Minutes of the Independent Oversight Group (IOG)

6 July 2026

professional standards authority for Health and Social Care

1. Welcome

1.1 The Chair welcomed members to the meeting and noted apologies.

2. Update on the two independent reports published in September 2025 (NMC)

2.1 The NMC provided an update to the group on the implementation of the recommendations made by the two independent reports that were published in September 2025. The NMC reported that good progress had been made in meeting the recommendations. One report was a review of a number of fitness to practise (FtP) cases and the other was a review of how the NMC had managed concerns raised by a whistleblower.

2.2 The NMC explained that the update was being provided in between formal Council reporting cycles and that some recommendation statuses had changed since the most recent Council report in June 2026.

2.3 The NMC reported that Council would receive a further update at its September meeting 2026 and would scrutinise any recommendations that had moved from amber to green.

2.4 IOG Members sought clarification on whether recommendations marked as complete had been formally reviewed by Council or only by the executive. The NMC explained that not all actions marked as 'complete' had been validated by Council but will be considered by Council in September 2026.

2.5 Members also discussed that a number of the recommendations required the NMC to 'consider' taking action in an area and asked whether 'complete' meant that the recommendation had been 'considered' or whether action had been taken to address the recommendation. The NMC reported where such recommendations were marked as complete, this reflected implementation of the proposed actions rather than simply consideration.

3. Fitness to Practise update

3.1 The NMC provided an overview of the FtP Improvement Programme. The NMC explained that the programme comprises of more than thirty interventions covering the full FtP process, including case work, adjudication service, and technology changes. The NMC explained that the programme combines short, medium, and long-term improvements, enabling lessons from other reviews, including PSA findings which will be incorporated into future planning.

3.2 The group received a presentation on the New Ways of Working (NWOW) pilot. The NMC explained that the initiative seeks to create a more proportionate and sustainable investigation model by directing cases into different pathways according to likely outcomes. Updates also included the development of new communication materials, including a more concise registrant letter, a revised employer information form to improve early evidence gathering and early clinical advice.

3.3 Members welcomed the ambition of the NWOW programme and acknowledged the scale of work being undertaken to redesign aspects of the investigations process. However, they noted that the programme involved numerous interdependent changes and sought assurance about how effectiveness would be evaluated and monitored.

3.4 A member of the group observed that they, and other members, were interested in the eventual outcomes and benefits of the programme rather than the volume of activity being undertaken. The group sought further information regarding the controls and monitoring arrangements in place to identify cases requiring reassessment and to ensure learning was captured from the pilot.

3.5 The NMC reported that governance arrangements had been established to oversee the pilot, including collaboration between design and operational teams, weekly steering group meetings, regular review of performance indicators and continuous assessment of whether anticipated outcomes were being achieved to allow testing, learning and adjustment where interventions did not produce the anticipated results.

3.6 A member of the group echoed concerns regarding the complexity of the programme and sought assurance that, with multiple interventions being introduced simultaneously, the NMC would be able to distinguish which changes were contributing positively to outcomes.

3.7 Members discussed the NMC's work on obtaining earlier clinical advice and it was noted that professional bodies had advocated for earlier clinical involvement in FtP processes for many years and welcomed emerging evidence supporting this approach.

3.8 Members also explored how the improvement programme would improve the experience of registrants. One member asked whether feedback had been gathered directly from registrants regarding improvements to customer contact and communication processes, and what evidence existed that changes were leading to a better experience for registrants involved in FtP proceedings.

3.9 The NMC explained that current monitoring primarily focused on quality assurance and compliance with new processes. Although direct feedback on the specific customer contact initiative had not yet been sought, the NMC continued to monitor registrant experiences through its annual FtP experience survey. Results from the most recent survey would provide a baseline against which future improvements could be measured.

3.10 Members welcomed efforts to simplify letters to registrants into a shorter, more accessible format but sought assurance that the revised content had been reviewed from a registrant perspective. The NMC informed members that the revised materials had been reviewed by the NMC's wellbeing and safeguarding lead, who considered the changes to represent a significant improvement in how information is communicated to registrants. Some members expressed concern that stakeholder organisations had not been involved in the development of some communications products and process changes.

4. Fitness to Practise performance

4.1 The NMC advised the group that the FtP caseload now exceeded 7,000 cases, representing the highest caseload held by the NMC in recent years. The NMC

stated that contributing factors included a continual increase in referral volumes, capacity pressures across the FtP department, recruitment challenges and efficiency measures within the recruitment process, impacting lead times.

4.2 Members sought clarification regarding workforce figures, the impact of efficiency measures and the seniority of staff working at the screening stage. The NMC confirmed that screening decisions are made by experienced decision makers, supported by more junior case officers and administrators. It also advised that workforce modelling work was commencing to identify future resource requirements and support planning.

4.3 Members raised concerns regarding referral trends, including potential disproportionality affecting Black and minority ethnic registrants and internationally educated professionals. The NMC confirmed that it continues to monitor referral disparity data and would publish further analysis through future FtP insight reporting.

4.4 Members noted that the overall proportion of cases concluded within the 15-month target remained challenging and queried whether overall timeliness had improved. The NMC acknowledged that whilst certain stages of the process had improved, headline timeliness performance had deteriorated slightly due to rising demand and capacity constraints. It also highlighted ongoing work to address older cases, including case clinics, enhanced oversight and work to refine FtP referral thresholds.

5. IOG survey

5.1 The Chair presented the findings from the recent survey of IOG members. The Chair noted that overall findings indicated that respondents recognised significant activity, commitment and investment by the NMC. However, there remained a consistent theme that greater assurance would come from evidence of sustained impact and improved outcomes rather than delivery activity alone.

5.2 The Chair noted that several themes had emerged including, the recognition of substantial effort and organisational commitment, continued concerns regarding the pace of measurable improvement, a desire for stronger evidence of outcomes, positive feedback on increased transparency and openness but concerns about selective emphasis on positive improvements when reporting progress.

5.3 The NMC reflected on the importance of recognising the progress made in transparency and reporting and noted that momentum should not be assessed solely through long-term outcomes that may take years to materialise.

5.4 One member highlighted the importance of improvements being experienced by registrants and practitioners on the frontline rather than solely demonstrated through programme reporting. Another member observed that while significant effort was being invested by NMC staff, representative bodies continued to seek earlier engagement in some workstreams. Another member highlighted substantial improvements in organisational openness and stakeholder engagement compared with the position that existed when the IOG was first established.

6. Review of the Terms of Reference of the IOG

6.1 The Chair noted that the Terms of Reference anticipated the IOG operating for a minimum of two years.

6.2 The Chair noted that at the September 2026 meeting, a debate about the future of the IOG should be had. The Chair said as part of that discussion IOG members should consider the role of the NMC Council (having primary oversight of the Executive), the PSA performance review process and the introduction of the PSA's new Standards, particularly the governance Standard which the NMC will be assessed against from January 2027. The Chair noted that the discussion will need to consider and clarify what constitutes successful completion of the IOG's purpose.

6.3 The group considered that the views of NMC's Council should inform that discussion and the NMC confirmed that it would assist in providing a Council perspective.

7. AOB

7.1 The group acknowledged the publication of the PSA's review of the NMC's performance in 2024/25 and the registration incident which occurred since the previous meeting.

7.2 The NMC confirmed that it was reviewing the PSA's report and that workshops were being held across the organisation to support learning and improvement. It was also developing action plans in response to the findings.

Annex 1: Attendee list

Organisation/Role	Name
DHSC	Phil Harper
Welsh Government	Karen Jewell
Scottish Government	Claire McGuinness
Northern Ireland Government	Aislinn McAlister
Deputy Chief Midwifery Officer - England	Victoria Cochrane
Chief Nursing Officer Scotland	Claire McGuinness
Deputy Chief Nursing Officer – England	Acosia Nyanin
NMC Executive Director of Professional Regulation	Lesley Maslen
NMC Executive Director of Strategy and Insight	Emma Westcott
NMC Interim Executive Director for Transformation and Technology Services	Richard Cartland
NMC Assistant Director of Operational Change	Jen Taylor
NMC Deputy Director of Professional Regulation	Glenn Mathieson
PSA Chief Executive	Alan Clamp
PSA Director of Regulation and Accreditation	Graham Mocker
PSA Head of Performance Review	Akua Dwomoh-Bonsu
PSA Scrutiny Manager	Sarah Fox
PSA Scrutiny Officer	Collette Byrne
PSA Scrutiny Officer	Colette Higham
Unite	Dave Munday
UNISON registrants' representation	Louie Horne
Royal College of Nursing	Lynn Woolsey
Royal College of Midwives	Clare Livingstone Hannah Leonard