

Annual equality, diversity and inclusion report

2016-2017

Foreword

I am pleased to introduce our annual equality, diversity and inclusion (EDI) report for 1 April 2016 to 31 March 2017. This report provides an account of how we have progressed against our EDI strategic aims during this period.

In 2016, we agreed a new framework, aligned to our *Strategy 2015-2020*, which continues to improve on our approach to EDI. We have set ourselves ambitious goals because we understand that equality, diversity and inclusion are integral parts of who we are and what we do. As the only regulator of nurses and midwives in the United Kingdom, our services must be fair and accessible to all.

Our ambitions as set out in our strategy remain the same – to ensure that our regulatory processes are fair and non-discriminatory, to be a good employer and to use our influence to promote wider improvements in equality, diversity and inclusion.

I am proud of the fact that in 2016/17 we published research into variations in outcomes for BME nurses going through our fitness to practise processes, which really demonstrates all of our values of transparency, people and fairness.

As we maintain our strategic goal of being a dynamic and fair regulator of nurses and midwives, we will continue to implement significant changes in areas such as developing new nursing and midwifery education standards and proficiencies, and regulating the new nursing associate role.

Our challenge continues to be how we monitor the outcome of these changes, ensuring they uphold equality, diversity and inclusion, at the same time maintaining our mission to protect the public. I am confident that we will continue to make improvements and maintain the right balance.

Jackie Smith
Chief Executive and Registrar

29 November 2017

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Introduction

This is the fifth equality, diversity and inclusion (EDI) annual report for the Nursing and Midwifery Council (NMC). It is not a statutory requirement to produce this document but we do so to promote best practice in equality, diversity and inclusion, and to be transparent in meeting our EDI aims. This report is divided into two sections. Section one is an overview of the achievements against the EDI strategic aims as taken from the *Strategy 2015-2020*. Section two presents diversity data about our workforce and the people on our register, including fitness to practise data.

The NMC is the independent professional regulator for nurses and midwives across the United Kingdom. We exist to protect the public. Our regulatory responsibilities are to:

- maintain a register of all nurses and midwives who meet the requirements for registration in the UK
- set standards for education, training, conduct and performance so that nurses and midwives are able to deliver high-quality healthcare consistently throughout their careers
- take action to deal with individuals whose integrity or ability to provide safe care is questioned, so that the public can have confidence in the quality and standards of care provided by nurses and midwives.

The NMC is bound by the Equality Act 2010. We are named in schedule 19 of the Act as being subject to the public-sector equality duty (PSED). The PSED states that we must, in the exercise of our functions, have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act
- advance equality of opportunity between people who share a protected characteristic and those who do not
- foster good relations between people who share a protected characteristic and those who do not.

The PSED covers the nine protected characteristics: age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

The Equality Act 2010 does not apply to Northern Ireland, where the equalities legislation is spread across several orders and regulations, and has some differences to the rest of the UK. For example, Section 75 of the Northern Ireland Act 1998 also includes consideration of 'political opinion' as an equality category.

We recognise that as the only organisation in the UK that provides these public functions, it is essential that our services are accessible and fair for nurses, midwives, staff, patients and the public who use them.

Section 1 Annual report

Where we want to be

We value the diversity of the nurses and midwives on our register, our staff and the wider community we serve. We want equality and diversity to be reflected in everything we do. The objectives that were reported against in last year's annual report ended in 2015, so in 2016 we reviewed our approach to equality and diversity (E&D).

From April 2016 to March 2017, we developed a new NMC EDI (equality, diversity and inclusion) framework in line with the equality and diversity strategic aims set out in our *Strategy 2015–2020: Dynamic regulation for a changing world*. Our priority was to strengthen our strategic approach to effectively evaluate and address equality issues raised by our work. Before deciding whether a framework was the right approach for the NMC, we conducted a review of the E&D function in May 2016. This included engagement internally and externally. The EDI framework approach was proposed and agreed in September 2016. The NMC EDI framework can be accessed on [our webpage](#) and sets out how we will continue to pursue our E&D strategic aims, best practice approaches and meeting the PSED.

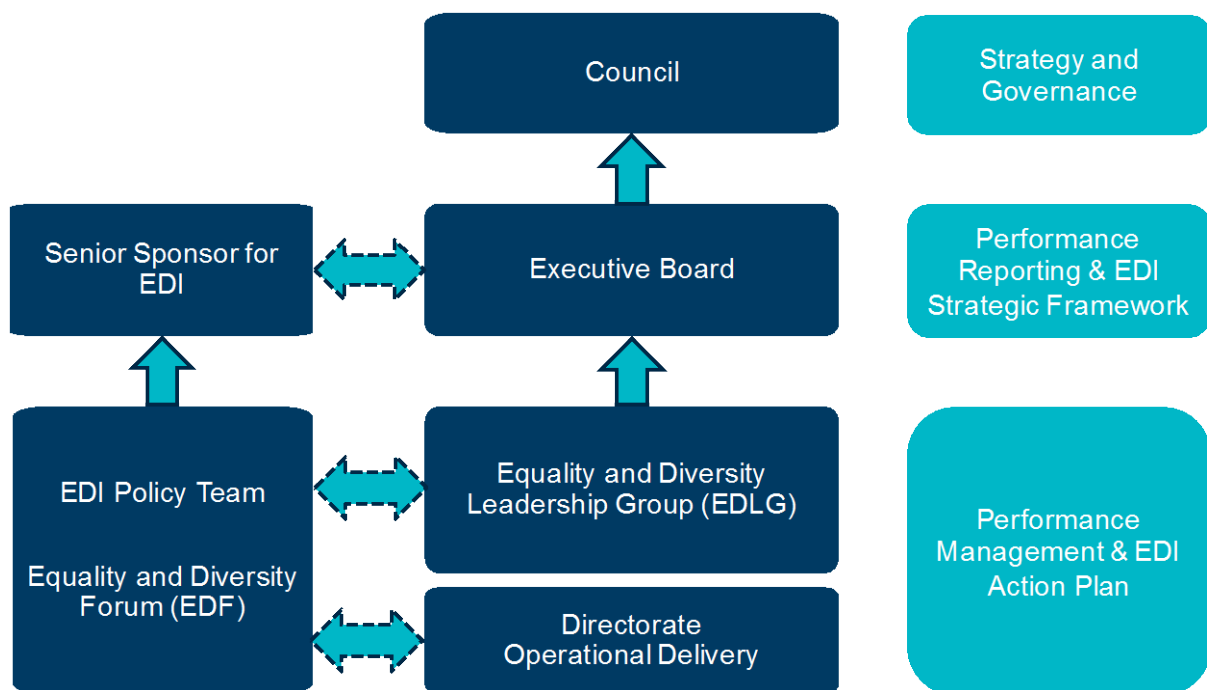
The NMC Council approved the *Strategy 2015-2020* in June 2014. The strategic equality and diversity aims are to:

- place promoting equality, diversity and inclusion at the heart of what we do
- comply with equality and human rights legislation by ensuring our regulatory processes are fair, consistent and non-discriminatory
- be a good employer – aspire to have a workforce that reflects the diversity of the communities in which we operate at all levels of our organisation
- use our influence to promote wider improvements in equality, diversity and inclusion practice
- build the trust and confidence of service users, nurses and midwives and others that share protected characteristics by showing understanding of their needs and preferences and challenging discrimination where evidence comes to our attention
- evaluate and, as needed, address equality issues raised by our work
- collect evidence that helps us know we are fair and consistent. Work to enhance the quality and extent of E&D data about our nurses and midwives through their careers
- ensure that new entrants to the register are equipped to practise effectively in diverse and global environments

- set out our expectations that nurses and midwives challenge discrimination in their practice, are mindful of difference and show respect to all patients, service users and colleagues
- pursue diversity in those applying to become Council, committee and panel members
- be recognised as an organisation that upholds best practice in equality, diversity and inclusion, including meeting recognised sector standards.

How are we getting there?

In 2016, we developed a new EDI framework that describes how we approach EDI. The **Equality and Diversity Leadership Group (EDLG)** was created to drive the achievement of the EDI strategic framework. The governance of EDI is shown below:



This EDLG monitors the EDI priorities identified in the 2017 business plans. A more detailed directorate-level EDI action plan for 2017 has been created and is monitored by the EDLG. This approach means we have a more systematic and measurable focus on EDI. At the start of 2017, the organisation-wide EDI action plans were introduced.

The framework strengthens our legislative compliance and increases our visibility on EDI. We will monitor our progress to meet the E&D aims set out in the *Strategy 2015-2020*. The framework places EDI at the heart of our organisation, and demonstrates our commitment to improving the experiences of diverse groups.

The NMC's approach to addressing the E&D agenda comprises four elements, summarised below.

- **The NMC Strategy 2015–2020** describes the strategic aims that the NMC must achieve over a five-year period and the programme of activities designed to achieve them.
- **The NMC EDI strategic framework** is a delivery plan that was approved by the Executive Board in September 2016 to support implementation of the *NMC Strategy 2015-2020*. The framework has regrouped the delivery into five areas: leadership, policy, communication, evidence and staff.
- **The EDI action plan** provides directorate-level accountability for ensuring delivery of the objectives in the EDI framework. This is monitored by the EDLG.
- **The annual EDI report** (this document) reports our actions and improvements across the year. It reviews performance against strategic aims and legal requirements, presents qualitative diversity data from across the NMC to meet legal requirements, and supports our values by making us more transparent.

Achievements in 2016-2017

Some of our key EDI activities from April 2016–March 2017 are summarised below.

Strategic

New EDI framework

The new NMC EDI framework puts leadership at its core. This was communicated to leaders through a series of EDI briefings and workshops and focused discussion on EDI considerations, such as how to address staff data from 2015 showing that black staff were not progressing into management roles. Following these briefings, each leader is prioritising EDI activities in their teams. Examples of the results, and progress made to date, are set out below.

As part of the framework, we developed the EDLG and the Equality and Diversity Forum (EDF) for staff. These replaced the Equality and Diversity Steering Group.

The EDLG changed the language used in the organisation from E&D to EDI. This recognised the importance that language plays in communicating organisational commitments and in helping to ensure individuals feel included in their interactions with the organisation, regardless of their protected characteristics.

Welsh language scheme

Compliance with our Welsh language scheme has continued to be included as part of our equality impact assessment process. This has successfully ensured key policy changes consider the impact on Welsh language speakers from the outset. Through 2016, we engaged with the Welsh government about proposed new Welsh language standards that would replace our scheme and affect the work we do in Wales.

Research into outcomes for BME nurses and midwives going through fitness to practise processes

We commissioned the University of Greenwich to undertake research to help identify the extent to which black and minority ethnic (BME) nurses and midwives are represented in FtP cases. The report, *The Progress and Outcomes of Black and Minority Ethnic (BME) Nurses and Midwives through the Nursing and Midwifery Council's Fitness to Practise Process*, made a number of findings. The most significant was that BME nurses and midwives are more likely to be referred to us than their white counterparts. Employers are the largest source of referrals and these referrals were most likely to progress through to the later stages of the FtP process. However, BME nurses and midwives are less likely to be struck off or suspended than white nurses and midwives.

We published the research in April 2017 and made the commitment to continue to communicate externally through our newsletters, press releases and presentations at events with diverse stakeholders. We are meeting with patient groups, employers, professional bodies and other regulators to drive changes and have committed to

repeating the research once the first cycle of revalidation has concluded in 2019. The full report is available on our website.

A project group was developed to take forward the findings from the research. This includes involving the Employer Liaison Service (ELS) to directly communicate with employers. The research informed our work internally, including formalising unconscious bias training as part of FtP and case examiner training. We are exploring other areas that may be improved, potentially delivering further training on bias for other regulatory decision-makers and widening our regulatory intelligence data.

Stakeholder engagement

Stakeholder engagement with diverse groups included, but was not limited to, representation at:

- the BME CNO Strategic Advisory Group (England)
- Gender Identity Symposium, hosted by NHS England
- the Regulators, Inspectorates and Ombudsman Forum, hosted by the Equality and Human Rights Commission
- the Nigerian Nurses Association.

We also engaged with groups on specific topics for the education framework consultation. For example, we attended meetings at the Department of Health about the involvement of people with learning disabilities in health education and the Royal College of Nursing about D/deaf¹ nursing trainees.

Benchmarking

We aim to be recognised as an organisation that upholds best practice in EDI. The NMC is a member of several bodies that support us and give us the opportunity to benchmark ourselves against others. These are enei (employers network for equality & inclusion), Stonewall, Business in the Community (BITC) and the Business Disability Forum (BDF).

Employer

Staff engagement

Since last year's report there have been articles in the staff newsletter, including the promotion of the EDF for staff, the new LGBT Staff Network and information about key diversity dates and festivals. We have created new EDI pages on the intranet where staff can find information on all things EDI, including minutes of EDF meetings, resources and guidance.

Increased visibility of EDI for staff is ongoing. Internal communications can be challenging for an organisation spread over five sites. The staff survey results

¹ Sign language users or individuals who are hearing impaired

showed that in 2015, 85 percent of staff stated they had completed E&D training in the last two years. This increased to 87 percent in 2016. However, in 2015, 71 percent of staff stated that they knew who to contact to raise an E&D topic/issue. This reduced to 66 percent in 2016.

The EDF has been updated on key policy changes and staff helped shape them. For example, as part of engagement for the transformation programme, a workshop was held with members of the EDF to seek feedback on the future of the NMC, considering differences by protected characteristic.

Two NMC diversity staff networks have been re-launched – LGBT@NMC and the Christian Fellowship Group. The staff in LGBT@NMC attend cross-regulatory LGBT staff meetings and engage with the campaign organisation Stonewall, of which the NMC is a diversity champion. These groups provide a forum for staff to share experiences and inform internal policies.

Staff training and raising awareness

FtP panellists' and case examiners' unconscious bias training has been rolled out as part of induction and refresher training since February 2017. Feedback has been overwhelmingly positive and may lead to similar training being accessible to other decision-makers in the NMC.

We have provided a mental health awareness course for staff and an improved 'Managing and supporting mental health at work' course for managers, both run by the charity Mind. We also made the face-to-face mandatory equality and diversity training course for staff more bespoke to NMC functions.

EDI briefings are given to teams on an ad hoc basis according to need. For example, briefing the Employee Forum members about the Equality Act 2010, and a scenario-based workshop with the Communications team to identify ways of improving communications with diverse stakeholder groups, such as customers needing alternative formats and Welsh language translation.

Operational

Equality Impact Assessments

We are taking forward significant regulatory changes where we have sought to carry out equality impact assessments (EQIAs). For example, we are changing midwifery regulation, reforming fitness to practise and changing the education programme.

Education programme work, and therefore EDI consideration, is ongoing, but equality impacts have been considered in the stages completed so far, initially to ensure EDI is embedded in the standards. Consultation documents and engagement events with diverse groups have sought feedback in relation to EDI. For example, a key issue we probed through stakeholder engagement was the impact of time-related training requirements on trainees who may be pregnant, taking maternity leave or have long-term illnesses.

Registration and Revalidation completed an EDI review of how effectively the directorate was complying with the PSED and integrating EDI into its policies, processes and ways of working. The review focused on the regulatory role of the directorate, as opposed to an employer, and enabled us to prioritise actions such as capturing data to inform future reporting of the diversity of nurses and midwives on the register.

The Registration and Revalidation directorate has commissioned an independent evaluation of the Test of Competence (ToC) for overseas nurses. This was developed in 2016 and included the requirements for the provider to be compliant with equalities legislation, and for the evaluation itself to look at the fairness of the test. The evaluation report is due in late 2017. As part of the procurement of new ToC test centres, EDI compliance was included in the contract requirements.

The introduction of revalidation for nurses and midwives continues to be seen as positive by the professions and has supported the strategic equality and diversity aims. For example, the EQIA led to alternative support arrangements being in place at the outset of implementation for those that could not meet the revalidation requirements due to disability or other protected characteristics.

The annual revalidation report publishes data about nurses and midwives who have revalidated or lapsed by protected characteristic. The evaluation that has been commissioned to look at the impact of revalidation will consider whether there have been any unintended consequences for particular groups.

Although general feedback from registrants has been positive about revalidation, our EQIAs and continued monitoring has identified that some older nurses and midwives have perceived revalidation as a challenge. We continue to monitor this perception and have adapted our processes where appropriate, such as providing alternative methods of data capture.

Improving our diversity data

One of our strategic equality and diversity aims is to collect evidence that helps us know we are fair and consistent. We are working to enhance the quality and extent of E&D data about our nurses and midwives through their careers. The expansion of NMC online has enabled nurses and midwives to interact with us more easily, and improved the quality of our diversity data. Because of historically different methods of collecting diversity data this is a continuously improving data quality picture, as nurses and midwives update their data on the NMC online portal.

In March 2017, the completeness of diversity data we held about nurses and midwives on the register was: age 100 percent, gender 100 percent, ethnicity 85 percent, disability 82 percent, religion and belief 65 percent, sexual orientation 85 percent, marital status 100 percent and gender identity 74 percent. These numbers have significantly increased since last year and should rise as more nurses and midwives are prompted to update their personal information when they use the NMC online portal to revalidate in the next 18 months. This is part of our wider work to

improve data quality, evidence of which can be seen in the increase of diversity data completeness since last year's report.

Diversity Data Completeness	2015/16	2016/17	Movement
Age	100%	100%	→
Gender	100%	100%	→
Ethnicity	83%	85%	↑
Disability	70%	82%	↑
Religion and belief	56%	65%	↑
Sexual orientation	73%	85%	↑
Marital status	100%	100%	→
Gender identity	49%	74%	↑

High-profile recruitment campaigns

There have been several high profile recruitment campaigns, including for lay Council members and FtP panellists, to ensure we maintain a diverse pool. We invited applications from diverse candidates and promoted the posts widely with key stakeholder groups, such as the CNO BME Strategic Advisory Group (England). The tables below show highlights from the FtP panellists' recruitment campaign². We acknowledge that we have more to do and are developing a recruitment campaign to support this.

Registrant FtP panellist recruitment			
	289 applications	41 successful candidates	On the register
BME	13%	7%	17%
White	82%	90%	68%
Unknown/prefer not to say	4%	2%	17%
Male	14%	15%	11%
Disabled	5%	10%	5%

Lay FtP panellist recruitment			
	592 applications	74 successful candidates	UK population
BME	13%	7%	13%
White	82%	91%	87%
Unknown/prefer not to say	6%	2%	n/a
Male	35%	46%	49%
Disabled	6%	0%	20%

² The diversity data categories presented in the tables are highlights from the recruitment campaign and are not comparable with each other.

Future challenges

Continuous improvement

Our focus from 2017 to 2020 is to embed continuous improvement through the EDI framework, for business as usual and for all our key projects. Nursing associates, future midwives and FtP improvements are to be delivered in a way that advances equality of opportunity between individuals that share protected characteristics. In doing so, we will build our evidence bases to meet the strategic equality and diversity aim 7. This will allow us to target our improvement work to best eliminate discrimination, advance equality of opportunity and foster good relations between groups as we protect the public.

The issues of disproportionality raised by the research into BME nurses and midwives' fitness to practise referrals mean we must continue to work to improve our own systems and processes to give assurance that they support non-discriminatory outcomes for nurses and midwives, but also work with partners on this initiative. We are communicating the research findings widely to employers, educators, nurses and midwives. We are also joining with partners, unions, researchers and bodies such as NHS England, that were involved in the research, to investigate and better understand the factors that may influence disproportionate outcomes. For example, the Workforce Race Equality Standard (WRES) report publishes data from providers of NHS-funded care to demonstrate how they are addressing equality issues. One of the key findings from the 2016 report is that BME staff in the NHS still remain more likely to experience discrimination at work from colleagues and their managers than their white colleagues. We are working with the authors to consider what learning the organisation can take from the findings.

We have also committed to repeating the FtP data analysis for BME groups in 2019 when we have a fuller data set, as part of our continuous improvement of diversity data in all parts of the organisation, including staff and registrants.

We will continue to engage with a wide range of stakeholders such as Mencap, learning disability groups, LGBT organisations, and the BME CNO (England) strategic advisory group. We will engage with the Welsh Government and others over the coming year in assessing and preparing for any impact the Welsh language standards will have on NMC functions. This will include providing a response to any future consultation.

Data quality

While we have made significant improvements in the quality of our data on diversity, we are implementing a programme of technology and quality improvement that will support EDI and our wider strategy to become a more dynamic, intelligence-led organisation.

Modernising regulation

Building on the successful EQIA work completed for the education programme consultation, we will approach and engage with diverse groups early the future midwife proficiencies. For example, we know that some young mothers feel stigmatised and 'judged' for their age by health visitors, midwives and other health workers¹. We will ensure young mothers' voices are heard in our future midwife proficiencies consultation process from the outset. In January 2017, we agreed to the Government's request for the NMC to be the regulator of the new nursing associate role. We have started to map the potential equality impacts of this ahead of the first new nursing associates being registered in 2019. The growth of apprenticeships for healthcare qualifications can open up access to the professions. We must make sure the apprenticeship route to registration is of a comparable quality to other routes or to ensure equality for non-traditional entrants.

Implementing best practice as an employer

The *People Strategy* includes our commitment to promoting equality of opportunity, ensuring our organisation complies with equalities legislation and valuing the different contributions of our people. One of the themes of the *People Strategy* is to continue to address equality in career progression and in pay.

¹ What matters to young mums; 2017; Young Women's Trust; https://www.youngwomenstrust.org/assets/0000/6339/Young_Mums_report_version_2.pdf [accessed 14-06-17]

Section 2 Diversity data

Introduction

This section presents data about the diversity demographics of:

- our people, including Council members, staff employed by the NMC, FtP panel members and legal assessors
- nurses and midwives on the register
- the diversity of nurses and midwives that go through fitness to practise processes.

The diversity data about nurses and midwives who have been through revalidation is available separately in the [annual revalidation report](#).

This section includes data from different functions of the NMC. We aim to be transparent, and publishing this data helps us meet several of our equality and diversity strategic aims.

The terminology used in each section may vary according to the methods of collection and data source. For example, the terms 'race' and 'ethnicity' are used interchangeably.

In presenting the data in this report, percentages have been rounded to the nearest whole number or one decimal place. In a small number of cases, this means the data may total slightly under/over 100 percent.

Data quality

Our equality and diversity aim 7 is to 'Collect evidence that helps us know we are fair and consistent. Working to enhance the quality and extent of E&D data about our registrants through their careers'.

We are continually making improvements to the way that we process the diversity data of nurses and midwives. Therefore, due to changes in the way that we process data and improve data quality, we will no longer compare diversity data year to year until our data improvements are complete. Additionally, as part of revalidation and other methods of improving the quality of EDI data we hold we ask nurses and midwives to voluntarily update their information. We estimate that it will take until up to 2020 to completely review the register.

Section 2.1 Our people

2.1.1 Council and committee members

The Council is the governing body of the NMC. It sets the organisation's strategic direction and takes key decisions. The Council is made up of twelve members: six

lay people and six nurses or midwives, from England, Northern Ireland, Scotland and Wales, all appointed by the Privy Council.

The profile below shows the diversity data of the 22 Council and committee members who held office on 31 March 2017. At this point there were 10 Council members and 12 non-Council committee members.

The diversity data is collected when a member is appointed to the Council, the Appointments Board and Audit or Midwifery Committees³.

Gender

Male	Female
5	17

Sexual Orientation

Heterosexual	Prefer not to say	Unknown
18	2	2

Disability

Disability	No disability	Prefer not to say	Unknown
2	16	2	2

Ethnicity

The non-white categories have been put together to ensure the members are not identifiable.

White	BME	Prefer not to say	Unknown
16	3	1	2

Age

40-49	50-59	60-65	65+	Prefer not to say	Unknown
1	6	4	6	1	4

Religion/belief

Christian	Muslim	No religion	Prefer not to say	Unknown
12	1	6	1	2

2.1.2 Staff

This staff profile shows the diversity data for the 661 permanent staff that were in post on the 31 March 2017. This data is held by the Human Resources team and is gathered using an optional E&D questionnaire. The staff included in this breakdown are the permanent employees of the NMC. This is in line with the data provided in

³ The statutory requirement to have a Midwifery Committee was removed on 31 March 2017

the previous year's reports and does not include staff on fixed term contracts, agency staff or consultants.

The NMC offices are predominantly based in London, with a small office in Edinburgh. Therefore, where possible, the comparator data used in this section is based on the London working age population or secondarily the UK populationⁱⁱ. However, it must be noted that in 2015, those that lived and work in London were supplemented by 869,000 commuters into the capital, equivalent to nearly 19 percent of jobs in Londonⁱⁱⁱ.

Compared to last year's report some changes to note are:

- For the age figures there has been a 5 percent decrease in the 20-29 age band, a 3 percent increase in the 30-39 age band, a 2 percent increase in the 40-49 age band, the 50-59 percentage band remains the same and there has been a 1 percent increase in the over 60s.
- Also notable is the decrease in BME employees in pay grade C from 21 percent to 16 percent.
- The percentage of staff in the ethnicity category of black has changed slightly this year; a decrease of staff in pay grade D from 21 percent to 16 percent, an increase from 2 percent to 5 percent in pay grade D, and an increase from 3 percent to 5 percent in pay grade F.
- The percentage of staff in the ethnicity category of Asian has changed slightly; Asian staff in pay grade G have decreased from 12 percent last year to 10 percent this year, in pay grade D they have decreased from 18 percent to 12 percent, in pay grade E have increased from 13 percent to 16 percent this year.
- The ratio of females to males has not changed significantly with the female proportion 1 percent higher than last year.

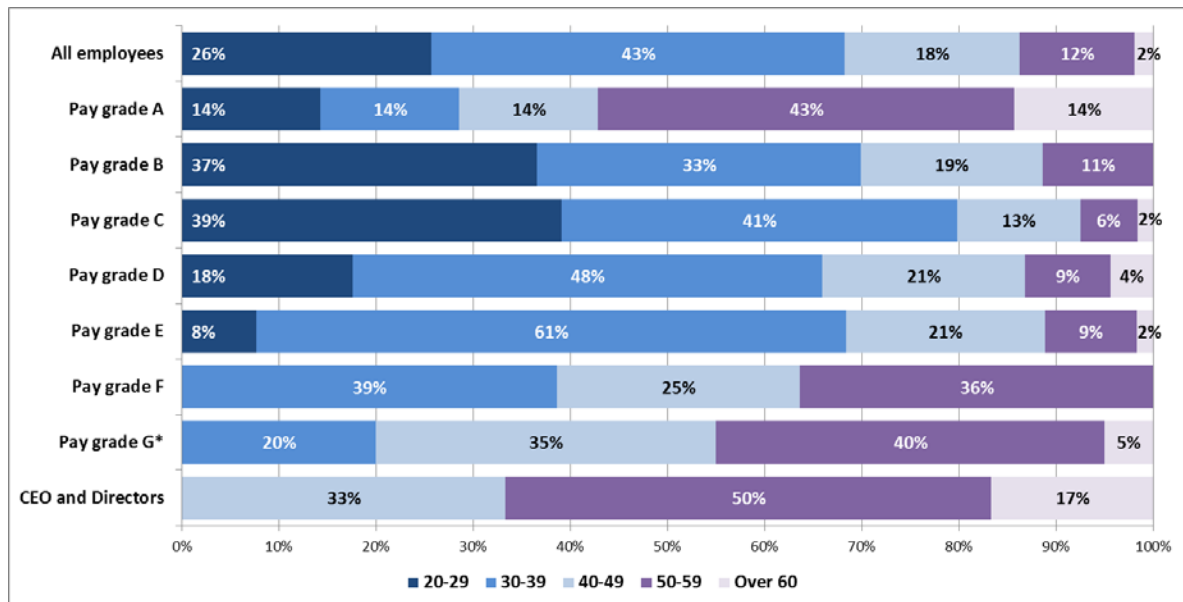
Breakdown by age

In the UK there are 8.2 million over-50s in paid employment and they account for more than a quarter of the entire workforce. At the NMC the over-50s make up 14 percent of the workforce.

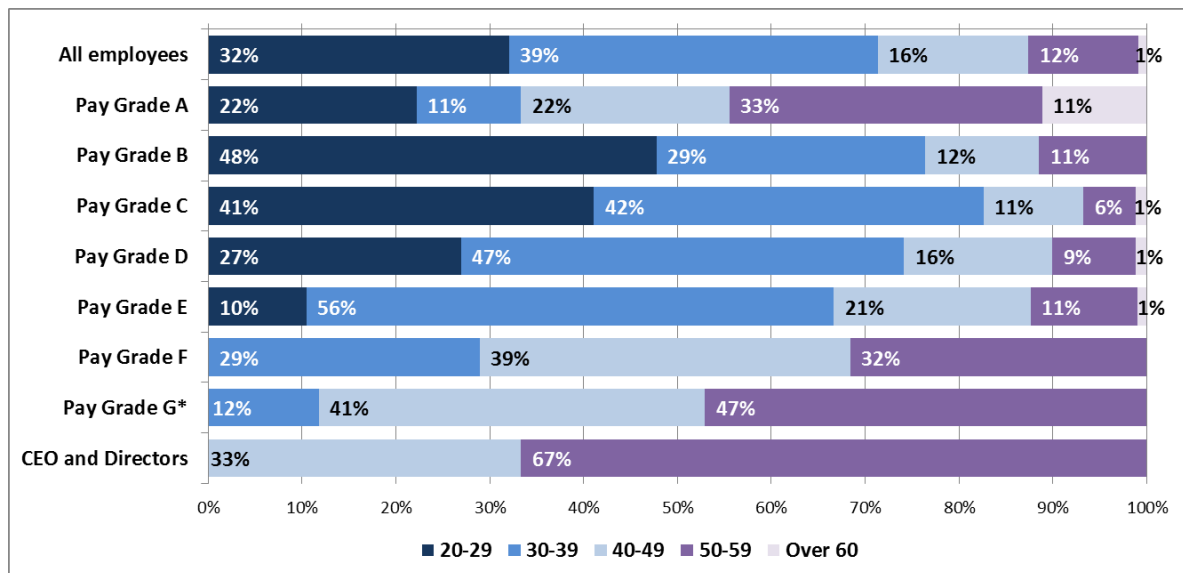
Age	Number	2017 %	2016 %
Under 20	0	0%	0%
20-29	170	26%	31%
30-39	281	43%	40%
40-49	119	18%	16%
50-59	78	12%	12%
Over 60	13	2%	1%
TOTAL	661	100%	100%

Pay grades by age

2016-17



2015-16



*including pay grade H as numbers are too small to report separately.

Breakdown by disability

The percentage of staff that identify as disabled is 2 percent. This is significantly below the 11.3 percent of London residents of working age that identify as disabled. Unknown / prefer not to answer accounts for 6 percent, which may impact on the actual comparison.

Disability	Number	2017 %	2016 %
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No	606	92%	91%
Yes	14	2%	2%
Unknown/prefer not to answer	41	6%	7%
TOTAL	661	100%	100%

Breakdown by race (ethnicity)

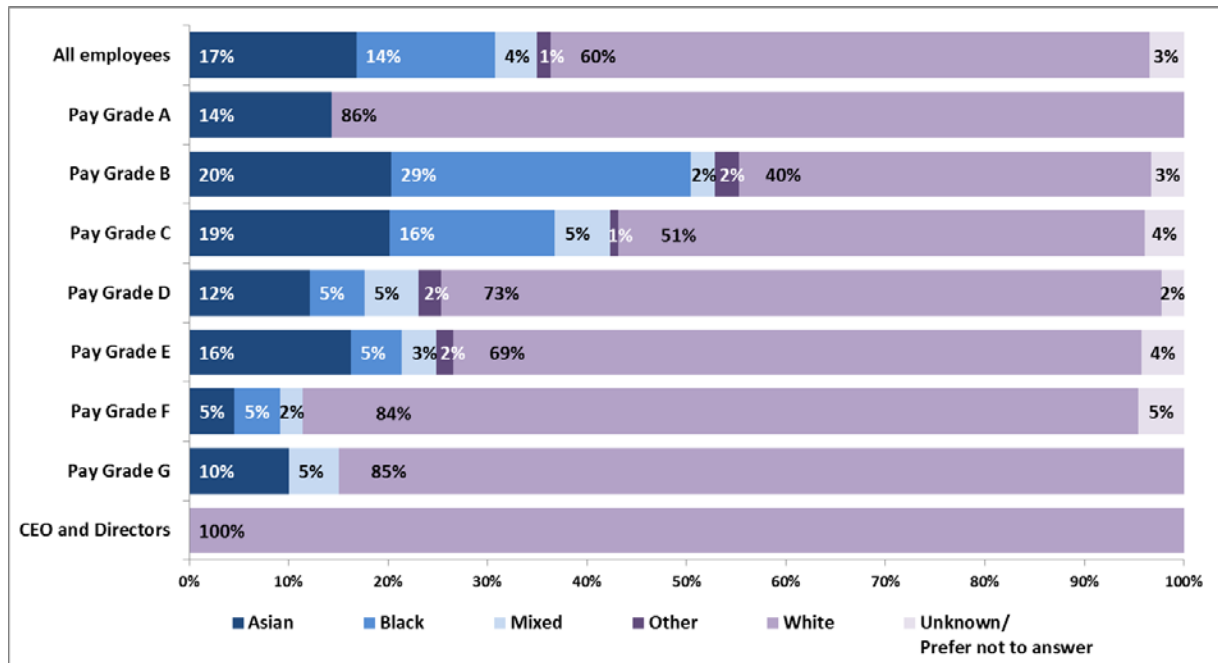
Our workforce data collects ethnicity under the 18+1 categories from the ONS census. However, they are reported here under the wider categories of Asian, black, mixed, other, white and unknown/prefer not to answer in order to keep individuals unidentifiable.

In London 59.8 percent of residents are white, 13.3 percent are black/black British, 5 percent are mixed, 18.5 percent are Asian/Asian British. The overall staff group at the NMC are in line with these figures. However, the figures in the chart below 'Pay grade by race (ethnicity)' show significant variation in ethnicity at each pay grade. In last year's report, it was noted that there were a disproportionate number of white employees holding management roles compared to BME employees. The numbers of BME staff at the higher pay grades are very low and small changes can significantly impact on the percentages. We are monitoring these trends in line with wider workforce planning and taking actions at a directorate level to address potential bias in recruitment processes.

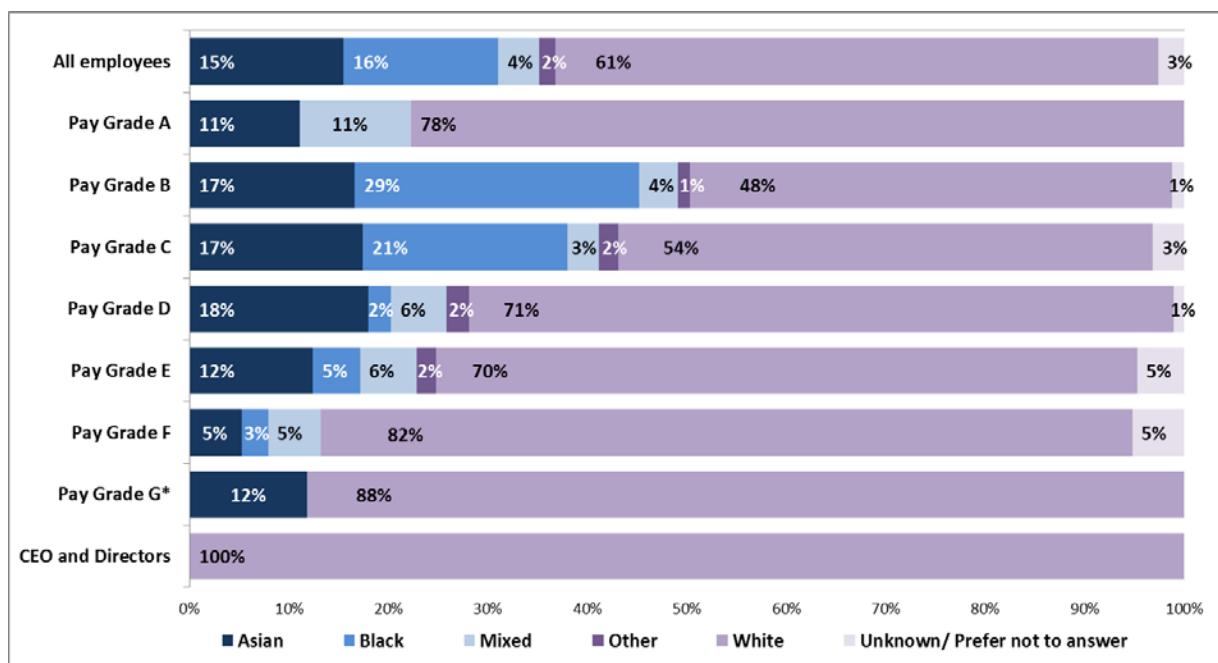
Race (ethnicity)	Number	2017 %	2016 %	London
Asian	111	17%	16%	18%
Black	92	14%	15%	14%
Mixed	28	4%	4%	5%
Other	9	1%	2%	3%
White	398	60%	60%	60%
Unknown/prefer not to answer	23	3%	3%	0%
TOTAL	661	100%	100%	100%

Pay grade by race (ethnicity)

2016-17



2015-16



*including pay grade H as numbers are too small to report separately.

Breakdown by sex (gender)

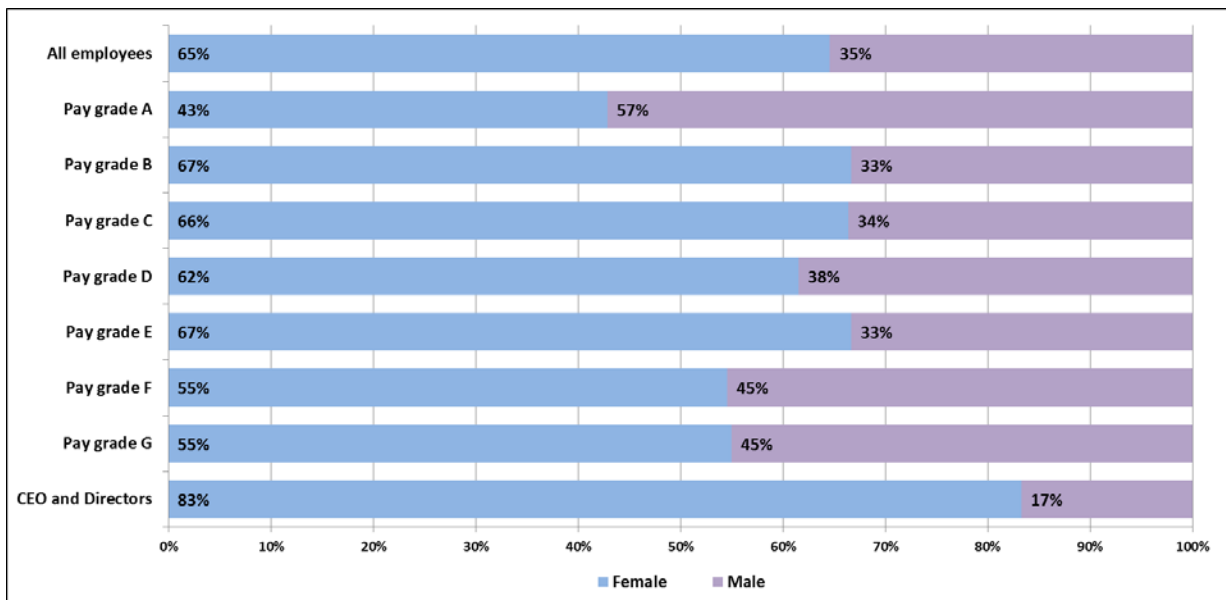
In line with statutory requirements we are working towards publishing the gender pay gap in 2018, which will give us more insight into potential barriers for staff based on gender. The chart below, 'Pay grade by sex (gender)', shows the NMC has more female staff on higher pay grades than in other charities, government bodies or

FTSE companies in that 83 percent of directors are female, while 57 percent of those in the lower pay grade A are male^{iv v}.

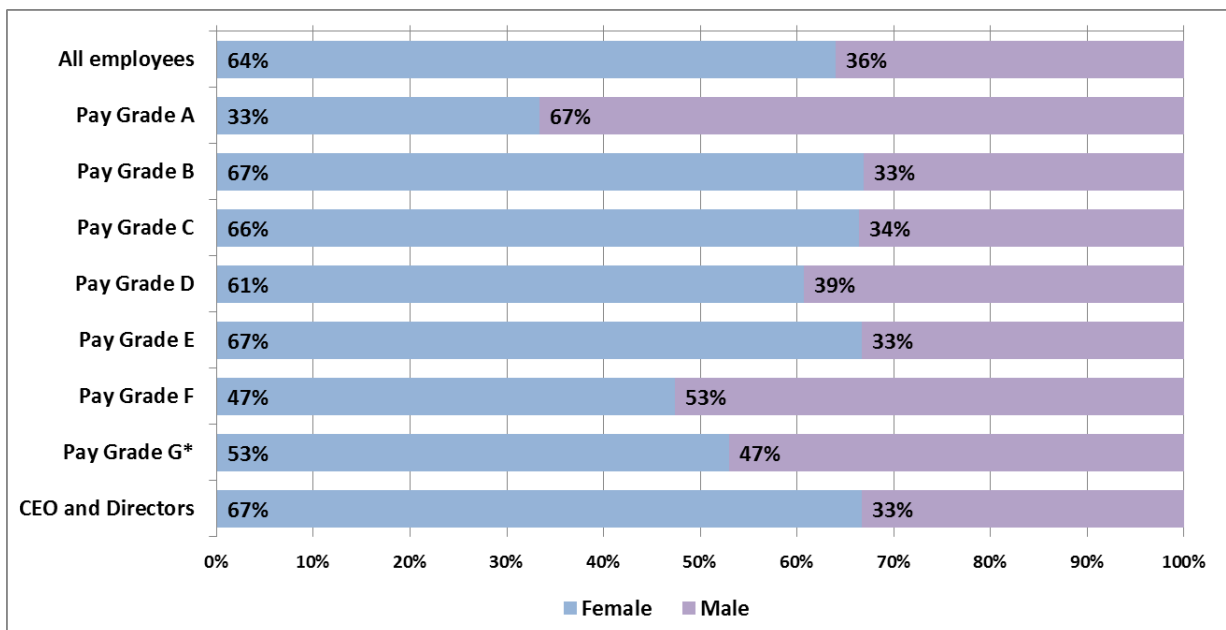
Sex (gender)	Number	2017 %	2016%
Female	427	65%	64%
Male	234	35%	36%
TOTAL	661	100%	100%

Pay grade by sex (gender)

2016-17



2015-16



*including pay grade H as numbers are too small to report separately.

Breakdown by religion/belief

Of the London population 48 percent of residents are Christian, 21 percent have no religious belief and 12 percent are Muslim. When comparing this with NMC staff data, the most notable difference is that at 33 percent of NMC staff have no religion/belief.

Religion/belief	Number	2017 %	2016 %	London
Buddhist	1	0%	1%	1%
Christian	256	39%	39%	48%
Hindu	31	5%	5%	5%
Jewish	6	1%	1%	2%
Muslim	54	8%	7%	12%
No religion/belief	217	33%	31%	21%
Other religion or philosophy	15	2%	2%	1%
Sikh	12	2%	1%	1%
Unknown/prefer not to answer	69	10%	13%	9%
TOTAL	661	100%	100%	100%

Breakdown by sexual orientation

It is generally estimated that between 5-10 percent of the population identify as bisexual, lesbian or gay^{vi}.

Sexual orientation	Number	2017 %	2016 %
Bi-sexual	4	1%	0%
Gay or lesbian	37	6%	5%
Heterosexual	581	88%	88%
Unknown/prefer not to answer	39	6%	7%
TOTAL	661	100%	100%

2.1.3 Fitness to practise panellists

FtP panel members are independent decision-makers and are solely responsible for making FtP hearing decisions. At least one member of the panel will be a nurse or midwife. There will be at least one lay member on the panel – this means they are from outside the profession and not on or previously on the NMC register.

In 2016, we ran several recruitment campaigns and these are mentioned in more detail in section one. Due to ongoing recruitment campaigns our current pool of panellists and legal assessors are very different to the ones from previous year's reports. There were 443 panel members in post on 31 March 2017. We are currently collecting diversity data about the panellists via a new online survey, which 150 panel members had responded to on 31 March 2017. Because of the low response

rate (34 percent) we have not published the diversity data in this year's report. We will publish the data when we reach at least a 50 percent response rate. We expect the data to improve as we encourage more panellists to respond to the survey.

2.1.4 Legal assessors

Legal assessors are barristers or solicitors who advise FtP panel members on points of law during FtP hearings. The figures here are for the 148 legal assessors in post on 31 March 2017. The data was collected through a new online survey, which 36 legal assessors responded to. Because of the low response rate (24 percent) we will not publish the diversity data in this year's report. We will publish the data when we reach a 50 percent response rate.

Section 2.2 Registered nurses and midwives

Our continued improvements to data quality and quantity were documented in section one of this report. In this year's report, where possible, we have separated the figures into the professions of nurse, midwife and nurse/midwife.

Since last year's report, we now publish figures on the registration status of nurses and midwives on the NMC website. We publish figures on nurses and midwives:

- on the register by registration type
- on the register by age group
- on the register by country of initial qualification
- on the register by address country
- joining the register for the first time by registration type
- joining the register for the first time by age group
- joining the register for the first time by country of initial registration
- joining the register for the first time by address country
- leaving the register for the first time by registration type
- leaving the register for the first time by age group
- leaving the register for the first time by country of initial registration
- leaving the register for the first time by address country.

The register profile in the following tables shows the diversity data of the 690,773 nurses and midwives who were on our register on 31 March 2017. Compared to last year's report there are 1777 fewer nurses and midwives on the register.

Breakdown by age (all)

All 2017	Number	%
20 - 29	95,553	13.8%
30 - 39	146,146	21.2%
40 - 49	192,047	27.8%
50 - 59	200,634	29.0%
Over 60	56,393	8.2%
Total	690,773	100%

Since 2016 the most notable change in overall age is the reduction of 5632 (1 percent) in the 40-49 age band.

Breakdown by age (by registration types)

Nurse	Number	%
20 - 29	88,719	13.7%
30 - 39	135,733	21.0%
40 - 49	181,359	28.0%
50 - 59	187,877	29.0%
Over 60	53,917	8.3%

Total	647,605	100%
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Midwife	Number	%
20 - 29	6278	18.2%
30 - 39	8836	25.6%
40 - 49	8345	24.2%
50 - 59	9313	27.0%
Over 60	1782	5.2%
Total	34,554	100%

Dual	Number	%
20 - 29	556	6.5%
30 - 39	1577	18.3%
40 - 49	2343	27.2%
50 - 59	3444	40.0%
Over 60	694	8.1%
Total	8,614	100%

Breakdown by disability (all)

All 2017	Number	%
No	531,301	76.9%
Unknown	124,089	18.0%
Yes	35,383	5.1%
Total	690,773	100%

Breakdown by disability (by registration type)

Nurse	Number	%
No	497,601	76.8%
Unknown	116,659	18.0%
Yes	33,345	5.2%
Total	647,605	100%

Midwife	Number	%
No	27,098	78.4%
Unknown	5752	16.6%
Yes	1704	5.0%
Total	34,554	100%

Dual	Number	%
No	6602	76.6%
Unknown	1678	19.4%
Yes	334	4.0%
Total	8614	100%

Breakdown by ethnicity (all)

All	Number	%
Asian - Any other Asian background	22,451	3.3%
Asian - Bangladeshi	695	0.1%
Asian - Chinese	2154	0.3%
Asian - Indian	18,510	2.7%
Asian - Pakistani	2767	0.4%
Total Asian	46,577	6.8%
Black - African	36,823	5.3%
Black - Any other black background	1886	0.3%
Black - Caribbean	8565	1.2%
Total Black	47,274	6.8%
Mixed - Any other mixed/multiple ethnic background	2393	0.3%
Mixed - White and Asian	1776	0.2%
Mixed - White and black African	1547	0.7%
Mixed - White and black Caribbean	4865	0.7%
Total Mixed	10,581	1.5%
White - Any other white background	29,805	4.3%
White - English/Welsh/Scottish/Northern Irish/British	425,561	61.6%
White - Gypsy or Irish Traveller	244	0%
White - Irish	13,070	1.9%
Total White	468,680	67.8%
Other - Any other ethnic group	5030	0.7%
Prefer not to say	11,474	1.7%
Unknown	101,157	14.6%
Total	690,773	100%

Breakdown by ethnicity (by registration types)

Nurse	Number	%
Asian - Any other Asian background	22,313	3.5%
Asian - Bangladeshi	652	0.1%
Asian - Chinese	2028	0.3%
Asian - Indian	18,280	2.8%
Asian - Pakistani	2614	0.4%
Black - African	35,295	5.5%
Black - Any other black background	1817	0.3%
Black - Caribbean	7783	1.2%
Mixed - Any other mixed/multiple ethnic background	2248	0.4%
Mixed - White and Asian	1649	0.3%
Mixed - White and black African	1471	0.2%
Mixed - White and black Caribbean	4518	0.7%
White - Any other white background	28,037	4.3%
White - English/Welsh/Scottish/Northern Irish/British	395,642	61.1%

White - Gypsy or Irish Traveller	235	0%
White - Irish	12,180	1.9%
Other - Any other ethnic group	4881	0.8%
Prefer not to say	11,036	1.7%
Unknown	94,926	14.7%
Total	647,605	100%

Midwife	Number	%
Asian - Any other Asian background	91	0.3%
Asian - Bangladeshi	39	0.1%
Asian - Chinese	85	0.3%
Asian - Indian	174	0.5%
Asian - Pakistani	133	0.4%
Black - African	577	1.7%
Black - Any other black background	41	0.1%
Black - Caribbean	483	1.4%
Mixed - Any other mixed/multiple ethnic background	110	0.3%
Mixed - White and Asian	103	0.3%
Mixed - White and black African	56	0.2%
Mixed - White and black Caribbean	295	0.9%
White - Any other white background	1356	3.9%
White - English/Welsh/Scottish/Northern Irish/British	25,141	72.8%
White - Gypsy or Irish Traveller	6	0.0%
White - Irish	611	1.8%
Other - Any other ethnic group	124	0.4%
Prefer not to say	330	1.0%
Unknown	4799	13.9%
Total	34,554	100%

Dual	Number	%
Asian - Any other Asian background	47	0.6%
Asian - Bangladeshi	4	0.1%
Asian - Chinese	41	0.5%
Asian - Indian	56	0.7%
Asian - Pakistani	20	0.2%
Black - African	951	11%
Black - Any other black background	28	0.3%
Black - Caribbean	299	3.5%
Mixed - Any other mixed/multiple ethnic background	35	0.4%
Mixed - White and Asian	24	0.3%
Mixed - White and black African	20	0.2%
Mixed - White and black Caribbean	52	0.6%
White - Any other white background	412	4.8%
White - English/Welsh/Scottish/Northern Irish/British	4778	55.5%

White - Gypsy or Irish Traveller	3	0%
White - Irish	279	3.2%
Other - Any other ethnic group	25	0.3%
Prefer not to say	108	1.3%
Unknown	1432	16.6%
Total	8614	100%

Breakdown by gender (all)

All 2017	Number	%
Female	616,171	89.2%
Male	74,580	10.8%
Unknown	22	0%
Total	690,773	100%

Breakdown by gender (by registration type)

Nurse	Number	%
Female	573,192	88.5%
Male	74,392	11.5%
Unknown	21	0%
Total	647,605	100%

Midwife	Number	%
Female	34,439	99.7%
Male	114	0.3%
Unknown	1	0%
Total	34,554	100%

Dual	Number	%
Female	8540	99.1%
Male	74	0.9%
Total	8614	100%

There are significant differences in the gender balance between the professions. 11.5 percent of nurses are male compared with 0.3 percent of midwives and 0.9 percent of those registered as both a nurse and a midwife.

Breakdown by religion/belief (all)

All 2017	Number	%
Buddhist	3862	0.6%
Christian	375,050	54.3%
Hindu	5577	0.8%
Jewish	783	0.1%
Muslim	8063	1.8%

None	135,417	19.6%
Sikh	1530	0.2%
Other	13,449	2.0%
Prefer not to say	42,682	6.2%
Unknown	104,360	15.1%
Total	690,773	100%

Since last year the percentage of unknown religion/belief has reduced significantly from 44 percent to 15.1 percent.

Breakdown by religion/belief (by registration type)

Nurse	Number	%
Buddhist	3692	0.6%
Christian	352,360	54.4%
Hindu	5465	0.8%
Jewish	667	0.1%
Muslim	7516	1.2%
None	125,236	19.3%
Sikh	1451	0.2%
Other	12,735	2.0%
Prefer not to say	40,542	6.3%
Unknown	97,941	15.1%
Total	647,605	100%

Midwife	Number	%
Buddhist	133	0.4%
Christian	17,501	50.6%
Hindu	75	0.2%
Jewish	105	0.3%
Muslim	434	1.3%
None	9000	26.1%
Sikh	61	0.2%
Other	571	1.7%
Prefer not to say	1717	5.0%
Unknown	4957	14.4%
Total	34,554	100%

Dual	Number	%
Buddhist	37	0.4%
Christian	5189	60.2%
Hindu	37	0.4%
Jewish	11	0.1%
Muslim	113	1.3%
None	1181	13.7%

Sikh	18	0.2%
Other	143	1.7%
Prefer not to say	423	5.0%
Unknown	1462	17.0%
Total	8614	100%

Between the professions there are slight differences in religion/belief. 26.1 percent of midwives identify as having no religion/belief compared with 19.3 percent of nurses and 13.7 percent of those registered as both a nurse and a midwife.

Sexual orientation (all)

All 2017	Number	%
Bisexual	3871	0.6%
Gay or lesbian	9788	1.4%
Heterosexual or straight	532,482	77.1%
Prefer not to say	42,855	6.2%
Unknown	101,777	14.7%
Total	690,773	100%

Sexual orientation (by registration type)

Nurse	Number	%
Bisexual	3693	0.6%
Gay or lesbian	9537	1.5%
Heterosexual or straight	497,847	76.9%
Prefer not to say	41,002	6.3%
Unknown	95,526	14.8%
Total	647,605	100%

Midwife	Number	%
Bisexual	154	0.5%
Gay or lesbian	193	0.6%
Heterosexual or straight	27,977	81%
Prefer not to say	1419	4.11%
Unknown	4811	13.9%
Total	34,554	100%

Dual	Number	%
Bisexual	24	0.3%
Gay or lesbian	58	0.7%
Heterosexual or straight	6658	77.3%
Prefer not to say	434	5%
Unknown	1440	16.7%
Total	8614	100%

Section 2.3 Fitness to practise data

We have broken down the diversity data of the fitness to practise (FtP) case profiles we hold by protected characteristic for the following key stages of our FtP process:

- **New concerns:** Where a concern has been raised with us about a nurse or midwife's fitness to practise.
- **Interim orders:** Cases where there is a serious and immediate risk to patient or public safety. We will take urgent action by imposing an interim order to suspend or restrict the practice of the nurse or midwife concerned.
- **Case examiner outcomes:** Once our initial review confirms a case is within our remit to investigate and we have completed our investigation into the allegations, it proceeds to case examiners to decide if there is a case to answer.
- **Adjudication:** Case outcomes which have been referred by the case examiner for a final hearing by a panel of the Conduct and Competence Committee or the Health Committee (this will be a panel of the FtP Committee in the future).

This year's report additionally contains the data broken down by registration type into the three categories of nurses, midwives and nurse/midwives.

The total number of concerns we received represents less than one percent of the total number of nurses and midwives on our register. The figures presented in the following sections can be very small and are presented for the purpose of monitoring trends. Therefore, conclusions cannot be made from comparisons of figures year to year.

Analysis of potential disproportionality for nurses and midwives going through our FtP processes by protected characteristic is most meaningful when looking at completed cases over a period of time. In the *Annual equality and diversity report 2015-2016* we reported that we had commissioned research to understand differential outcomes for different groups through our FtP processes. This research looked at completed cases over the period of April 2012 – December 2014. More information about where this fits into our EDI work is outlined in section 1 of this report, including the plan to repeat this analysis in more detail when we have a more complete data set after the first cycle of revalidation in 2019.

2.3.1 New concerns

When we receive a new concern, we investigate whether the complaint is about a nurse or midwife on our register. If after an initial review the individual is not a registered nurse or midwife, or the allegations do not amount to an allegation that their fitness to practise is impaired, we close the case.

This section details the diversity data for the 4771 new concerns where a case was opened between April 2016 and March 2017. In the same period, there were 11 new

concerns raised about individuals that were not on the NMC register at the time of the referral (but may have previously been on the register). Therefore, these 11 individuals are not reported in the tables broken down by registration type. The figures in this report are in line with the figures in the *NMC annual fitness to practise report 2016-2017*, which reports on number of referrals as a whole, not by individual, meaning there may be more than one referral for an individual and that individual may present in the data more than once.

New concerns by age (all)

Age	Number	%	The Register
19-29	313	6.6%	13.8%
30-39	871	18.3%	21.2%
40-60	3046	63.8%	56.8%
60+	541	11.3%	8.2%
Total	4771	100%	100%

New concerns by age (by registration type)

Nurse			
Age	Number	%	The Register
19-29	292	6.6%	13.7%
30-39	812	18.2%	21.0%
40-60	2853	64%	57.0%
60+	500	11.2%	8.3%
Total	4457	100%	100%

Midwife			
Age	Number	%	The Register
19-29	18	8.1%	18.2%
30-39	51	23.1%	25.6%
40-60	130	58.8%	51.2%
60+	22	10%	5.2%
Total	221	100%	100.2%

Dual			
Age	Number	%	The Register
19-29	2	2.4%	6.5%
30-39	8	9.7%	18.3%
40-60	56	68.3%	67.2%
60+	16	19.5%	8.1%
Total	82	100%	100.1%

New concerns by disability (all)

Disability	Number	%	The Register
No	3334	69.9%	76.9%
Prefer not to say	212	4.4%	0%
Unknown	861	18.1%	18.0%
Yes	364	7.6%	5.1%
Total	4771	100%	100%

New concerns by disability (by registration type)

Nurse			
Disability	Number	%	The Register
No	3132	70.3%	76.8%
Prefer not to say	204	4.6%	0%
Unknown	780	17.5%	18.0%
Yes	341	7.7%	5.2%
Total	4457	100%	100%

Midwife			
Disability	Number	%	The Register
No	149	67.4%	78.4%
Prefer not to say	5	2.7%	0%
Unknown	47	21.3%	16.6%
Yes	20	9.1%	5.0%
Total	221	100%	100%

Dual			
Disability	Number	%	The Register
No	53	64.6%	76.6%
Prefer not to say	3	3.7%	0%
Unknown	23	28.1%	19.4%
Yes	3	3.7%	4.0%
Total	82	100%	100%

New concerns by ethnicity (all)

Ethnicity	Number	%	The Register
Asian - Any other Asian background	125	2.6%	3.3%
Asian - Bangladeshi	7	0.6%	0.1%
Asian - Chinese	11	0.2%	0.3%
Asian - Indian	128	2.7%	2.7%
Asian - Pakistani	31	0.6%	0.4%
Total Asian	302	6.3%	6.8%
Black - African	550	11.5%	5.3%
Black - Any other black background	24	0.5%	0.3%

Black - Caribbean	73	1.5%	1.2%
Total Black	647	13.5%	6.8%
Mixed - Any other mixed/multiple ethnic background	23	0.5%	0.3%
Mixed - White and Asian	15	0.3%	0.3%
Mixed - White and black African	21	0.4%	0.2%
Mixed - White and black Caribbean	47	1.0%	0.7%
Total Mixed	106	2.2%	1.5%
White - Any other white background	214	4.5%	4.3%
White - English/Welsh/Scottish/Northern Irish/British	2431	51.0%	61.6%
White - Gypsy or Irish Traveller	3	0.1%	0.0%
White - Irish	59	1.2%	1.9%
Total White	2707	67.6%	67.8%
Other - Any other ethnic group	42	0.9%	0.7%
Prefer not to say	111	2.3%	1.7%
Unknown	856	17.9%	14.6%
Total	4771		

New concerns by ethnicity (by registration type)

Nurse			
Ethnicity	Number	%	The Register
Asian - Any other Asian background	125	2.8%	3.5%
Asian - Bangladeshi	6	0.1%	0.1%
Asian - Chinese	11	0.3%	0.3%
Asian - Indian	128	2.9%	2.8%
Asian - Pakistani	31	0.7%	0.4%
Black - African	531	11.9%	5.5%
Black - Any other black background	24	0.5%	0.3%
Black - Caribbean	62	1.4%	1.2%
Mixed - Any other mixed/multiple ethnic background	23	0.5%	0.4%
Mixed - White and Asian	14	0.3%	0.3%
Mixed - White and black African	21	0.5%	0.2%
Mixed - White and black Caribbean	45	1.0%	0.7%
White - Any other white background	202	4.5%	4.3%
White - English/Welsh/Scottish/Northern Irish/British	2256	50.6%	61.1%
White - Gypsy or Irish Traveller	2	0.0%	0%
White - Irish	54	1.2%	1.9%
Other - Any other ethnic group	40	0.9%	0.8%
Prefer not to say	107	2.4%	1.7%

Unknown	775	17.4%	14.7%
Total	4457	100%	100%

Midwife			
Ethnicity	Number	%	The Register
Asian – Any other Asian background	0	0%	0.3%
Asian - Bangladeshi	1	0.5%	0.1%
Asian – Chinese	0	0%	0.3%
Asian – Indian	0	0%	0.5%
Asian – Pakistani	0	0%	0.4%
Black - African	4	1.8%	1.7%
Black – Any other black background	0	0%	0.1%
Black - Caribbean	8	3.6%	1.4%
Mixed – Any other mixed/multiple ethnic background	0	0%	0.3%
Mixed - White and Asian	1	0.5%	0.3%
Mixed – White and black African	0	0%	0.2%
Mixed - White and black Caribbean	1	0.5%	0.9%
White - Any other white background	10	4.5%	3.9%
White - English/Welsh/Scottish/Northern Irish/British	142	64.2%	72.8%
White – Gypsy or Irish Traveller	0	0%	0.0%
White - Irish	3	1.4%	1.8%
Other - Any other ethnic group	2	0.9%	0.4%
Prefer not to say	2	0.9%	1.0%
Unknown	47	21.3%	13.9%
Total	221	100%	100%

Dual			
Ethnicity	Number	%	The Register
Asian – Any other Asian background	0	0%	0.6%
Asian – Bangladeshi	0	0%	0.1%
Asian – Chinese	0	0%	0.5%
Asian – Indian	0	0%	0.7%
Asian – Pakistani	0	0%	0.2%
Black - African	15	18.3%	11%
Black – Any other black background	0	0%	0.3%
Black - Caribbean	3	3.7%	3.5%
Mixed – Any other mixed/multiple ethnic background	0	0%	0.4%
Mixed – White and Asian	0	0%	0.3%
Mixed – White and black African	0	0%	0.2%
Mixed - White and black Caribbean	1	1.2%	0.6%
White - Any other white background	2	2.4%	4.8%
White - English/Welsh/Scottish/Northern Irish/British	33	40.2%	55.5%
White - Gypsy or Irish Traveller	1	1.2%	0%

White - Irish	2	2.4%	3.2%
Other – Any other ethnic group	0	0%	0.3%
Prefer not to say	2	2.4%	1.3%
Unknown	23	28.1%	16.6%
Total	82	100%	100%

New concerns by gender (all)

Gender	Number	%	The Register
Female	3638	76.3%	89.2%
Male	1133	23.8%	10.8%
Total	4771	100%	100%

New concerns by gender (by registration type)

Nurse			
Gender	Number	%	The Register
Female	3331	74.7%	88.5%
Male	1126	25.3%	11.5%
Total	4457	100%	100%

Midwife			
Gender	Number	%	The Register
Female	216	97.7%	99.7%
Male	5	2.3%	0.3%
Total	221	100%	100%

Dual			
Gender	Number	%	The Register
Female	80	97.6%	99.1%
Male	2	2.4%	0.9%
Total	82	100%	100%

New concerns by religion/belief (all)

Religion	Number	%	The Register
Buddhist	35	0.7%	0.6%
Christian	2596	54.4%	54.3%
Hindu	50	1.1%	0.8%
Jewish	6	0.1%	0.1%
Muslim	70	1.5%	1.2%
None	728	15.3%	19.6%
Others	0	0%	1.9%
Prefer not to say	288	6.0%	6.2%
Sikh	7	0.2%	0.2%
Unknown	991	20.8%	15.1%

Total	4771	100%	100%
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New concerns by religion/belief (by registration type)

Nurse			
Religion	Number	%	The Register
Buddhist	34	0.7%	0.6%
Christian	2447	55.0%	54.4%
Hindu	50	1.1%	0.8%
Jewish	4	0.1%	0.1%
Muslim	68	1.5%	1.2%
None	673	15.1%	19.3%
Others	0	0%	0.2%
Prefer not to say	273	6.1%	2.0%
Sikh	7	0.2%	6.3%
Unknown	901	20.2%	15.1%
Total	4457	100%	100%

Midwife			
Religion	Number	%	The Register
Buddhist	1	0.5%	0.4%
Christian	104	47.1%	50.6%
Hindu	0	0%	0.2%
Jewish	2	1.0%	0.3%
Muslim	1	0.5%	1.3%
None	48	21.7%	26.1%
Others	0	0%	0.2%
Prefer not to say	10	4.5%	1.7%
Sikh	0	0%	5.0%
Unknown	55	25%	14.4%
Total	221	100%	100%

Dual			
Religion	Number	%	The Register
Buddhist	0	0%	0.4%
Christian	45	54.9%	60.2%
Hindu	0	0%	0.4%
Jewish	0	0%	0.1%
Muslim	1	1.2%	1.3%
None	7	8.5%	13.7%
Others	0	0%	0.2%
Prefer not to say	5	6.1%	1.7%
Sikh	0	0%	5.0%
Unknown	24	29.3%	17.0%
Total	82	100%	100%

New concerns by sexual orientation (all)

Sexual orientation	Number	%	The Register
Bisexual	34	0.7%	0.6%
Gay or lesbian	102	2.1%	1.4%
Heterosexual or straight	3444	72.2%	77.1%
Prefer not to say	330	6.9%	6.2%
Unknown	861	18.1 %	14.7%
Total	4771	100%	100%

New concerns by sexual orientation (by registration type)

Nurse			
Sexual orientation	Number	%	The Register
Bisexual	31	0.7%	0.6%
Gay or Lesbian	102	2.3%	1.5%
Heterosexual or straight	3223	72.3%	76.9%
Prefer not to say	321	7.2%	6.3%
Unknown	780	17.5%	14.8%
Total	4457	100%	100%

Midwife			
Sexual orientation	Number	%	The Register
Bisexual	2	0.9%	0.5%
Gay or lesbian	0	0%	0.6%
Heterosexual or straight	167	75.6%	81%
Prefer not to say	5	2.3%	4.11%
Unknown	47	21.3%	13.9%
Total	221	100%	100%

Dual			
Sexual orientation	Number	%	The Register
Bisexual	1	1.2%	0.3%
Gay or lesbian	0	0%	0.7%
Heterosexual or straight	54	65.9%	77.3%
Prefer not to say	4	4.9%	5%
Unknown	23	28.1%	16.7%
Total	82	100%	100%

2.3.2 Interim orders

There are two types of interim order (IO):

- interim conditions of practice orders (ICPO), which temporarily restrict the way in which a nurse or midwife can practise

- interim suspension orders (ISO), which temporarily prevent a nurse or midwife from practising.

This report also includes data for when it was determined an IO was not necessary (IONN).

As IO volumes are small, we have not broken down the tables below by registration type in order to ensure individuals are not identifiable.

Interim orders by age

Age	ICPO%	IONN%	ISO%	ICPO	IONN	ISO	Total
19 - 29	6.8%	3.9%	7.7%	22	3	29	54
30 - 39	18.4%	10.3%	21.4%	60	8	81	149
40 - 59	64.4%	76.9%	58.8%	210	60	223	493
Over 60	10.4%	9.0%	12.1%	34	7	46	87
Total	100%	100%	100%	326	78	379	783

Interim orders by disability

Disability	ICPO%	IONN%	ISO%	ICPO	IONN	ISO	Total
No	62.6%	69.2%	51.7%	204	54	196	454
Yes	9.2%	9.0%	14.5%	30	7	55	92
Prefer not to say	4.9%	6.4%	4.2%	16	5	16	37
Unknown	23.3%	15.4%	29.6%	76	12	112	200
Total	100%	100%	100%	326	78	379	783

Interim orders by ethnicity

Ethnicity	ICPO%	IONN%	ISO%	ICPO	IONN	ISO	Total
Asian	8.3%	7.7%	4.8%	27	6	18	51
Black	12.6%	18.0%	11.4%	41	14	43	98
Mixed	4.6%	2.6%	2.1%	15	2	8	25
White	47.6%	52.6%	48.3%	155	41	183	379
Other	0.3%	0.0%	0.8%	1	0	3	4
Prefer not to say	3.4%	3.9%	3.2%	11	3	12	26
Unknown	23.3%	15.4%	29.6%	76	12	112	200
Total	100%	100%	100%	326	78	379	783

Interim orders by gender

Gender	ICPO%	IONN%	ISO%	ICPO	IONN	ISO	Total
Female	70.9%	73.1%	65.7%	231	57	249	537
Male	29.1%	26.9%	34.3%	95	21	130	246

Total	100%	100%	100%	326	78	379	783
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Interim orders by religion/belief

Religion	ICPO%	IONN%	ISO%	ICPO	IONN	ISO	Total
Buddhist	0.3%	1.3%	1.3%	1	1	5	7
Christian	54.9%	55.1%	44.9%	179	43	170	392
Hindu	1.8%	0.0%	1.1%	6	0	4	10
Jewish	0.3%	0.0%	0.5%	1	0	2	3
Muslim	1.5%	1.3%	1.3%	5	1	5	11
None	10.1%	10.3%	12.7%	33	8	48	89
Sikh	0.3%	0.0%	0.0%	1	0	0	1
Prefer not to say	4.9%	9.0%	5.5%	16	7	21	44
Unknown	25.8%	23.1%	32.7%	84	18	124	226
Total	100%	100%	100%	326	78	379	783

Interim orders by sexual orientation

Sexual Orientation	ICPO%	IONN%	ISO%	ICPO	IONN	ISO	Total
Bisexual	1.2%	0.0%	0.3%	4	0	1	5
Gay or lesbian	0.9%	2.6%	2.1%	3	2	8	13
Heterosexual or straight	66.3%	73.1%	58.1%	216	57	220	493
Prefer not to say	8.3%	9.0%	9.2%	27	7	35	69
Unknown	23.3%	15.4%	30.3%	76	12	115	203
Total	100%	100%	100%	326	78	379	783

2.3.4 Case examiners

During an FtP investigation, we gather the evidence that is needed to make a full assessment of the allegations. At the end of the investigation, the case examiners review all the evidence and decide whether or not the case should be referred for a hearing, or whether there is no case to answer (NCTA).

This section is not divided into nurse, midwife and dual registration type, to prevent individuals being identified in the small numbers.

Case examiner decisions by age of nurse or midwife

Age	NCTA %	Refer to CCC %	Refer to HC %	NCTA	Refer to CCC	Refer to HC	Total
>= 19 - <30	5.6%	4.7%	8.2%	66	69	6	141
>= 30 - <40	14.4%	15.3%	27.4%	169	224	20	413
>= 40 - <60	67%	65.8%	57.5%	784	965	42	1791

>= 60	12.9%	14.2%	6.9%	151	208	5	364
Total	100%	100%	100%	1,170	1,466	73	2,709

Case examiner decisions by disability of nurse or midwife

Disability	NCTA %	Refer to CCC %	Refer to HC %	NCTA	Refer to CCC	Refer to HC	Total
No	69.9%	57.3%	48.0%	818	840	35	1693
Yes	7.4%	9.3%	21.9%	87	136	16	239
Prefer not to say	4.8%	4.3%	4.1%	56	63	3	122
Unknown	17.9%	29.1%	26%	209	427	19	655
Total	100%	100%	100%	1170	1466	73	2709

Case examiner decisions by ethnicity of nurse or midwife

Ethnicity	NCTA %	Refer to CCC %	Refer to HC %	NCTA	Refer to CCC	Refer to HC	Total
Asian	6.5%	6.3%	1.4%	76	92	1	169
Black	15.6%	14.4%	4.1%	183	211	3	397
Mixed	2.1%	1.7%	4.1%	24	25	3	52
White	55.1%	46.3%	61.6%	645	678	45	1368
Other	0.9%	0.6%	0%	10	9	0	19
Prefer not to say	2.3%	1.8%	2.7%	27	26	2	55
Unknown	17.5%	29%	26%	205	425	19	649
Total	100%	100%	100%	1170	1466	73	2709

Case examiner decisions by gender of nurse or midwife

Gender	NCTA %	Refer to CCC %	Refer to HC %	NCTA	Refer to CCC	Refer to HC	Total
Female	77.7%	74.2%	75.3%	909	1088	55	2052
Male	22.3%	25.8%	24.7%	261	378	18	657
Total	100%	100%	100%	1170	1466	73	2709

Case examiner decisions by religion/belief of nurse or midwife

Religion	NCTA %	Refer to CCC %	Refer to HC %	NCTA	Refer to CCC	Refer to HC	Total
Buddhist	1.0%	0.8%	0%	12	12	0	24
Christian	54.4%	47.3%	39.7%	637	693	29	1359
Hindu	0.8%	0.9%	0%	9	13	0	22
Jewish	0%	0.5%	0%	0	7	0	7
Muslim	2.1%	2%	0%	24	29	0	53
None	14.3%	11.3%	16.4%	167	166	12	345
Sikh	0.2%	0.1%	0%	2	2	0	4
Prefer not to say	5.8%	5.2%	11.0%	68	76	8	152
Unknown	21.5%	31.9%	32.9%	251	468	24	743

Total	100%	100%	100%	1170	1466	73	2709
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Case examiner decisions by sexual orientation of nurse or midwife

Sexual Orientation	NCTA %	Refer to CCC %	Refer to HC %	NCTA	Refer to CCC	Refer to HC	Total
Bisexual	1%	1%	2.7%	12	15	2	29
Gay or lesbian	2.7%	1.4%	6.9%	32	20	5	57
Heterosexual or straight	71.7%	60.8%	56.2%	839	892	41	1772
Prefer not to say	6.8%	7.4%	6.9%	79	108	5	192
Unknown	17.8%	29.4%	27.4%	208	431	20	659
Total	100%	100%	100%	1170	1466	73	2709

2.3.5 Hearings

Most cases referred by the case examiners for adjudication are considered by a panel of one of the following practice committees:

- Conduct and Competence Committee (CCC)
- Health Committee (HC).

The panel is responsible for reaching a final decision about whether a nurse or midwife's fitness to practise is currently impaired and determine what sanction, if any, is needed to protect the public. We publish all panel decisions where a sanction has been imposed on a nurse or midwife's registration on our website. Sanctions are also marked on the public register. Due to these reasons and the small number of hearings that take place, some of the diversity data about nurses and midwives that go to hearings is sensitive data under the Data Protection Act and cannot be published in this report to keep these individuals anonymous. This section is not divided into nurse, midwife and dual registration type and is reported by percentage not numbers.

Sanctions	Acronym
Facts not proved	FNP
Fitness to practise not impaired	FTPNI
Fitness to practise impaired – no sanction	FTPI-NS
Caution order	CO
Conditions of practice order	CPO
Suspension order	SO
Striking off order	SOO

Go to the [Sanctions we can impose](#) pages on our website for more information.

Hearing outcomes by age

Age	FNP	FTPNI	FTPI-NS	CO	CPO	SO	SOO	Total
>= 19 - <30	1	7	0	7	16	20	10	61

>= 30 - <40	2	43	0	34	31	57	61	228
>= 40 - <60	20	185	3	105	183	287	216	999
>= 60	8	43	2	18	37	60	57	225
Total	31	278	5	164	267	424	344	1513

Age %	FNP	FTPNI	FTPI-NS	CO	CPO	SO	SOO	Total
>= 19 - <30	3.2%	2.5%	0%	4.3%	6%	4.7%	2.9%	4%
>= 30 - <40	6.5%	15.5%	0%	20.7%	11.6%	13.4%	17.7%	15.1%
>= 40 - <60	64.5%	66.6%	60%	64%	68.5%	67.7%	62.8%	66%
>= 60	25.8%	15.5%	40%	11%	13.9%	14.2%	16.6%	14.9%
Total	100%	100%	100%	100%	100%	100%	100%	100%

Hearing outcomes by disability

Disability	FNP	FTPNI	FTPI-NS	CO	CPO	SO	SOO	Total
NO	23	195	2	118	153	216	153	860
YES	0	20	1	9	21	35	33	89
Prefer not to say	3	9	0	8	6	25	8	42
Unknown	5	54	2	29	87	148	150	991
Total	31	278	5	164	267	424	344	1513

Disability%	FNP	FTPNI	FTPI-NS	CO	CPO	SO	SOO	Total
NO	74.2%	70.1%	40%	72%	57.3%	50.9%	44.5%	56.8%
YES	0%	7.2%	20%	5.5%	7.9%	8.3%	9.6%	5.9%
Prefer not to say	9.7%	3.2%	0%	4.9%	2.3%	5.9%	2.3%	2.8%
Unknown	16.1%	19.4%	40%	17.7%	32.6%	34.9%	43.6%	65.5%
Total	100%	100%	100%	100%	100%	100%	100%	100%

Hearing outcomes by ethnicity

Ethnicity	FNP	FTPNI	FTPI-NS	CO	CPO	SO	SOO	Total
Asian	4	20	0	18	23	26	20	111
Black	9	54	0	35	36	70	36	240
Mixed	0	7	0	2	4	3	6	24
White	12	137	3	73	107	161	130	623
Other	1	2	0	2	4	1	0	10
Prefer not to say	0	4	0	5	7	13	3	32
Unknown	5	54	2	29	86	148	149	473
Total	31	278	5	164	267	424	344	1,513

Ethnicity %	FNP	FTPNI	FTPI-NS	CO	CPO	SO	SOO	Total
Asian	12.9%	7.2%	0%	11.0%	8.6%	6.1%	5.8%	7.3%
Black	29%	19.4%	0%	21.3%	13.5%	16.5%	10.5%	15.9%
Mixed	0%	2.5%	0%	1.2%	1.5%	0.7%	1.7%	1.6%

White	38.7%	49.3%	60%	44.5%	40.1%	38%	37.8%	41.2%
Other	3.2%	0.7%	0%	1.2%	1.5%	0.2%	0%	0.7%
Prefer not to say	0%	1.4%	0%	3.1%	2.6%	3.1%	0.9%	2.1%
Unknown	16.1%	19.4%	40%	17.7%	32.2%	34.9%	43.3%	31.3%
Total	100%	100%	100%	100%	100%	100%	100%	100%

Hearing outcomes by gender

Gender	FNP	FTPNI	FTPI-NS	CO	CPO	SO	SOO	Total
Female	24	217	4	120	212	322	218	1117
Male	7	61	1	44	55	102	126	396
Total	31	278	5	164	267	424	344	1513

Gender %	FNP	FTPNI	FTPI-NS	CO	CPO	SO	SOO	Total
Female	77.4%	78.1%	80%	73.2%	79.4%	75.9%	63.3%	73.8%
Male	22.6%	21.9%	20%	26.8%	20.6%	24.1%	36.6%	26.2%
Total	100%	100%	100%	100%	100%	100%	100%	100%

Hearing outcomes by religion or belief

Religion	FNP	FTPNI	FTPI-NS	CO	CPO	SO	SOO	Total
Buddhist	0	2	0	1	2	3	3	11
Christian	17	152	3	90	133	195	113	703
Hindu	1	3	0	1	2	1	8	16
Jewish	0	1	0	0	0	1	1	3
Muslim	3	4	0	5	8	8	5	33
None	3	27	0	21	21	41	35	148
Sikh	0	1	0	0	1	0	0	2
Prefer not to say	0	22	0	14	7	15	16	74
Unknown	7	66	2	32	93	160	163	523
Total	31	278	5	164	267	424	344	1513

Religion %	FNP	FTPNI	FTPI-NS	CO	CPO	SO	SOO	Total
Buddhist	0%	0.7%	0.0%	0.6%	0.8%	0.7%	0.9%	0.7%
Christian	54.8%	54.7%	60%	54.9%	49.8%	46.0%	32.9%	46.5%
Hindu	3.2%	1.1%	0%	0.6%	0.8%	0.2%	2.3%	1.1%
Jewish	0%	0.4%	0%	0%	0%	0.2%	0.3%	0.2%
Muslim	9.7%	1.4%	0%	3.1%	3.0%	1.9%	1.5%	2.2%
None	9.7%	9.7%	0%	12.8%	7.9%	9.7%	10.2%	9.8%
Sikh	0%	0.4%	0%	0%	0.4%	0%	0%	0.1%
Prefer not to say	0%	7.9%	0%	8.5%	2.6%	3.5%	4.7%	4.9%
Unknown	22.6%	23.7%	40%	19.5%	34.8%	37.7%	47.4%	34.6%
Total	100%	100%	100%	100%	100%	100%	100%	100%

Hearing outcomes by sexual orientation

Sexual orientation	FNP	FTPNI	FTPI-NS	CO	CPO	SO	SOO	Total
Bisexual	0	1	0	3	3	8	3	18
Gay or lesbian	0	5	0	4	7	3	7	26
Heterosexual or straight	21	195	2	110	151	229	158	866
Prefer not to say	5	23	1	18	17	36	27	127
Unknown	5	54	2	29	89	148	149	476
Total	31	278	5	164	267	424	344	1513

Sexual orientation	FNP	FTPNI	FTPI-NS	CO	CPO	SO	SOO	Total
Bisexual	0%	0.4%	0%	1.8%	1.1%	1.9%	0.9%	1.2%
Gay or lesbian	0%	1.8%	0%	2.4%	2.6%	0.7%	2%	1.7%
Heterosexual or straight	67.7%	70.1%	40%	67.1%	56.6%	54%	45.9%	57.2%
Prefer not to say	16.1%	8.3%	20%	11%	6.4%	8.5%	7.9%	8.4%
Unknown	16.1%	19.4%	40%	17.7%	33.3%	34.9%	43.3%	31.5%
Total	100%	100%	100%	100%	100%	100%	100%	100%

ⁱⁱ ENEI infographics; ©Developed by Big Voice Communications 2016;

<https://www.enei.org.uk/resources/?subjects=&doctype=1996,2001#enei-resources> [accessed 14-06-2017]

ⁱⁱⁱ London labour market projections 2016; GLA; <https://www.london.gov.uk/sites/default/files/llmp-2016.pdf> [accessed 14-01-2017]

^{iv} As in reference iii – Hampton Alexander Review – FTSE 100 companies Executive Committees 18.7% female.

^v The Green Park Public Service Leadership 5,000: A review of diversity in the UK's public and charities sectors; 2014; Green Park Group; <http://green-park.co.uk/wp-content/uploads/2016/11/Green-Park-Public-Sector-report-sm.pdf> [accessed 14-06-2017]

^{vii} Peter J. Aspinall; Equality and Human Rights Commission Research report 37: Estimating the size and composition of the lesbian, gay, and bisexual population in Britain; University of Kent; 2009; p55
<https://www.equalityhumanrights.com/sites/default/files/research-report-37-estimating-lesbian-gay-and-bisexual-population-in-britain.pdf> [accessed 08-09-2017]

