nmc Insights

Insight into Fitness to Practise

December 2024

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Welcome to our fitness to practise insights

As the independent regulator for nursing and midwifery in the UK, we are responsible for investigating concerns about the conduct or practice of the 826,418 professionals on our register[1]. Where necessary, we will act on those concerns in order to protect the public.

Our recent **Spotlight on Nursing and Midwifery report** highlighted that the public has high expectations of nurses, midwives and nursing associates, and these expectations are mostly met. A small proportion of the professionals on our register have concerns raised about them to us each year. We close most of these concerns at the initial stage because of lack of evidence or because the concerns raised do not meet the threshold for regulatory action.

However, each concern is a serious matter for the people involved. If a person receiving care or a family member has raised a concern it is usually because their experience fell below their expectations. It may have been a traumatic event, involving harm. For a professional, to have concerns raised to the regulator is an inherently stressful event, regardless of the eventual outcome. Professionals may fear the process, they may worry about the outcome, and many will already be under stress of different sorts at the point of a concern being raised. For employers and witnesses, involvement in cases and hearings can be difficult, and time-consuming.

We have a responsibility to use insights into our work to improve what we do. We also recognise that by sharing insights we can improve understanding of our processes, and this might lead to behavioural change which improves people's experiences. For example, we can share with people why certain cases tend to get closed early without action, or demonstrate to professionals that if they are the subject of concerns, engaging early with us may improve the outcome of their case.

1. Register number as of 31 March 2024. Our latest register numbers are **here**.

In this publication, we highlight key insights from our analysis of the concerns we received between April 2019 to March 2024. We are also providing an accompanying **dashboard** to demonstrate trends in our data over the last five years. This will address common queries about the types of concerns reported to us as well as the decisions we have made.

In particular, this publication provides insights about:

- concerns raised with us that commonly affect the quality of care in the UK
- the types of concerns that lead to professionals' practice being restricted

This publication represents an important step in transforming data into meaningful insights, while acknowledging the limitations of our data. We recognise that our fitness to practise process needs improvement, both for the people involved and the experiences they have, as well as how we prevent delays and make swift and safe decisions that are proportionate.

We are committed to continuous learning and improvement. In April 2024, building on the foundations of the story our data and insights tells us within this publication, we launched a comprehensive programme of improvements that we called the fitness to practise plan.

The plan focuses on protecting the public, delivering faster and fairer outcomes that consider everyone involved to get the right resolution as early as possible.

For more information about our fitness to practise process, please see our **Annual Fitness to Practise Report 2023-2024**.

What we found

Numbers of concerns returning to pre-pandemic levels

We have seen a 14 percent increase in new concerns over the last year. Concerns from members of the public increased during the pandemic between 2019 and 2022 and then declined, while those from employers followed an opposite trend. Prior to 2019-2020, employers had been the biggest source of concerns to us so this may reflect a return to pre-pandemic patterns. Despite the increasing number of professionals on our register, the proportion of concerns that have been raised with us has stayed relatively consistent, amounting to less than one percent of the register each year.

Over-representation of particular groups of professionals in our fitness to practise process

Our **Ambitious for Change research** and **annual EDI data tables** have consistently shown that certain groups are over-represented in our fitness to practise process compared to their proportional numbers on our register. Our analysis delves deeper into these trends to reveal that male professionals working in mental health and learning disabilities settings are particularly affected. Male professionals make up 26 percent of professionals on our register with a qualification to practice in mental health care; however, they account for 40 percent of fitness to practise concerns related to all professionals with a mental health qualification.

Issues consistently affecting the quality and safety of people's care

Some concerns are raised with us more frequently suggesting that these are the things that need to be addressed for care to improve. Concerns about patient care including diagnosis, observation, or assessment, and delayed or inappropriate responses to patient deterioration are the most common types of concerns raised with us.

Concerns focused on professionals' clinical performance, such as prescribing errors or poor record-keeping are also frequently raised with us and more commonly so by employers than members of the public. Members of the public are more likely to raise concerns about professionals' behaviour and communication. These types of concerns encompass a wide range of allegations, including verbal abuse, bullying, and physical violence as well as professionals being rude or failing to provide sufficient or accurate information.

Demonstrating insight, strengthening practice and having representation makes a difference to the outcomes for professionals

Our data shows that professionals who have representation, actively engage in reflection, and take steps to strengthen their practice, are less likely to receive outcomes that restrict their practice. Represented professionals are more likely to have their cases closed at an earlier stage, and more likely to be able to assure us that serious sanctions such as a suspension or removal from the register are not required to protect the public or uphold confidence in the professions.

The volume of concerns received

We analysed the concerns that have been raised with us and the decisions we made in relation to these concerns between 1 April 2019 and 31 March 2024. Below are our figures for the last five years.

New concerns received by financial year from 1 April 2019 - 31 March 2024

Financial Year	New Concerns	% Change
2019 -2020	5,704	n/a
2020 -2021	5,547	↓ -3%
2021 -2022	5,291	↓ -5%
2022 -2023	5,068	↓ -4%
2023 -2024	5,774	↑ 14%

We saw a 14 percent increase in concerns raised with us from 5,068 in 2022-2023 to 5,774 in 2023-2024. This follows a steady reduction in the number of concerns raised with us between 2020 and 2022; a trend likely linked to the global Covid-19 pandemic.

Our register has grown significantly, now counting 826,418 nurses, midwives, and nursing associates — an increase of 128,184 (15.5 percent) over the past five years.

The number of professionals on our register alongside the number of fitness to practise concerns since 2019-2020

2019-2020

716,595 professionals

5,704 concerns

2020-2021

731,897 professionals

5,547 concerns

2021-2022

758,298 professionals

5,291 concerns

2022-2023

788,695 professionals

5,068 concerns

2023-2024

826,418 professionals

5,774 concerns

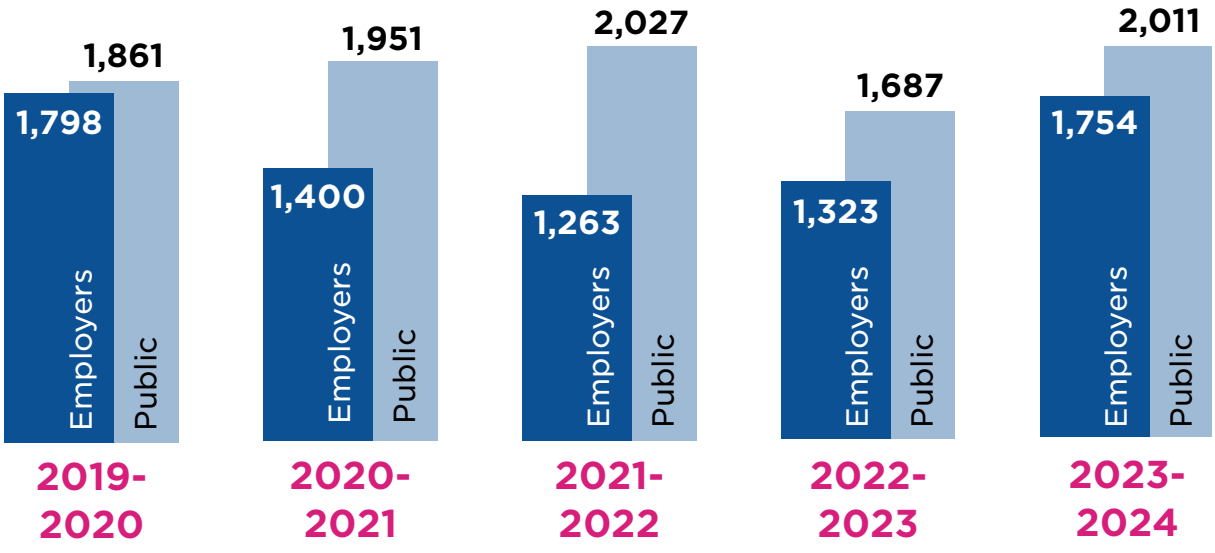
Sources of concerns

Since 2019-2020, we have observed a shift in who raises concerns with us. Prior to 2019-2020, employers were the primary source of concerns. However, members of the public now raise the biggest single proportion of concerns with us, consistently raising around one third of all concerns each year.

From 2021-2022, there was a decrease in the number of concerns raised by members of the public and those raised by employers have increased. Members of the public were our largest single source of new concerns over the five-year period (accounting for 34 percent of concerns compared with employers who accounted for 28 percent). The remaining sources of concerns include self-referral, NMC, another professional, another regulator or unknown sources.

We have our Employer Link Service which provides advice to employers about whether it is necessary to report a concern. During the pandemic period, we asked all employers to contact our advice line as a first step before raising a concern. This enabled concerns to be discussed and establish whether the regulatory threshold was met. It is possible that this change in process is one of the factors which resulted in the reduction in employer concerns during the pandemic, and the increase in concerns from this group more recently as we have returned to our usual pre-pandemic processes. It indicates that, encouraging employers to use **our guidance** and the advice line service may reduce the need for raising a concern, particularly if the concern can be dealt with via local investigation.

The number of fitness to practise concerns raised by employers compared to members of the public since 2019-2020.



Trends in the types of professionals who are the subject of concerns

Members of the public (particularly people who receive midwifery care) are more likely to raise concerns about midwives than employers. In comparison, employers are more likely to raise concerns about nurses and nursing associates than members of the public.

We are more likely to receive concerns about male professionals, particularly those with mental health and learning disabilities qualifications. Male professionals make up a smaller proportion of our register (11 percent) but account for over 20 percent of the concerns we receive. Among professionals with mental health qualifications, men represent 26 percent of the register but are associated with 40 percent of fitness to practise concerns.

This pattern may reflect the types of roles and practice settings men are more likely to practice in. Our 2022 **Ambitious for Change** research suggests that men, particularly those from Black backgrounds, are more likely to work in nursing practice that may heighten the risk of concerns being raised, such as mental health and learning disabilities practice.

These findings highlight the importance of understanding the factors that contribute to the higher number of concerns raised about male professionals in these settings. While this may reflect the complexities and risks associated with certain practice areas, it underscores the need for employers to provide appropriate support and guidance to all professionals.

The types of concerns raised

Throughout the process we assign codes that capture the types of concerns (what we call 'allegation coding'). It is important to remember that some cases may involve more than one type of concern, and that some concerns are more common than others.

We looked at the allegations attached to concerns raised with us between April 2019 and March 2024. Please note the data in this section relates to the number of individual concerns reported, rather than the number of cases or people they are linked to.

The most common allegations are concentrated in six main areas:

- Patient care
- Prescribing and medicines management
- Record keeping
- Dishonesty
- Behaviour or violence
- Communication issues

Patient care

Concerns often involve diagnosis, observation, or assessment of patients and others involve delayed or inappropriate responses to patient deterioration. These concerns underscore the importance of maintaining high standards in monitoring and timely interventions.

Prescribing and medicines management

These typically involve errors in medication administration, breaches of local policies, or incorrect dosages, all of which pose risks to patient safety. Regulatory action may be necessary in situations where these concerns are coupled with dishonesty or insufficient steps have been taken to strengthen practice.

Record-keeping

Poor management of records can lead to significant risks in the continuity of care. However, it is often possible to remedy these concerns through reflective practice and further training. These types of concerns predominantly relate to errors or inadequacies in patient records, care plans, or drug and medication records.

Dishonesty

These concerns frequently involve misrepresentations or omissions related to patient care or employment, raising questions about a professional's trustworthiness. As dishonesty is harder to address through steps to strengthen practice such as training or supervision, these concerns often result in stronger regulatory action to protect the public.

Behaviour or violence

Concerns about behaviour and violence may involve abuse or neglect, bullying, physical violence, intimidation or harassment. We have recently strengthened our guidance on concerns about sexual misconduct and other forms of abuse outside professional practice. These changes make it clear that we take these behaviours extremely seriously, whether or not they occur at work.

Communication issues

Communication concerns primarily relate to professionals demonstrating an unfriendly, uncaring, or rude manner of communication. Of these, most highlight rudeness or lack of compassion or kindness, poor interpersonal skills with others citing a failure to provide sufficient or accurate information.

Our full allegations can be found in the accompanying **dashboard**.

Types of concerns at the investigation stage

As we investigate cases, the allegation codes attached to a case may change. This happens when we find evidence to support or refute the allegations initially made. The allegations at this stage of the process reflect what we are investigating, rather than what has been proven. Proven allegations are recorded at the final hearing stage. Below are the top four allegation categories by source.

Allegations from all sources including patient, public, self-referral, employer, NMC, another professional, another regulator or unknown

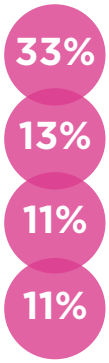
Patient care

Prescribing and medicines management

Record keeping

Dishonesty

Allegations from members of the public



Patient care

Record keeping

Communication issues

Dishonesty

Allegations from employers

Patient care

Prescribing and medicines management

Record keeping

Dishonesty

Types of concerns at the final hearing stage

At the final stage of our process the allegations represent those that we have found to be proved at a final hearing or meeting. Decisions at the hearing stage may not relate specifically to a single allegation but are a result of a combination of allegations (for example, a striking off order for a social media or motor vehicle related allegation may be the result of the allegation being combined with another allegation such as dishonesty or patient care). Below are the top four allegation categories by source.

Allegations from all sources including patient, public, self-referral, employer, NMC, another professional, another regulator or unknown

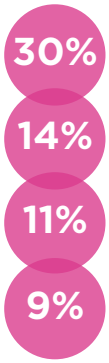
Patient care

Prescribing and medicines management

Record keeping

Dishonesty

Allegations from members of the public



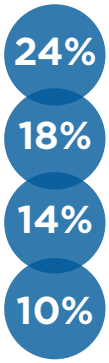
Patient care

Record keeping

Dishonesty

Communication issues

Allegations from employers



Patient care

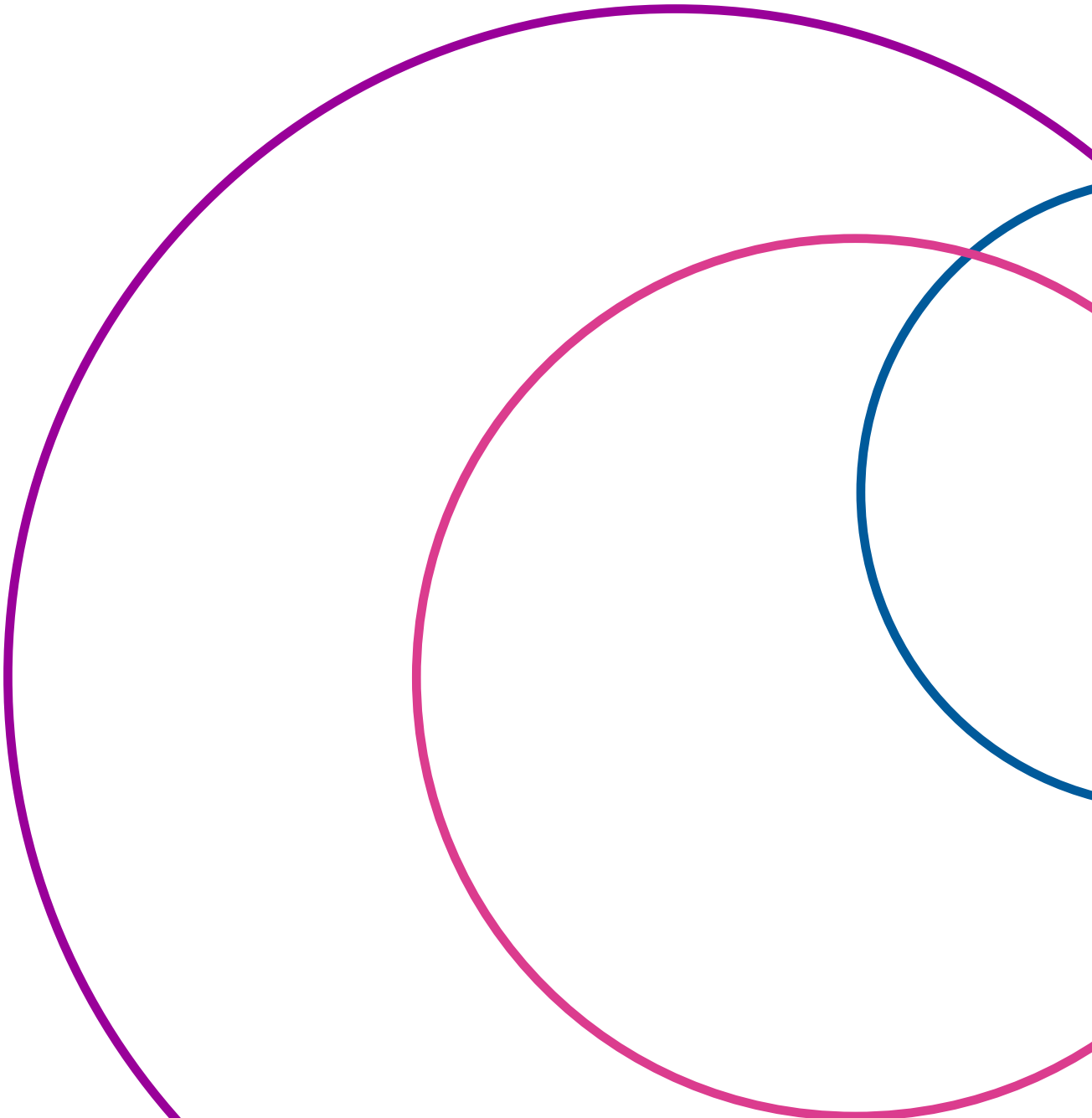
Prescribing and medicines management

Record keeping

Dishonesty

Our analysis shows some divergence in the types of concerns raised with us from different sources. For instance, members of the public more commonly raise concerns about professionals' conduct and attitude, while employers tend to focus on performance-related issues and competence.

These trends have remained consistent each year since 2019-2020. Our 2024 **Spotlight on Nursing and Midwifery report** outlines the high expectations that members of the public and people who use services have of the professionals on our register, and the value people place on listening, respect, understanding and kindness alongside clinical competence. These issues are reflected in the concerns that are raised with us by members of the public and highlight the importance for professionals to have the time to talk with and listen to people in their care.



Deciding when to take regulatory action

When people raise concerns about a nurse, midwife or nursing associate's fitness to practise, it's our responsibility to act in the way that best protects people from coming to harm in the future. Before making a decision on concerns raised about professionals on our register, we carefully assess the risks. This involves looking at whether the professional has taken steps to address or remedy the concerns. We consider the potential risks to those receiving care and, in some cases, the broader public's trust and confidence in the nursing and midwifery professions. In certain situations, both may be relevant.

Our decision-makers consider various factors, including the duration or frequency of the conduct in question, the professional's role and relationship with those involved, and any vulnerabilities of individuals subject to the alleged conduct. This ensures that our decisions are proportionate and based on the context of the situation.

Some concerns are particularly serious and are likely to result in more severe regulatory actions, such as suspension or striking off. These typically involve serious matters where harm has occurred or where the nature of the concern makes it difficult to remediate, such as cases of sexual assault, dishonesty, or serious lapses in patient care.

However, for many cases, professionals on our register are able to show that they have learned from the incident that occurred and are able to practise safely in the future. This might involve individuals reflecting on the impact of the incident, accepting responsibility, and taking clear actions to address any gaps in their conduct or practice. By showing that they have learned from the event and strengthened their practice, professionals can mitigate concerns and, in many cases, avoid the need for more restrictive outcomes.

We also consider the context in which the professional was practising. For example, system-wide issues may contribute to incidents of poor practice, and addressing such concerns through regulatory action against an individual professional may not prevent similar incidents in the future. In these situations, taking regulatory action may give false assurance and divert attention away from the underlying issues. Instead, a holistic approach to improving care settings and practices may be necessary to protect public safety.

Where the risk to patient safety has been adequately addressed and the professional has demonstrated insight and improvement, regulatory action may not be necessary. Encouraging a learning culture, where professionals are empowered to admit mistakes and supported in taking steps to remedy them, is a more effective way of promoting safe, high-quality care.

Conversely, if a professional deliberately covers up mistakes or fails to be transparent when things go wrong, this undermines public trust in the profession. In such cases, we are more likely to impose restrictive regulatory actions to protect the public and uphold the high standards of nursing and midwifery.

Dishonesty

Dishonesty cases, particularly those related to patient care and employment, often lead to restrictions being placed on practice, as they require a careful balance between maintaining public trust and supporting professionals to demonstrate fitness to practise. Ensuring that these cases are handled fairly, transparently, and proportionately remains central to our work.

Maintaining honesty and integrity in professional practice is vital for upholding public confidence. Engaging with the principles of the **Code** and the duty of candour early on, when challenges arise, can prevent the need for cases to progress. By reflecting regularly, addressing issues as they occur, and offering timely apologies, when necessary, professionals demonstrate accountability and reinforce trust.

Factors that shape the action we take

Demonstrating insight and efforts to strengthen practice

It's vitally important that we encourage nurses, midwives or nursing associates to try to put problems right where they can, because we want to promote a learning culture that keeps people receiving care and members of the public safe. When our decision makers are looking at overall fitness to practise, they'll always consider what the nurse, midwife or nursing associate has done to address the concerns.

Demonstrating insight means the professional has taken the opportunity to step back, recognise what went wrong, and take responsibility for their actions. It involves understanding the impact of mistakes on patients and on public trust, and identifying what could be done differently to prevent similar issues from happening again in the future. Strengthening practice means taking steps to improve practice – for example - by undertaking further training or a period of supervised practice.

Insight and strengthening practice can result in a fitness to practise case being closed earlier in the process

The number of cases closed at the first stage of our fitness to practise process due to the concern having been mitigated or remedied has gradually increased since April 2019 but remains low (7 percent). This highlights the importance of professionals taking proactive steps to reflect, demonstrate insight, and strengthen their practice when things go wrong. Such actions, taken before a concern is raised, can help address issues early and may mean that concerns can be resolved without the need for further investigation.

Professionals who demonstrate insight and strengthen their practice are less likely to receive an outcome that restricts the scope of their future practice. A review of a sample of case examiner decisions showed that successful demonstration of insight and strengthening practice can result in cases being closed at the investigation stage. The impact of insight and strengthening practice was evident on decision making and outcomes. We're working with representative bodies to embed this at the earliest possible stage of the process and working to support unrepresented professionals because we know that those with representation are less likely to have restrictions placed on their practice.

The impact of insight and strengthening practice on case examiner outcomes

No case to answer	Often the result if full insight and strengthening practice was provided. It ensured the risk of repetition was low and showed the professional was now able to practice safely.
Advice issued	In these cases, the seriousness of the concern reduced over the course of the investigation, often determined through provision of insight and strengthening practice. No restrictive action is taken, and professionals are advised to review relevant sections of the Code.
Warning issued	A warning is a public record saying a professional's conduct was unacceptable and should not be repeated. This can be applied to cases involving 'isolated, low-level, spontaneous or short-lived dishonesty.' Provision of insight and strengthening practice would often assist in the decision to issue a warning.
Undertakings agreed	Often the outcome if insight and strengthening practice was incomplete, for example if a course or treatment had been started but not yet finished. The risk of repetition was not considered completely reduced, but undertakings, if met, avoid the need for a full hearing.
Case to answer	Cases with this outcome often had no insight or strengthening practice demonstrated by the professional. Alternatively, the evidence they had provided was not accepted by Case Examiners.

When is evidence of insight and strengthening practice not accepted?

Demonstration of insight and strengthening practice alone does not guarantee that the process will end without the professional's practice being restricted. There are a number of circumstances in which this evidence may not be sufficient.

Dispute in evidence

If there are differing accounts between witnesses, then the case may need to appear before a fitness to practise panel. This will still be the case even if the professional involved has provided evidence of insight and strengthening practice.

Not an isolated incident

Insight and strengthening practice is more likely to be accepted in cases where the concern was an isolated incident or a one-off occurrence. If a case relates to concerns which were ongoing over a period, the risk of repetition remains high.

Attitudinal concern

This relates to cases in which the judgement or trustworthiness of the professional has been called into question. Even if insight and strengthening practice has been demonstrated, restrictive action may be required to maintain public confidence in the profession.

Harm to patients

A professional must demonstrate understanding of how their actions impacted people in their care.

Insight was limited

This is where the professional has provided insight but in doing so has sought to blame others for their conduct or provided evidence of training in an irrelevant subject. The professional must take accountability for their conduct.

Encouraging early engagement

We know the professionals on our register find having a concern raised a stressful and worrying experience. Although it may feel difficult to do so, we encourage them to engage quickly with the process, because the evidence we have highlighted suggests that doing so can help.

Our analysis of a sample of 150 investigation stage decisions has shown that male professionals are less likely to engage in reflective practice compared to their female counterparts. This is a trend we are working to address by promoting access to support mechanisms that encourage early engagement in the process.

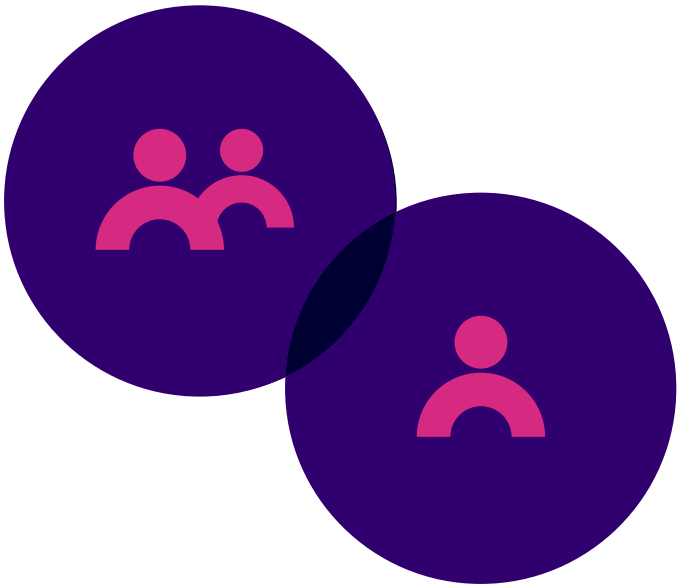
Ensuring that all professionals are supported in reflecting on their practice and learning from their experiences will protect the public and support professionals.

Having representation during fitness to practise

Professionals are entitled to be represented throughout the fitness to practise process – this could be by a trade union or legal representative. Professionals who seek support early often feel more confident and better prepared to navigate the process.

A review of data of the last five years has found that having representation during fitness to practise correlates with differences in outcomes, particularly during the final hearing stage. Professionals were more likely to be represented at the investigations stage than the initial stage or the final hearing stage. This leads to the hypothesis that having representation can result in a case being closed at an earlier stage, without restriction to future practice.

It was also found that professionals with representation at final hearings were less likely to receive outcomes which restricted their future practice.

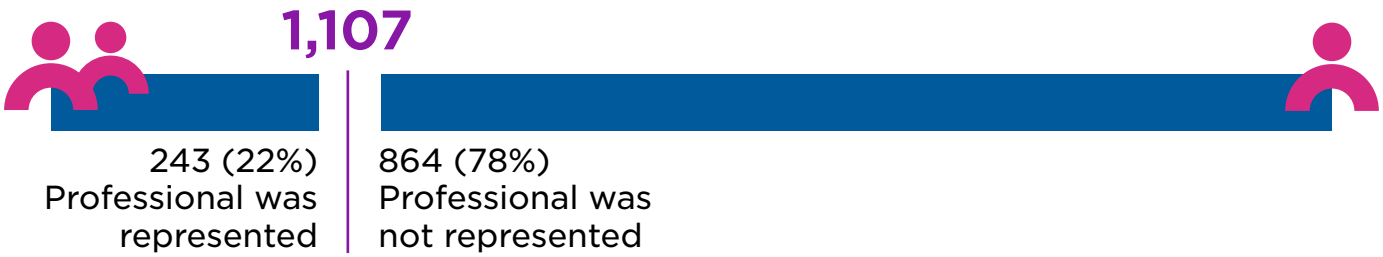


Outcomes restricting practice from April 2019 – 31 March 2024:

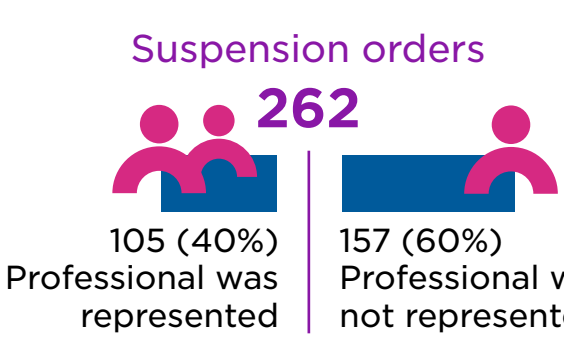
Professionals who were represented at a hearing were more likely to be found not impaired, or to receive a less restrictive sanction.

Please note that these findings reflect all NMC decisions made during the five-year period, including those at review hearings and appeals.

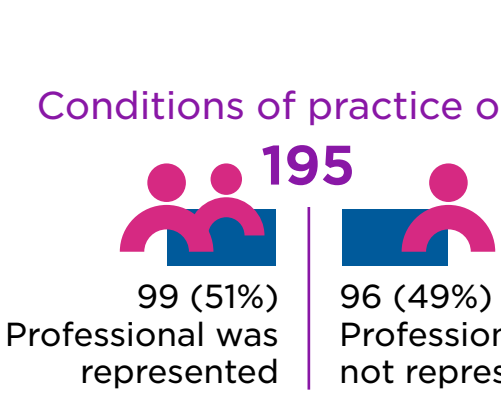
Striking-off orders



Suspension orders

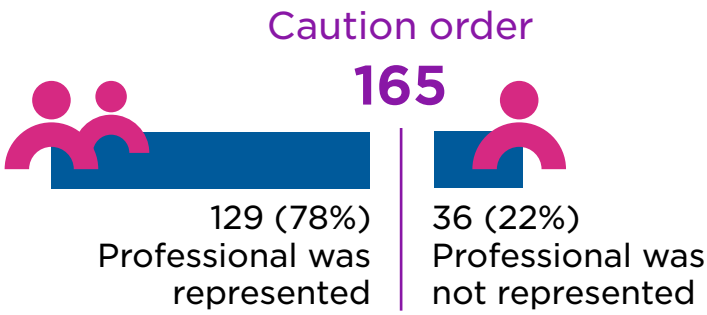


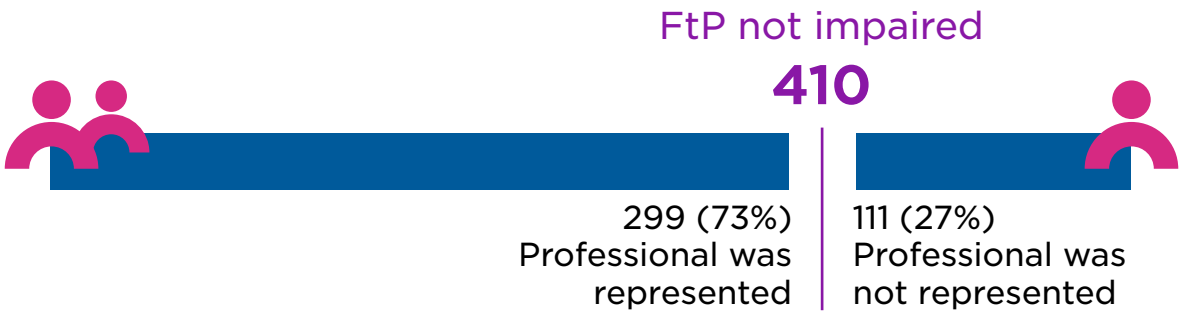
Conditions of practice order



Outcomes not restricting practice from April 2019 – 31 March 2024:

A review of all cases in the five-year period found that only 29 percent of professionals involved in fitness to practise cases had representation. We will continue to work with unions, professional associations and other advocacy bodies to encourage early and effective engagement, in the interests of the public and professionals on our register. Further information on support offered throughout our fitness to practise process can be found **here**.





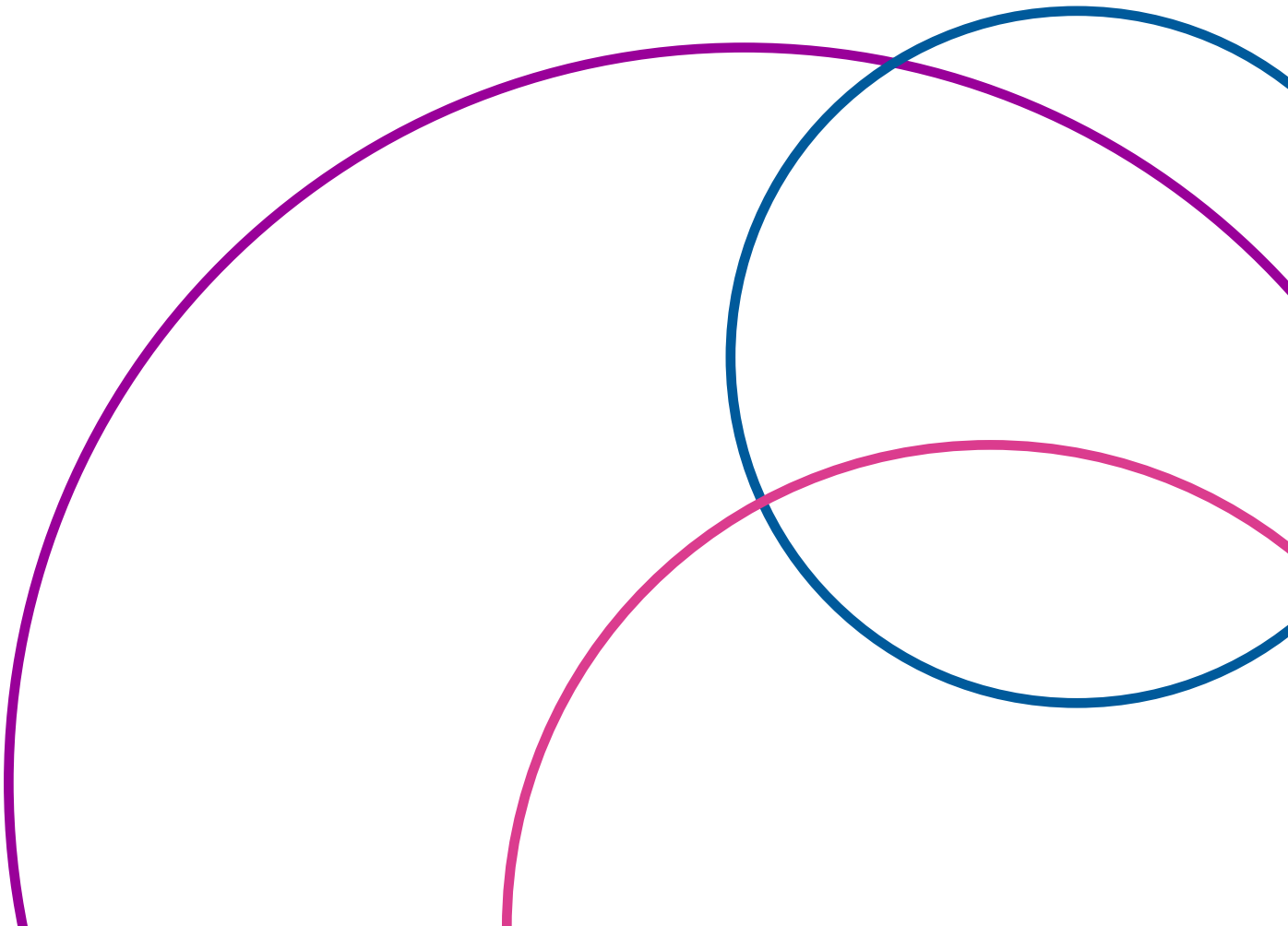
Final thoughts

As cited in the introduction to this publication, we recognise the need for improvements to our fitness to practise process so that it's fair, timely, considerate and straightforward for everyone affected. This publication forms part of our ongoing effort to build greater confidence in our processes, and outcomes, through transparency, and shared learning. We also need to improve the quality, accessibility, and usability of our data.

We share insights with the aim of helping professionals, employers, and others to:

- improve care by sharing insights into the types of concerns that are frequently raised with us
- understand what they can do to help us make safe, fair and timely fitness to practise decisions
- achieve appropriate and proportionate outcomes, that protect the public while enabling professionals who demonstrate safe and effective practice to continue to practise.

If you have found this publication useful, do visit our **insight hub** for more information. Please also **get in touch** with any questions or ideas for how we can improve the usefulness of our insight.



References

Bourgeois-Law G, Varpio L, Teunissen P & Regehr G (2022) Remediation in practice: a polarity to be managed. Journal of Continuing Education in the Health Professions 42: 130–4

Bryce M, Reynolds E, Price T, Quick O, O'Brien T, Endacott R & Gale T (2022) **The concept of seriousness in fitness to practise cases**. University of Plymouth

Caballero J & Brown S (2019) Engagement, not personal characteristics, was associated with the seriousness of regulatory adjudication decisions about physicians: a cross-sectional study. BMC medicine, 17(1): 211

Kranage K & Foster K (2022) Mental health nurses' experience of challenging workplace situations: A qualitative descriptive study. International Journal of Mental Health Nursing, 31: 665–676

Leigh J, Worsley A & McLaughlin K (2017) An analysis of HCPC fitness to practise hearings: Fit to Practise or Fit for Purpose? Ethics and Social Welfare. 11(4): 382-396

NHS England (2024) **Research demand signalling: mental health nursing**

Palmer B, Hutchings R & Leone C (2020) **Laying foundations: Attitudes and access to mental health nurse education**. Nuffield Trust

Price T, Wong G, Withers L, Wanner A, Cleland J, Gale T, Prescott-Clements L, Archer J, Bryce M & Brennan N (2021) Optimising the delivery of remediation programmes for doctors: A realist review. Medical Education.

Price T, Reynolds E, O'Brien T, Gale T, Quick O & Bryce M (2024) Role of remediation in cases of serious misconduct before UK healthcare regulators: a qualitative study. BMJ Quality & Safety. Epub ahead of print: doi:10.1136/bmjqs-2024-017187

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