim Order guidance, and we did not identify any concerns.

¹² Once assigned as PIP for IO, this is assessed by a dedicated interim order team which sits outside of BAU screening. Our audit did not look at cases assessed by the interim order team.

Support for case parties

- 18.1 The NMC continues to operate its Public Support Service, a referral helpline for members of the public. The NMC has also established a Professional Support and Engagement team comprising staff with health and social care and other relevant experience. The team's objective is to improve registrants' experience of fitness to practise. Its initial focus is on supporting the most vulnerable registrants, to provide values-based support to meet their individual needs and to support them to engage fully in the process.
- 18.2 The NMC launched a pilot programme for cases relating to registrants' physical and mental health. This uses a multidisciplinary approach, combining both clinical and safeguarding advisers. The NMC reported that early data shows that it has been able to progress these types of cases more quickly. The NMC has also been piloting telephoning registrants as the first contact when informing of a referral.
- 18.3 In July 2025, the NMC published a report summarising the work of its Employer Link Service (ELS) over the previous year. The NMC reported that ELS saw a 10% increase in the amount of advice it gave to employers and saw the highest number of requests for advice since the service was established in 2016/17. 95% of employers who completed an evaluation form reported that they were very satisfied with the service, and 100% of respondents said they would seek advice from ELS again in future. ELS also delivered 1,800 engagement activities across the four nations during the 12-month period, including 239 learning sessions.
- 18.4 In the wake of the Ambitious for Change research findings (discussed in more detail under Standard 3), ELS surveyed employers to better understand the causes of the disparities in referrals received. Separately, ELS continues to deliver 'Welcome to the UK' sessions for internationally educated professionals, with 21 such sessions held in the 12-month period.

Audit findings

- 18.5 Our audit identified numerous examples of good practice in respect of the NMC's customer service, and we were broadly satisfied that once a decision has been made the NMC notifies case parties of the outcome in a timely and transparent manner.
- 18.6 However, we also identified a range of concerns in respect of the NMC's customer service. In particular, we saw significant delays in case progression, often with no clear explanation, and we had significant concerns with regard to the NMC updating case parties throughout the life of a case. We also identified issues with how the NMC supported parties to participate in the process.
- 18.7 We recommend that the NMC reviews its processes to improve its ability to support and keep parties updated on fitness to practise cases. This is particularly important given the challenges the NMC has in terms of**

timeliness and case progression and the stress placed upon all those involved in the process.

What we heard from stakeholders

We received mostly negative feedback from stakeholders about the NMC's customer service.

One stakeholder emphasised that fitness to practise is inherently highly stressful and noted that this is compounded when processes are prolonged and communication is poor. The NMC has acknowledged that its fitness to practise processes are taking too long, and that this is a key focus of the improvement plan.

One stakeholder expressed concern with the NMC's pilot of telephoning registrants in the first instance when a referral is received, which it said risks undermining trust in the process. The NMC said that this pilot was launched in response to feedback from registrants about the negative experience of receiving documentation through the post. The NMC also said this approach would allow it to establish contact preferences from the outset. We consider that it is reasonable for the NMC to trial a new approach in line with feedback from registrants who have experience of the process.

Concerns

- 18.8 We received 14 concerns about customer service from parties to a fitness to practise in this review period. These concerns highlighted issues ranging from a lack of correspondence and updates, to feeling unsupported and the NMC not taking into account protected disclosures. We also received 18 concerns about delays in the process, including registrants being subject to lengthy investigations and a number of cases waiting for months to be allocated to a case officer. We received correspondence from one registrant who had a positive experience of the fitness to practise process.
- 18.9 We consider that the concerns received in this review period corroborate our findings in our audit, as set out above.

Conclusion: The evidence for this Standard was mixed. We have seen the NMC take steps to better support registrants in the fitness to practise process, most notably by establishing a Public Support and Engagement team and by trialling new approaches to contacting registrants. The NMC's ELS also continues to act as an effective advice service for employers. Our audit identified numerous examples of good practice, and we saw the NMC notifying case parties of the outcome in a

timely and transparent manner. However, our audit identified significant concerns with regard to case progression and keeping case parties updated. These findings were corroborated by stakeholder feedback and concerns we received. Accordingly, we could only take limited assurance that the NMC is supporting all parties to participate effectively in the process, which is particularly important given the time it is taking the NMC to progress cases. This Standard is not met.

Find out more

- [Find out more about our performance review process](#)
- [Read the NMC's 2023/24 performance review](#)
- [Read our Standards of Good Regulation \(new Standards to be introduced from July 2026\)](#)
- [Read our new evidence framework for Standard 3](#)