Nursing & Midwifery Council

Together in practice

Ambitious for change

Research into NMC processes and people's protected characteristics

Summary findings

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About us

Our vision is safe, effective and kind nursing and midwifery that improves everyone's health and wellbeing. As the professional regulator of more than 700,000 nursing and midwifery professionals, we have an important role to play in making this a reality.

Our core role is to **regulate**. First, we promote high professional standards for nurses and midwives across the UK, and nursing associates in England. Second, we maintain the register of professionals eligible to practise. Third, we investigate concerns about nurses, midwives and nursing associates – something that affects less than one percent of professionals each year. We believe in giving professionals the chance to address concerns, but we'll always take action when needed.

To regulate well, we **support** our professions and the public. We create resources and guidance that are useful throughout people's careers, helping them to deliver our standards in practice and address new challenges. We also support people involved in our investigations, and we're increasing our visibility so people feel engaged and empowered to shape our work.

Regulating and supporting our professions allows us to **influence** health and social care. We share intelligence from our regulatory activities and work with our partners to support workforce planning and sector-wide decision making. We use our voice to speak up for a healthy and inclusive working environment for our professions.

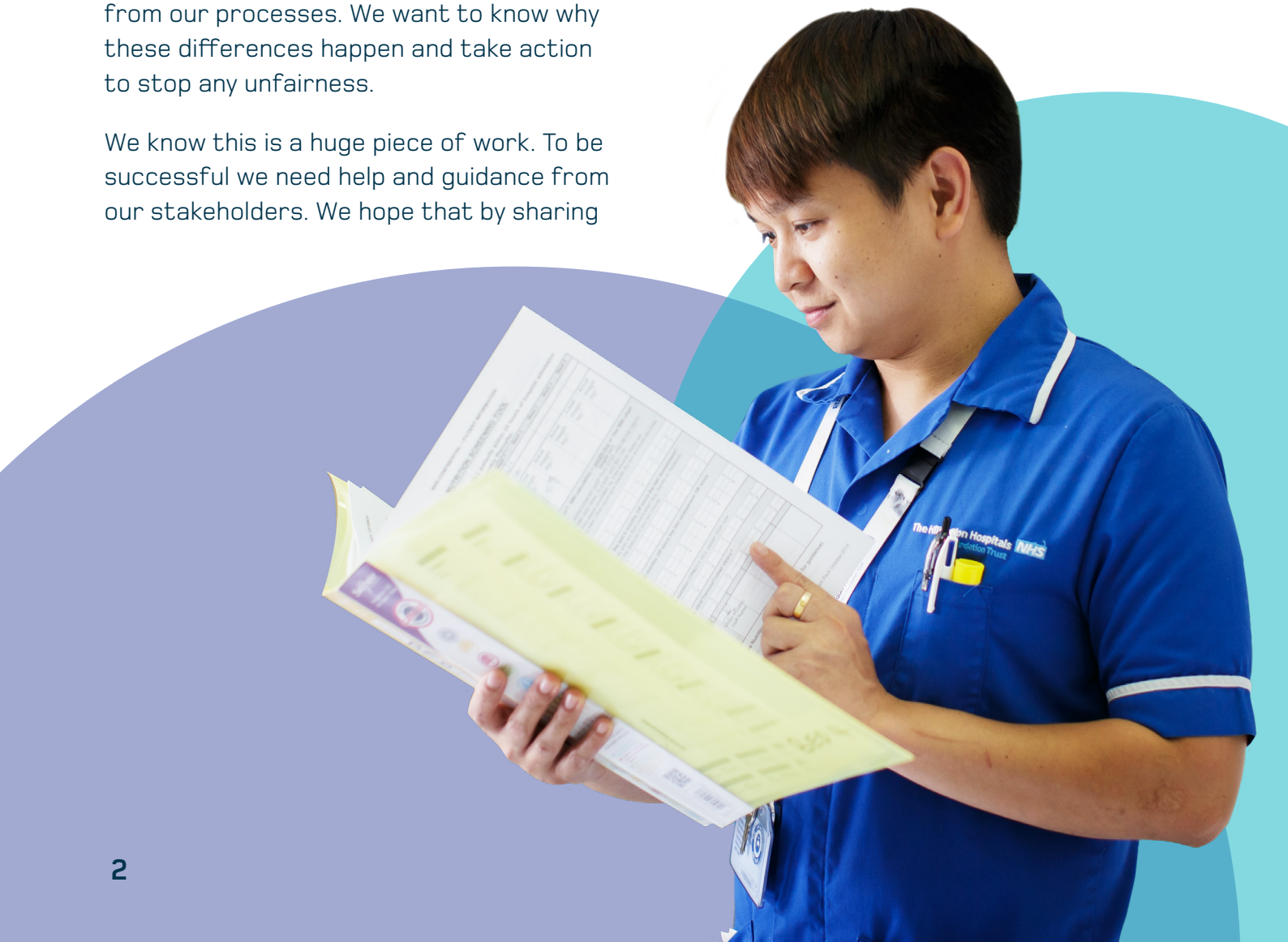
Introduction

Fairness is at the heart of our role as a trusted, transparent regulator and employer. We're working to end discrimination, create equal opportunities, and collaborate with our partners to tackle prejudice and promote understanding. This includes addressing any disadvantages that people experience because of their protected characteristics.

In August 2019, we started an ambitious programme of work to assess the impact our regulatory processes have on different groups of nurses, midwives and nursing associates. We want to understand whether professionals with different protected characteristics have different outcomes from our processes. We want to know why these differences happen and take action to stop any unfairness.

We know this is a huge piece of work. To be successful we need help and guidance from our stakeholders. We hope that by sharing these initial findings and our next steps, our stakeholders will feel empowered to support and challenge us. We want to hear from our partners in health and social care about what they understand from these findings and what they think we should do next.

This report is the first step. It presents our analysis of our own information and data, and wider research and evidence. We've looked at the numbers of nurses, midwives and nursing associates who receive different outcomes, and used statistical analysis to determine which factors really influence the outcomes people get. We've also calculated the precise percentage point difference between groups.



What we've found

Much of what we've found echoes insights from previous research. We know that people with certain protected characteristics experience significant inequalities across many areas of their lives.

These inequalities start from a young age with lower educational attainment and poorer physical and mental health for certain groups. The professionals on our register are no different to people in the wider population. They may experience inequalities in education, health, criminal justice and housing.

While evidence about these disparities has been around for a long time, the Black Lives Matter movement and the disproportionate impact of coronavirus on people with different protected characteristics, has brought differences into sharp focus.

As health and social care workers, the people on our register may experience further inequalities based on their protected characteristics. Black, Asian and disabled health and social care workers experience lower progression and pay but higher discrimination and more mental health conditions. Many of the issues that we've found – different educational experiences, lower revalidation rates and higher rates of referrals to fitness to practise processes – affect other health and social care professionals including doctors, dentists and social workers.

For nurses, midwives and nursing associates, disparities include:

- Lower acceptance rates onto NMC-approved nursing and midwifery courses for Black and Asian students.
- Lower chances of registering through our overseas process for applicants who are: Black; disabled; bisexual; over 41; Muslim; or whose gender, gender identity and training country we don't know (or who preferred not to say).
- Lower chances of revalidating for nurses and midwives who are: male, over 60, disabled, White or those whose ethnicity we don't know (or they prefer not to say); those living outside the UK and the European Union (EU) or European Economic Area (EEA); or trained in Australia. Much of this aligns with the findings from Ipsos Mori's independent evaluation of revalidation.
- Higher referrals of particular groups of nurses and midwives – many of them reflected in the University of Greenwich's research into disproportionate impacts in our fitness to practise process. Looking at a person's protected characteristics alongside where they trained, live and work shows that professionals who are: male, trans, bisexual, Black, living in certain parts of the UK or places such as the Channel Islands, trained in Northern Ireland, working in settings such as the cosmetic or aesthetic sector, or being someone whose disability we don't know (or they prefer not to say) are more likely to be referred to us compared to others.

- Like Greenwich we found that employers still refer higher proportions of minority ethnic nurses and midwives. Members of the public and people who use services still refer higher proportions of White nurses and midwives. These cases are more likely to be closed at screening compared to those referred by employers, which are more likely to progress to the adjudication stage.
- With the exception of professionals whose ethnicity we didn't know (or who preferred not to say), Greenwich found that ethnicity didn't influence how far a person's case progressed in our fitness to practise process once source of referral was taken into account. However, this was based on ethnicity being known for only 40 percent of cases.
- With more complete data we've found that ethnicity does influence case progression. Cases involving Black nurses and midwives are more likely to progress to the adjudication stage compared to White professionals. However, Black professionals aren't any more likely to be removed from our register than White nurses and midwives.
- Like Greenwich we also found different outcomes for other groups. This includes men, disabled nurses and midwives and those who work in settings which we don't know compared to women, non-disabled and those working in any other type of setting.

Having this information is important but we don't yet know why this is happening. We don't know how much it is down to our having more complete data, or how much it is due to our own processes, or how much it is because of factors outside our control. We'll look at all of this in our next steps.

In developing our next steps we need to consider what has happened since we analysed the data in this report. The coronavirus global pandemic has changed work and life for the nurses, midwives and nursing associates on our register. It has also impacted on the thousands of people who have joined our emergency Covid-19 temporary register to help support the UK's response. It has meant working in unprecedented, and often challenging and difficult circumstances. And it has increased the risks of negative physical and mental health. This report gives a baseline to monitor Covid-19's impact on our nurses, midwives and nursing associates, and on our regulatory processes.

We've introduced many changes to the processes examined in this report. We made significant improvements to the overseas process that make it more efficient. We've made changes to revalidation in response to the independent evaluation. We've overhauled our approach to fitness to practise in response to the Greenwich findings, feedback about people's experiences, and a better understanding of the factors that influence individual professionals' behaviour.

These changes make sure people are at the heart of the process. This means promoting a culture of openness and learning, working closer with employers to resolve issues locally where possible, and giving greater consideration to the context in which incidents happen. This report comes too early to take these changes into account, but it does give us a useful baseline that we can measure progress against.

Next steps

We've already taken some steps that may help, such as improving the overseas process, developing a new resource for employers to support them to investigate concerns locally and being more systematic in how we consider context in fitness to practise cases.

We need to give these changes time to have an impact. But we don't want to be complacent. We'll ensure that we revisit these issues and measure progress against the findings in this report.

There are further steps we can take now, like commissioning further work to understand people's experiences of revalidation, and why employers, members of the public and people who use services refer certain groups to us. We'll also continue to improve our data so that we can better understand the influence of where nurses, midwifes and nursing associates train and work on their experiences of our processes.

But we know we need to do more, so we'll work with our stakeholders to plan further actions for the future as our understanding of the causes of these differences becomes clearer.

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