Nursing & Midwifery Council

Annual Fitness to Practise Report 2022-2023

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Contents

Foreword

The continuing impact of the coronavirus pandemic and workforce pressures made 2022–2023 an extremely challenging year for health and social care services across the four UK countries and their people and communities, whose right to safe, effective, and kind care drives what we do.

Within this context, reducing our fitness to practise caseload post-pandemic, swiftly and safely, was our top priority and remains so. We understand that a high number of cases results in people having to wait longer for us to reach decisions, and we are sorry for the distress this causes to everyone involved. Positive progress was made with a sustained reduction in our caseload for the first time since 2019. Although we missed our target for the year, we are determined to maintain this progress and are confident in this downward trend continuing due to significant improvements in our approach, to help us reach outcomes that best protect the public in every case.

Increased numbers of screening decision-makers, optimisation of our processes and a more consistent approach to considering context and how professionals have strengthened their practice, have all helped resolve more cases at an earlier stage. The introduction of a Referrals Helpline is also enabling us to better signpost people at the point they first contact us. We anticipate that a review of our adjudication process will help increase the number of hearings that conclude first time, and the introduction of a Best Practice Hub will pilot a more joined up, person-centred experience, with more consistent oversight of cases leading to their earlier conclusion.

We understand that for professionals and the people and families affected by concerns, going through our fitness to practise process can have an impact on their health and wellbeing. Person-centredness is key to our work with a rigorous focus on safeguarding and a range of help and resources available for professionals, employers and the public as detailed in this report.

It's important to remember that the overwhelming majority of more than 788,000 registered professionals practise safely and effectively. And that investigating concerns about nurses, midwives and nursing associates affects only a tiny minority each year: 191 decisions were made in 2022–2023 to remove professionals from the register. We acknowledge that health and care services continue to be under huge pressure so it's vital that we take context into account and give professionals the chance to address concerns. But we will always take action when needed. As a regulator, we are not here to punish, but to make sure that professionals meet the standards required to practise safely, to promote learning, and to prevent issues from arising again to protect the public from risk.

We are committed to tackling inequality and discrimination as well as promoting diversity and inclusivity as a regulator and employer. This includes ensuring more equitable experiences and outcomes for anyone going through the fitness to practise process. Continuous learning is critical in this area and last year's findings from phase two of our Ambitious for Change research highlighted how some people are disproportionately referred to us or receive different outcomes from our processes.

An ongoing independent review will also help us understand why professionals with specific characteristics progress further through the fitness to practise process and how to maximise fairness and consistency.

We are grateful for the expertise, scrutiny and support of our partners and the hard work and agility of our colleagues in helping to reduce our caseload, and to deliver tangible improvements to our fitness to practise process. In future, we will focus on improving our core operational performance and applying a range of measures to further reduce our caseload in ways that will ultimately increase public confidence.

Sir David Warren
Chair
10 July 2023

Andrea Sutcliffe
Chief Executive and Registrar
10 July 2023

Our role

We are the independent regulator for nurses and midwives in the UK and nursing associates in England. Our objectives are set out in the Nursing and Midwifery Order 2001 (as amended).

The overarching aim of the Council is the protection of the public by:

a. protecting, promoting and maintaining the health, safety and wellbeing of the public

b. promoting and maintaining public confidence in the professions regulated under the Order

c. promoting and maintaining proper professional standards and conduct for members of those professions.

Our regulatory responsibilities are to:

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

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

Our vision is safe, effective and kind nursing and midwifery practice that improves everyone's health and wellbeing. As the independent regulator of more than 788,000 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 education and 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 a tiny minority of professionals each year. We believe in taking account of the context in which incidents occur and giving professionals the chance to address concerns, but we will 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 are 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.

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

We are fair

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

We are kind

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

We are collaborative

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

We are ambitious

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

This report covers one aspect of our core role of regulating nursing and midwifery professionals: investigating concerns about their fitness to practise. We determine whether the skills, knowledge, education or behaviour of professionals fall below the standards needed to deliver safe, effective and kind care. If they do, we then take steps to keep the public safe and prevent something from going wrong again.

In this report, we explain what we do when we hear about concerns and we summarise our performance during 2022–2023 in carrying out this role. Statistics are provided to illustrate our activity. This report should be read together with our NMC Annual Report and Accounts, which is a wider look at our work.

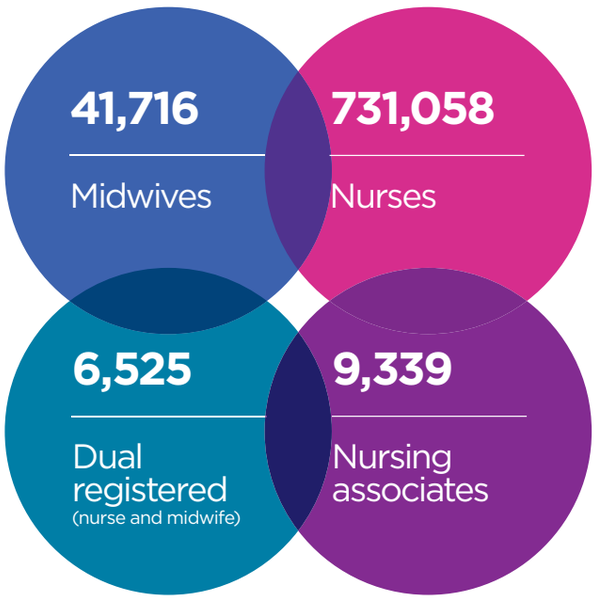
Our register

To practise as a nurse or midwife in the UK, or a nursing associate in England, professionals must join our register. This protects the public by ensuring only those who can demonstrate our standards for safe, kind and effective care are able to practise.

On 31 March 2023, there were 788,638 professionals on our permanent register – an increase of 30,351 from March 2022 (2021–2022: 758,287).

We continually review the quality and content of our data and information. When improved data or additional information becomes available, we retrospectively update our previously published information. This means that when comparing data in our latest reports against some of our previous publications, you may see small changes in some data.

Numbers of professionals on our permanent register by registration type at 31 March 2023



Total register **788,638**

Numbers of registered professionals by country or region of initial registration at 31 March 2023

Total register **788,638**

What is fitness to practise?

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

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

Every nurse, midwife and nursing associate on the register must show every three years that they practise safely and live up to the standards in the Code: this is called revalidation.

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

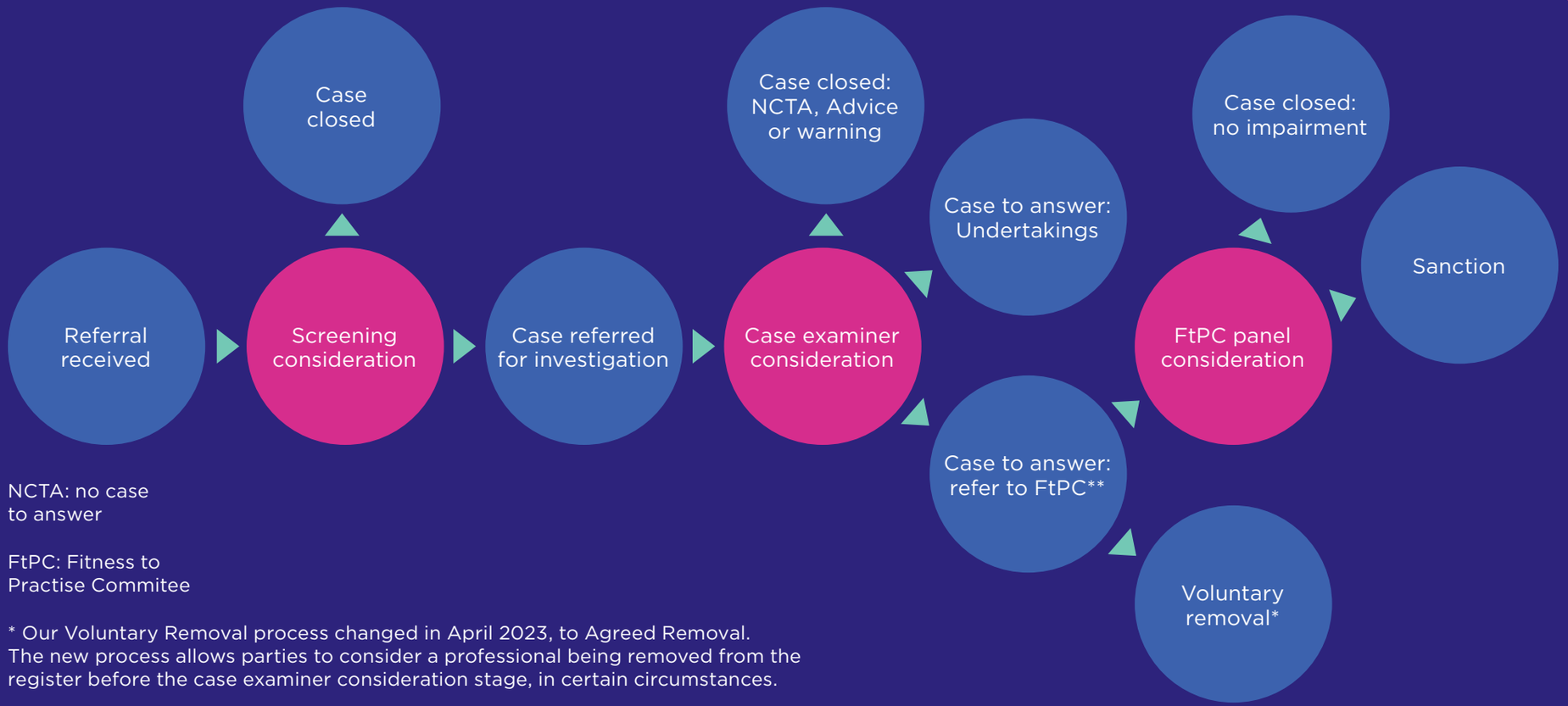
Where concerns cannot be resolved locally, or if someone believes them to be serious enough to require immediate regulatory action from us, they should raise the concerns directly with us. We will then decide if we need to take action to protect the public and, in every case, we try to reach an outcome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

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

Fitness to Practise process

This is a simplified illustration of routes through our fitness to practise process in 2022–2023. Not all processes are included.

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



NCTA: no case to answer

FtPC: Fitness to Practise Commitee

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

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

How people raise concerns with us

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

Typically, we receive concerns from:

- a patient or person receiving the services of a nurse, midwife or nursing associate
- a member of the public
- the employer or manager of the nurse, midwife or nursing associate
- the police
- a nurse, midwife or nursing associate referring themselves
- other health and social care regulators.

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

Concerns we can and cannot consider

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

Our role is to decide whether any concerns about a nurse, midwife or nursing associate's fitness to practise require us to take action to protect the public. We can look at several types of concern, including:

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

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

Concerns about those with temporary registration

We were given the power to set up a temporary register to support the national response to the Covid-19 pandemic. You can find details about it on **our website**.

As temporary registration is at the Registrar's discretion, our normal fitness to practise processes do not apply. Where concerns are raised about anyone holding temporary registration, we undertake a basic review and investigation and if necessary, remove the individual from the temporary register.

During 2022–2023:

- one concern was raised about professionals on the temporary register (2021–2022: seven concerns)
- three people were removed from the temporary register (two cases carried over from 2021–2022) (2021–2022: three)
- on average, we took 56 days to review and take action on these cases (2021–2022: 37 days).

How we deal with concerns raised with us

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

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

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

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

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

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

Regulatory action we can take to protect the public

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

As reported later, in most cases we receive we decide that there is no need to carry out an investigation into the concerns raised (76 percent of referrals we made decisions about at this stage in 2022–2023 were closed).

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

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

More information about interim orders is on **our website**.

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

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

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

In more serious cases where we consider there is a need to impose a sanction to protect the public or where the nurse, midwife or nursing associate does not accept there are concerns about their practice, we will hold a hearing or meeting before an independent panel of the Fitness to Practise Committee. Panels are made up of professionals on the register (known as registrant members) and lay members. Usually, three panel members will decide on any case with at least one lay and one registrant member. You can find more information about the panels on **our website**.

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

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

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

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

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

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

Occasionally, we will allow a nurse, midwife or nursing associate to voluntarily remove themselves from our register without the need for a hearing or meeting if we are satisfied that it is in the public interest to do so. We provide the numbers of voluntary removals further on in this report, which occurred under our old process.

In April 2023, we **announced** that we had changed the process to agreed removal, which is more flexible but maintains public protection. One of the changes is that an agreed removal can be agreed at any stage of the fitness to practise process in certain circumstances. This enables us to protect the public at the earliest opportunity, while also reducing the impact for people of being involved in our regulatory processes. More information about agreed removal is on **our website**.

Public information about our decisions

Information about forthcoming hearings and recent panel decisions is on **our website**.

When regulatory decisions are made about someone's fitness to practise, we explain the reasons to the person who raised the concerns with us and to the nurse, midwife or nursing associate concerned.

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

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

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

Fitness to practise: Our work in 2022-2023

Reducing our fitness to practise caseload safely and swiftly was our top priority in 2022–2023. This is important for public confidence as fitness to practise is about managing the risk that a nurse, midwife or nursing associate may pose to patients or members of the public in future.

While we did not achieve our target caseload of 5,000, positive progress was made with a continuing decrease in the caseload for the first time since 2019.

Our caseload doubled in volume between March 2019 and March 2022, with the rise in 2019–2020 being compounded by the effects of the pandemic and decisions we made to pause casework which was not required to manage risk.

Having a high caseload has meant people are waiting longer for us to reach decisions. We know the impact this has on everyone involved, which is why reducing our fitness to practise caseload safely and swiftly remains our number one corporate priority.

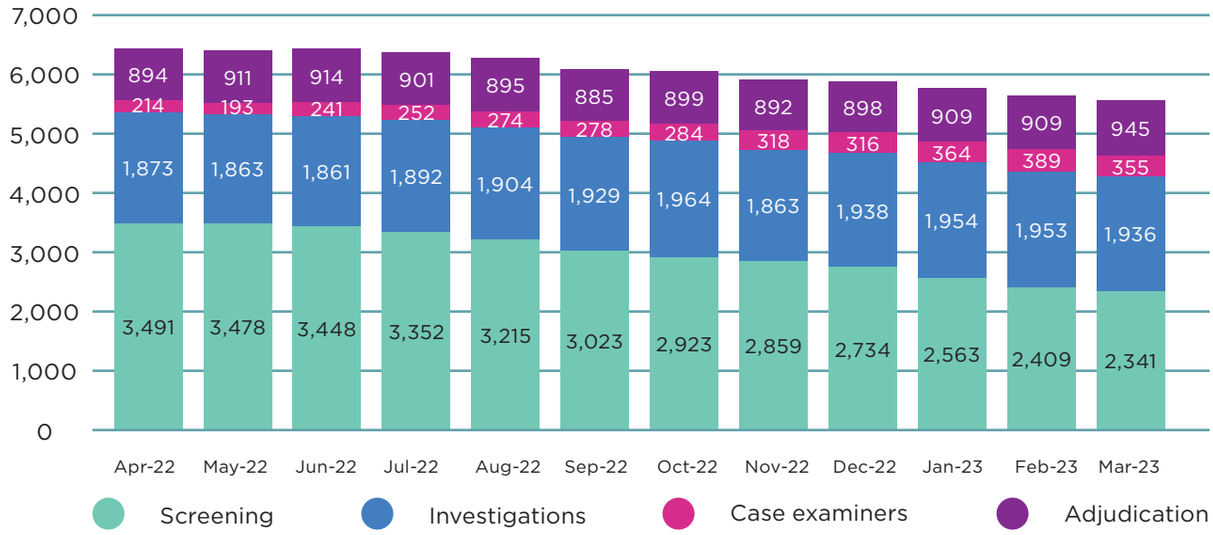
The caseload picture

During 2022–2023, we reduced our caseload from 6,469 cases at 31 March 2022 to 5,577 cases at the end of March 2023. This was short of our target of 5,000 cases by March 2023 but represents a decrease of 14 percent and is the first continuing reduction in caseload since 2019.

Table showing longer-term caseload trends:

Year	Referrals received	Cases concluded	Year-end closing caseload	Yearly change in caseload	
				Actual	Percent
2019–2020	5,704	4,358	4,506	+1,363	+43%
2020–2021	5,547	3,701	6,357	+1,851	+41%
2021–2022	5,291	5,170	6,469	+112	+2%
2022–2023	5,068	5,832	5,577	-892	-14%

Graph showing the caseload over 2022–2023, by fitness to practise stage:



Improvements we made during 2022–2023

During 2021–2022 we ran an improvement programme which unfortunately had little impact on our caseload numbers. In 2022–2023 we revised our approach and focused on a smaller number of more impactful initiatives. We also prioritised progressing our oldest and our highest risk cases, to help protect the public and address the delays people have been experiencing.

Key initiatives at screening

The first stage of our fitness to practise process is screening and at 31 March 2022 our screening caseload was 3,469, representing over 50 percent of our total caseload at the time.

In summer 2022 we increased the number of decision makers within our screening team and as a result our output levels increased.

We made a number of process changes during the rest of the year which meant that we could reduce the number of decision-makers we have, while maintaining our improved performance. As a result, our screening caseload was 2,341 on 31 March 2023, a reduction of 33 percent of cases at that stage over the course of the year.

We made revisions to our screening guidance in 2021–2022. The changes have enabled us to take a more consistent approach, when screening cases, to considering the context around an incident and evidence of professionals strengthening their practice since the incident. The changes are now having an increasingly positive impact as we are able to resolve more cases at screening.

A person-centred approach remains key to our work at screening. In December 2022 we launched a new Referrals Helpline predominantly aimed at providing support to members of the public who are considering raising a concern with us.

This helpline means members of the public can call us before they make a referral so that we can give the information, support and clarity they need to either make a referral or for us to signpost them to other organisations that may be better placed to help them than we are.

Between January and March 2023, we received an average of 359 calls a month to the helpline and we learned that we needed to do more to publicise the existence and purpose of the helpline. Website information was amended. Early in 2023–2024, we will launch a revised version of our online fitness to practise referral form which will also encourage people to call our helpline and access the support on offer.

Key initiatives at investigations

Investigation is the second stage of our process and between March 2022 and March 2023 we saw an increase of 64 cases at this stage. This is a relatively small increase which is in part due to the changes mentioned earlier which means more cases are able to conclude at the screening stage.

Our focus on older and higher risk cases has resulted in lower output numbers. In order to support teams and improve performance, we introduced a range of case management tools for our investigators and our managers.

We think that our teams will benefit from working more closely together and in March 2023, we moved to a different hybrid working approach for the Investigations team.

All team members are expected to attend our offices for at least two days a week from May 2023. We will keep the impact of this move under review as we progress through 2023–2024.

Key initiatives at case examiner stage

The third stage of our process is case examiners, where we decide if an independent panel needs to consider the case.

We started the year with a caseload of less than 300 at this stage and proactively made the decision to deploy resources temporarily to other fitness to practise areas, such as screening. As anticipated, this contributed to a rise in the case examiner caseload in the second half of the year but a significant reduction in the caseload overall.

Our output performance at the end of the year increased and improved and we finished the year with 355 cases. The team is well positioned for 2023–2024 to be receiving more cases from our Investigations teams to decide on.

Key initiatives at adjudication

The final stage of our process is adjudication where we have seen a rise in the number of cases awaiting a decision by a panel.

Our main focus during the year was on improving the efficiency and effectiveness of our virtual hearings. We switched to a different video conferencing platform for our interactions with case parties and this has resulted in fewer technical delays. Microsoft Teams is now routinely used.

We also commissioned external support to review our ways of operating at the adjudication stage, to ensure we are operating effectively and efficiently. This review is carrying on into 2023–2024. It will identify opportunities to increase the number of hearings which conclude first time, as well as other significant opportunities for improvement. This might include conducting more of our adjudication activity physically rather than virtually.

Promoting equality, diversity and inclusion (EDI)

As a regulator and an employer, we have a responsibility to do everything we can to tackle discrimination and promote diversity and inclusion. Our EDI plan 2022–2025 sets out how we will meaningfully integrate EDI across all our work to deliver more equitable experiences and outcomes for our colleagues, the professionals on our register and the public we serve. We began implementation of our EDI plan in May 2022, though we recognise we have a lot still to do to be able to make an impact.

Our Ambitious for Change research aims to assess the impact our regulatory processes have on different groups of nurses, midwives and nursing associates. In August 2022, we **published findings** for the second phase of research, which had focused on understanding why some people are disproportionately referred to us or receive different outcomes from our processes, and what this means for the professionals involved.

As well as the devastating impact this has on professionals, we know from wider research that fair treatment of healthcare professionals is linked to better care for members of the public and people who use services. Inequalities in the health and care sector, and wider society, have a direct impact on the provision of effective, person-centred care, and in order to fulfil our regulatory role we need to hold ourselves and partners accountable for our part in these disparities.

We undertook a number of actions in 2022–2023, with some of these carrying on into 2023–2024:

- We introduced mandatory refresher and new starter EDI training for panel members, which includes a focus on discrimination.
- From our Ambitious for Change research we know that cases involving professionals who identify as male, disabled or Black, or those who prefer not to tell us their sexual orientation progress further through our processes compared to other groups and we also see more disparities in fitness to practise outcomes for these groups. We commissioned an independent review of registration appeal and fitness to practise cases to help us understand why. The review will enable us to make further adjustments to our ways of working, to ensure consistency and fairness when we handle all such cases. The review is due to complete in 2023–2024.

- We considered how we could improve access for people wishing to observe hearings which are held virtually, while ensuring we maintain appropriate confidentiality for the parties involved. As of April 2023, observers have been provided with visual remote access to hearings for the first time.

- We continued to update our fitness to practise guidance to ensure there is clarity on how we manage cases or hearings and instances of discrimination, either as part of the allegations or as part of how we handle cases. For example our guidance now clarifies that we should look into concerns that relate to discrimination, whether they take place inside or outside of the professional context.

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

Supporting people

Going through our fitness to practise process can be an emotional time for those involved. For professionals and the people and families affected by concerns raised, this can have an impact on their health and wellbeing. We have a range of resources available to people, which aim to support them through this time. These resources include an emotional support helpline for the public, the Fitness to Practise Careline for professionals, and our Employer Link Service (ELS) for employers of health and care professionals.

We encourage individuals to seek the help and support they need through these channels. Our Public Support Service (PSS) also provides information on how the fitness to practise process works and engages with and listens to people who may encounter difficulties with our fitness to practise process. We work with people with complex additional needs to ensure they are effectively supported to engage in the process and that we make necessary adjustments to support them. This might involve the use of an advocate or intermediary.

In 2022–2023 we introduced a new Professional Support and Engagement Lead. The role is developing and delivering improvements to how we support and engage with professionals. The current focus is on professionals whose fitness to practise is being investigated, with future plans to also develop better support for professionals going through our registration and revalidation processes.

Support for the public and those who raise concerns with us

Our Public Support Service (PSS) continued to grow over the year, with a focus on strengthening its partnership with the investigations stage of the fitness to practise process. Investigations teams are partnered with designated Public Support Officers so that colleagues can work collaboratively in offering support to witnesses and members of the public. This is in addition to the support provided across the other parts of the fitness to practise process, including end-to-end support for individuals for whom there is a particular need.

This year, 765 referrals were made from case owners to the PSS for additional support for people. The nature of the support can vary, from one-off assistance to detailed continuing support for the duration of a person's engagement with the NMC.

Our independent 24-hour emotional support telephone line provided free, independent, confidential and non-judgmental support to people. 729 phone calls took place and 404 emails or texts were exchanged in 2022–2023.

As previously mentioned, our new Referrals Helpline launched in December 2022 to help members of the public when making a referral.

Our independent advocacy service helps members of the public who need additional support when interacting with our processes. The service helps to ensure people understand our communications and can effectively engage with the fitness to practise process.

We now also provide an independent intermediary service that helps to meet the needs of witnesses who may require additional communication support as a reasonable adjustment in line with the Equality Act 2010. We were the first UK healthcare regulator to do this.

Our website provides further information about our work and additional details on how we can support people who use our services and their families.

Support for employers

Our Employer Link Service (ELS) provides fitness to practise support for employers of nursing and midwifery professionals by:

- responding to and helping employers manage potential fitness to practise concerns about professionals on our register
- communicating key professional regulatory messages
- encouraging local management of concerns where the context allows us to do so
- building more understanding and insight of the landscape within which our professionals deliver care.

The service works with other regulators, regional and national health and care agencies. We have supported study days, conferences and webinars to discuss our processes, how to use our Code and what concerns we can address.

Our Employer Advice Line (EAL) enables organisations to contact our Regulation Advisers when they have concerns about an individual's fitness to practise. In 2022–2023, the EAL received 986 calls (744 in 2021–2022). Of those, 54 percent were provided with advice to make a referral to us (50 percent in 2021–2022).

Further information about our support for employers is available on **our website**.

Supporting and safeguarding professionals

Our Safeguarding and Risk of Suicide and Self-Harm policies and protocols are in place to help colleagues identify and manage any safeguarding concerns.

Where concerns are raised, these are reviewed and we provide the right level of support to the individual involved. We appointed a Strategic Safeguarding Lead in 2022–2023 who provides direct advisory support to staff who may need help in addressing safeguarding concerns.

In 2022–2023, 100 safeguarding concerns were raised in relation to our fitness to practise process. We record cases where we learn that a professional has sadly taken their own life while our proceedings are ongoing, to help us identify any learning to improve our processes. In 2022–2023, there were two recorded deaths (2021–2022: three cases; 2020–2021: no cases). We are following up on details about other cases and this will be published in next year's annual report.

Professionals are routinely signposted to our independent Fitness to Practise Careline which offers confidential emotional and practical advice and help to nurses, midwives, and nursing associates. More information can be found **here**. Referrals will be made to relevant external agencies where someone may need enhanced support.

In 2023–2024, staff will undertake a new package of safeguarding training, based on their level of interactions with people who may be at risk of harm.

We will also look at how we can build tailored safeguarding processes throughout the fitness to practise process to support staff to identify and respond to safeguarding needs.

Maternity safety

Maternity services have been under intense pressure this year following significant failings reported in published investigations. Our thoughts are with the families affected and we are keen to support the national and local responses to the recommendations of these investigations.

In the interests of the safety of women, babies and their families we took action in relation to fitness to practise concerns, where appropriate. We engaged with the public investigations, liaising with inquiry teams to support their reviews. We assessed whether we needed to make any fitness to practise referrals and also assisted the inquiry teams and the police in helping to determine this.

We conducted a review of fitness to practise cases referred to us in relation to the reviews at Shrewsbury and Telford Hospital NHS Trust, East Kent Hospitals University NHS Foundation Trust and Nottingham University Hospitals NHS Trust. The aim was to understand how we took context factors into account when handling these cases and making our decisions. We wanted to learn whether we have been taking a fair and proportionate approach to cases relating to major inquiries and also whether there is more we can do to support a more system-wide response to addressing failings in maternity services. The report is being finalised in 2023–2024.

Statistical summary 2022–2023

Our key performance indicators

In 2022–2023, we continued to concentrate our efforts on reducing the fitness to practise caseload. Our overall strategic aim, however, has remained the same: we want to reach an outcome that best protects the public at the earliest opportunity in every case. We measure this by two key performance indicators (KPIs), which we report publicly. This year we did not meet our targets for either KPI. With the caseload level above 6,000 at the start of the year, we knew that reducing the caseload to a more optimal level would take time and we anticipated that our KPI performance in 2022–2023 would be affected.

Interim orders imposed

Our target

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

Our performance

We imposed 65 percent of interim orders within 28 days of receiving concerns (2021–2022: 77 percent).

We have not met this target for 2022–2023 due to a number of factors such as:

- a renewed focus in screening on higher-risk cases which had been on hold / not reviewed for a period of time, partly due to insufficient management oversight and persistent staff vacancies. This progressed a number of those older cases, with IOs then imposed on some but outside of the KPI
- an increase in the volume of new interim order hearings required, which had exceeded the capacity we had available
- panels adjourning interim order applications in the interests of fairness to the professional involved, to allow the professional more time to prepare their case.

As part of our quality assurance and continuous learning processes, on a monthly basis we review all cases (with an order) that have not been listed for an IO hearing within 28 days of receiving the concern. We also review all cases where an interim order application has been made but decided not necessary by the panel. From these reviews, we are assured that no new matters requiring an interim order were received in the time it took to get the original cases to an interim order hearing. We are therefore assured that there was no adverse impact on the safety of the public, despite the downturn in performance against our KPI.

Timeliness in concluding cases

Our target

We aim to complete 80 percent of our cases within 15 months of receiving concerns.

Our performance

We completed 61 percent of cases within 15 months of receiving concerns (2021–2022: 62 percent).

We did not meet this measure in 2022–2023 and we have not been meeting the Professional Standards Authority's Standard of Good Regulation for timeliness of case progression since 2019. We expect to see improved performance as we continue to reduce our caseload across the process and in particular at screening, through our screening improvements in 2023–2024.

Number of concerns

In 2022–2023 we received 5,068 new concerns, a decrease (4 percent) from last year (2021–2022: 5,291). This is set against a backdrop of a growing register, so the proportion of registered professionals being referred to us is even smaller this year.

	2022–2023	2021–2022	2020–2021
Number of concerns received	5,068	5,291	5,547
Percentage of the register	0.64%	0.70%	0.76%

Sources of concerns

Table 1 shows a breakdown of the sources of concerns we received in 2022–2023. We have seen a decrease compared to last year in the volume and proportion of concerns raised by members of the public, including people who use services and their families. The number of referrals received from employers slightly increased from last year. Our improvement work in 2023–2024 will continue to see us engaging with employers to support them in deciding whether a concern should be referred to us.

Table 1

Source of concerns referred to us

	2022–2023		2021–2022	2020–2021
	Number of new concerns	Percentage of new concerns	Percentage of new concerns	Percentage of new concerns
Who referred concerns to us				
Patient/public	1,687	33%	38%	35%
Self-referral	464	9%	7%	7%
Employer	1,323	26%	24%	25%
Opened by the NMC	198	4%	4%	3%
Another registrant	434	9%	6%	5%
Other regulator	41	<1%	<1%	1%
Referrer unknown	622	12%	13%	14%
Any other informant	299	6%	8%	10%
Total	**5,068**	**100%**	**100%**	**100%**

Concerns where we do not identify a nurse, midwife or nursing associate

When we receive new concerns we use three key questions in our screening process to decide whether a case needs a full investigation. For more information on what happens when we receive a concern, visit **our website**.

In some cases raised with us, we are unable to, or do not, identify the person of concern as someone on our register. In 2022–2023, we did not proceed with 1,323 cases as we did not identify a nurse, midwife or nursing associate (2021–2022: 1,207).

Concerns by country of registered address

The following diagram is a breakdown of the country of registered address in the 3,348 cases where we could identify a nurse, midwife or nursing associate. The diagram includes the four-country breakdown of new concerns, compared to the proportions of people on the register living in those countries.

Scotland

378 cases

11% total concerns

9% country as a proportion of the register

England

2,615 cases

78% total concerns

77% country as a proportion of the register

Wales

192 cases

6% total concerns

5% country as a proportion of the register

Northern Ireland

106 cases

2% total concerns

4% country as a proportion of the register

Overseas/EU

57 cases

3% total concerns

5% country as a proportion of the register

Concerns by registration type

An individual can be registered with us as a nurse or a midwife, as both a nurse and midwife (known as dual registration) or as a nursing associate.

Table 2 shows the number of new referrals broken down by registration type. There has been no material change in the proportion of referrals by registration type compared to the previous two years, except for a slight decrease in the proportion of midwives being referred compared to 2021–2022.

Table 2

New referrals by registration type

	2022–2023		2021–2022	2020–2021
	Number of new referrals	Percentage of total referrals (percentage of professionals on the register)	Percentage of total referrals	Percentage of total referrals
Registration type				
Nurse	3,152	94% (93%)	94%	95%
Midwife	169	5% (5%)	6%	5%
Dual registration	3	<1% (<1%)	<1%	<1%
Nursing associate	24	<1% (1%)	<1%	<1%
Total	**3,348**	**100%**	**100%**	**100%**

Initial assessment outcomes

In 2022–2023, we decided not to investigate 4,639 cases after initial assessment either because we concluded the concerns did not require regulatory action, or because we were unable to identify a nurse, midwife or nursing associate on our register as outlined earlier in this report.

This equates to 76 percent of initial assessment outcomes being that no further investigation is required (closure), which is lower than for last year but maintaining a higher trend than in the preceding years. In 2021–2022, we decided not to investigate 78 percent and in 2020–2021, it was 68 percent. One of the aims of our improvement work to reduce the caseload has been to make final decisions on cases at the earliest possible stage and we appear to be making progress on this.

We referred 473 concerns to another regulatory body.

Interim orders

In 2022–2023, our panels imposed interim orders to protect the public while our investigations were ongoing in 688 cases (2021–2022: 504 and 2020–2021: 549). Table 3 shows the breakdown between the two types of interim orders. There has been an increase in the number of interim orders imposed compared to 2021–2022, partly due to our dedicated focus in 2022–2023 on progressing the highest risk and oldest cases in our caseload.

Table 3

Interim orders imposed

	2022-2023		2021–2022		2020–2021	
	Number of interim orders	Percentage of interim orders	Number of interim orders	Percentage of interim orders	Number of interim orders	Percentage of interim orders
Interim order decisions						
Interim conditions of practice	364	53%	264	52%	309	56%
Interim suspension	324	47%	240	48%	240	44%
Total	**688**	**100%**	**504**	**100%**	**549**	**100%**

Table 4 breaks down the number of interim orders imposed by registration type. Interim orders have been imposed on nursing associates for the first time since the role was created.

Table 4

Interim orders imposed by registration type

	2022-2023				2021–2022				2020–2021			
	Nurse	**Midwife**	**Nursing associate**	**Dual**	**Nurse**	**Midwife**	**Nursing associate**	**Dual**	**Nurse**	**Midwife**	**Nursing associate**	**Dual**
Interim order decisions												
Interim conditions of practice	343 (53%)	18 (62%)	3 (50%)	0 (0%)	249 (52%)	15 (68%)	0 (0%)	0 (0%)	293 (56%)	15 (68%)	0 (0%)	1 (25%)
Interim suspension	310 (47%)	11 (38%)	3 (50%)	0 (0%)	231 (48%)	7 (32%)	0 (0%)	2 (100%)	230 (44%)	7 (32%)	0 (0%)	3 (75%)
Total	**653**	**29**	**6**	**0**	**480**	**22**	**0**	**2**	**523**	**22**	**0**	**4**

Case examiner outcomes

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

We provide our decision-makers, including case examiners, with clear guidance on what is required in a decision. The guidance helps to ensure that our decision-making is consistent. Table 5 breaks down the case examiners' decisions by outcome. In 2022–2023 we have seen a higher proportion of cases being given undertakings or referred to a hearing or meeting, compared to the previous year. A lower proportion of cases saw no further action taken.

Table 5

Case examiner decisions by outcome

	2022–2023	2021–2022	2020–2021
	Number of cases	Number of cases	Number of cases
Case examiner decisions			
Refer for hearing or meeting	666 (55%)	741 (47%)	435 (40%)
Advice	6 (<1%)	14 (<1%)	9 (<1%)
Warning	69 (6%)	65 (4%)	38 (4%)
Undertaking	58 (5%)	23 (1%)	26 (2%)
No further action	411 (34%)	739 (47%)	575 (53%)
Total	**1,210**	**1,582**	**1,083**

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

Table 6

Number of decisions by registration type

	2022-2023			2021–2022			2020–2021		
	Nurse	Midwife	Dual	Nurse	Midwife	Dual	Nurse	Midwife	Dual
Case examiner decision									
Refer for hearing or meeting	632 (55%)	33 (55%)	1 (50%)	709 (47%)	30 (46%)	2 (67%)	410 (40%)	22 (43%)	3 (43%)
Advice	5 (<1%)	1 (2%)	0 (0%)	14 (<1%)	0 (0%)	0 (0%)	9 (<1%)	0 (0%)	0 (0%)
Warning	66 (6%)	3 (5%)	0 (0%)	63 (4%)	2 (3%)	0 (0%)	35 (3%)	3 (6%)	0 (0%)
Undertaking	54 (5%)	3 (5%)	1 (50%)	20 (1%)	3 (5%)	0 (0%)	25 (2%)	1 (2%)	0 (0%)
No further action	391 (34%)	20 (33%)	0 (0%)	708 (47%)	30 (46%)	1 (33%)	546 (53%)	25 (49%)	4 (57%)
Total	**1,148**	**60**	**2**	**1,514**	**65**	**3**	**1,025**	**51**	**7**

Case examiners work in pairs. One is a registered nurse or midwife and one is a lay person. If the case examiners are unable to agree on an outcome, they must refer the case to an independent panel of the Investigating Committee for a decision.

One case was referred to the Investigating Committee in 2022–2023, the first time in eight years, due to the case examiners having a difference of opinion. The panel decided there was a case to answer and so the case progressed to the adjudication stage. We took the opportunity to reflect on the situation and identify learning.

Hearing and meeting outcomes

In 2022–2023, our panels reached 553 final decisions on cases (2021–2022: 414 and 2020–2021: 208) through meetings and hearings. Table 7 breaks down the panel decisions by type. The number of hearing and meeting outcomes during 2020–2021 was lower, which reflected the decision to temporarily pause hearings in response to Covid-19.

We have seen outcome levels increase over the last two years, in line with our caseload recovery work.

We continue to work with nurses, midwives and nursing associates and their representatives to resolve more cases at earlier stages in the fitness to practise process. Where case examiners refer cases onward, we aim to resolve the case in the most effective way possible and, quite often, that means we do not need a fully contested hearing.

Table 7
Panel decisions

	2022-2023		2021–2022		2020–2021	
	Number	Percentage	Number	Percentage	Number	Percentage
Panel decision						
Strike off	191	35%	109	26%	56	27%
Suspension	155	28%	124	30%	86	41%
Conditions of practice	65	12%	61	15%	27	13%
Caution	31	6%	37	9%	14	7%
Sub-total	**442**	**80%**	**331**	**80%**	**183**	**88%**
Facts not proved	41	7%	22	5%	6	3%
FtP not impaired	67	12%	61	15%	19	9%
Proceedings stayed	3	<1%	0	0%	0	0%
Total panel decisions	**553**	**100%**	**414**	**100%**	**208**	**100%**

A stay of proceedings is a rare power used by the Fitness to Practise Committee in exceptional circumstances, where it decides that to allow a case to continue would amount to an abuse of process and be unfair on the professionals involved. The stayed proceedings stated here involved linked cases.

Table 8

Panel outcomes by registration type

	2022-2023				2021–2022			2020–2021		
	Nurse	Midwife	Dual	Nursing Associate	Nurse	Midwife	Dual	Nurse	Midwife	Dual
Panel decision										
Strike off	181 (34%)	6 (29%)	2 (67%)	2 (100%)	99 (26%)	7 (30%)	3 (100%)	55 (28%)	1 (9%)	0 (0%)
Suspension	151 (29%)	4 (19%)	0 (0%)	0 (0%)	123 (32%)	1 (4%)	0 (0%)	80 (41%)	5 (46%)	1 (50%)
Conditions of practice	60 (11%)	5 (24%)	0 (0%)	0 (0%)	57 (15%)	4 (17%)	0 (0%)	25 (13%)	2 (18%)	0 (0%)
Caution	28 (5%)	2 (10%)	1 (33%)	0 (0%)	32 (8%)	5 (22%)	0 (0%)	14 (7%)	0 (0%)	0 (0%)
Sub-total	**420**	**17**	**3**	**2**	**311**	**17**	**3**	**174**	**8**	**1**
Facts not proved	40 (8%)	1 (5%)	0 (0%)	0 (0%)	20 (5%)	2 (9%)	0 (0%)	6 (3%)	0 (0%)	0 (0%)
FtP not impaired	64 (12%)	3 (14%)	0 (0%)	0 (0%)	57 (15%)	4 (17%)	0 (0%)	15 (8%)	3 (27%)	1 (50%)
Proceedings stayed	3 (<1%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Overall totals	**527**	**21**	**3**	**2**	**388**	**23**	**3**	**195**	**11**	**2**

This is the first time since the role was introduced in January 2019, that allegations against nursing associates have come before a panel and sanctions decided.

Allegations found proved at adjudication

The top three categories of allegations found proved have remained the same each year since 2020, although the order has varied.

In 2022–2023, patient care was the most common category, followed by prescribing and medicines management and then record keeping.

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

Allegation level one (% of total allegations)	Allegation level two
Patient care (22%)	• Diagnosis, observation, assessment • Inappropriate or delayed response to negative signs, deterioration, or incidents
Prescribing and medicines management (16%)	• Not administering or refusing to administer medication • Inappropriate storage, transportation, preparation, disposal
Record keeping (13%)	• Patient or clinical records • Drugs or medication records

Fraudulent or incorrect register entries

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

In 2022–2023, our panels directed the Registrar to remove a nurse or midwife from the register in 54 cases (2021–2022: 38 and 2020–2021: 17).

Voluntary removal (now known as agreed removal)

Nurses, midwives and nursing associates may apply to be voluntarily removed from the register. Before April 2023 and under our old voluntary removal process, there were stricter conditions for doing so, such as the professional accepting all the allegations against them and only being able to make an application after our investigations had finished.

The process changed to agreed removal in April 2023, which gives us more flexibility to agree to these requests.

One of the changes is that in certain circumstances, removal from the register can now happen at any stage of the fitness to practise process. Another change is that the professional does not have to accept their fitness to practise is impaired before agreed removal can be considered. However, we seek views from the person raising the concerns before agreeing a removal and in every case, we will consider carefully whether it's in the public interest to keep someone on the register so that we can continue with our fitness to practise process.

For example where there are very serious concerns, which will always need to be fully investigated and put before an independent panel.

Tables 9 and 10 are about voluntary removals under the old process. Table 9 shows the number of applications received and granted in the past three years. The figures do not balance in-year because some decisions are reached in the year after the request was received.

Table 9

Voluntary removal applications

Voluntary removals	2022–2023	2021–2022	2020–2021
Number of applications	108	78	36
Applications granted	60	46	39
Applications rejected	61	31	6

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

Table 10

Voluntary removal decisions by registration type

	2022–2023		2021–2022		2020–2021	
Voluntary removals	**Nurse**	**Midwife**	**Nurse**	**Midwife**	**Nurse**	**Midwife**
Applications granted	53	7	39	7	39	0
Applications rejected	57	4	29	2	5	1
Totals	**110**	**11**	**68**	**9**	**44**	**1**

There were no voluntary removal decisions made about dual-registered professionals or nursing associates. In 2023–2024 we are capturing data about agreed removals (the new process).

Reviews and appeals

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

Reviewing a decision is done in two stages.

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

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

Learning from reviews informs training and other quality improvement activities for case examiners and investigators.

Table 11

Reviews of case examiner decisions

Power to review stage	2022–2023	2021–2022	2020–2021
Total requests for review received	41	52	38
First stage: request closed	13	21	17
Second stage: fresh decision required	18	18	7
Second stage: original decision upheld	2	0	0

In the 18 cases in 2022–2023 where the Registrar decided a fresh decision was required, they gave three reasons.

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

A nurse, midwife or nursing associate can appeal against a decision of our panels. They must lodge their appeal within 28 days of the decision to one of the following: the High Court in England and Wales, the High Court in Northern Ireland or the Court of Session in Scotland.

The court may decide that there are exceptional circumstances to justify extending the time period. The Professional Standards Authority (PSA) can also refer a case to court if it considers that a panel decision does not protect the public.

Tables 12 and 13 show the total number of appeals by professionals or by the PSA.

Not all appeals lodged were concluded in the same year and the outcomes include appeals lodged in previous reporting periods. This means the figures do not balance in-year because some decisions were not reached in the year the appeal was lodged. Learning from appeals is used to inform training for panel members and staff and other quality improvement activities.

Table 12

Appeals of panel decisions made by professionals

Outcome	2022–2023	2021–2022	2020–2021
Total appeals lodged	8	4	9
Appeal upheld	2	1	0
Appeal dismissed	2	5	12

Table 13

Appeals of panel decisions made by the Professional Standards Authority

Outcome	2022–2023	2021–2022	2020–2021
Total appeals lodged	8	9	4
Appeal upheld	5	6	6
Appeal dismissed	1	1	1

Restoration to the register

A nurse or midwife struck off by a panel can apply to be restored to our register after five years. Before they can re-join the register, they must satisfy a panel that they are fit to practise. If their application is successful, they usually have to undergo a return to practice programme. Table 14 shows the outcomes of restoration applications in 2022–2023. The figures do not balance in-year because some decisions are reached in the year after the appeal was made. The number of restoration applications has fluctuated over the past few years; however, we have not identified any underlying trends.

Table 14

Restoration application outcomes

Outcome	2022–2023	2021–2022	2020–2021
Total applications received	60	56	72
Application accepted	15	21	33
Application rejected	17	21	30

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

Table 15

Restoration decisions by registration type

	2022–2023 total	Nurse	Midwife	Dual
Application accepted	15	14	1	0
Application rejected	17	14	0	3

Looking ahead to 2023-2024

Our focus is to improve our core operational performance and to continue with a range of measures to reduce the caseload swiftly and safely and in ways that increase public confidence.

By 31 March 2024, we will reduce our caseload to 4,000 cases by undertaking the following activities:

- developing our casework approach, including improvements to management oversight and proactive escalation of issues causing delay
- optimisation of key casework processes, using external expertise to streamline and speed up our work while maintaining quality
- testing and piloting new ways of working, including moving towards having single case owners so we provide a more consistent service as part of our person-centred approach to the fitness to practise process.

These improvements to our process will also inform the design of a new IT system for managing fitness to practise cases, which will replace our current outdated system.
As part of Regulatory Reform, we have aspirations for more modern and flexible legislation which will enable us to deliver more proportionate and safer regulation. These aspirations will be factored into the IT system design too, although there is still uncertainty around the timeline for these reforms and the changes we can make.

2023–2024 will see careful planning across our Regulatory Reform, Fitness to Practise Improvement and Modernisation of Technology Services programmes, resulting in a high-level system design proposal for our Council to consider. We plan to build the new system in 2024–2025.

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