

Our performance review process

We have a statutory duty to report annually to Parliament on the performance of the 10 regulators we oversee. We do this by reviewing each regulator's performance against our Standards of Good Regulation and reporting what we find. Our performance reviews are carried out on a three-year cycle; every three years, we carry out a more intensive 'periodic review' and in the other two years we monitor performance and produce shorter monitoring reports. Find out more about our review process [here](#).

This report covers the period 1 April 2021 to 30 June 2022.

Key findings

- The NMC has not met Standard 15 again this year, because it is still taking too long to conclude fitness to practise cases. Clearing the backlog is a priority for the NMC: it has implemented an action plan and published regular progress reports to its Council. But the action plan had mixed results this year, and there is still a backlog.
- The NMC developed an EDI action plan for 2022-25. The plan includes a commitment to publish the findings of research into differences in people's experiences of NMC processes associated with different characteristics, and to take action to address any unfairness.
- The NMC continues to engage effectively with stakeholders. We received positive feedback from several organisations about how the NMC has engaged with them. It also launched its Public Voice Forum this year.
- The NMC launched a review of its pre-registration education standards. The review includes learning from changes it made to its requirements in response to the pandemic.
- The NMC has taken steps to improve the transparency of its registration appeals process. It introduced a process to review and quality assure Assistant Registrars' decisions, and published updated information about the appeals process.

Standards met



General Standards	5/5
Guidance and Standards	2/2
Education and Training	2/2
Registration	4/4
Fitness to Practise	4/5
Total	17/18

NMC standards met 2019-21

2020/21	17/18
2019/20	17/18



760,444

professionals on the register
(as at 30 June 2022)

General Standards

The NMC met all five General Standards this year.

These five Standards cover a range of areas including: providing accurate, accessible information; clarity of purpose; equality, diversity and inclusion; reporting on performance and addressing organisational concerns; and consultation and engagement with stakeholders to manage risk to the public.

Equality, diversity and inclusion

The NMC publishes EDI data about its registrants, fitness to practise panellists and Council members. It holds high levels of data about registrants and publishes data about fitness to practise concerns and outcomes broken down by protected characteristic. When it recruited fitness to practise panellists in 2021, the NMC sought to increase the diversity of these decision-makers. It developed a communication plan to help with this and focused its advertising campaign on the required behaviours and values – 17% of those appointed from the 2021 round identify as being from an ethnic minority, against 10.5% of the existing pool of panellists.

The NMC's Council approved an EDI action plan for 2022-25. The plan includes a commitment to publish the findings of research into differences in people's experiences of NMC processes associated with different characteristics, and to take action to address any unfairness.¹ We will continue to monitor the actions the NMC takes as part of its plan. We will be reviewing our approach to assessing Standard 3 as part of the Authority's organisational EDI action plan 2022/23.²



“Our relationship with the NMC at a strategic level is very strong and productive. [...] We have also benefited from the NMC's willingness to share their learning as they have taken forward innovations in regulatory practice.”

Learning from external reports

The NMC continued to monitor and respond to public inquiries. It introduced new governance arrangements to help it manage work arising from these. In March 2022 the NMC published a report summarising themes arising from recent inquiries³ and the actions it had taken in response. These included reflecting on its standards to consider whether there were any gaps, and updating its guidance on seriousness to make clear that covering up mistakes is a serious breach which is harder to put right.

Several reports and inquiries about serious issues in maternity services have been published recently. The NMC set up an internal working group and worked collaboratively with the General Medical Council (GMC) and the Care Quality Commission (CQC) to share data, align approaches, and target intervention. It also published a range of updated information and resources about midwifery and the NMC's role, and took part in events to raise awareness of the updated standards for midwives it introduced in 2019. It responded to the Ockenden review into failings at the Shrewsbury and Telford Hospital NHS Trust, and contributed to the Birthrights review into racial injustice in UK maternity services.

The NMC also published a report of the work it had done to learn from a fitness to practise case which the Authority successfully appealed.⁴ The NMC acknowledged that its original decision was wrong, including because it did not sufficiently weigh up the seriousness of racial abuse. It amended its guidance for decision-makers to make clear that concerns about discrimination, harassment and bullying are serious, and provided additional training for staff.

Communication and engagement

The NMC continues to engage effectively with stakeholders. We received positive feedback from several organisations about how the NMC has engaged with them.

One focus of the NMC's engagement this year was its work to update its post-registration standards. It set up a steering group for its work in

this area, with representatives from more than 20 organisations. It carried out public consultations and commissioned independent reports on the findings.

The NMC established a Public Voice Forum in late 2021, with around 20 members from across the UK. It has used the Forum to inform how it develops new policy proposals, for example in relation to its English language requirements for registration.



“The NMC is demonstrating being an engaging organisation and open to challenge and critique. We overall feel we have a very positive and constructive relationship.”

Guidance and Standards

The NMC met both Standards for Guidance and Standards this year.

The NMC worked with the GMC to update guidance for registrants about the duty of candour and with the GMC and the General Pharmaceutical Council to produce a joint case-study on supporting women of child-bearing age who are taking sodium valproate.

The NMC approved new post-registration standards in May 2022.⁵ As we reported last year, the NMC consulted a wide range of stakeholders for its review of these standards. Its independent consultation report⁶ showed that most respondents supported the proposals. The revised standards incorporate changes in light of the consultation responses.

Education and Training

The NMC met both Standards for Education and Training this year.

Education standards

The NMC kept its standards for training programmes under review. It introduced emergency standards in response to the pandemic, and then recovery standards as the context changed. In November 2021, it confirmed that programmes could continue to work to recovery standards which allowed them to use up to 300 hours of virtual or simulated learning. It also introduced a new discretionary recovery standard which would increase this allowance to 600 hours for providers of nursing courses who could demonstrate to the NMC that they had the resources to implement it effectively and safely.

The NMC began a review of its pre-registration education standards. It established a steering group, including representatives from the four UK Chief Nursing Offices, health education bodies and trade unions. The review will consider where there could be greater flexibility in the requirements, for example where requirements arising from the EU directive and transition arrangements no longer apply. It intends to evaluate the use of the recovery standards about simulated learning to inform the scope for increasing flexibility in this area for nursing courses. The NMC plans to run a public consultation. We will monitor the progress of this work.

Quality assurance

The NMC continued to monitor and report on approved training courses. All training providers had to report to the NMC on how they were meeting its standards and managing key risks, including how they were using the NMC’s emergency and recovery standards. The NMC checked providers’ reports and required about a quarter of them to provide further evidence to demonstrate that they were managing key risks.

Training providers also had to report on how they were enabling students to work effectively in culturally diverse situations, and on how they were ensuring protected learning time for nursing associate students.⁷ Nineteen of the 46 providers of nursing associate courses had identified some situations where such students were not receiving protected learning time. Providers used and triangulated information from a range of sources to identify this and gave the NMC examples of how they addressed the problem.

Registration

The NMC met all four Standards for Registration this year.

Processing applications for registration

The NMC continued to process applications for registration promptly. The median time to deal with complete applications from UK and international applicants remained at less than one working day.

Accuracy of the register

We checked a sample of register entries and found no problems with how they displayed restrictions on registrants' fitness to practise.

Registration appeals

We have reported in recent years on the NMC's registration language requirements and appeals process. This year, the NMC introduced a process for reviewing and quality-assuring Assistant Registrar decisions about registration appeals. It published updated information about its registration appeals process in May 2022. We welcome these developments, which should improve the transparency of the process.

Revalidation for nursing associates

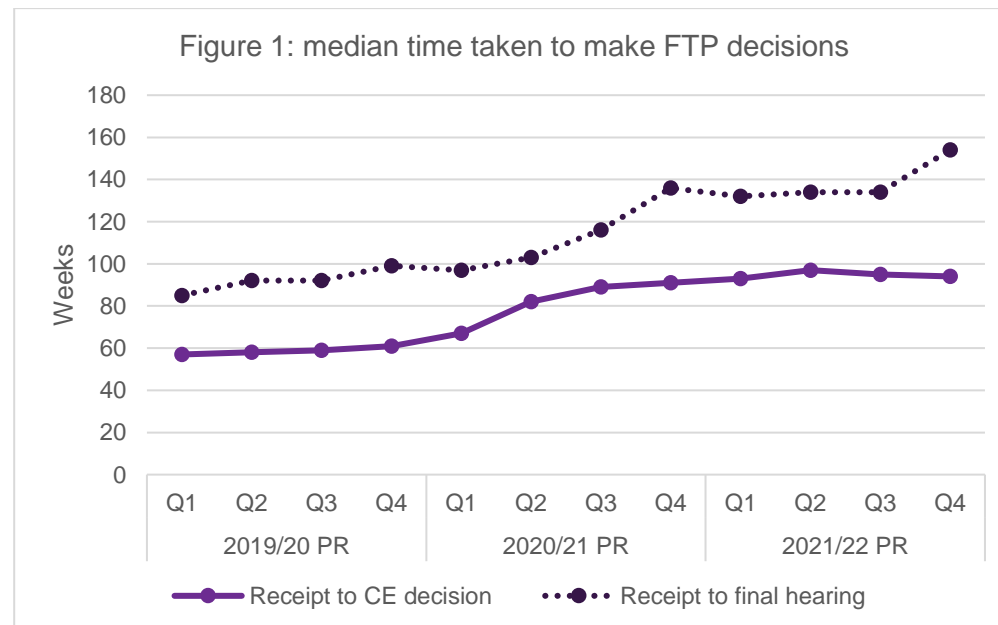
The first cohort of nursing associates revalidated in November 2021. The NMC published guidance and resources for them, including a webinar and a nursing associate's 'revalidation story'.

Fitness to Practise

The NMC met four of the five Standards for Fitness to Practise this year: it did not meet Standard 15

Timeliness

Last year the NMC did not meet Standard 15⁸ because it was taking too long to deal with fitness to practise cases. We noted that the pandemic had affected its ability to clear the backlog, and that it had launched an improvement plan.

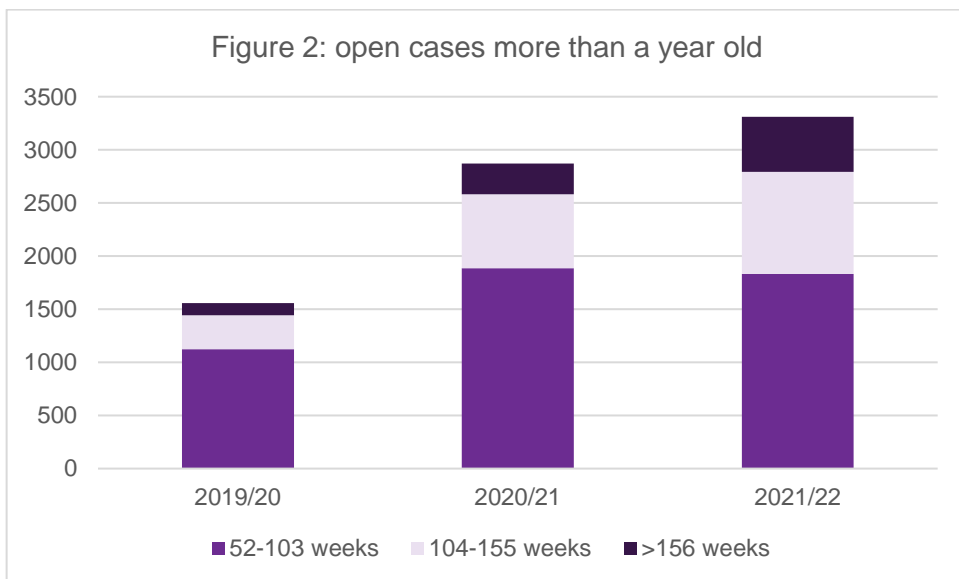


This year, the NMC has been working on its improvement plan and publishing regular reports to its Council. The plan had mixed results: the NMC was able to conclude more cases earlier in the process, but cases moved through each stage more slowly than forecast, meaning it was not able to reduce the overall caseload as planned. The NMC’s timeliness data reflects this.

Figure 1 shows that it took, on average, longer for the NMC to reach decisions this year than last. Figure 2 shows that the number of open cases more than a year old has increased from last year.

The NMC considered why its improvement plan had only made limited progress. There was still disruption because of the pandemic. The NMC had persistent vacancies in the team which affected its ability to deliver the programme. This is a longstanding problem, which was a key factor in the development of a backlog before the disruption caused by the pandemic. The NMC also noted that some of its planned efficiency improvements had not had the expected effect, and that it had previously underestimated the resources it would need to make decisions at screening.

Figure 2: open cases more than a year old



In March 2022, the NMC set targets to reduce the backlog in 2022/23. It noted that the age of closed cases is likely to increase over the coming year as it works to clear the backlog. It will continue to report regularly to its Council and senior management on progress. We are glad that the NMC will continue to focus efforts on addressing the fitness to practise backlog. For this review period, the serious and ongoing delays mean that the NMC has not met Standard 15. Because this is the third year in a row the NMC has not met this Standard, we have taken action under our [escalation policy](#). We have written to the Secretary of State for Health and Social Care to raise our concerns, and we will continue to closely monitor the NMC’s progress.



“Relationships are positive and we have had good outcomes from working collaboratively. [...] The delays in fitness to practise are a major concern that we know the NMC share and are working to address. However, despite it being a high priority, caseload numbers, particularly in adjudication, continue to rise.”

Revised guidance in fitness to practise

As noted above, the NMC increased the proportion of cases closed at the initial stage of the fitness to practise process. Over the past two years, the proportion of cases closed at screening has gradually increased. This is partly a result of revised guidance; the NMC said it was also because of increased levels of engagement from registrants and their representatives.

We reported last year that the NMC had introduced new guidance around taking account of context and enabling remediation (which it now describes as ‘strengthening practice’, to be more person-centred and move away from the perceived assumption of wrongdoing). It has also revised its guidance for decision-makers at screening.

The NMC continues to carry out its own audits of the impact of the revised guidance. Its first audit of the revised guidance for screening decision-makers indicated that decision-makers were more confident about closing cases because they were clearer about the three-stage test they should be applying.

Closing cases at the earliest appropriate stage has benefits for all concerned, and we have not seen evidence of increased concerns about how the NMC is making decisions in fitness to practise cases. It is important that the NMC is able to identify the cases it needs to investigate further to identify and address any risks to public protection. It is appropriate for the NMC to check how its revised guidance is working, and we will continue to monitor its work in this area.

Supporting people in the fitness to practise process

The NMC continued to develop its Public Support Service. It expanded the service, which initially only covered the investigation stage of its fitness to practise process. It introduced a facility to refer people who need extra support to advocates.



Quick links/find out more

- ▶ Find out more about our performance review process
- ▶ Read the 2020/21 performance review
- ▶ Read our Standards of Good Regulation

¹ The NMC published the findings of the research just after our review period. It is available at: <https://www.nmc.org.uk/globalassets/sitedocuments/ambitious-for-change/nmc-ambitious-for-change-report.pdf>

² [www.professionalstandards.org.uk/docs/default-source/psa-policies-and-procedures/staff-policies/professional-standards-authority-edi-action-plan-\(april-2022\).pdf?sfvrsn=e2944b20_4](http://www.professionalstandards.org.uk/docs/default-source/psa-policies-and-procedures/staff-policies/professional-standards-authority-edi-action-plan-(april-2022).pdf?sfvrsn=e2944b20_4)

³ These included the Ockenden review of maternity care at the Shrewsbury and Telford Hospital NHS Trust, the Cumberlege review into the safety of medicines and medical devices, and the independent investigation into the life and death of Elizabeth Dixon.

⁴ <https://www.professionalstandards.org.uk/news-and-blog/latest-news/detail/2021/11/02/high-court-orders-strike-off-in-nmc-and-hayes-case>. The NMC's report is available at: <https://www.nmc.org.uk/globalassets/sitedocuments/ftp/hayes-report.pdf>

⁵ There are three new sets of standards: standards of proficiency for specialist community public health nurses; standards of proficiency for community nursing specialist practice qualifications; and standards for post-registration education programmes.

⁶ The NMC commissioned independent agencies to analyse the consultation responses and to carry out user testing of the draft standards.

⁷ Some students are supernumerary while on placement: that is, they are not counted as part of the staff in that setting. Nursing associate students may have protected learning time instead: they will be working as part of the staff team but must also have time set aside for learning activities.

⁸ Standard 15: The regulator's process for examining and investigating cases is fair, proportionate, deals with cases as quickly as is consistent with a fair resolution of the case and ensures that appropriate evidence is available to support decision-makers to reach a fair decision that protects the public at each stage of the process.