



nmc
Nursing &
Midwifery
Council

Annual Fitness to Practise Report 2023-2024





Nursing and Midwifery Council

Annual Fitness to Practise Report 2023–2024

Presented to Parliament pursuant to Article 50 (2) of the
Nursing and Midwifery Order 2001, as amended by the
Nursing and Midwifery (Amendment) Order 2008





© **Nursing and Midwifery Council Copyright 2024**

This publication is licensed under the terms of the Open Government Licence v3.0 except where otherwise stated. To view this licence, visit nationalarchives.gov.uk/doc/open-government-licence/version/3.

Where we have identified any third-party copyright information you will need to obtain permission from the copyright holders concerned.

This publication is available at nmc.org.uk.

Any enquiries regarding this publication should be sent to the Nursing and Midwifery Council, 23 Portland Place, London, W1B 1PZ.

ISBN 978-1-5286-4982-7

E03125878 07/24

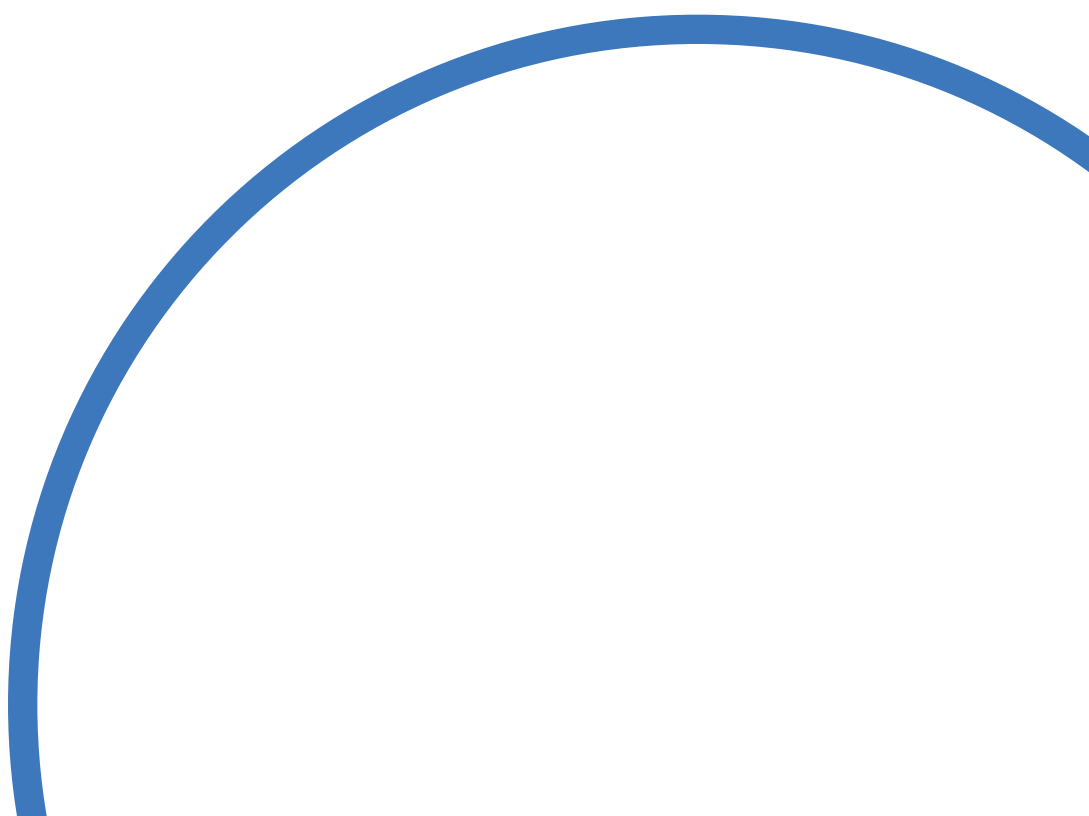
Printed on paper containing 40% recycled fibre content minimum.

Printed in the UK by HH Associates Ltd. on behalf of the Controller of His Majesty's Stationery Office.



Contents

| | |
|--|----|
| Foreword | 4 |
| Our role | 6 |
| Our register | 10 |
| What is fitness to practise? | 12 |
| Fitness to practise: Our work in 2023-2024 | 21 |
| Statistical summary 2023-2024 | 28 |
| Looking ahead to 2024-2025 | 46 |



Foreword

We recognise the impact that fitness to practise has on everyone involved in our processes, with fitness to practise cases taking too long to resolve.

We want our fitness to practice process to be straightforward. Referrers and professionals need to have their cases dealt with effectively and in a timely way, employers should understand when to refer their employees and our people should feel proud to work for the Nursing and Midwifery Council (NMC) and be able to make a positive difference.

During the past few years, we've made some progress and our fitness to practise caseload decreased by 1,000 from a peak of 6,469 in March 2022. However, despite the best and sustained efforts of NMC colleagues, increased decision-making capacity and improvements to our processes, we did not meet our target to reduce our caseload to 4,000 cases by April 2024, which was hugely disappointing. This was in part due to a significant increase in the number of concerns raised within the year. In February alone, 596 new concerns were raised, which is the highest number in a single month in the last five years. And people are waiting far longer than they should for cases to be resolved, which has a personal impact on everyone involved and affects our ability to regulate well.

Our new fitness to practice plan was signed off by Council in March 2024 to deliver sustainable long-term improvements to our processes and people's experiences and is the biggest additional investment in this area for a decade. It commits £30 million over the next three years, with a particular focus on investment and improvement over 18 months starting in April 2024. It will deliver significant change in capabilities and ways of working, improving how we work, so that we're making quality decisions that continue to keep people safe. Decisions will be made with a focus on wellbeing and safeguarding in the most timely and considerate way possible, that is also sustainable.

We are building on foundations laid over the last few years. We have a new senior team in place, evidence from improvement opportunities and modelling about the impact of our caseload and the resource required to meet demand. This and insight from our stakeholders have enabled us to shape this plan, which will realise our determination to resolve cases as safely and swiftly as possible, for the benefit of the public and the professionals on our register.

During 2023-2024, findings from internal surveys and whistleblowing concerns emphasised the need for us to reflect on our workplace culture, our regulatory processes and how we foster a diverse, inclusive and discrimination-free workplace.

We take these concerns extremely seriously and have instituted independent investigations to examine them thoroughly. We will report the findings transparently so that we can listen, learn and act on the recommendations made, during 2024 and beyond.

We may need to update our fitness to practice plan as appropriate but will ensure these changes maintain a clear strategic approach which will prepare the ground for the future.

It's important to remember that the overwhelming majority of more than 826,000 registered professionals practise safely and effectively, and that investigating concerns about nurses, midwives and nursing associates affects only a very small number each year. With health and social care services continuing to be under huge pressure it is vital that we take context into account and give professionals the chance to address concerns through a fair and equitable process. Our role as a regulator is not to punish, but to make sure that professionals meet the standards required to practise safely, to promote learning, and to prevent issues from arising again, in order to protect the public from risk.

We will always take action when needed and, in the most serious of cases, we will remove people from the register. We know these cases often have a significant impact on families, patients and professionals working across the healthcare sector. Through the work of our Public Support Service and Witness Liaison Teams we try to support people through our fitness to practise process at what is often a hugely traumatic and emotional period of their lives.

In particular, we recognise the devastating impact of Lucy Letby's heinous and heart-breaking crimes on the parents and families of the babies she murdered and injured at the Countess of Chester Hospital.

In December 2023, following the conclusion of the criminal trial, Ms Letby was struck off our register. We are taking an active part in the Thirlwall inquiry into this case. We know that there are family members involved in cases across the healthcare sector with distressing and traumatic experiences and it is important that we learn from all these cases through engagement with them and any inquiries.

We are grateful for the hard work of our colleagues and the expertise of our strategic partners who have challenged and engaged with us to help shape our plans. We know we have not always got things right in the past, but we are now in a period of change, in which our people and culture will be key to the successful delivery of our plans. We are committed to making the improvements and progress needed for the benefit of everyone involved in our fitness to practise process, so that we can deliver timely and safe decisions that protect the public.

Sir David Warren
Chair
3 July 2024

Andrea Sutcliffe
Chief Executive
and Registrar
3 July 2024



Our role

We are the independent regulator for nurses and midwives in the UK and nursing associates in England.

Our objectives are set out in the Nursing and Midwifery Order 2001 (as amended).

We are governed by our Council which sets our strategic direction and takes key decisions to ensure we fulfil our overarching duty to protect the public. It does this by:

- a. protecting, promoting and maintaining the health, safety and wellbeing of the public
- b. promoting and maintaining public confidence in the professions regulated under the Order
- c. promoting and maintaining proper professional standards and conduct for members of those professions.

Our regulatory responsibilities are to:

- **maintain the register** of nurses and midwives who meet the requirements for registration in the UK, and nursing associates who meet the requirements for registration in England
- **set the requirements for the professional education** that supports people to develop the knowledge, skills and behaviours required for entry to, or annotation on, our register
- shape the practice of the professionals on our register by **developing and promoting standards** including our Code, and promoting lifelong learning through revalidation
- **investigate and, if needed, take action** where serious concerns are raised about a nurse, midwife or nursing associate's fitness to practise.

Our governing body, our Council, is made up of six lay people and six professionals on our register. Our work is overseen by the Professional Standards Authority for Health and Social Care, which reviews the work of regulators of health and care professions. We are accountable to Parliament through the Privy Council. We are also a registered charity and seek to ensure that all our work delivers public benefit.

Our vision is safe, effective and kind nursing and midwifery practice that improves everyone's health and wellbeing. As the independent regulator of more than 826,000 nurses and midwives in the UK and nursing associates in England, we have an important role to play in making this vision a reality.

We're here to protect the public by upholding high professional nursing and midwifery standards, which the public has a right to expect. That's why we're improving the way we regulate, enhancing our support for colleagues, professionals and the public, and working with our partners to influence the future of health and social care.

Our core role is to **regulate**. We set and promote high education and professional standards for nurses and midwives across the UK, and nursing associates in England, and quality assure their education programmes. We maintain the integrity of the register of those eligible to practise. And we investigate concerns about professionals - something that affects very few people on our register every year.

To regulate well, we **support** nursing and midwifery professionals and the public. We create resources and guidance that are useful throughout professionals' careers, helping them to deliver our standards in practice and address challenges they face. We work collaboratively so everyone feels engaged and empowered to shape our work.

We work with our partners to address common concerns, share our data, insight and learning, to **influence** and inform decision-making and help drive improvement in health and social care for people and communities.

Our five strategic themes guide how we prioritise and phase our work, as well as new investment in people and other resources. They are:

1. Improvement and innovation
2. Proactive support for our professions
3. More visible and better informed
4. Engaging and empowering the public, professionals and partners
5. Greater insight and influence.

Underpinning these themes, we aim to align our capabilities, infrastructure and culture to become a fit for the future organisation.

Our values underpin everything we do. They shape how we think and act.

We are fair

We treat everyone fairly. Fairness is at the heart of our role as a trusted, transparent regulator and employer.

We are kind

We act with kindness and in a way that values people, their insights, situations and experiences.

We are collaborative

We value our relationships (both within and outside of the NMC) and recognise that we are at our best when we work well with others.

We are ambitious

We take pride in our work. We are open to new ways of working and always aim to do our best for the professionals on our register, the public we serve and each other.

This report covers one aspect of our core role of regulating nursing and midwifery professionals; investigating concerns about their fitness to practise.

We determine whether the skills, knowledge, education or behaviour of professionals fall below the standards needed to deliver safe, effective and kind care. If they do, we then take steps to keep the public safe.

In this report, we explain what we do when we hear about concerns and we summarise our performance during 2023–2024 in carrying out this role. Statistics are provided to illustrate our activity. This report should be read together with our NMC Annual Report and Accounts, which is a wider look at our work. In autumn 2024 we will publish our first Fitness to Practise Insight Report, which provides insight into themes and patterns of the cases we receive.



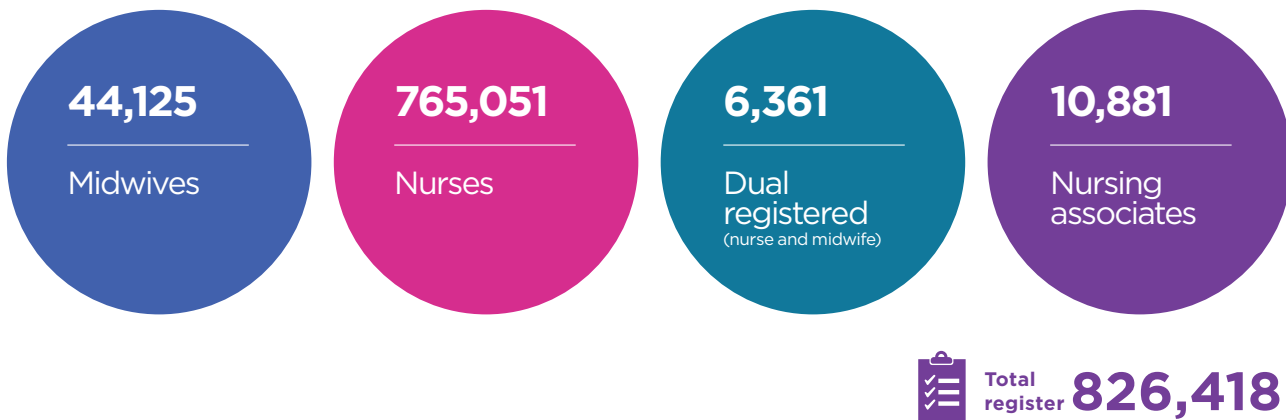
Our register

To practise as a nurse or midwife in the UK, or as a nursing associate in England, professionals must join our register.

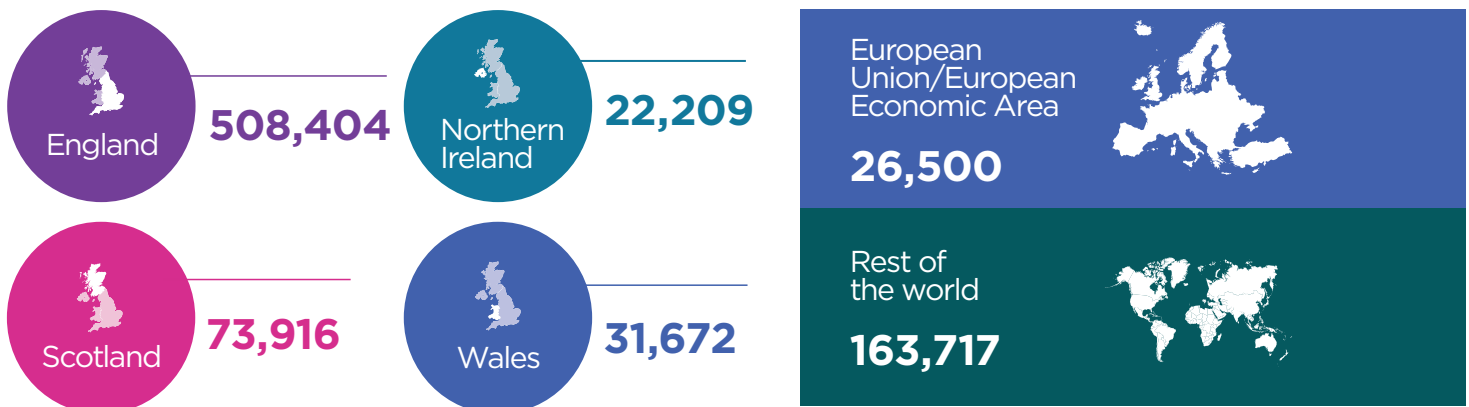
This protects the public by ensuring that only those who can demonstrate our standards for safe, kind and effective care are able to practise.

On 31 March 2024, there were 826,418 professionals on our permanent register. This was an increase of 4.8 percent from the previous year (2022-2023: 788,638).

Number of professionals on our permanent register by registration type at 31 March 2024



Numbers of registered professionals by country or region of initial registration at 31 March 2024



Since March 2020, we have maintained a temporary register made up of professionals we considered to be fit, proper and suitably experienced to work in support of the Covid-19 emergency and to help tackle the Covid-19 backlog in elective care.

With the end of the pandemic, the Government confirmed that temporary registration would end in March 2024 and we closed the register on 31 March 2024. We recognise the invaluable contributions these professionals made and encouraged them to join our permanent register so that they could continue to provide safe, kind and effective care to the public. Of 22,133 people who joined the temporary register, 7,430 transferred to our permanent register.



What is fitness to practise?





A nurse, midwife or nursing associate is fit to practise if they have the skills, knowledge, good health and character to deliver safe, effective and kind care for their patients and people who need or use health and social care services.

The NMC Code sets out the standards we, and the public, expect nursing and midwifery professionals to uphold to be on our register and maintain their registration in the UK. You can read *The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates* on our website here.

We ask every nurse, midwife and nursing associate to show us every three years that they are practising safely and live up to the standards set out in the Code. This process is called revalidation and professionals on our register must complete it to maintain their registration with us.

If there are concerns about a nurse, midwife or nursing associate's fitness to practise, we encourage people to speak first to the employer about their concerns to see if these can be resolved at a local level.

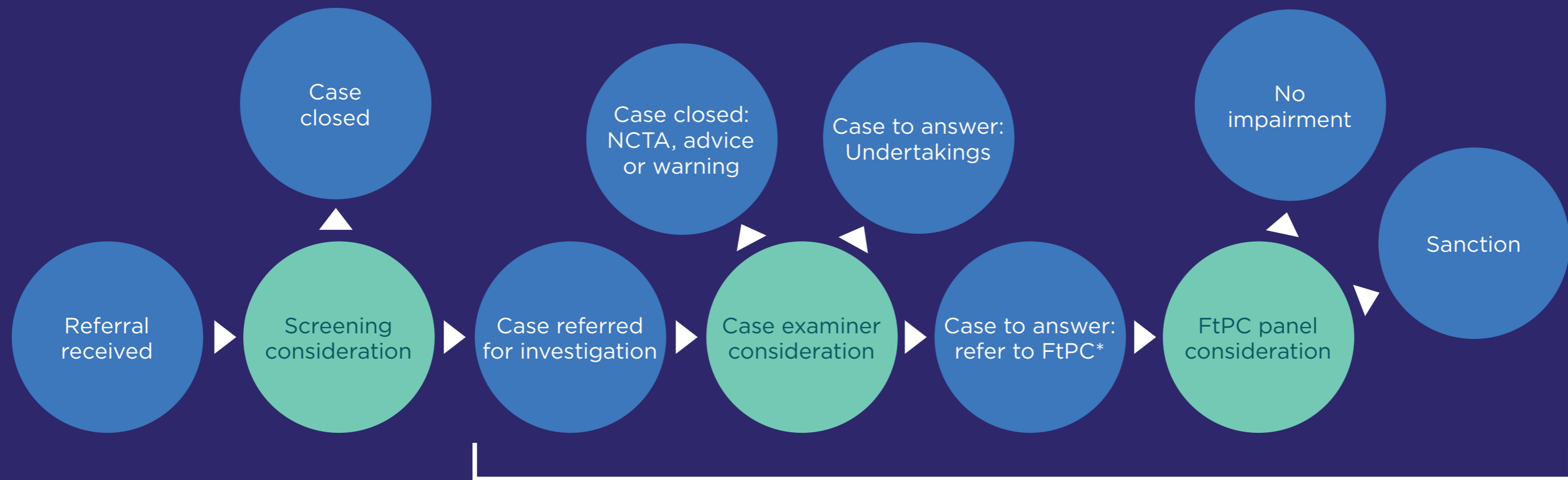
Where concerns cannot be resolved locally, or if someone believes them to be serious enough to require immediate regulatory action from us, they should raise the concerns directly with us. We will then decide if we need to take action to protect the public and, in every case, we try to reach an outcome at the earliest opportunity.

If we find that someone registered with us presents a risk to people who use services, the public or their colleagues, we can restrict their practice or remove their right to work as a nurse, midwife or nursing associate.

Fitness to practise process

This is a simplified illustration of routes through our fitness to practise process in 2023–2024. Not all processes are included.

The need for an interim order can be considered at any stage of the process.



Agreed removal** can be requested at any time during these stages

NCTA: no case to answer

FtPC: Fitness to Practise Committee

* This step involves preparation of the case for the FtPC to consider and where required, further investigation.

** Our Voluntary Removal process changed in April 2023, to Agreed Removal. The new process allows parties to consider a professional being removed from the register before the case examiner consideration stage, in certain circumstances.

How people raise concerns with us

Anyone can tell us if they have concerns about a nurse, midwife or nursing associate's fitness to practise at any time. Or, if we consider it necessary, we are able to open cases ourselves.

Typically, we receive concerns from:

- a patient or person receiving the services of a nurse, midwife or nursing associate
- a member of the public

- the employer or manager of the nurse, midwife or nursing associate
- the police
- a nurse, midwife or nursing associate referring themselves
- other health and social care regulators.

You can find more information about how to raise concerns on our website.

Concerns we can and cannot consider

We can only consider concerns if they are about a nurse, midwife or nursing associate on our register. If the concerns are about other health or social care workers, we will refer them to the relevant regulator or the police, if appropriate.

Our role is to decide whether any concerns about a nurse, midwife or nursing associate's fitness to practise require us to take action to protect the public.

We can look at several types of concern, including:

- misconduct (including clinical misconduct)
- lack of competence
- criminal convictions
- serious ill-health
- not having the necessary knowledge of the English language.

We also investigate cases where it appears that someone has gained access to our register fraudulently or incorrectly.

Concerns about those with temporary registration

We were given the power to set up a temporary register to support the national response to the Covid-19 pandemic. With the end of the pandemic, the Government confirmed that temporary registration would end in March 2024 and we closed the temporary register on 31 March 2024.

As temporary registration was at the Registrar's discretion, our normal fitness to practise processes did not apply. Where concerns were raised about anyone holding temporary registration, we undertook a basic review and investigation and if necessary, removed the individual from the temporary register.

During 2023-2024:

- One concern was raised about professionals on the temporary register (2022-2023: two concerns, 2021-2022: one concern)
- 0 people were removed from the temporary register (2022-2023: three, 2021-2022: three)
- On average, we took 51 days to review and act on this case (2022-2023: 42 days, 2021-2022: 56 days).

How we deal with concerns raised with us

When someone raises a fitness to practise concern with us (also known as making a referral), we will look at this in more detail and decide whether any regulatory action is required using three key questions:

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

This is the first stage of our fitness to practise process, which is known as screening.

Steps that we may take to help us assess concerns and decide whether any regulatory action is required can include:

- considering the information we have received to understand if the concerns raised would merit regulatory action
- asking for more information from the person who got in touch so we fully understand their concerns
- checking our records to see whether concerns have been raised before about the nurse, midwife or nursing associate
- gathering information from their employer
- taking statements from others who may have witnessed events and gathering other evidence such as notes, reports or records
- asking the nurse, midwife or nursing associate for their response to the concerns and what action they have taken to strengthen or change their practice since any event occurred.

You can read more about how we handle concerns on our website.

Regulatory action we can take to protect the public

We decide whether the concern is serious enough to take regulatory action using the information mentioned. This decision takes into account the risks that may arise if the professional does not address or put the concern right and any actions that have already been taken, for example relevant retraining.

In the majority of cases we receive, we decide that there is no need for us to carry out further investigation into the concerns raised. This year (2023–2024), 72 percent of our decisions at the screening stage were to close the case. You can find more information about our performance further on in this report.

Where necessary, we can take urgent, temporary action to protect the public while we investigate concerns. We do this by asking an independent panel to consider making an interim order.

There are two types of interim orders.

- An interim conditions of practice order, which imposes conditions that the nurse, midwife or nursing associate must comply with. An example of a condition might be the professional being supervised by another registered professional when practising.
- An interim suspension order that temporarily suspends the nurse, midwife or nursing associate's registration.

More information about interim orders can be found on our website.

Once we have investigated concerns thoroughly, our case examiners can:

- close the case with no further action if there are no public protection concerns
- give advice to the nurse, midwife or nursing associate to remind them of the professional standards they must uphold
- issue a warning to the nurse, midwife or nursing associate
- agree undertakings with the nurse, midwife or nursing associate, which are a series of steps they must take to return to safe and effective practice
- refer the case for a hearing or meeting.

To read more about the work of our case examiners, visit our website.

In more serious cases where we consider there is a need to impose a sanction to protect the public or where the nurse, midwife or nursing associate does not accept there are concerns about their practice, we will hold a hearing or meeting before an independent panel of the Fitness to Practise Committee.

Panels are made up of professionals on the register (known as registrant members) and lay members. Usually, three panel members will decide on any case with at least one lay and one registrant member. You can find more information about the panels on our website.

If the nurse, midwife, or nursing associate does not dispute the facts of the case or does not want to attend a hearing, we can hold a meeting to find an agreed outcome. Meetings are held in private. The panel carefully considers the written evidence that we provide and any written evidence the nurse, midwife, or nursing associate gives us in advance.

If the nurse, midwife, or nursing associate does not accept the facts of the case, or if they request a hearing, or a meeting is otherwise not deemed appropriate, we will hold a hearing to consider the case. Hearings are normally held in public. At the hearing we explain what our regulatory concerns are and call witnesses to give evidence. The nurse, midwife, or nursing associate can attend and be represented. They, or their representative, explain what their response is to our concerns and call witnesses to give evidence. Hearings can be a stressful experience for those involved, but they are sometimes required for resolving differences in the evidence between the parties.

You can read more about how we decide whether to send a case to a hearing or a meeting on our website.

At a hearing or meeting, an independent panel can do one of the following:

- issue a caution order for up to five years
- impose conditions of practice which must be complied with for up to three years
- suspend from the register for up to one year
- strike off the register
- close the case with no further action.

More information about the action our independent panels can take is available on our website.

Our agreed removals process allows a nurse, midwife or nursing associate to remove themselves from our register without the need for a hearing or meeting if we are satisfied it is in the public interest to do so. This can be agreed at any stage of the fitness to practise process and allows us to protect the public at the earliest opportunity whilst also reducing the impact for people of being involved in our regulatory processes. We provide details of the number of cases resolved by agreed removals further on in this report.

You can find more information on our agreed removals process on our website.

Public information about our decisions

Information about forthcoming hearings and recent panel decisions is on our website. When regulatory decisions are made about someone's fitness to practise, we explain the reasons to the person who raised the concerns with us and to the nurse, midwife or nursing associate concerned.

- If we decide to take regulatory action to protect the public, we publish information on our website so anyone can see the decisions we have taken and why.
- When a panel imposes an interim order, we publish the outcome and note it on the nurse, midwife or nursing associate's entry on the register.
- When case examiners issue a warning or agree undertakings, the allegations and the outcome are published with the nurse, midwife or nursing associate's entry on the register.
- When a panel decides to issue a caution, conditions of practice, suspension, or striking-off order, we publish the panel's full reasons and note the outcome on the nurse, midwife or nursing associate's entry on the register.

In cases that relate to an individual's health or have other sensitive personal information, we still publish information, usually in less detail. That way, we protect the public and respect the individual's privacy. When we decide to close a case with no further action, we do not normally publish information because there is no reason to do so to protect the public and we have a responsibility to protect the privacy of those involved. More information on our publication guidance is available on our website.

Our register of nurses, midwives and nursing associates is online.



Fitness to practise: Our work in 2023-2024



“We want our fitness to practise process to be timely, considerate and straightforward for everyone involved.”



Andrea Sutcliffe,
Chief Executive and Registrar

Making swift and safe decisions on our fitness to practise cases is our number one priority and a key part of our public protection duties. We will always act if needed, including removing professionals from our register in the

most serious cases. But most of the time, the best way to keep people safe is to learn from incidents and stop similar things happening again in the future.

Our caseload

We began this year with a caseload of 5,577 and set ourselves an ambitious challenge to reduce this to 4,000 cases by the end of March 2024.

Despite making positive progress in reducing the number of cases in the first part of the year (a 4.2 percent decrease in the first five months), we saw our caseload rise in the second half of the year, which impacts on our

ability to progress cases in a timely way. As of 31 March 2024, our caseload stood at 5,994.

We saw a significant increase in the number of concerns raised with us this year, often exceeding our monthly forecast levels. In February 2024, we received 596 new concerns which is the highest number we have received in a single month in the last five years.

| Year | Referrals received | Cases concluded | Year-end closing caseload | Yearly change in caseload | |
|-----------|--------------------|-----------------|---------------------------|---------------------------|---------|
| | | | | Actual | Percent |
| 2020-2021 | 5,547 | 3,701 | 6,357 | +1,851 | +41% |
| 2021-2022 | 5,291 | 5,170 | 6,469 | +112 | +2% |
| 2022-2023 | 5,068 | 5,832 | 5,577 | -892 | -14% |
| 2023-2024 | 5,774 | 5,559 | 5,994 | +417 | +7% |

We saw the biggest rise in case numbers at our screening and adjudication stages. At our case examiner stage there was a 30 percent reduction in case numbers.

We invested in the development of workforce planning tools which found that several areas of our fitness to practise process were close to meeting demand or were currently under-resourced.

This posed considerable risks against the trend of rising numbers of new concerns. We have addressed these shortfalls by agreeing additional investment.

Our statistical summary section in this report provides more detail on new concerns received throughout the year.

We remain committed to moving cases through our process as swiftly and safely as we can to improve the experience for everyone involved and reduce our caseload.

In March 2024, our Council approved our new fitness to practise improvement plan so we can:

- continue to make decisions that keep people safe
- do this in the most timely and considerate way possible
- do it in a way that will be sustainable, long into the future.

You can read more detail about our improvement plans in this report's 'future focus' section.

Ensuring people are at the core of our work

People are at the core of everything we do. From the members of the public who we help to keep safe, and those raising concerns, to the professionals we investigate, to our colleagues, whose empathy, skills, and knowledge support those affected.

We know that fitness to practise investigations can be an incredibly emotive and stressful time for everyone involved:

- **Members of the public** make referrals often after experiencing or witnessing distressing episodes of care, which can leave them feeling vulnerable and angry.
- For the **professionals** concerned, being subject to an investigation can bring on high levels of anxiety, stress, and shame and potentially an end to their career.

We have a range of resources available for people that aim to support them through our fitness to practise process.

The public can contact our support helpline and access our Public Support Service. The Fitness to Practise Careline is available for any professionals who may be subject to an investigation. Our Employer Link Service provides a direct link for employers of professionals on our register.

In 2023–2024, 531 calls took place between members of the public and our support helpline and 1,162 calls were made to the employer phone line for advice on individuals' fitness to practise.

We also operate a referral helpline where we explain who we are, whether we are the right organisation to deal with the concerns, how we can help people and what support we can offer them.

We can talk people through the steps of making the referral to provide us with the best information to help us understand what the concern is about and investigate it appropriately.

We launched the helpline in December 2022. In 2023–2024, we received 5,925 calls to this helpline.

We always try to direct people to these services to obtain the help and support they may need. Our Public Support Service works across the fitness to practise process and can provide information on how the process works and can engage and listen to people who may be struggling with our processes.

In 2023–2024, our case workers referred 781 people to our Public Support Service to better support them through our processes.

We recognised that some people who have complex additional needs may require extra support. So in 2019 we were the first healthcare regulator to pilot an advocacy service for people involved in our fitness to practise process.

We have continued to lead the way in developing this service which now also offers the use of intermediaries for people who may require speech and language services for witness statements or support at a hearing. Since we have created our advocacy and intermediary framework, we have seen two other UK healthcare regulators sign up to the services. We hope this will expand to others in the future.

In 2023–2024, there were six cases of people using our intermediary service (one previous year) and eight referrals to the independent advocacy service. In 2024–2025 we will be working with teams across our fitness to practise process to better embed understanding and benefits of the service in order to offer it to more people earlier in the process.

Supporting and safeguarding professionals

Our Safeguarding and Risk of Suicide and Self-Harm policies and protocols have been recently updated to better support colleagues to identify and manage any safeguarding concerns. We review all referrals to identify any support that they may require and, where appropriate, make referrals to external organisations.

We continue to see an increase in safeguarding concerns reported. In 2023–2024, 265 safeguarding concerns were raised in relation to our fitness to practise process.

We record cases where we learn that a professional has sadly taken their own life while our proceedings are ongoing. In 2023–2024, there were five recorded deaths (2022–2023: three recorded deaths). All cases are reviewed at a senior level to ensure that we identify any learning to improve our processes. Professionals are routinely signposted to our independent Fitness to Practise Careline, which offers confidential emotional and practical advice and help to nurses, midwives, and nursing associates.

Some of the actions we have taken to improve the support we provide to professionals include the introduction of a support toolkit for our colleagues to help them hold supportive conversations with professionals and signpost to appropriate support services. Alongside this we have delivered training to teams within Professional Regulation on holding effective supportive conversations.

This year, we have also delivered safeguarding training to colleagues across our Professional Regulation

directorate, including our investigation and adjudication teams. We have also provided safeguarding training to the panel members of the Investigating and the Fitness to Practise Committees.

For individuals who require additional support, we have piloted the use of bespoke communication and safety plans. We will continue to look for opportunities to further strengthen the support we can provide to registrants who are undergoing a fitness to practise investigation.

Promoting equality, diversity, and inclusion (EDI)

We cannot ensure people are at the core of our work without focusing on fulfilling our responsibilities to tackle discrimination and promote diversity and inclusion in all aspects of our work. In May 2022 we began implementing our corporate EDI 2022-2025 plan which sets out our aims for being an inclusive, effective regulator and employer, including:

- the actions we will take to deliver more equitable experiences for the people who work for us and the professionals registered with us, as well as people who use our services and interact with our professionals and colleagues
- how we will scrutinise our processes and decision-making for nursing and midwifery professionals, and our employees, as well as the work we will do with partners
- how we will build solid internal foundations at the NMC that put us in a better position to respond to the wider external environment.

In 2024-2025, we will be strengthening our communication about the equality, diversity and inclusion aims for the Professional Regulation directorate by adapting our corporate EDI framework into a set of aims and outcomes that support our colleagues in understanding the changes we want to see for people on our register, people joining our register, those making referrals to us, panel members and themselves.

We have made a number of updates to our guidance including the publication of our Freedom of Expression and Fitness to Practise guidance. It aims to assist decision-makers in balancing rights and protections, but makes clear that discriminatory behaviours will always be a regulatory concern.

Updates to our interim orders guidance set out when interim orders may be necessary in cases with discrimination concerns on either public protection or public interest grounds.

We are committed to ensuring that our regulatory processes are fair for everyone and no one is being disadvantaged because of who they are. Our Ambitious for Change research published in 2022 revealed that male and/or Black professionals (among other groups) are more likely to be referred to our fitness to practise processes. It also evidenced that employers refer more male and/or Black professionals compared to our register, and in some instances, compared to their own workforces too. Finally, we found that we close more cases referred to us by employers that involve male and/or Black professionals at earlier stages of fitness to practise compared to referrals about other groups made by employers.

We committed to understanding this more and to taking steps to address this and support appropriate referrals. We have been analysing our data about the concerns raised with us between 2019 and 2023. This review aims to understand why these differences are happening and whether bias or discrimination in our decision-making processes explains them. The review will also examine our current policies and guidance to assess whether they effectively promote equality of opportunity and eliminate discrimination.

We will use the findings of the review to make improvements where appropriate to our fitness to practise process so that the experience is fairer for the professionals we regulate.

In 2024–2025 our outreach team (the Employer Link Service) will work with employers to understand more about these findings and the measures they are implementing to reduce bias and ensure fairness in their referrals.

We know there is good practice in the health and care sector around how organisations are managing disciplinarys and referrals, and we want to share this with the employers we work with. We will analyse the outcomes of those discussions later this year and we hope that this will be key to influencing and supporting best practice in decision-making.

Every year we publish EDI data about the professionals involved in our fitness to practise process, for example about referrals to us and also fitness to practise outcomes. This data can be found on our website.

“Every nurse, midwife and nursing associate needs to feel respected, valued and supported so they can deliver the best care possible for people. That includes every aspect of their working lives, including on those occasions when professionals are referred to our fitness to practise process.”



Matthew McClelland,
Executive Director, Strategy and Insight

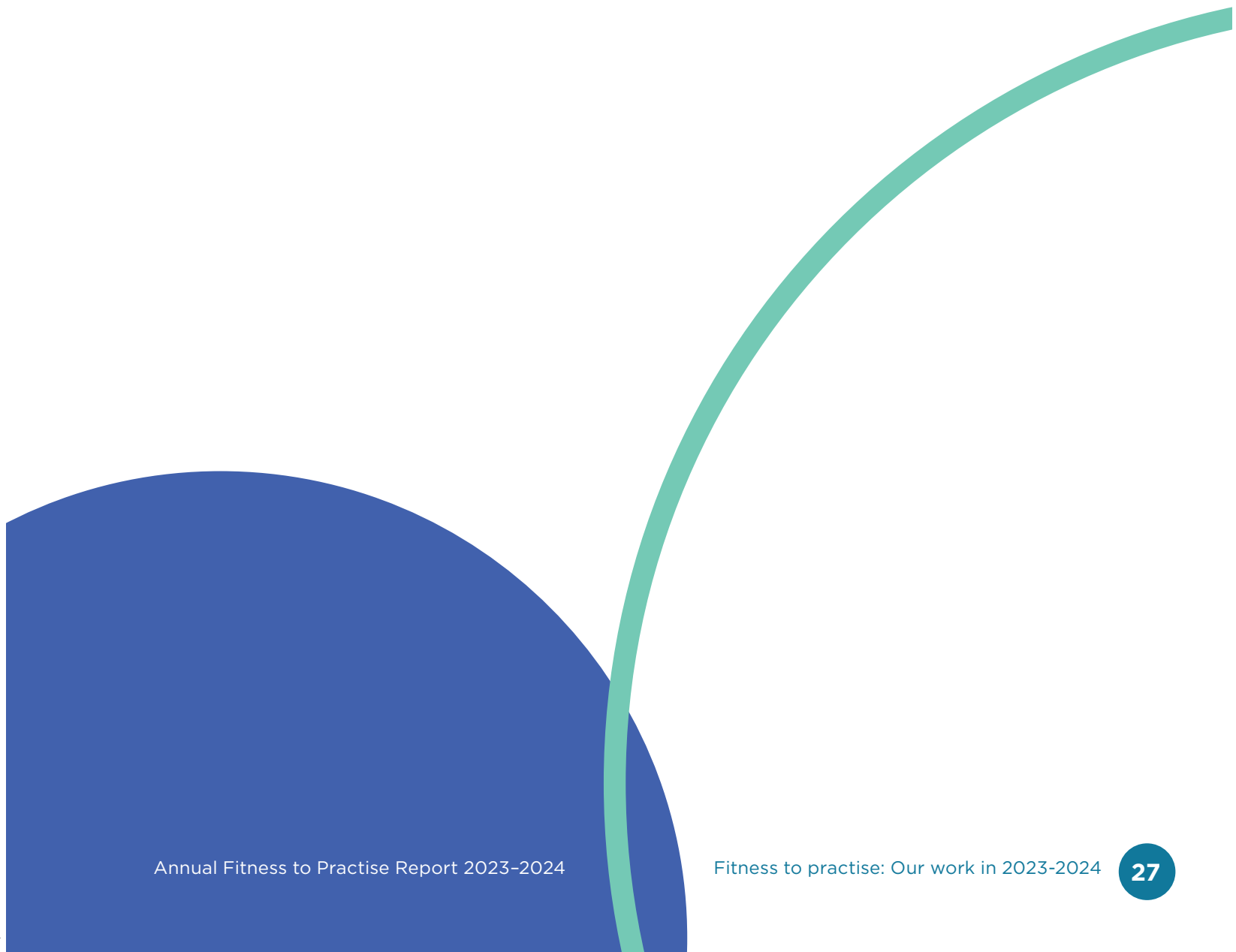


Concerns into our handling of fitness to practise cases

In 2023 whistleblowing concerns were raised about the approach we took in some of our fitness to practise cases that involved allegations of discrimination, sexual misconduct, domestic abuse or safeguarding.

We are committed to learning from the findings and will develop an action plan to address them, which we will publicly report against, including in next year's Annual Fitness to Practise Report.

We appointed Ijeoma Omambala KC in November 2023 to carry out investigations into the specific cases raised as part of the concerns about our regulatory casework and our handling of the whistleblowing concerns. The findings from these investigations will be published in summer 2024.





Statistical summary 2023-2024



Our key performance indicators

Although we have maintained a focus on trying to reduce our caseload this year, in every case, we always work to reach an outcome that best protects the public at the earliest opportunity.

Our key performance indicators track our progress in this area and we publicly report on these. In 2023-2024, we did not meet our targets for either of our KPIs.

Interim orders imposed

Where it is necessary, we aim to impose 80 percent of interim orders (IO) within 28 days of receiving the concerns. In 2023-2024, we imposed 67 percent of interim orders within 28 days of receiving the concerns.

This is a small improvement on the previous year (2022-2023: 65 percent), but it is still below our target. Several factors impacted on our ability to meet our performance in this area:

- A higher number of referrals were received putting pressure on our resources.
- We saw an increased number of individuals who had additional needs or safeguarding concerns which increased the timeframes for us to obtain the information required for the interim order application.
- We continued to see panels adjourning interim order applications for reasons in the interest of fairness to the professional, such as allowing the professional more time to prepare their case. In 2023-2024, there were 73 interim order hearings adjourned by a panel.

Timeliness in concluding cases

We aim to complete 80 percent of our cases within 15 months of receiving the concerns. In 2023-2024, we completed 61 percent of cases within 15 months of receiving concerns which is the same as the previous year.

With the increased pressures caused by the rising number of referrals, we did not expect to meet this target this year. However, we are disappointed not to have seen any significant progress since last year, recognising the impact this has on those involved in our cases. It has also meant that we have not met the Professional Standards Authority's Standard of Good Regulation for timeliness of case progression.

Concerns received

Number of concerns

In 2023–2024, we received 5,774 new concerns, an increase (14 percent) from last year (2022–2023: 5,068). Our register continued to grow this year, increasing to 826,418 nurses, midwives and nursing associates on our register as of 31 March 2024.

| | 2023–2024 | 2022–2023 | 2021–2022 |
|-----------------------------|-----------|-----------|-----------|
| Number of concerns received | 5,774 | 5,068 | 5,291 |
| Percentage of the register | 0.69% | 0.64% | 0.70% |

Source of concerns

Table 1 shows a breakdown of who we received concerns from in 2023–2024. There has been a notable increase in the number of concerns raised this year by employers. We will continue to engage closely with employers to help them decide whether a concern

should be referred to us, including our targeted engagement to reduce the number of disproportionate referrals about men and/or Black professionals. Similarly, we have seen an increase compared to the previous year in concerns from members of the public, including those people who use services and their families.

Table 1: Source of concerns referred to us

| Who referred concerns to us | 2023-2024 | | 2022-2023 | 2021-2022 |
|--------------------------------------|------------------------|----------------------------|----------------------------|----------------------------|
| | Number of new concerns | Percentage of new concerns | Percentage of new concerns | Percentage of new concerns |
| Patient/public | 2,011 | 35% | 33% | 38% |
| Self-referral | 418 | 7% | 9% | 7% |
| Employer | 1,754 | 30% | 26% | 24% |
| Opened by the NMC | 352 | 6% | 4% | 4% |
| Another professional on the register | 429 | 7% | 9% | 6% |
| Other regulator | 15 | <1% | <1% | <1% |
| Referrer unknown | 448 | 8% | 12% | 13% |
| Any other informant | 347 | 6% | 6% | 8% |
| Total | 5,774 | 100% | 100% | 100% |

We assess all new concerns raised with us to make sure we are the right organisation to take action and whether the concerns are serious enough that regulatory action needs to be taken.

Our screening guidance sets out the questions we ask to determine whether the concerns are for us, including whether the person the concerns are about is a registered nurse, midwife or nursing associate. If we are unable to, or do not, identify the person of concern as someone on our register we will close the case.

In 2023-2024 we did not proceed with 1,328 cases where we either couldn't identify a nurse, midwife or nursing associate, or the allegation could never amount to a serious concern (such as where an individual has received a fixed penalty notice for a parking offence), so we therefore did not take additional steps to establish whether the individual referred is on our register (2022-2023: 1,323 and 2021-2022:1,207).

Concerns by country of registered address*

Northern Ireland

123 cases

3% total concerns

3% country as a proportion of the register

Wales

220 cases

6% total concerns

4% country as a proportion of the register

Overseas/EU

95 cases

2% total concerns

23% country as a proportion of the register

Scotland

374 cases

10% total concerns

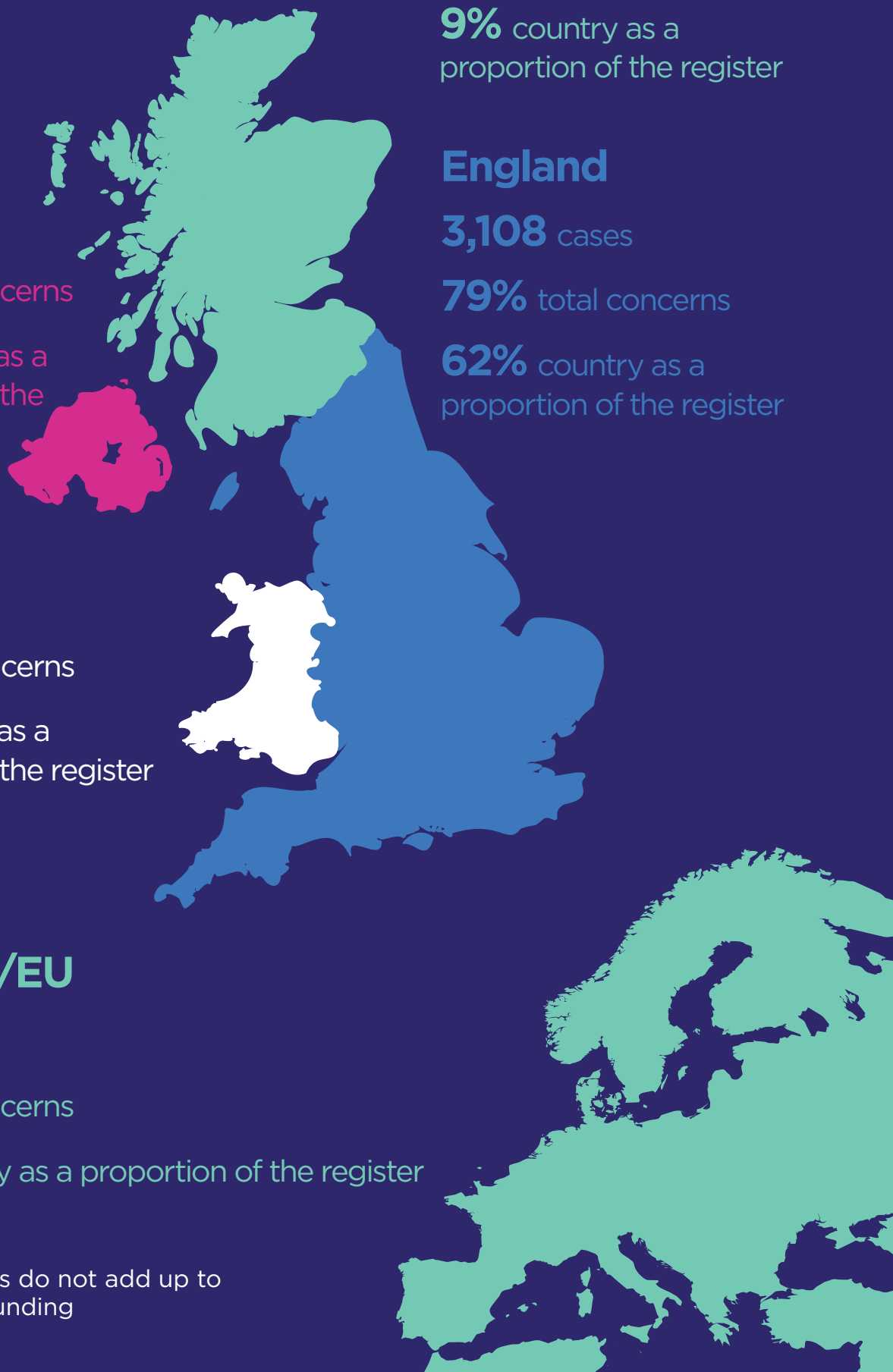
9% country as a proportion of the register

England

3,108 cases

79% total concerns

62% country as a proportion of the register



Concerns by registration type

People can be on more than one part of our register, for example as a nurse and a midwife. This is known as **dual registration**. Table 2 shows the new concerns received in 2023–2024 broken down by registration type.

Table 2: Concerns by registration type

| Registration type | 2023–2024 | | 2022–2023 | 2021–2022 |
|-------------------|-------------------------|---|-------------------------------|-------------------------------|
| | Number of new referrals | Percentage of total referrals (percentage of professionals on the register) | Percentage of total referrals | Percentage of total referrals |
| Nurse | 3,645 | 93% (93%) | 94% | 94% |
| Midwife | 232 | 6%(5%) | 5% | 6% |
| Dual registration | 2 | <1%(<1%) | <1% | <1% |
| Nursing associate | 41 | 1%(1%) | <1% | <1% |
| Total | 3,920 | 100% | 100% | 100% |

Initial assessment outcomes

This year, 2023–2024, we decided not to investigate 3,845 concerns after we concluded our initial assessment either because we did not believe the concerns required regulatory action or because we were unable to identify a nurse, midwife or nursing associate on our register as mentioned earlier in this report.

This equates to 72 percent of initial assessment outcomes being deemed to require no further investigation. This is slightly down from 2022–2023 when we closed 76 percent after initial assessment, however given the 14 percent increase in referrals to us this year, we believe this indicates we continue to make good progress towards our aim of making final decisions at the earliest possible stage of our process.

We referred 531 concerns to another regulatory body.

Interim orders

In 2023–2024, our panels imposed interim orders in 622 cases to protect the public while our investigations were ongoing, which is a ten percent decrease from the previous year (2022–2023: 688 and 2021–2022: 504). Table 3 shows the breakdown between the two types of interim orders that our panels can impose.

Table 3: Interim orders imposed

| Interim order decisions | 2023–2024 | | 2022–2023 | | 2021–2022 | |
|--------------------------------|--------------------------|------------------------------|--------------------------|------------------------------|--------------------------|------------------------------|
| | Number of interim orders | Percentage of interim orders | Number of interim orders | Percentage of interim orders | Number of interim orders | Percentage of interim orders |
| Interim conditions of practice | 337 | 54% | 364 | 53% | 264 | 52% |
| Interim suspension | 285 | 46% | 324 | 47% | 240 | 48% |
| Total | 622 | 100% | 688 | 100% | 504 | 100% |

Table 4 breaks down the number of interim orders imposed by registration type. We have not seen any change in the proportion of interim orders imposed on any of the registration types.

Table 4: Interim orders imposed by registration type

| Interim order decisions | 2023–2024 | | | | 2022–2023 | | | | 2021–2022 | | | |
|--------------------------------|--------------|-------------|-------------------|-----------|--------------|-------------|-------------------|-----------|--------------|-------------|-------------------|-------------|
| | Nurse | Midwife | Nursing associate | Dual | Nurse | Midwife | Nursing associate | Dual | Nurse | Midwife | Nursing associate | Dual |
| Interim conditions of practice | 320 (54%) | 16 (67%) | 1 (25%) | 0 (0%) | 343 (53%) | 18 (62%) | 3 (50%) | 0 (0%) | 249 (52%) | 15 (68%) | 0 (0%) | 0 (0%) |
| Interim suspension | 274 (46%) | 8 (33%) | 3 (75%) | 0 (0%) | 310 (47%) | 11 (38%) | 3 (50%) | 0 (0%) | 231 (48%) | 7 (32%) | 0 (0%) | 2 (100%) |
| Total | 594 | 24 | 4 | 0 | 653 | 29 | 6 | 0 | 480 | 22 | 0 | 2 |

Case examiner outcomes

In 2023–2024, our case examiners made 1,588 decisions (2022–2023: 1,210 and 2021–2022: 1,582) at the end of an investigation.

We provide our decision-makers, including case examiners, with clear guidance on what is required in a decision. The guidance helps to ensure that our decision-making is consistent.

Table 5 breaks down the case examiners' decisions by outcome. This year we have seen a continued positive increase in the number of cases being resolved at the case examiner stage through a warning or undertaking. There was a 91 percent increase in the number of undertakings in 2023–2024.

Undertakings, can, providing there are no attitudinal issues, allow a professional to address problems in their practice that may pose a risk.

An undertaking shows that we consider a professional to have the potential to show that they can practise safely without restriction and are designed to support them in demonstrating that. They are not case closures, but rather a case to answer decision where a full hearing can be avoided. We publish all agreed undertakings in line with our publication guidance and we keep outcomes under review. If a professional fails to comply with the terms of the undertaking, the case examiners will conduct a further review of the undertaking, and, if necessary, refer the matter on for a hearing before a panel of the Fitness to Practise Committee.

In April 2022, we changed our undertakings guidance, removing the need for concerns to be accepted and allowing undertakings to be recommended in more cases; this has been further bolstered by the introduction of a Good Practice Guide for our Case Examiners recommending undertakings for cases where there are clinical concerns.

Table 5: Case examiner decisions by outcome

| Case examiner decisions | 2023-2024 | 2022-2023 | 2021-2022 |
|------------------------------|-----------------|-----------------|-----------------|
| | Number of cases | Number of cases | Number of cases |
| Refer for hearing or meeting | 800 (50%) | 666 (55%) | 741 (47%) |
| Advice | 9 (<1%) | 6 (<1%) | 14 (<1%) |
| Warning | 110 (7%) | 69 (6%) | 65 (4%) |
| Undertaking | 111 (7%) | 58 (5%) | 23 (1%) |
| No further action | 558 (35%) | 411 (34%) | 739 (47%) |
| Total | 1,588 | 1,210 | 1,582 |

Table 6 breaks down the number of case examiner decisions by registration type.

Table 6: Number of decisions by registration type

| Case examiner decision | 2023-2024 | | | | 2022-2023 | | | 2021-2022 | | |
|------------------------------|--------------|-------------|-------------------|-------------|--------------|-------------|------------|--------------|-------------|------------|
| | Nurse | Midwife | Nursing associate | Dual | Nurse | Midwife | Dual | Nurse | Midwife | Dual |
| Refer for hearing or meeting | 766 (51%) | 31 (49%) | 3 (38%) | 0 (0%) | 632 (55%) | 33 (55%) | 1 (50%) | 709 (47%) | 30 (46%) | 2 (67%) |
| Advice | 7 (<1%) | 2 (3%) | 0 (0%) | 0 (0%) | 5 (<1%) | 1 (2%) | 0 (0%) | 14 (<1%) | 0 (0%) | 0 (0%) |
| Warning | 105 (7%) | 4 (6%) | 1 (13%) | 0 (0%) | 66 (6%) | 3 (5%) | 0 (0%) | 63 (4%) | 2 (3%) | 0 (0%) |
| Undertaking | 105 (7%) | 4 (6%) | 1 (13%) | 1 (100%) | 54 (5%) | 3 (5%) | 1 (50%) | 20 (1%) | 3 (5%) | 0 (0%) |
| No further action | 533 (35%) | 22 (35%) | 3 (38%) | 0 (0%) | 391 (34%) | 20 (33%) | 0 (0%) | 708 (47%) | 30 (46%) | 1 (33%) |
| Totals | 1,516 | 63 | 8 | 1 | 1,148 | 60 | 2 | 1,514 | 65 | 3 |

This year is the first time we have seen a decision made by the case examiners about a nursing associate since the role was introduced in England in 2019 (two nursing associates who were struck off in 2022-2023 were direct referrals to the Fitness to Practise Committee).

Case examiners work in pairs. One is a registered nurse or midwife, and one is a lay person. If the case examiners are unable to agree on an outcome, they must refer the case to an independent panel of the Investigating Committee for a decision. No such cases were referred to the Investigating Committee in 2023-2024.

Hearing and meeting outcomes

In 2023–2024, our panels reached 620 final decisions on cases (2022–2023: 553 and 2021–2022: 414) through meetings and hearings. Table 7 breaks down the panel decisions by the type of outcome.

We continue to try and identify opportunities to resolve more cases at earlier stages of the fitness to practise process, allowing us to protect the public and a professional to practice safely while minimising the impact of the fitness to practise process on those involved in the case by avoiding a full hearing. We do this by working closely with professionals and their representatives, and where the case examiners do refer a case onwards, we will try to resolve the case in the most effective way possible.

Table 7: Panel decisions

| Panel decision | 2023–2024 | | 2022–2023 | | 2021–2022 | |
|------------------------------|------------|-------------|------------|-------------|------------|-------------|
| | Number | Percentage | Number | Percentage | Number | Percentage |
| Strike off | 214 | 35% | 191 | 35% | 109 | 26% |
| Suspension | 158 | 25% | 155 | 28% | 124 | 30% |
| Conditions of practice | 85 | 14% | 65 | 12% | 61 | 15% |
| Caution | 31 | 5% | 31 | 6% | 37 | 9% |
| Sub-total | 488 | 79% | 442 | 80% | 331 | 80% |
| Facts not proved | 38 | 6% | 41 | 7% | 22 | 5% |
| FtP not impaired | 94 | 15% | 67 | 12% | 61 | 15% |
| Proceedings stayed | 0 | 0% | 3 | <1% | 0 | 0% |
| Total panel decisions | 620 | 100% | 553 | 100% | 414 | 100% |

Table 8: Panel outcomes by registration type

| Panel decision | 2023-2024 | | | | 2022-2023 | | | | 2021-2022 | | |
|------------------------|--------------|------------|-------------|-------------------|--------------|------------|------------|-------------------|--------------|------------|-------------|
| | Nurse | Midwife | Dual | Nursing associate | Nurse | Midwife | Dual | Nursing associate | Nurse | Midwife | Dual |
| Strike off | 210 (35%) | 4 (18%) | 0 (0%) | 0 (0%) | 181 (34%) | 6 (29%) | 2 (67%) | 2 (100%) | 99 (26%) | 7 (30%) | 3 (100%) |
| Suspension | 152 (26%) | 6 (27%) | 0 (0%) | 0 (0%) | 151 (29%) | 4 (19%) | 0 (0%) | 0 (0%) | 123 (32%) | 1 (4%) | 0 (0%) |
| Conditions of practice | 80 (13%) | 4 (18%) | 0 (0%) | 1 (100%) | 60 (11%) | 5 (24%) | 0 (0%) | 0 (0%) | 57 (15%) | 4 (17%) | 0 (0%) |
| Caution | 31 (5%) | 0 (0%) | 0 (0%) | 0 (0%) | 28 (5%) | 2 (10%) | 1 (33%) | 0 (0%) | 32 (8%) | 5 (22%) | 0 (0%) |
| Sub-total | 473 | 14 | 0 | 1 | 420 | 17 | 3 | 2 | 311 | 17 | 3 |
| Facts not proved | 37 (6%) | 1 (5%) | 0 (0%) | 0 (0%) | 40 (8%) | 1 (5%) | 0 (0%) | 0 (0%) | 20 (5%) | 2 (9%) | 0 (0%) |
| FtP not impaired | 85 (14%) | 7 (32%) | 2 (100%) | 0 (0%) | 64 (12%) | 3 (14%) | 0 (0%) | 0 (0%) | 57 (15%) | 4 (17%) | 0 (0%) |
| Proceedings stayed | 0 (0%) | 0 (0%) | 0 (0%) | 0 (0%) | 3 (<1%) | 0 (0%) | 0 (0%) | 0 (0%) | 0 (0%) | 0 (0%) | 0 (0%) |
| Overall totals | 595 | 22 | 2 | 1 | 527 | 21 | 3 | 2 | 388 | 23 | 3 |

Allegations found proved at adjudication

The top three categories of allegations found proved remains the same as previous years. In 2023-2024, patient care was the most common category, followed by prescribing and medicines management and then record keeping.

The table below shows the most common allegation themes (level one) and more detailed categories within each theme (level two).

| Allegations Level One (% of Total Allegations) | Allegation Level Two |
|---|--|
| Patient Care (23%) | Diagnosis, observation, assessment |
| | Inappropriate or delayed response to negative signs, deterioration, or incidents |
| Prescribing And Medicines Management (16%) | Not administering or refusing to administer medication |
| | Administered incorrect dosage |
| Record Keeping (13%) | Patient or clinical records |
| | Drugs or medication records |

Our first Fitness to Practise Insight Report will be published in Autumn 2024 and will provide further insight into themes and patterns of the cases we receive.

Fraudulent or incorrect register entries

Our panels consider allegations that a nurse, midwife or nursing associate has been added to the register incorrectly or fraudulently. If they find the allegation proved, the panel can direct the Registrar to remove or amend the entry on the register.

In 2023–2024, our panels directed the Registrar to remove a nurse or midwife from the register in 35 cases (2022–2023: 54 and 2021–2022: 38).

Concerns about testing at Yunnik Technologies Test Centre, Nigeria

We ask internationally educated professionals to undertake a two-part test of competence that demonstrates they have the right knowledge and skills to provide high-quality care in the UK. This test must be taken before they are allowed to join our register. The test is comprised of a computer-based test (CBT), which they usually sit in their home country, and a practical test (OSCE) undertaken in the UK.

In May 2023 we were alerted to anomalies in the data at a third-party CBT centre in Ibadan, Nigeria, by Pearson VUE who run the CBT programme on our behalf. Testing at the centre was suspended and we immediately paused all pending applications to our register from individuals who tested at this centre.

Objective and independent analysis of the data clearly indicated that the overall pattern of test-taking was statistically significantly quicker than at other test sites. We suspect some people fraudulently obtained their

CBT, probably by use of a proxy tester (where someone takes the test on behalf of someone else). We therefore took the decision to invalidate all tests taken at the site (affecting 1,995 individuals), irrespective of the time taken to complete the test. Where we had concerns that they had achieved their test score fraudulently, we took the following action:

- We referred 48 professionals on our register to an independent panel to decide whether they gained fraudulent entry to the register. The first hearings took place in March 2024.
- We determined that 669 applicants had more likely than not, obtained their test result fraudulently. These applications are referred to an Assistant Registrar once complete. So far, almost all of the applications considered by the Assistant Registrar have been refused on the basis that the character requirements are not met.

For the remaining applicants and professionals on the register, there are no concerns about fraud, so either their cases will be closed, or their application will resume once a new test has been taken successfully.

Additionally, we have permanently exited out of all third-party operated CBT test sites and Pearson VUE has implemented enhanced security and monitoring controls. Our internal auditors also undertook an advisory audit of our anti-fraud arrangements across our registrations function. They found that extensive controls were in place and made some suggestions to further strengthen our controls in this area.

Agreed removal

In some fitness to practise cases, the nurse, midwife or nursing associate at the heart of the case can ask to be considered for removal from the register without the need for a substantive hearing. In April 2023, we renamed the process 'Agreed Removal' and, following engagement with our Public Voice Forum and representative bodies for the professions we regulate, we updated our guidance to give us more flexibility to agree requests for removal from the register. We removed from the guidance requirements for investigations to have been completed and professionals to accept all allegations in order to be eligible for agreed removal. Requests for removal can now be made at any stage of the process.

In every case, we will consider carefully whether it is in the public interest to keep someone on our register so that we can continue with our fitness to practise process – for example where there are very serious concerns which will always need to be fully investigated and put before an independent panel.

Table 9 shows the number of applications received and granted in the last three years for agreed removal (2023-2024 only) and voluntary removal (2022-2023 and 2021-2022) respectively. The figures do not balance in-year because some decisions are reached in the year after the request was received.

Table 9: Agreed/Voluntary removal applications

| Agreed/Voluntary removals | 2023-2024 | 2022-2023 | 2021-2022 |
|---------------------------|-----------|-----------|-----------|
| Number of applications | 339 | 108 | 78 |
| Applications granted | 154 | 60 | 46 |
| Applications rejected | 155 | 61 | 31 |

The table below shows the breakdown of this year's voluntary removal decisions by registration type.

Table 10: Agreed/Voluntary removal decisions by registration type

| Agreed/Voluntary removals | 2023-2024 | | 2022-2023 | | 2021-2022 | |
|---------------------------|------------|-----------|------------|-----------|-----------|----------|
| | Nurse | Midwife | Nurse | Midwife | Nurse | Midwife |
| Applications granted | 141 | 13 | 53 | 7 | 39 | 7 |
| Applications rejected | 145 | 10 | 57 | 4 | 29 | 2 |
| Totals | 286 | 23 | 110 | 11 | 68 | 9 |

There were no voluntary removal decisions made about dual-registered professionals or nursing associates.

Reviews and appeals

Reviewing case examiner decisions

We have the power to review the case examiners' decisions, including advice, warnings and undertakings, and anyone can request that we do so.

Reviewing a decision is done in two stages.

- We decide whether to carry out a review.
- If we carry out a review, we can decide either to uphold the original decision or that a new decision is required.

Table 11 shows the number of requests we received and the decisions we took during the year. The figures do not balance in-year because some reviews were not completed in the year the requests were received.

Learning from reviews informs training and other quality improvement activities for our investigators and decision makers.

Table 11: Reviews of case examiner decisions

| Power to review stage | 2023-2024 | 2022-2023 | 2021-2022 |
|--|-----------|-----------|-----------|
| Total requests for review received | 37 | 41 | 52 |
| First stage: request closed | 6 | 13 | 21 |
| Second stage: fresh decision required | 17 | 18 | 18 |
| Second stage: original decision upheld | 3 | 2 | 0 |

In the 17 cases in 2023-2024 where the Registrar decided a fresh decision was required, they gave two reasons:

- In 15 cases, there was a material flaw in the original decision. We regularly analyse these situations and ensure any learning is shared with all relevant decision makers and the wider case examiner team.
- In two cases, there was both a material flaw in the original decision and new information became available.

Appeals against panel decisions

A nurse, midwife or nursing associate can appeal against a decision of our panels. They must lodge their appeal within 28 days of the decision to one of the following: the High Court in England and Wales, the High Court Justice in Northern Ireland, or the Court of Session in Scotland. The court may decide that there are exceptional circumstances to justify extending the time period. The Professional Standards Authority (PSA) can also refer a case to court if it considers that a panel decision does not protect the public.

Table 12 shows the total number of appeals during 2023-2024; not all appeals lodged were concluded in the same year and the outcomes include appeals lodged in previous reporting periods. This means the figures do not balance in-year. Learning from appeals is used to inform training for panel members and colleagues and other quality improvement activities.

Table 12: Outcomes of appeals of panel decisions

| Outcome | 2023-2024 | 2022-2023 | 2021-2022 |
|----------------------|-----------|-----------|-----------|
| Total appeals lodged | 28 | 16 | 13 |
| Appeal upheld | 7 | 7 | 7 |
| Appeal dismissed | 3 | 3 | 6 |

Table 13 shows the breakdown in this year’s appeal of panel decisions by appeal type.

Table 13: Appeal of panel decisions by appeal type

| | PSA | Professional on the register |
|------------------|-----|------------------------------|
| Appeal upheld | 7 | 0 |
| Appeal dismissed | 0 | 3 |

Restoration to the register

A nurse or midwife struck off by a panel can apply to be restored to our register after five years. Before they can re-join the register, they must satisfy a panel that they are fit to practise. If their application is successful, they usually must undergo a return to practice programme.

Table 14 shows the outcomes of restoration applications in 2023-2024. The figures do not balance in-year because some decisions are reached in the year after the appeal was made. The number of restoration applications has fluctuated over the last few years; however, we have not identified any underlying trends.

Table 14: Restoration application outcomes

| Outcome | 2023-2024 | 2022-2023 | 2021-2022 |
|-----------------------------|-----------|-----------|-----------|
| Total applications received | 53 | 60 | 56 |
| Application accepted | 17 | 15 | 21 |
| Application rejected | 15 | 17 | 21 |

Table 15 shows the breakdown of this year's restoration decisions by registration type.

Table 15: Restoration decisions by registration type

| | 2023-2024 total | Nurse | Midwife | Dual |
|----------------------|-----------------|-------|---------|------|
| Application accepted | 17 | 17 | 0 | 0 |
| Application rejected | 15 | 15 | 0 | 0 |



Looking ahead to 2024-2025



Despite our best efforts, we have seen our fitness to practise caseload rise over the last year. Although good progress was made through the first half of the year, continual high numbers of referrals, and disruption to our core business, such as the CBT fraud activity in Nigeria, made it more difficult to prevent the caseload from increasing.

Sustainably managing our caseload is a critical part of keeping the public safe and encouraging confidence in our processes. In March 2024 our Council signed off our Fitness to Practise Plan which will deliver improvements to our current processes, policies and tools, as well as supporting our people. It is a key enabler of wider transformation and fulfilment of our public safety statute. It also reconfirms our commitment to high quality and timely decision-making.

The plan focuses on the management of our caseload from the start of the process through to the end to identify and prevent barriers to case progression. It balances targeted activities and to drive high-quality, timely decision making at our screening and investigation stages to continue with the caseload reduction with significant investment in our adjudication functions that will deliver sustainable, long-term benefits and efficiencies and concluding our cases in a more timely manner.

Most importantly, the plan is led by our organisational purpose and the experience we believe all people should expect from us through four key outcomes:

1. Improving the timeliness of our cases and a reduction in our oldest cases
2. Improved quality and safety
3. Person-centred, proportionate service
4. Sustainable cost base.

We want to achieve these outcomes through the following areas of work:

- Improving referral quality, safety and supporting people through our processes.
- Swiftly and safely progressing cases at our initial assessment and investigation stages.
- Releasing additional capacity for our investigations and case preparation teams by increasing the range of services we can use our external legal firms for. This will support manageable caseloads and release internal legal capacity.
- Improving our process in our case preparation teams to better improve capacity for our colleagues to drive consistent, high quality, proportionate and outcome focussed case progression.
- Improving the quality and timeliness of decisions at adjudications and on our major investigation cases.
- Improving the quality and timeliness of decisions across the fitness to practise process.
- Investing in our people, culture and organisational design so we recruit and retain skilled and engaged people while making sure that resource levels and oversight are appropriate to the level and complexity of caseload that we are progressing.
- Improving our systems through introduction of a new case management system in 2025 to support safe and swift progression of cases in a person-centred way.

By March 2025 we anticipate being able to report that we have:

- completed the focused recruitment of additional roles to our priority casework areas and successfully onboarded our new colleagues
- seen improved consistency across our casework teams as they are supported by streamlined processes, smart tools and KPIs and governance that help our people drive swift and safe case progression
- consistent application of consistent and holistic quality frameworks
- cleared our backlog of cases at the screening stage that are awaiting allocation of a case owner
- seen improvements in the management of our oldest and most complex cases.

We are creating a holistic framework that will track our progress and help forecast performance supported by workforce modelling and a benefits framework. These will provide clear direction to our team on the outcomes they will be working towards, provide clear accountability and engage them through our performance reporting. This will help us move to a focus on performance management and decisions that are informed by data. We will report on our progress publicly via our Council meetings.

Next year will be an incredibly busy time for our Professional Regulation directorate as we deliver the improvement plan against the backdrop of responding to the reviews into our handling of fitness to practise cases and the wider review into the culture at the organisation. We know that if referrals into us remain high, it will present additional challenges to us reducing and maintaining our caseload, despite the additional investment, as cases in the process get older. Furthermore, it will mean we are not able to progress and conclude cases in a timely manner, as quickly as we would like, impacting on all people involved in the cases. We will continually monitor the referral rate to identify early any implications it may have on our plans and work flexibly with our resources to deliver targeted interventions where needed. We will continue to report on our progress, including any emerging risks on referral numbers to the Executive Board and at our public Council meetings.

We are confident that our improvement plan will deliver tangible benefits to areas of our process where the impact is most needed. This includes reduction of the number of unallocated cases in screening and increasing the number of hearings we are holding at adjudication. These improvements will see us improve the time it takes for us to swiftly progress cases through our process, improving the experience for those at the heart of the cases. We will be delivering these against the backdrop of maintaining our core business activities.



23 Portland Place,
London W1B 1PZ

T +44 20 7333 9333
nmc.org.uk

© Nursing and Midwifery Council Copyright 2024

The nursing and midwifery regulator for England, Wales, Scotland and Northern Ireland
Registered charity in England and Wales (1091434) and in Scotland (SC038362).

E03125878
978-1-5286-4982-7

