Nursing & Midwifery Council

Annual equality and diversity report
2015–2016

Foreword

I am pleased to introduce our equality and diversity (E&D) annual report for 1 April 2015 to 31 March 2016. This report provides an account of how we have sought to address the issues that were identified in our equality objectives action plan 2015–2016.

One of the key expectations of a regulator is that we are fair. That is why we collect and act on equality data, and set related objectives where we identify improvements are needed. We also have responsibilities as an employer, procurer and provider of services.

As ever, we have made strong progress in some areas and there is more to do in others. One of the developments I am most pleased about is that we are capturing and using enhanced equality and diversity data through our new NMC Online system. Having reliable equality and diversity data is an important building block towards understanding the impact of our regulatory activity on different groups of registrants.

Our ambition is to ensure that our regulatory processes are fair and non-discriminatory, to be a good employer and to use our influence to promote wider improvements in equality and diversity, for example by setting related standards.

There is always more we can do. In the next year we will be reviewing our framework for delivering these objectives to ensure that we continue to learn and improve on our journey to be a fair and dynamic regulator of nurses and midwives.

Jackie Smith
Chief Executive and Registrar

17 November 2016

Introduction

Our role

1   The Nursing and Midwifery Council (NMC) is the independent nursing and midwifery regulator for England, Wales, Scotland and Northern Ireland. Our role is to protect the public and we are accountable to Parliament through the Privy Council.

2   Our regulatory responsibilities are to:

2.1   Keep a register of all nurses and midwives who meet the requirements for registration.

2.2   Set standards of education, training, conduct and performance so that nurses and midwives are able to deliver high-quality healthcare consistently throughout their careers.

2.3   Take action to deal with individuals whose integrity or ability to provide safe care is questioned, so that the public can have confidence in the quality and standards of care provided by nurses and midwives.

3   Our role has always been to protect the public; however this has been made more explicit by the Health and Social Care (Safety and Quality) Act 2015. As a result we have a new overarching statutory objective of protection of the public, the pursuit of which involves the following objectives:

3.1   To protect, promote and maintain the health, safety and well-being of the public.

3.2   To promote and maintain public confidence in the nursing and midwifery professions.

3.3   To promote and maintain proper professional standards for members of the nursing and midwifery professions.

Our legal duties

4   The Equality Act 2010 contains measures which have direct implications for our functions and underpins the legal framework in which we operate. It informs our approach as an employer, regulator, charity and public body.

5   The Equality Act 2010 identifies nine protected characteristics. These are:

5.1   age

5.2   disability[i]

5.3   gender reassignment

5.4   marriage and civil partnership

5.5   pregnancy and maternity

5.6   race

5.7   religion or belief

5.8   sex

5.9   sexual orientation

6   In respect of these nine protected characteristics, section 149 of the Equality Act 2010 requires us to have due regard to:

6.1   eliminate unlawful discrimination, harassment and victimisation

6.2   advance equality of opportunity between people from different groups

6.3   foster good relations between people from different groups.

E&D governance

7   Council and committee members, the Chief Executive and Registrar, Directors, staff and panel members such as the FtP panels, are required to comply with the Equality Act 2010.

8   For the period of 2012–2015 specific responsibilities were as follows:

8.1   Council members were responsible for scrutinising the organisation's compliance with the Equality Act 2010 through its equality objectives delivery.

8.2   The Executive was responsible for driving forward delivery of activity that support the equality objectives and accountable for progress

8.3   The E&D steering group was responsible for monitoring progress against our equality objectives action plan and measuring performance against internal and external benchmarks.

8.4   The Equality and Diversity Inclusion Officer was responsible for driving forward the E&D agenda and providing support and guidance to our staff.

Our equality and diversity objectives 2012–2015

9   The equality and diversity strategic objectives were set for 2012–2015. This annual report is a final retrospective of the activities to meet these objectives in April 2015–March 2016 with a brief outline of the future work to move the agenda forward.

10   This report should be viewed as a summary of the activities in this specific time period.

Section 1: Performance review of our equality objectives action plan

11   This section sets out the achievements against the equality objectives in our 2015–2016 action plan. Our equality objectives for 2012–2015 had five key objectives:

11.1   **Embedding diversity:** We will further embed diversity in the delivery of our statutory functions.

11.2   **Leadership:** Our leaders will continue to actively champion equality, diversity and inclusion.

11.3   **Governance:** We will establish effective governance processes to deliver equality and inclusion.

11.4   **Staff:** Our staff will work in an environment where they are treated with dignity, fairness and respect.

11.5   **Service delivery:** We will continue to deliver quality services relevant to the needs of a diverse community.

12   The following section provides examples of how we have addressed the objectives that we set in 2012 through our regulatory and operational functions.

Objective one: Embedding diversity. We will further embed diversity in the delivery of our statutory functions

13   Throughout the year we have made improvements to our equality impact assessment process. Most recently this has included revising documentation to include Welsh language users' impact assessments. Examples of some of the work that has benefited from equality impact assessment are set out below. Our equality assessment process is not set at one point in time; we continue to learn lessons and make improvements to the process and revisit the findings at different points of our policy development timelines.

14   One example of a key area of our work that benefited from the equality impact assessment process was **the implementation of revalidation for nurses and midwives**. Since revalidation for nurses and midwives went live in January 2016, we have successfully put in place measures we outlined in the equality impact assessment to mitigate any potential negative impact on specific groups. These include:

14.1   Providing reasonable adjustments (for example a paper version of the application form for registrants with a disability that affects their ability to use an online application system).

14.2   Offering alternative support arrangements to those who can't meet the requirements for revalidation because of a protected characteristic, particularly pregnancy/maternity or disability-related illness. For example, in particular circumstances allowing an extension to the revalidation

application date and notifying registrants at least 60 days before their application is due.

14.3 Publishing details of these alternative support arrangements in a guidance sheet on the revalidation microsite.

14.4 Going beyond the publication requirement in our Welsh language scheme and publishing Welsh language versions of our guidance for registrants, confirmers and employers on our website.

15 We have ongoing monitoring of registrants' needs, views and use of the above measures and will reconsider them as part of a wider review of the processes, documents and communication due to take place in the latter part of 2016.

16 As explained below, part of this programme was the delivery of NMC Online. We now have the tools to be able to consider E&D issues as part of the ongoing data monitoring programme. This means we will be able to cross-tabulate protected characteristics with other fields in the revalidation application screens. This, along with other reports, will allow us to identify if there is any evidence of adverse impact on people that share protected characteristics over time.

17 Finally, E&D forms a major part of the three-year external research programme for revalidation. We published a tender for this research and identified a preferred bidder. This tender included a specific requirement to identify any differential impact for diverse groups of registrants and patients/public.

Objective two: Leadership. Our leaders will continue to actively champion equality, diversity and inclusion.

18 The **E&D steering group (EDSG)** monitored progress against our equality objectives. The EDSG met three times in the 2015–2016 reporting year. Members of the group scrutinised key documents, like the NMC corporate strategy, and took forward discrete pieces of work, for example developing the E&D content on our intranet pages.

19 Group membership expanded to include observers who were NMC staff whose roles had significant E&D consideration. An example of this is the manager of the Witness Liaison Team. This meant there were direct discussions with business areas about the impact and types of reasonable adjustments that were made for witnesses attending hearings.

20 We recognise that all staff have a role to play in driving forward this agenda. In the new equality and diversity governance structure leaders will be identified to drive forward progress within NMC regulatory and operational functions.

Objective three: Governance. We will establish effective governance processes to deliver equality and inclusion.

21 Recognising our responsibilities under The Equality Act 2010 to ensure our work does not unfairly impact groups that share protected characteristics. We commissioned independent research to enhance our understanding of the

progress and outcomes of black and minority ethnic **(BME) registrants referred to fitness to practise.**

22   An advisory group of 10 external stakeholders including employers, unions and subject matter experts was set up to inform research development. The project is due to be completed in late 2016. Involving an external stakeholder group has helped us to develop greater insight into the contextual factors that influence new concerns being raised, and to demonstrate our commitment to asking questions of our own practice.

23   We will be receiving and taking stock of our research into BME registrants referred to fitness to practise, and the findings are likely to prompt actions from the NMC and potentially, for others. We will also work with other bodies in the health environment to influence change that will lead to fairer and non-discriminatory outcomes for BME nurses and midwives.

24   Our research programme has developed several projects that may have significant impact on our understanding of the fairness of our regulatory work. As well as conducting research into understanding the progress and outcomes of BME nurses and midwives in relation to fitness to practise, we also initiated an evaluation of the clinical skills test for overseas nurses. A project to improve our data monitoring of fitness to practise cases has also been developed, which should improve our knowledge of different outcomes for diverse groups of registrants.

25   **NMC Online** was launched in early 2015. The secure service enables nurses and midwives to manage their registration online and complete a diversity questionnaire. We have significantly improved the quality of our diversity monitoring via NMC Online. The data reports in this document demonstrate our improved diversity data monitoring.

26   The role of NMC Online in collecting registrants' diversity data will give us data we can be confident in. Improvements in the system will help us deliver enhancements in our data analysis of registrants in all future projects and research. It will also enable us to provide better reporting in general about the impact of activities (registration, revalidation and fitness to practise) on different groups of nurses and midwives. We expect the percentage of data we hold to improve steadily over time. Nurses and midwives are more likely to trust us with their personal data when they see us putting it to good use.

27   An example of an area in which our diversity data will add value is in how we are establishing our approach to reporting revalidation data. Our first annual report in the early months of 2017–18 will include data on registrants by protected characteristics.

Objective four: Staff. Our staff will work in an environment where they are treated with dignity, fairness and respect.

28   Equality, diversity and inclusion apply equally to employees and to anyone who works with us and contributes to our delivery. We aim to ensure that everyone, whether part-time, full-time, temporary or interim, is treated fairly and with respect. Employment selection is based on aptitude and ability, as is access to

opportunities for promotion, training or any other benefit. Employees are encouraged to develop their full potential, and we aim to develop our workforce's talents and resources to maximise our creativity and success.

29   The development of our proposed People strategy is predicated on these principles. As part of this we plan to build an E&D workforce action plan. We have introduced behaviours training as an integral part of the online induction module completed by all new employees, and by inviting their comments we hope it is seen as engaging and user-friendly. The training is mandatory and completion rates are monitored and followed up on a monthly basis. We also provide face-to-face E&D training which is evaluated and the learning fed back into future modules.

30   We have identified areas for improvement in how we use diversity data gathered through the staff engagement survey and recruitment process. We will use this learning in 2016–17 to inform our People strategy work and improvements to our recruitment processes.

31   The **2015 staff survey** contained three questions about E&D. We will continue to include questions in the staff survey and monitor significant trends to inform our work to be a good employer. We will use the results of our staff survey in developing priority E&D activities for our diverse staff.

Objective five: Service delivery. We will continue to deliver quality services relevant to the needs of a diverse community.

32   The **Employer Link Service** was created in 2015 to provide a direct link between the NMC and employers (specifically NHS Directors of Nursing). Over the year, the service has grown in terms of resourcing and remit, and its use of intelligence in how it interacts with employers is in development. The potential to engage with Directors of Nursing about wider issues that have come to our attention, for example the disproportionality of disciplinary proceedings for BME nurses and midwives, is being explored as part of this.

33   We developed a policy on **reasonable adjustments in fitness to practise activities**. The policy was developed after a survey on staff knowledge and awareness of how to provide reasonable adjustments for registrants and the public. An implementation and monitoring plan was developed to support the policy. One priority we have identified for next three years is revising the reasonable adjustment policies in the rest of the business in line with the learning from how the policy was implemented in FtP.

34   Through the work of our **Witness Liaison Team**, we further developed our interface between the NMC and potentially vulnerable witnesses. There may be challenges to how we communicate with and support witnesses at each stage of the investigation and hearing process. Witnesses can often be from groups that share protected characteristics (for example learning disabled people, those with mental health concerns, pregnant women and non-English speakers). This teammakes the hearing process more accessible for witnesses, providing additional support where necessary. Some examples have included placing Witness Support Advisors with the witness when they provide video link evidence

and taking evidence from witnesses face to face with carers and advocates providing additional support.

Next steps

35   The next year involves a time of change for the NMC. Our Transformation programme is underway, and we are mindful that consideration for equality, diversity and human rights must be embedded in all our work impacting internal and external stakeholders.

36   As the equality and diversity objectives that are reported in this annual report came to an end in 2015 we have taken this opportunity to review our approach to E&D, including how we set and report on our objectives. In 2016–2017 we will be implementing a new NMC E&D framework with priorities in line with equality and diversity objectives set in the Strategy 2015–2020. We recognise that our equality and diversity activities are across four areas with leadership at its core; staff, policy (including processes), communication and evidence. Therefore, in the new framework E&D activities will be captured in directorate business plans and risk registers, and monitored through performance and risk reporting.

37   Our priority moving forward is to strengthen our strategic approach to equality and diversity with the intention of meeting the objectives as set out in the Strategy 2015–2020: We will:

   37.1   Place promoting equality, diversity and inclusion at the heart of what we do.

   37.2   Comply with equality and human rights legislation by ensuring our regulatory processes are fair, consistent and non-discriminatory.

   37.3   Be a good employer. Aspire to have a workforce that reflects the diversity of the communities in which we operate at all levels of our organisation.

   37.4   Use our influence to promote wider improvements in equality, diversity and inclusion practice.

   37.5   Build the trust and of service users, registrants and others that share protected characteristics. By showing understanding of their needs and preferences and challenging discrimination where evidence comes to our attention.

   37.6   Evaluate and as needed address, equality issues raised by our work.

   37.7   Collect evidence that helps us know we are fair and consistent. Working to enhance the quality and extent of E&D data about our registrants through their careers.

   37.8   Ensure that new entrants to the register are equipped to practise effectively in diverse and global environments.

   37.9   Set out our expectations that nurses and midwives challenge discrimination in their practice, are mindful of difference and show respect to all patients, service users and colleagues.

37.10 Pursue diversity in those applying to become Council, committee and panel members.

37.11 Be recognised as an organisation that upholds best practice in equality, diversity and inclusion, including through meeting recognised sector standards.

38   As well as the operational changes that will see improvements to our internal data management systems (e.g. NMC Online), there are also significant regulatory changes proposed for development over the coming years. This includes changes to the education standards and framework, as well as new sanctions and guidance in fitness to practise. As part of these developments we are conducting equality impact assessments to understand how the changes might lead to differential access, experiences and outcomes for different groups that share protected characteristics and where we will have to take action to remove or mitigate those differences.

Section 2: NMC diversity data report 2015-2016

39   This section reports our available diversity data for the following groups from April 2015–March 2016:

39.1   Council and committee members holding office on 31 March 2016

39.2   staff employed between 1 April 2015 and 31 March 2016

39.3   fitness to practise panel members at 31 March 2016

39.4   legal assessors at 31 March 2016

39.5   nurses and midwives on the register on 31 March 2016

39.6   nurses and midwives subject to fitness to practise proceedings at various stages from 1 April 2015 to 31 March 2016.

40   The aim of this section is to share diversity data on our workforce, Council members, fitness to practise (FtP) panel members and legal assessors, as well as the nurses and midwives on our register.

Analysing the data

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

42   While we consider it important to publish relevant data, some of the data sets are incomplete. Where this is the case, the population in the data set may not be comparable to the wider population; readers should be cautious about drawing wider inferences. This is particularly important to note when there is a high percentage of 'unknowns'.

43   It is also important to note that the data we use below are descriptive statistics. That means we look at breakdowns of different individual protected characteristics without accounting for other factors that may impact on the outcomes (for example educational qualifications, social-economic status, recent immigration status or other protected characteristics).

Sources of data

44   The data included in this report comes from a number of our databases; details are provided below:

44.1   Council and committee members' data is held by the Governance team and is gathered using an optional E&D questionnaire.

44.2   Workforce data is held by the HR team and is gathered using an optional E&D questionnaire.

44.3 FtP panel members' and legal assessors' data is held by the FtP panel support team and is gathered using an optional E&D questionnaire.

44.4 Nurses' and midwives' data (including FtP case data) is captured on our register. The diversity data on our register is collected through an amalgamation of sources (for example though initial registration and NMC Online).

Improving our data

45 We continue to improve our diversity data and have several work programmes to make these improvements. Some of these changes may lead to difficulties in reporting trends since the last annual report.

46 The data in this report should be read in isolation as it is not easily comparable to previous years because of varied collection methods. Due to these limitations, we are restricted in the conclusions we can draw on the varied outcomes and experiences of registrants with different protected characteristics.

Council and committee members

47 The Council is the governing body of the NMC and its powers and duties are set out in the NMC 2001 Order. In accordance with the Order, the Council consists of six registrant and six lay members, at least one of whom lives or works wholly in each of England, Scotland, Wales and Northern Ireland.

48 All Council and committee appointments are made following an open, transparent, competitive recruitment process. Council appointments are made by the Privy Council and are subject to a process of assurance by the PSA who provide assurance to the Privy Council that our processes are fair and robust. We follow good practice in all of our recruitment processes.

49 The profile below shows the diversity data of 20 members who held office on 31 March 2016. Equality and diversity statistics are collected when a member is appointed to the Council and committees (the forms are anonymised). Out of 20 members we received 14 responses.

Gender

Male (4)   Female (16)
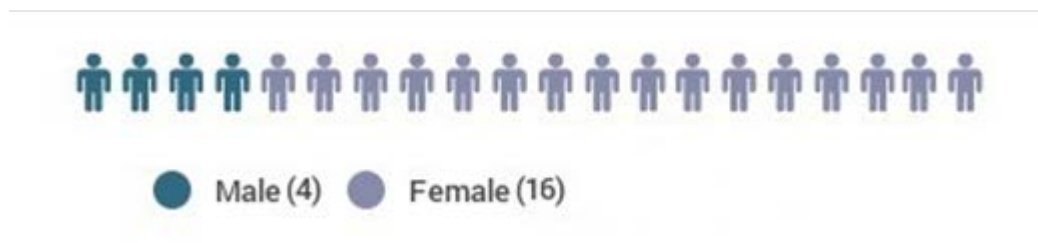
Sexual Orientation

Heterosexual (13) Prefer not to answer (1) Unknown (6)

Disability

Not disabled (12) Disabled (1) Prefer not to answer (1)

Unknown (6)

Ethnicity

White (11) Black and ethnic minority (2) Prefer not to answer (1)

Unknown (6)

Age

40-49 (5) 50-59 (5) 60-65 (2) 65+ (1)

Prefer not to answer (1) Unknown (6)

Religion and Belief

Christian (7) No religious beliefs (6) Prefer not to answer (1)

Unknown (6)

Workforce

50   The workforce profile shows the diversity data of staff who were employed between 1 April 2015 and 31 March 2016. At the end of March 2016, the headcount was 611.

Chart 1: What is the age profile of our workforce?

Legend:
- Under 20 (0%)
- 20-29 (31%)
- 30-39 (40%)
- 40-49 (16%)
- 50-59 (12%)
- Over 60 (1%)
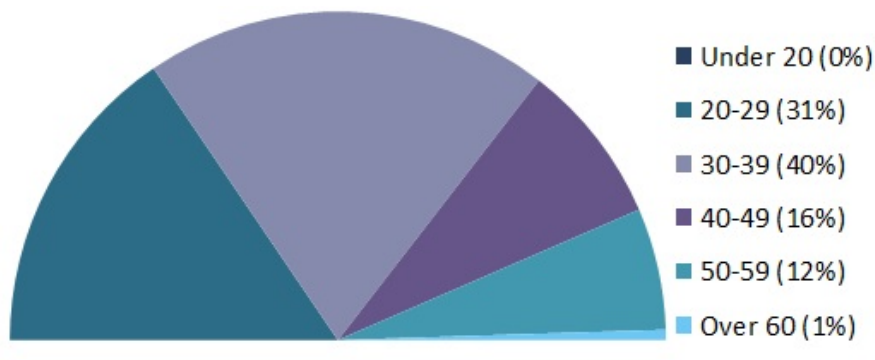
Chart 2: What is the disability profile of our workforce?

51   The NMC employs two percent of staff that identify as disabled. This is significantly below the working age disabled population of 15 percent for London[ii]. We do not know the disability status of seven percent of staff, which may impact significantly on the actual comparison.

Legend:
- Not disabled (91%)
- Disabled (2%)
- Unknown / prefer not to answer (7%)
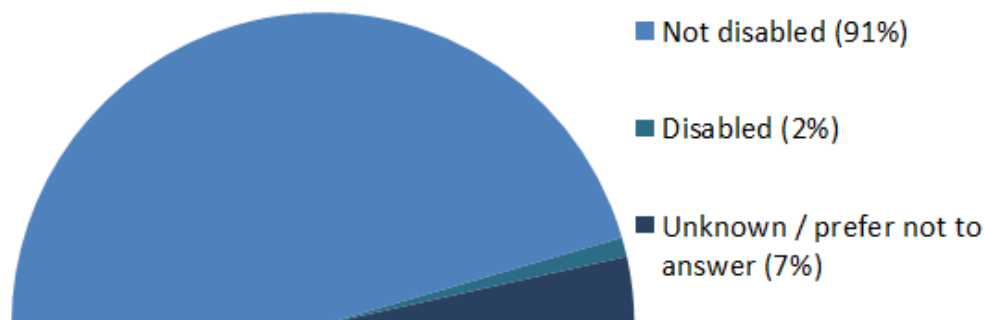
Chart 3: What is the ethnicity profile of our workforce?

52   The most recent figures from the Office for National Statistics (ONS) Annual Population Survey shows there were 5.4 million people of working age in London during April 2013 to March 2014. White people made up 62 percent of the working age population and BME people the remaining 38 percent, specifically black (11 percent), mixed/multiple (three percent), Asian (13 percent) and other ethnic groups (11 percent)[iii].

53   Black and minority ethnic groups account for 37 percent of the NMC's workforce, which has remained unchanged from the prior year and in line with the proportion of London's working age population of 38 percent.

54   Looking at the comparator data, the NMC headcount employs four percent more people that identify as black, three percent more Asian, one percent more mixed/multiple, two percent less white and nine percent less other ethnic groups. We do not have the ethnicity of three percent of staff, which may impact on the actual comparison.

- Asian (16%)
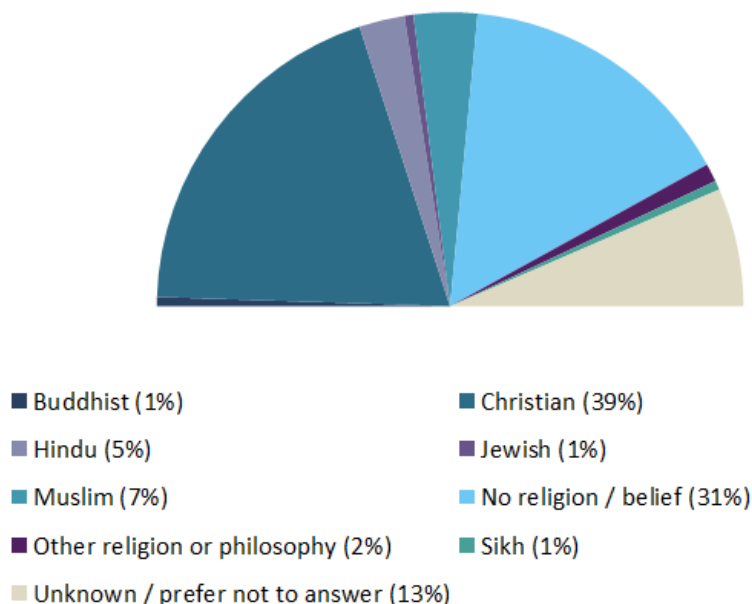- Black (15%)
- Mixed (4%)
- Other (2%)
- White (60%)
- Unknown / prefer not to answer (3%)
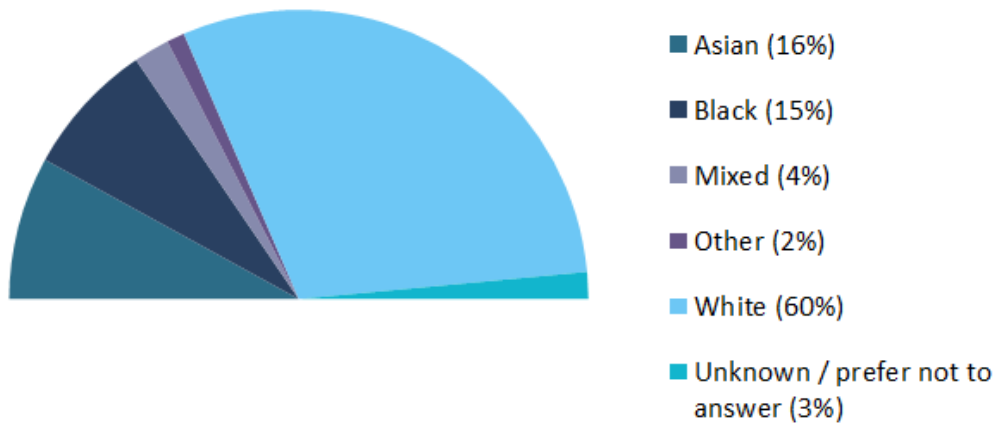
Chart 4: What is the religion/belief profile of our workforce?

55   According to the ONS Annual Population Survey data for 2014: 50 percent of London's population identified as Christian; 25 percent said they had no religion; 14 percent Muslim; five percent Hindu; two percent Jewish; one percent Sikh; one percent Buddhist. Two percent of Londoners identified with other religions (identifying for example as Pagan, Spiritualist or Jain).iv

- Buddhist (1%)
- Hindu (5%)
- Muslim (7%)
- Other religion or philosophy (2%)
- Unknown / prefer not to answer (13%)
- Christian (39%)
- Jewish (1%)
- No religion / belief (31%)
- Sikh (1%)

56   These figures relate to the entire London population, but the proportions for the working age population are slightly different. The Trust for London estimate for example that 11 percent of the London working age population identified as

Muslim in 2012/13, with this figure being higher amongst 16–24 year olds (with 18 percent identifying as Muslim)v.

57   Compared to these figures the NMC workforce has comparatively less Muslim (four to seven percent) and Christian (11 percent) staff. We do not have the religion or belief of 13 percent of staff, which may impact significantly on the actual comparison.

Chart 5: What is the gender profile of our workforce?

- Male (36%)
- Female (64%)

58   The ratio of females to males within the NMC has decreased and is now 64 percent female and 36 percent male (2014–15: 78 percent female and 22 percent male).

Chart 6: What is the sexual orientation profile of our workforce?

- Bisexual (less than 1%)
- Gay / lesbian (5%)
- Heterosexual (88%)
- Unknown / prefer not to answer (7%)
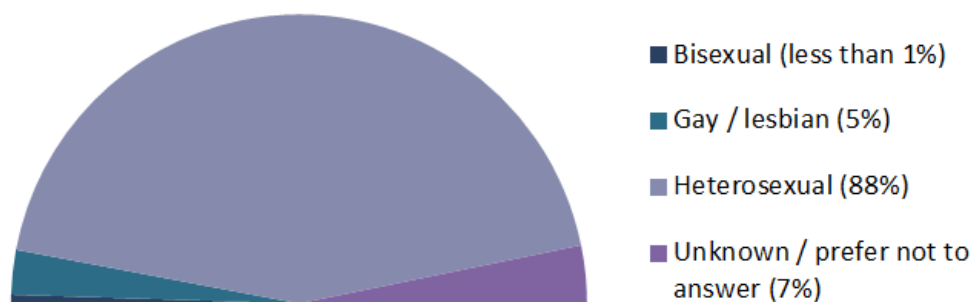
59   Representation of lesbian, gay and bisexual employees is five to six percent. It is generally estimated that between five to ten percent of the population identify as lesbian, gay or bisexual.vi

Chart 7: What is the ethnicity profile at each pay grade?
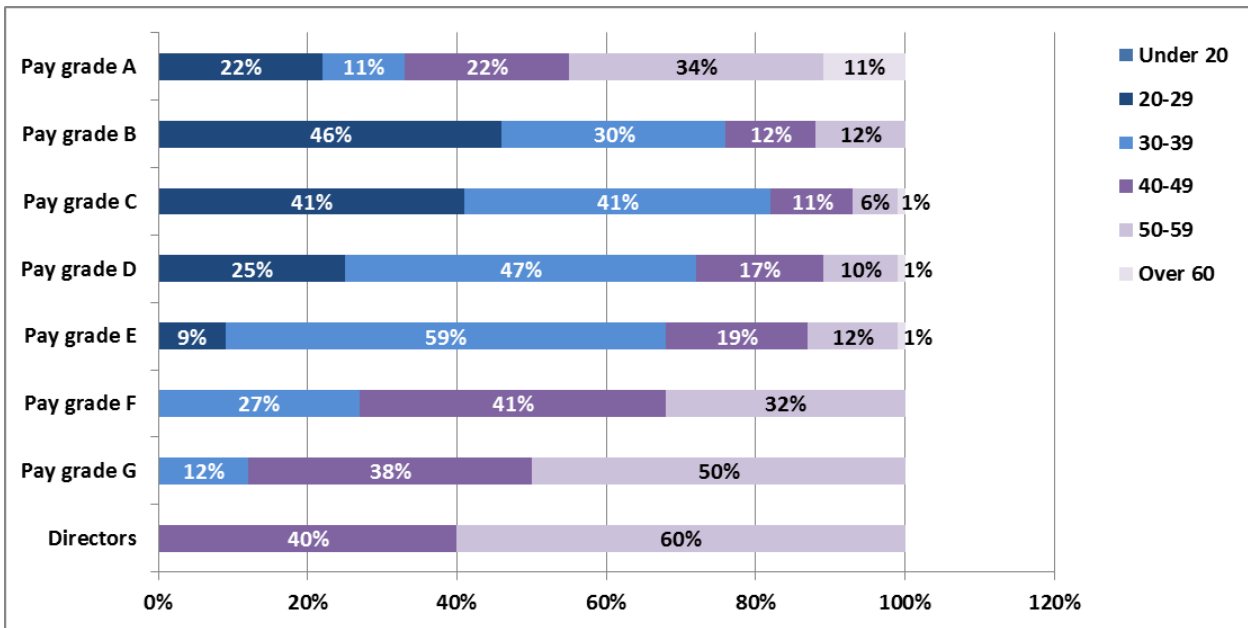

Chart legend: Asian, Black, Mixed, Other, White, Prefer not to answer

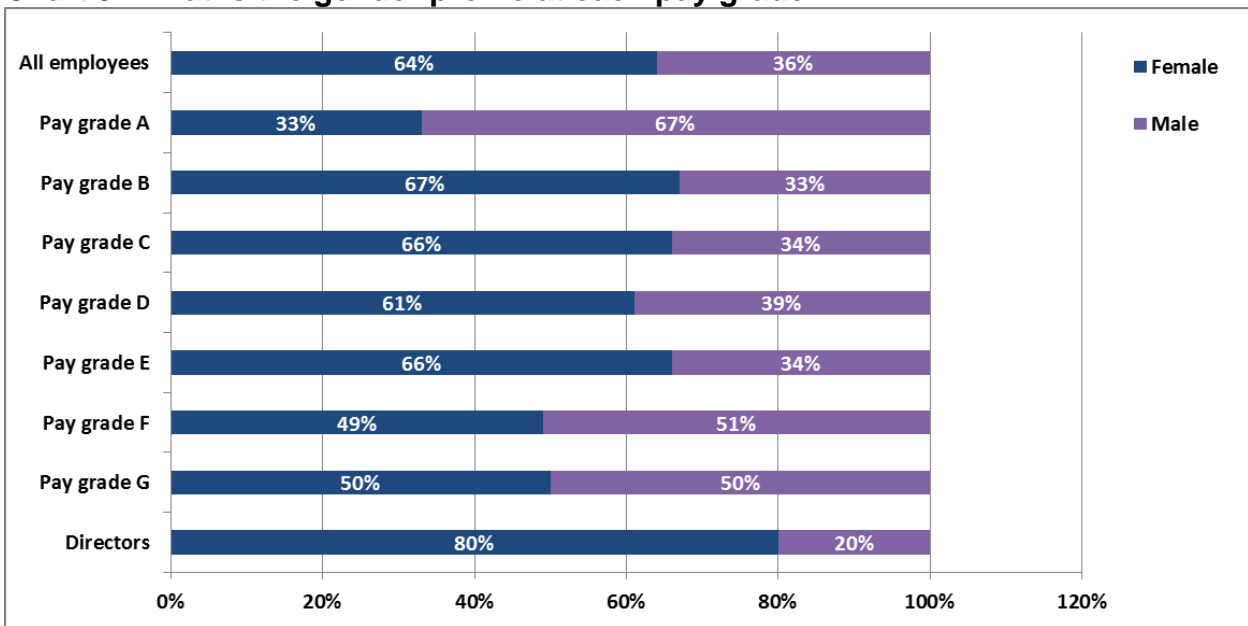| Pay grade	Asian	Black	Mixed	Other	White	Prefer not to answer
All employees	16%	15%	4%	2%	60%	3%
Pay grade A	11%		11%		78%	
Pay grade B	17%	28%	4%	2%	48%	1%
Pay grade C	18%	21%	3%	2%	53%	3%
Pay grade D	18%	2%	5%	2%	71%	2%
Pay grade E	13%	4%	4%	2%	72%	5%
Pay grade F	5%	3%	5%		82%	5%
Pay grade G	13%				87%	
Director					100%	
Comparator*	13%	11%	3%	11%	62%	
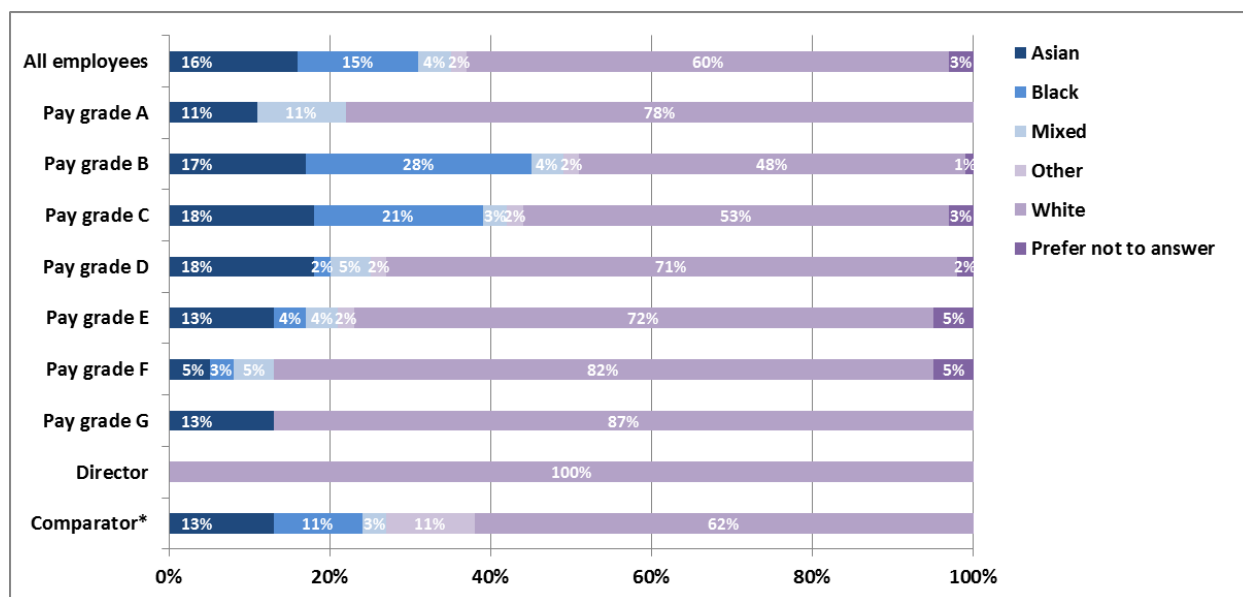
60   Staff who defined their ethnicity as black are 15 percent of the workforce. The data indicates a lower proportion of staff that identify as black or black British in grade A, D level management roles, and no representation in G level or director roles. Staff that defined their ethnicity as Asian are 16 percent of the workforce. There is a lower proportion of Asian staff in pay grade G. Staff that identify as White are 60 percent of the workforce. There are a higher proportion of white staff in all levels except B and C levels, indicating a disproportionate number of white employees hold management roles compared to BME employees. We will be exploring this data further and taking steps to address any concerns that arise.

Chart 8: What is the age profile at each pay grade?

Chart 8 (age profile by pay grade):

Pay grade	Under 20	20-29	30-39	40-49	50-59	Over 60
Pay grade A		22%	11%	22%	34%	11%
Pay grade B		46%	30%	12%	12%	
Pay grade C		41%	41%	11%	6%	1%
Pay grade D		25%	47%	17%	10%	1%
Pay grade E		9%	59%	19%	12%	1%
Pay grade F			27%	41%	32%	
Pay grade G			12%	38%	50%	
Directors				40%	60%	

Chart 9: What is the gender profile at each pay grade?

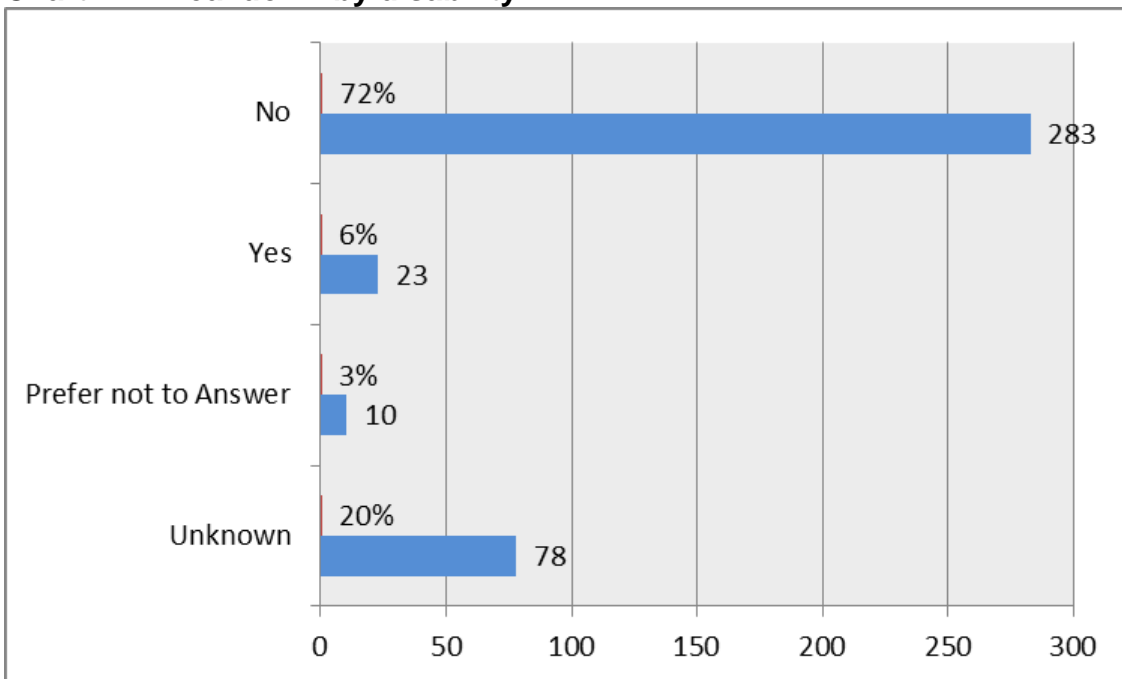|	Female	Male
All employees	64%	36%
Pay grade A	33%	67%
Pay grade B	67%	33%
Pay grade C	66%	34%
Pay grade D	61%	39%
Pay grade E	66%	34%
Pay grade F	49%	51%
Pay grade G	50%	50%
Directors	80%	20%

Fitness to practise (FtP) panel members profile

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

62   The FtP profile provides the diversity data of our FtP panel members at 31 March 2016. There were 394 panel members.
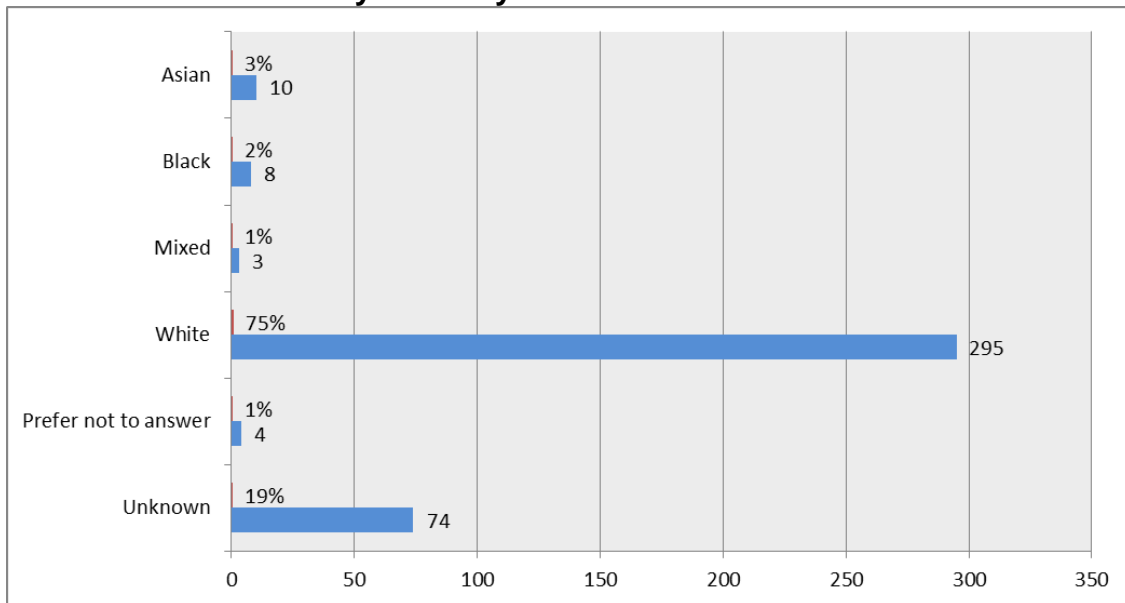
Chart 10: Breakdown by age
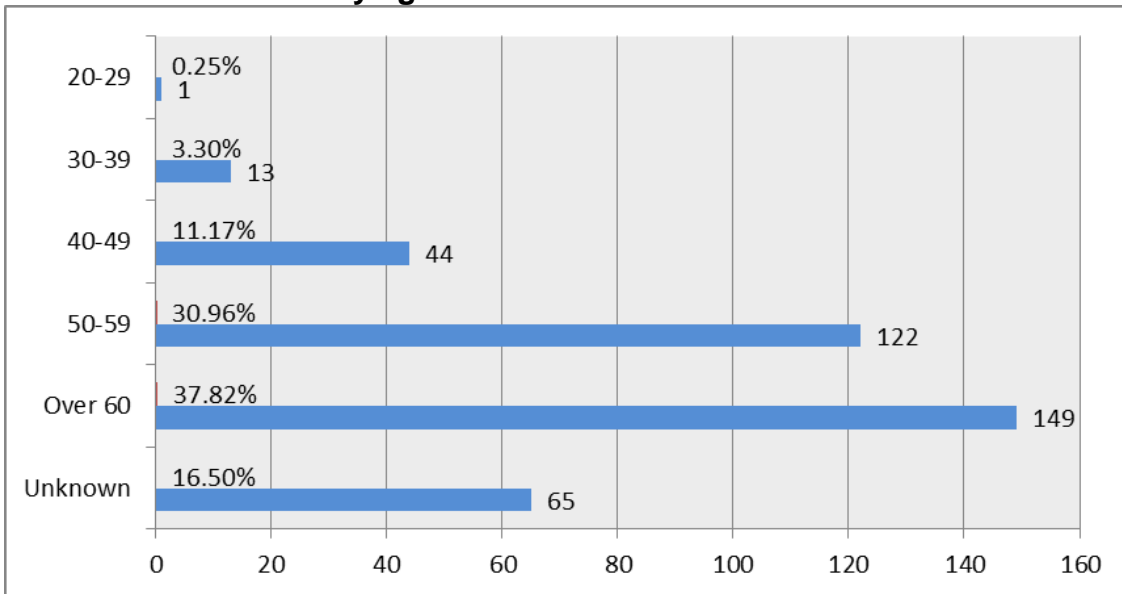
Chart 11: Breakdown by disability

Chart 12: Breakdown by ethnicity

Asian — 3% — 10
Black — 2% — 8
Mixed — 1% — 3
White — 75% — 295
Prefer not to answer — 1% — 4
Unknown — 19% — 74

(Horizontal axis: 0, 50, 100, 150, 200, 250, 300, 350)

Chart 13: Breakdown by religion/belief

Buddhist — 1% — 2
Christian — 45% — 178
Hindu — 1% — 5
Jewish — 3% — 13
Muslim — 1% — 4
Sikh — 0% — 1
I have no religious beliefs — 22% — 88
Other — 1% — 2
Prefer not to answer — 6% — 23
Unknown — 20% — 78

(Horizontal axis: 0, 20, 40, 60, 80, 100, 120, 140, 160, 180, 200)
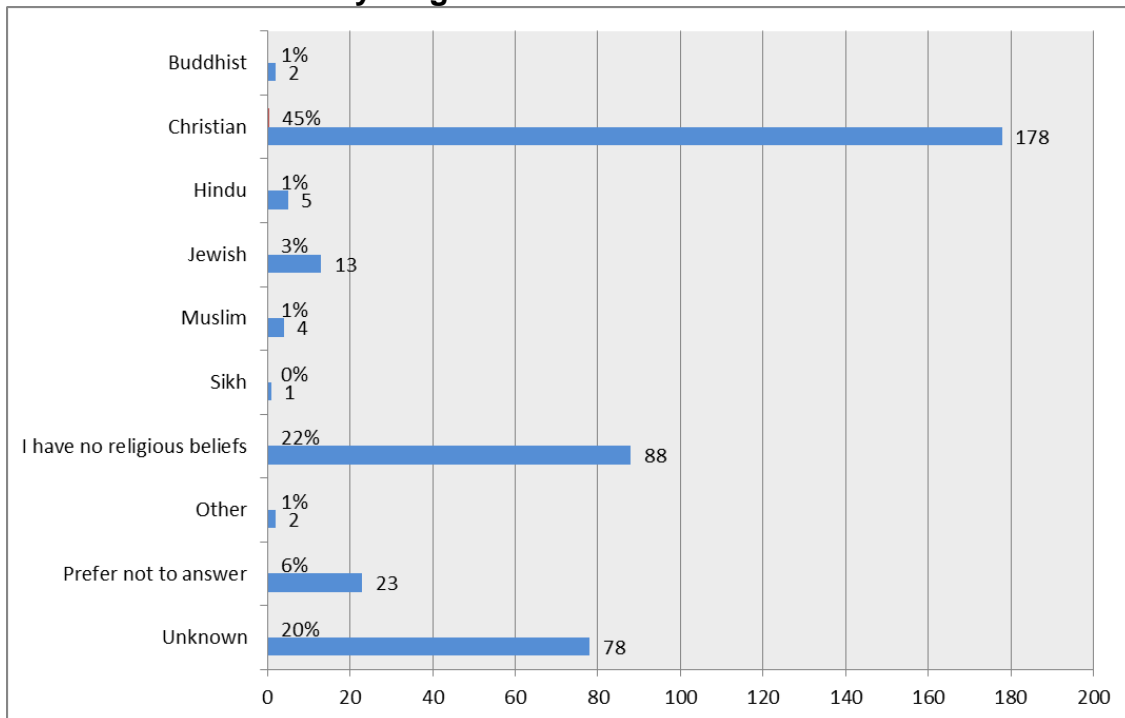
Chart 14: Breakdown by gender
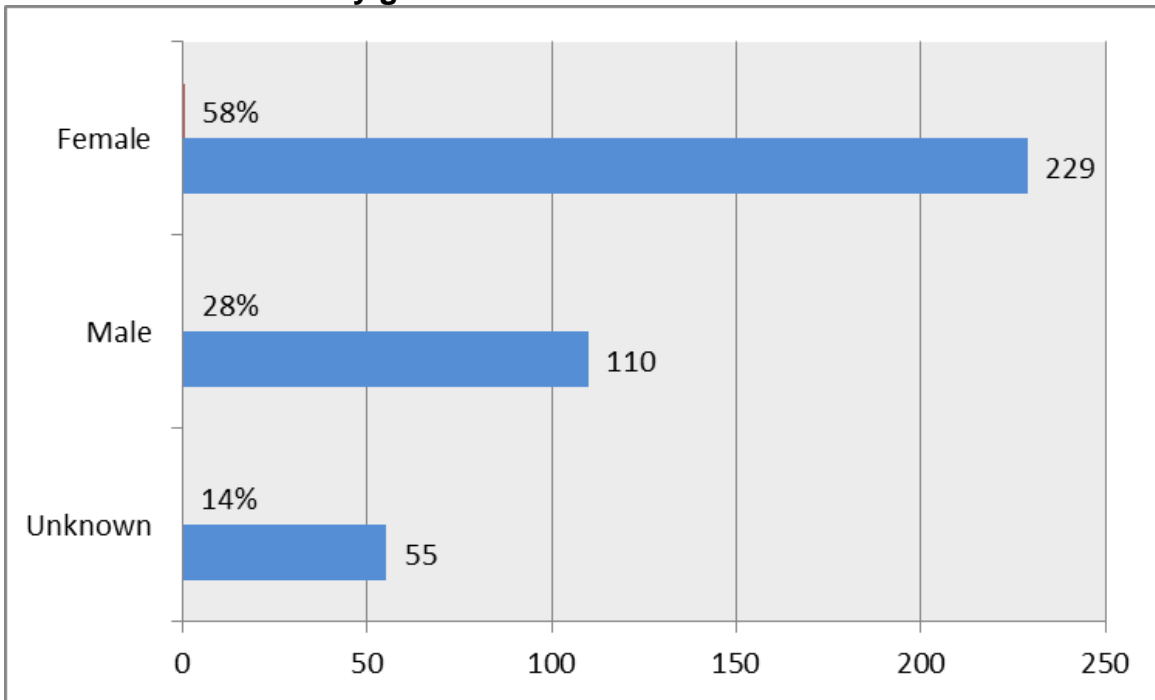
Chart 15: Breakdown by sexual orientation
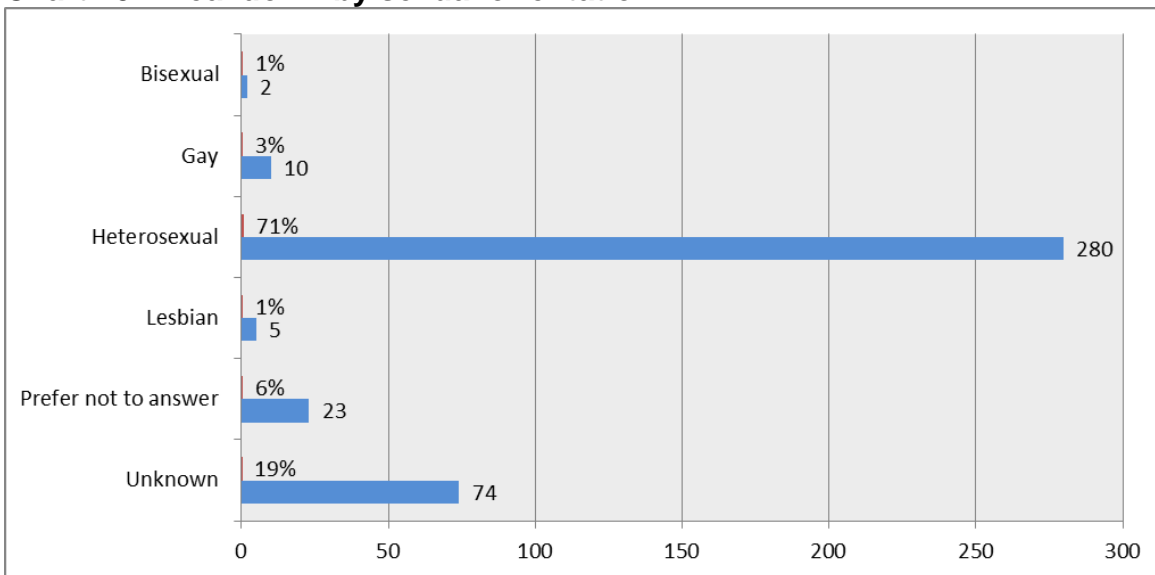
Legal assessors profile

63   Legal assessors are independent and experienced barristers or solicitors who advise FtP panel members on the law during FtP hearings.

64   The legal assessors profile shows the diversity data of legal assessors at 31 March 2016. There were 132 legal assessors.

Chart 16: Breakdown by age

Chart 17: Breakdown by disability
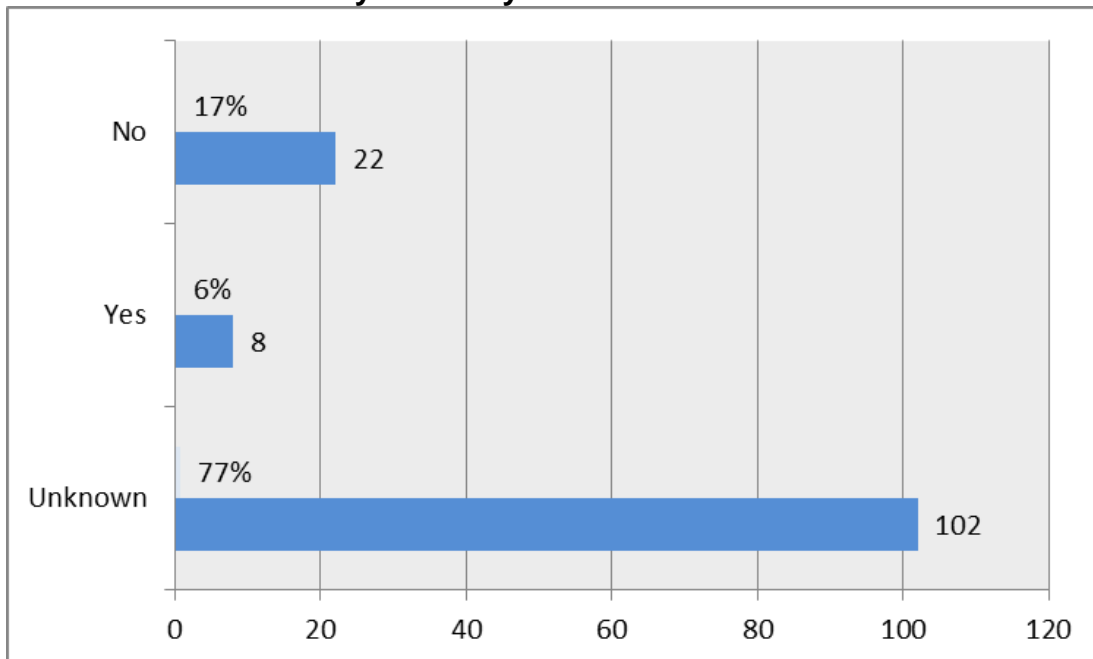
Chart 18: Breakdown by ethnicity

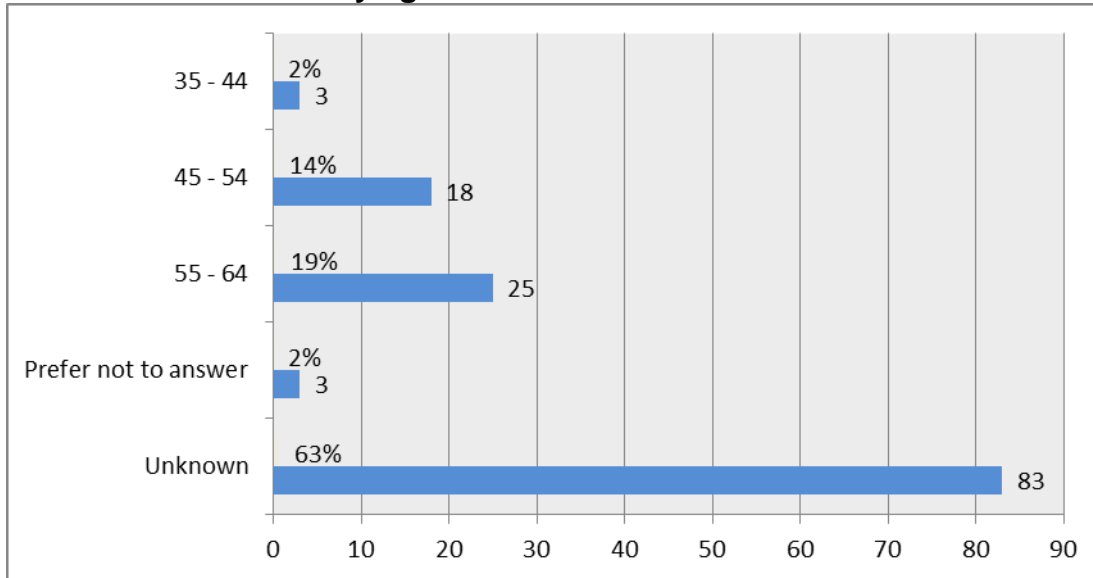| Ethnicity	Percentage	Value
Asian	1%	1
Black	1%	1
Mixed	1%	1
White	43%	57
Prefer Not To Answer	2%	2
Unknown	53%	70

Chart 19: Breakdown by religion/belief

Religion/belief	Percentage	Value
Atheist	5%	6
Buddhist	1%	1
Christian	30%	40
Hindu	2%	2
Jewish	3%	4
Prefer not to answer	5%	7
Unknown	55%	72
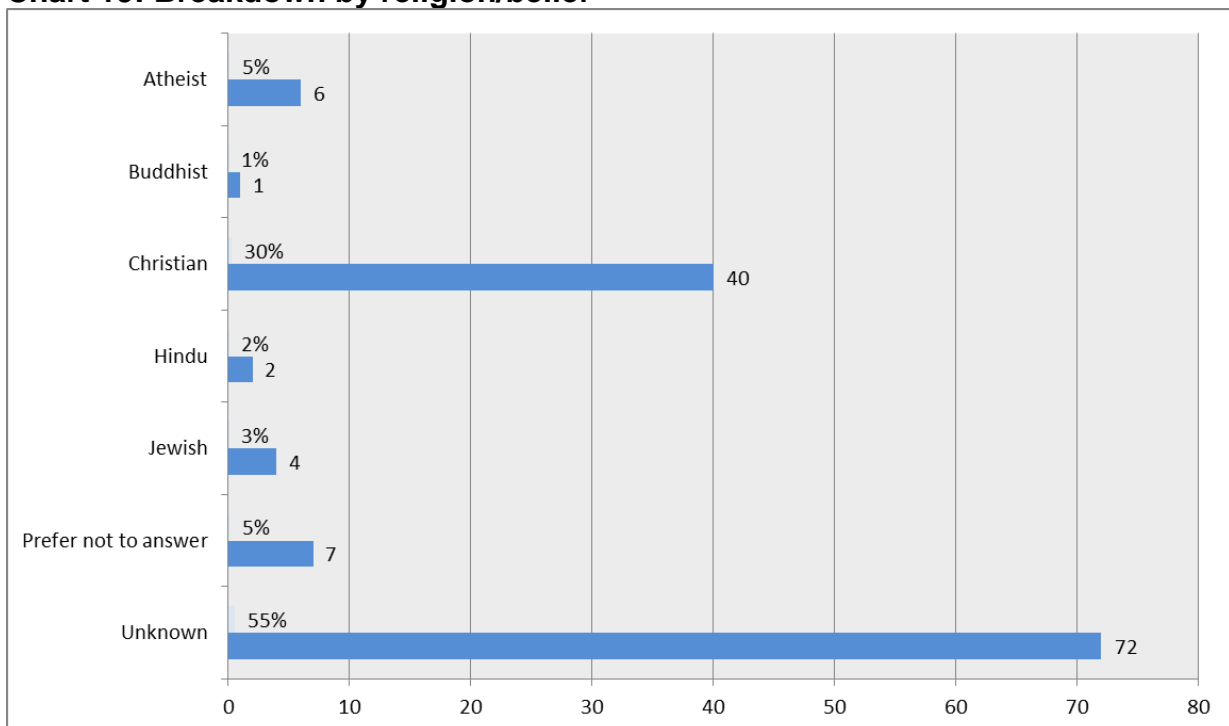
Chart 20: Breakdown by gender
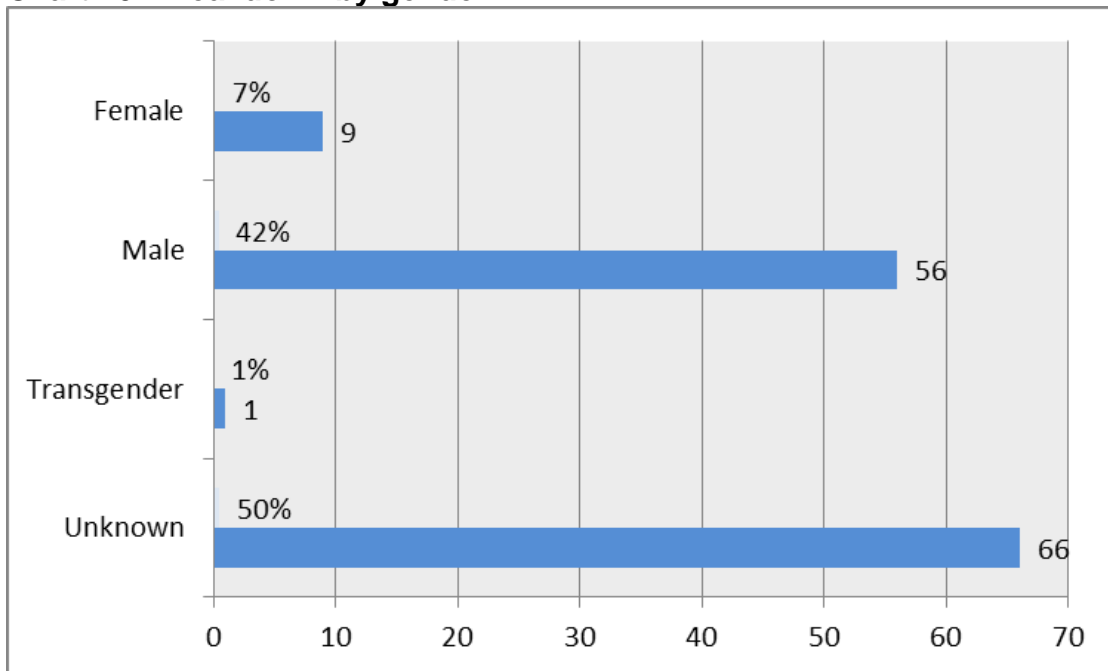
Chart 21: Breakdown by sexual orientation
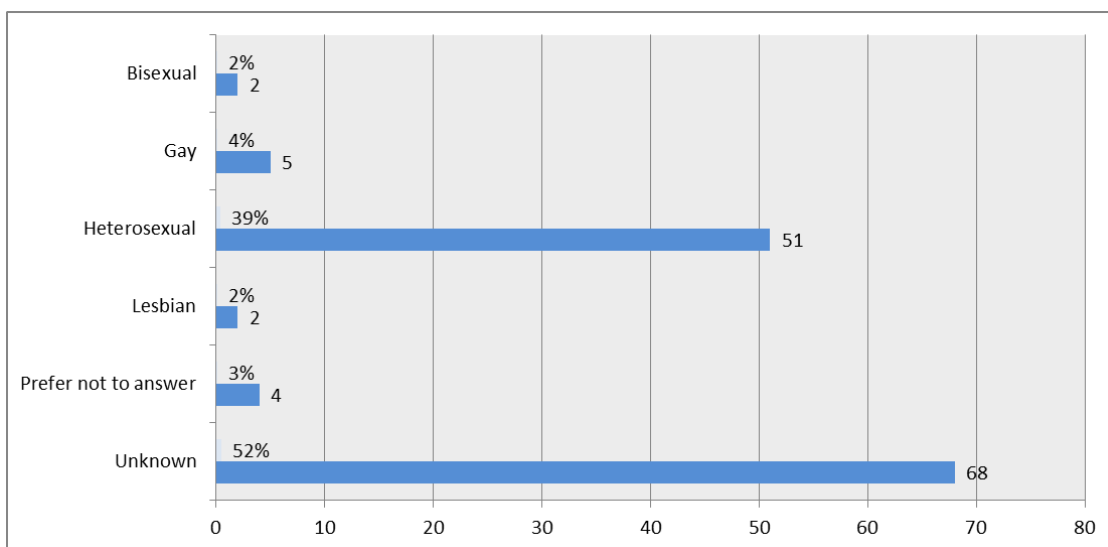
Nurses and midwives on our register profile

65   As part of our duty to protect the public we must keep an accurate register of nurses and midwives who are legally allowed to practise in the UK. Only a nurse or midwife who meets our standards can be admitted to, and remain on, the register.

66   The register profile shows the diversity data of the 692,550 nurses and midwives who were on our register on 31 March 2016.

67   We recognise how important data is to understanding how our regulatory and operational work can affect groups that share protected characteristics differently. We have invested significantly in improving our data collection, systems and analysis since 2015. The implementation of NMC online, the online registration and revalidation system for nurses and midwives has given us the opportunity to increase the percentage of diversity data we hold about our registrants. As more nurses and midwives revalidate over the next three years we will have a more complete data set. The revalidation annual reports will provide a breakdown of nurses and midwives by protected characteristic.
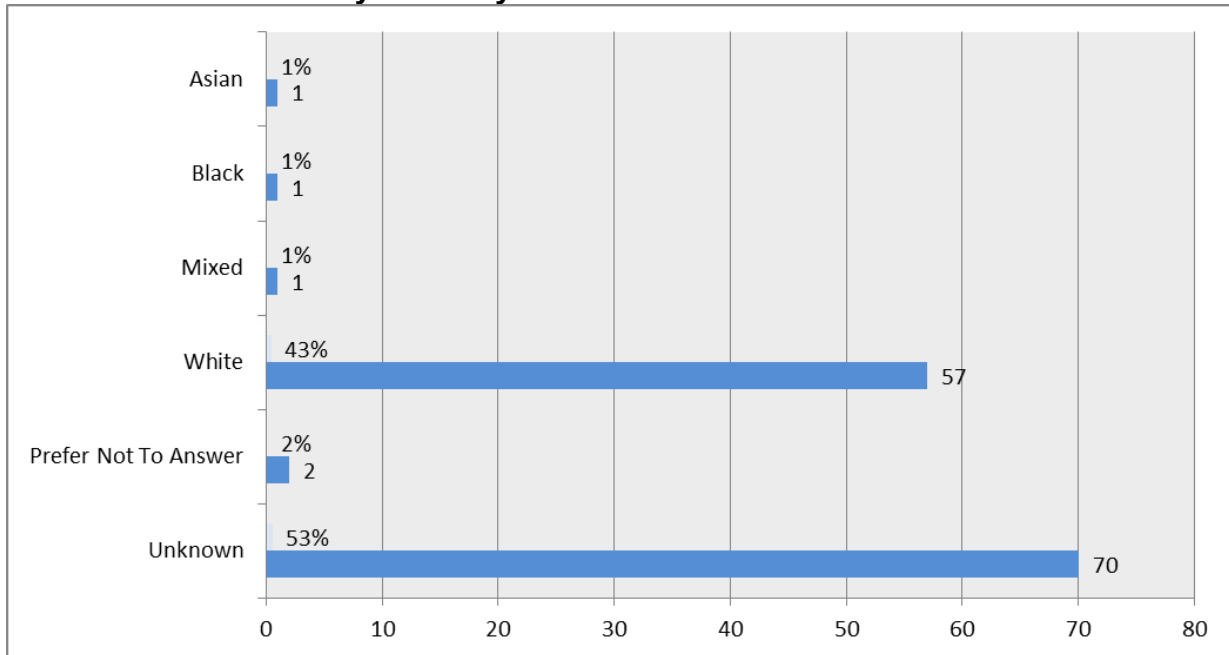
Chart 22: Breakdown by age
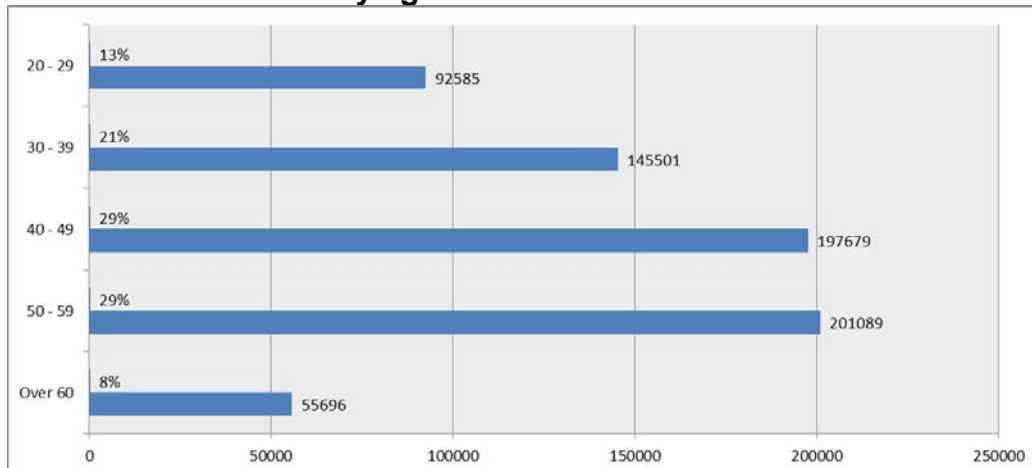
Chart 23: Breakdown by disability
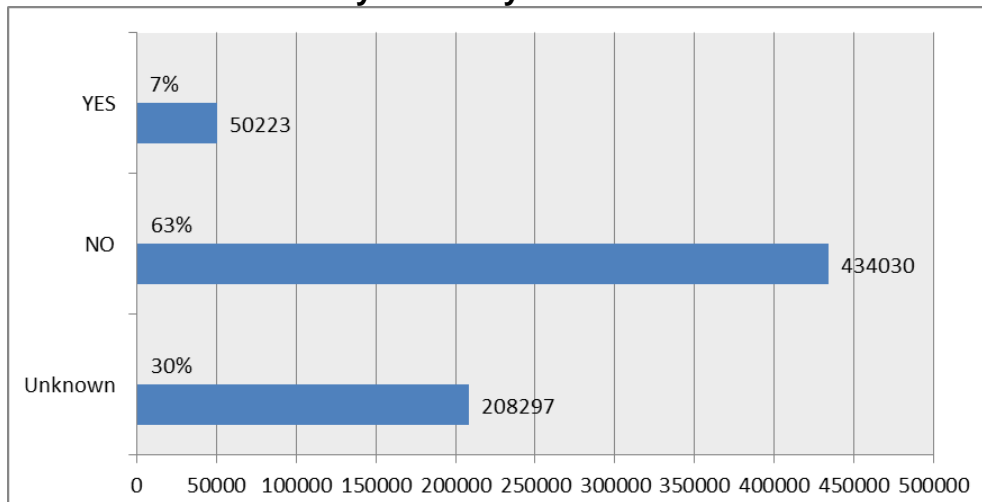
Chart 24: Breakdown by ethnicity

Ethnicity	Percentage	Value
Asian	6%	38698
Black	6%	39792
Mixed	1%	7541
Other	1%	3482
White	59%	405266
Prefer not to say	1%	9309
Unknown	27%	188462
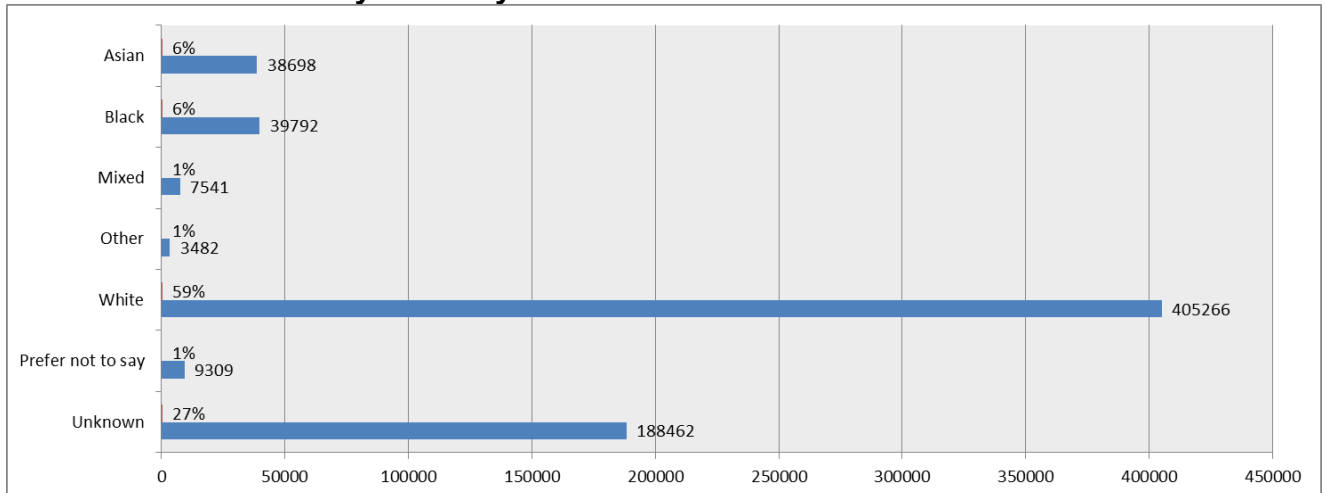
Chart 25: Breakdown by religion/belief

Religion/belief	Percentage	Value
Buddhist	0%	3364
Christian	46%	319886
Hindu	1%	4597
Jewish	0%	732
Muslim	1%	6393
Other	2%	13703
Sikh	0%	1273
Prefer not to say	5%	36554
Unknown	44%	306048
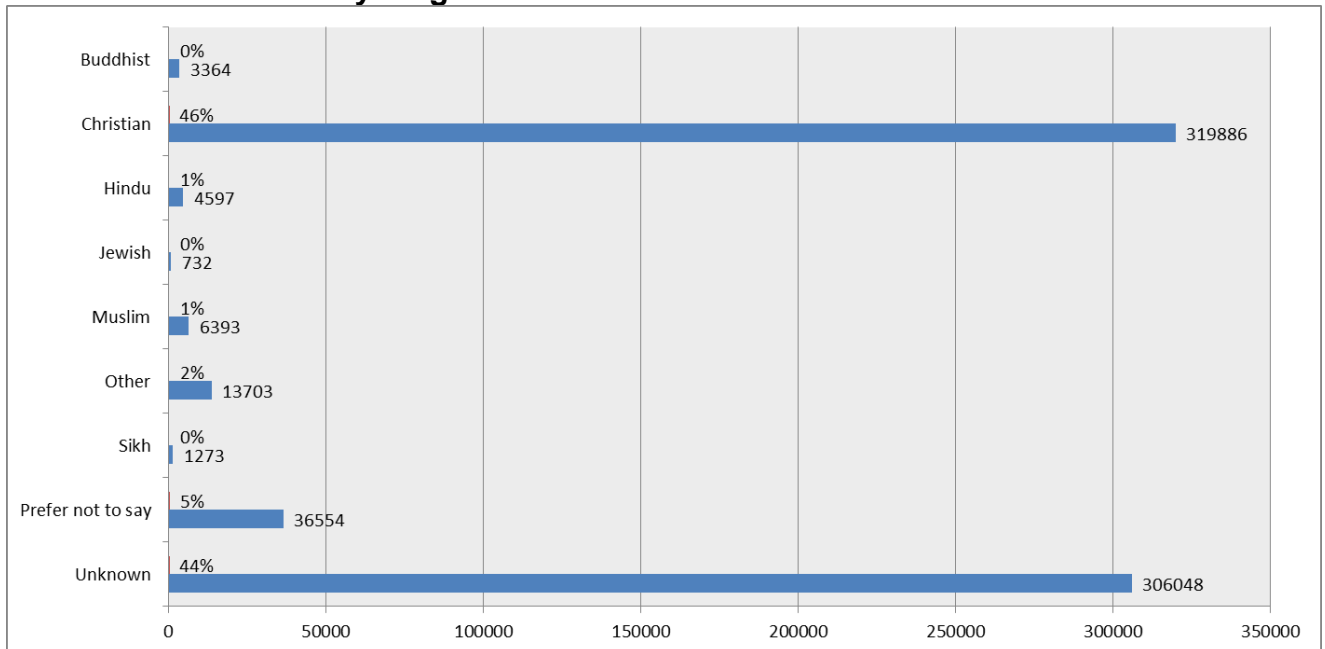
Chart 26: Breakdown by gender

Gender	Percentage	Count
Female	89%	617914
Male	11%	74618
Unknown	0%	18
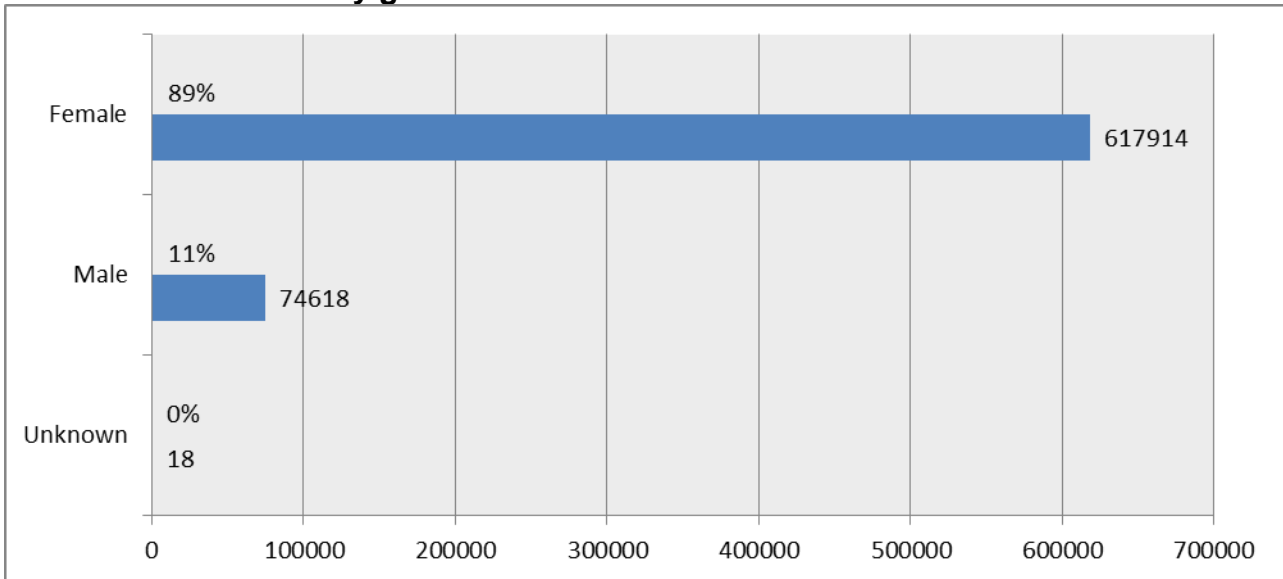
Chart 27: Breakdown by sexual orientation

Sexual orientation	Percentage	Count
Bisexual	1%	3801
Gay man/Lesbian	1%	8197
Heterosexual	65%	450388
Prefer not to say	6%	40419
Unknown	27%	189745
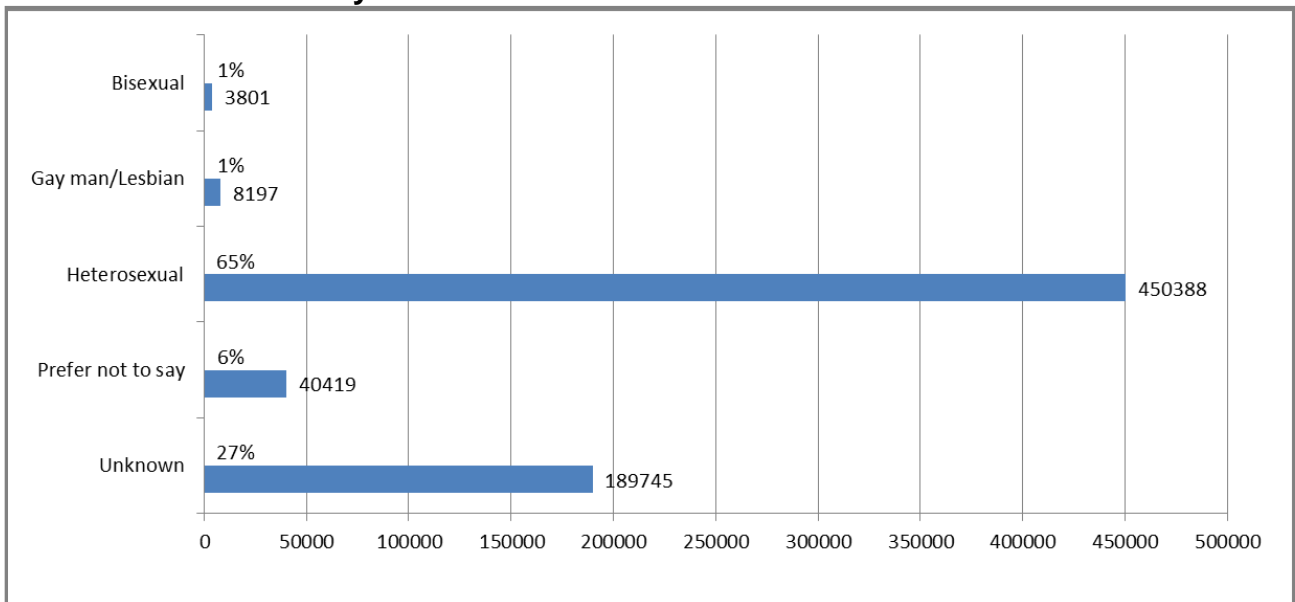
Fitness to practise data

68   The fitness to practise data published in this report demonstrates that there are differential outcome for different groups. We have commissioned research to better understand the nature of these differences. This research will be published in late 2016. Following the publication of this research we will identify the key issues that may engage the general equality duty to eliminate discrimination, advance equality of opportunity and foster good relations, that can be tackled by the NMC within our role and remit as nursing and midwifery regulator. We will involve the members of the BME Advisory Group that supported the development of this research specification in identifying these issues.

69   The implementation of the new E&D framework throughout the end of 2016 and into 2017 will provide a vehicle to take forward actions to improve our understanding of differential outcomes highlighted in this report.

Fit to practise case profile

70   Being fit to practise means a nurse or midwife has the skills, knowledge, health and character to do their job safely and effectively. Every nurse or midwife is required to regularly declare they are fit to practise safely.

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

72   **New concerns:** Where a concern has been raised with us about a nurse or midwife's fitness to practise.

73   **Interim orders:** Cases where there is a serious and immediate risk to patient or public safety. We will take urgent action by imposing an interim order to suspend or restrict the practice of the nurse or midwife concerned.

74   **Case Examiner outcomes:** Once our initial review confirms a case is within our remit to investigate and we have completed our investigation into the allegations, it proceeds to a decision by the Case Examiner to decide if there is a case to answer.

75   **Adjudication:** Case outcomes which have been referred by the Case Examiner for a final hearing by a panel of the Conduct and Competence Committee or the Health Committee.

76   The diversity data held about a nurse or midwife subject to FtP proceedings are obtained from the NMC's central register. We are concentrating on improving our collection of data, including ensuring it meets good practice standards.

New concerns

77   When we receive a new concern, we investigate whether the complaint is about a nurse or midwife on our register. If after an initial review the individual is not a

registered nurse or midwife, or the allegations do not amount to an allegation that their fitness to practise is impaired, we close the case.

78   This section details the diversity data for the 4,512 new concerns that were related to individuals identified on our register.

Chart 28 New concerns by age

Age	Total	Percentage
Over 60	480	11%
40—59	2923	65%
30—39	788	17%
19—29	321	7%
Total	4512	100.0%

Chart 29: New concerns by disability

Disability	Total	Percentage
No	2472	55%
Yes	407	9%
Declined to answer	136	3%
Unknown	1497	33%
Total	4512	100%

Chart 30: New concerns by ethnicity

Ethnicity	Total	Percentage
White	2147	48%
Black	505	11%
Asian	68	2%
Mixed	235	5%
Prefer not to answer	68	2%
Unknown	1489	33%
Grand Total	4512	100%

Chart 31: New concerns by religion or belief

Religion	Total	Percentage
Christian	1936	43%
Hindu	35	1%
Jewish	10	0%
Muslim	70	2%
Sikh	5	0%
Buddhist	29	1%
None	571	13%
Prefer not to answer	228	5%
Unknown	1628	36%
Grand Total	4512	100%

Chart 32: New concerns by gender

Gender	Total	Percentage
Female	3495	77%
Male	1017	23%
Total	**4512**	**100%**

Chart 33: New concerns by sexual orientation

Sexual Orientation	Total	Percentage
Gay/Lesbian	78	2%
Bisexual	35	1%
Heterosexual	2609	58%
Prefer not to answer	284	6%
Unknown	1506	33%
Grand Total	**4512**	**100%**

Interim orders

79   Where the public's health and wellbeing is at immediate and serious risk, we can immediately restrict a nurse or midwife's practice by imposing an interim order.

80   When we believe an interim order may be required, a practice committee panel will meet to look at whether to suspend the nurse or midwife straight away, or restrict how they can practise, until we can complete our investigations into the case.

81   A panel will consider whether the interim order is:

1. Necessary to protect the public.
2. In the public interest.
3. In the nurse or midwife's interest.

82   We continually assess cases throughout the process. If new information comes to light at any point during the FtP process which suggests there is a serious immediate risk to the public, we consider whether an interim order is needed.

83   This section reports on the diversity data that is available for the 705 cases that were given either an interim conditions of practice order or an interim suspension order.

84   Between 1 April 2015 and 31 March 2016 we imposed 685 interim orders at interim order events. 319 were an interim conditions of practice order. 366 were an interim suspension order. A further 20 interim orders were imposed at the substantive stage - for example when a case was adjourned. 6 were an interim conditions of practice order and 14 were interim suspension orders.

Chart 34: Interim orders by age

Age	Interim conditions of practice order%	Interim suspension order%	Interim conditions of practice order	Interim suspension order
Over 60	11%	9%	35	35
40—59	65%	68%	211	257
30—39	15%	19%	50	73
19—29	9%	4%	29	15
Grand Total	**100%**	**100%**	**325**	**380**

Chart 35 Interim orders by disability

Disability	Interim conditions of practice order%	Interim suspension order%	Interim conditions of practice order	Interim suspension order
NO	49%	42%	158	159
YES	11%	13%	37	49
Prefer not to answer	2%	4%	8	14
Unknown disability	38%	42%	122	158
Grand Total	**100%**	**100%**	**325**	**380**

Chart 36: Interim orders by ethnicity

Ethnicity	Interim conditions of practice order%	Interim suspension order%	Interim conditions of practice order	Interim suspension order
Black	14%	10%	45	38
Asian	2%	3%	5	10
White	42%	41%	138	157
Other	1%	1%	3	3
Mixed	2%	2%	6	8
Prefer not to answer	2%	2%	6	6
Unknown ethnicity	38%	42%	122	158
Grand Total	**100%**	**100%**	**325**	**380**

Chart 37: Interim orders by religion or belief

Religion	Interim conditions of practice order%	Interim suspension order%	Interim conditions of practice order	Interim suspension order
Christian	40%	35%	131	134
Hindu	1%	2%	3	6
Jewish	0%	0%	1	1
Muslim	2%	2%	5	6
Sikh	0%	0%	0	0
Buddhist	1%	0%	4	1
None	8%	12%	27	44
Prefer not to answer	5%	4%	16	15
Unknown religion	42%	46%	138	173
Grand Total	**100%**	**100%**	**325**	**380**

Chart 38: Interim orders by gender

Gender	Interim conditions of practice order%	Interim suspension order%	Interim conditions of practice order	Interim suspension order
Female	75%	63%	243	238
Male	25%	37%	82	142
Grand Total	**100%**	**100%**	**325**	**380**

Chart 39: Interim orders by sexual orientation

Sexual Orientation	Interim conditions of practice order%	Interim suspension order%	Interim conditions of practice order	Interim suspension order
Gay/Lesbian	2%	2%	6	9
Bisexual	2%	2%	5	7
Heterosexual	51%	46%	165	174
Prefer not to answer	8%	8%	26	31
Unknown sexual orientation	38%	42%	123	159
Grand Total	**100%**	**100%**	**325**	**380**

Case Examiners

85   Once our initial review confirms that a case is within our remit to investigate and we have completed our investigation into the allegations, a decision is made as to whether there is a case for the nurse or midwife to answer.

86   If it is found that there is a case to answer, the case is sent to the Conduct and Competence Committee (CCC) or the Health Committee (HC), depending on the nature of the allegations. A no case to answer decision (NCTA) is when it was determined by the Case Examiner that there was no case to answer.

87   3,245 cases had a case to answer decision by Case Examiners. However, some individuals have more than one case considered by the Case Examiners. 3,171 individual registrants went through the case examiner process. This section reports available diversity data for these 3,171 individual registrants that had a case to answer decision made by the Case Examiners during 2015–2016.

Chart 40: Case Examiner final outcomes by age

Age	NCTA %	Refer to CCC %	Refer to HC %	NCTA	Refer to CCC	Refer to HC
19—29	6%	4%	7%	106	47	6
30—39	17%	15%	30%	303	190	24
40—59	63%	66%	59%	1136	861	48
Over 60	14%	15%	4%	247	200	3
Total	**100%**	**100%**	**100%**	**1792**	**1298**	**81**

Chart 41: Case Examiner final outcomes by disability

Disability	NCTA %	Refer to CCC %	Refer to HC%	NCTA	Refer to CCC	Refer to HC
No	55%	46%	32%	994	591	26
Yes	8%	9%	7%	151	112	6
Prefer not to answer	4%	3%	4%	64	42	3
Unknown disability	33%	43%	57%	583	553	46
Total	**100%**	**100%**	**100%**	**1792**	**1298**	**81**

Chart 42: Case Examiner final outcomes by ethnicity

Ethnicity	NCTA%	Refer to CCC%	Refer to HC%	NCTA	Refer to CCC	Refer to HC
Black	10%	14%	0%	184	178	0
Asian	2%	3%	0%	32	39	0
White	48%	35%	40%	854	457	32
Other	1%	0%	0%	12	5	0
Mixed	6%	4%	1%	99	47	1
Prefer not to answer	2%	2%	2%	33	24	2
Unknown ethnicity	32%	42%	57%	578	548	46
Total	**100%**	**100%**	**100%**	**1792**	**1298**	**81**

Chart 43: Case Examiner final outcomes by religion

Religion	NCTA%	Refer to CCC%	Refer to HC%	NCTA	Refer to CCC	Refer to HC
Christian	44%	39%	22%	788	503	18
Hindu	1%	1%	0%	15	10	0
Jewish	0%	0%	0%	0	1	0
Muslim	2%	1%	0%	27	17	0
Sikh	0%	0%	0%	1	1	0
Buddhist	1%	1%	0%	15	7	0
None	12%	7%	14%	223	97	11
Prefer not to answer	5%	5%	4%	81	62	3
Unknown religion	36%	46%	60%	642	600	49
Total	**100%**	**100%**	**100%**	**1792**	**1298**	**81**

Chart 44: Case Examiner final outcomes by gender

Gender	NCTA%	Refer to CCC%	Refer to HC%	NCTA	Refer to CCC	Refer to HC
Female	77%	74%	78%	1385	960	63
Male	23%	26%	22%	407	338	18
	100%	**100%**	**100%**	**1792**	**1298**	**81**

Chart 45: Case Examiner final outcomes by sexual orientation

Sexual Orientation	NCTA%	Refer to CCC%	Refer to HC%	NCTA	Refer to CCC	Refer to HC
Gay/Lesbian	2%	1%	1%	39	16	1
Bisexual	1%	1%	0%	12	13	0
Heterosexual	57%	47%	36%	1025	615	29
Prefer not to answer	7%	8%	6%	133	102	5
Unknown sexual orientation	33%	43%	57%	583	552	46
Total	**100%**	**100%**	**100%**	**1792**	**1298**	**81**

Adjudications

88   When a case is referred onwards for adjudication from the investigations stage, it will be considered by a panel of the Conduct and Competence Committee or the Health Committee. This will take place at a hearing or meeting.

89   The purpose of the hearing or meeting is to determine whether the nurse or midwife's fitness to practise is impaired, and if they pose a risk to the public. At the hearing or meeting, a nurse's or midwife's fitness to practice may be found to be impaired or not impaired. If impairment is found the panel will make a decision on whether a sanction is appropriate.

90   As noted earlier in this report we have commissioned independent research to better understand the differences in our adjudication outcomes by age, ethnicity, gender and country of qualification. This research will provide an in depth analysis of the data. In this year's report we have not provided the percentages for this section on adjudication outcomes to ensure consistency with the independent research. For transparency we have provided the raw data below

91   This section reports available diversity data for the 960 cases with a final adjudication outcome.

Chart 46: Sanctions by age

Age	Striking off	Suspension	Conditions of practice	Caution	FtP impaired no sanction	FtP not impaired	Total
Over 60	44	42	18	7	1	17	129
40—59	169	186	106	91	3	103	658
30—39	43	45	23	18	1	24	154
19—29	5	4	5	3	0	2	19
Total	**261**	**277**	**152**	**119**	**5**	**146**	**960**

Chart 47: Sanctions by disability

Disability	Striking off	Suspension	Conditions of practice	Caution	FtP impaired no sanction	FtP not impaired	Total
No	89	114	58	62	2	81	406
Yes	22	25	18	11	2	12	90
Prefer not to answer	3	9	11	4	0	6	33
Unknown disability	147	129	65	42	1	47	431
Total	**261**	**277**	**152**	**119**	**5**	**146**	**960**

Chart 48 Sanctions by ethnicity

Ethnicity	Striking off	Suspension	Conditions of practice	Caution	FtP impaired no sanction	FtP not impaired	Total
Black	19	38	23	24	0	26	130
Asian	6	4	4	3	0	4	21
White	79	92	48	37	4	59	319
Other	0	0	1	1	0	2	4
Mixed	5	10	7	8	0	8	38
Prefer not to answer	5	4	6	4	0	0	19
Unknown ethnicity	147	129	63	42	1	47	429
Total	261	277	152	119	5	146	960

Chart 49: Sanctions by religion

Religion	Striking off	Suspension	Conditions of practice	Caution	FtP impaired no sanction	FtP not impaired	Total
Christian	73	103	54	56	2	68	356
Hindu	0	1	0	0	0	3	4
Jewish	0	0	0	0	0	0	0
Muslim	3	3	2	0	0	1	9
Sikh	0	0	0	0	0	0	0
Buddhist	0	0	0	1	0	1	2
None	19	18	12	8	2	11	70
Prefer not to answer	11	12	11	7	0	9	50
Unknown religion	155	140	73	47	1	53	469
Total	261	277	152	119	5	146	960

Chart 50: Sanctions by gender

Gender	Striking off	Suspension	Conditions of practice	Caution	FtP impaired no sanction	FtP not impaired	Total
Male	84	74	31	32	1	33	255
Female	177	203	121	87	4	113	705
Total	261	277	152	119	5	146	960

Chart 51: Sanctions by sexual orientation

Sexual Orientation	Striking off	Suspension	Conditions of practice	Caution	FtP impaired no sanction	FtP not impaired	Total
Gay/Lesbian	2	4	1	2	0	1	10
Bisexual	2	1	1	0	0	1	5
Heterosexual	98	122	72	67	4	86	449
Prefer not to answer	11	20	15	8	0	9	63
Unknown sexual orientation	148	130	63	42	1	49	433
Total	261	277	152	119	5	146	960

[i] The Equality Act 2010 defines disability as a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on a person's ability to do normal daily activities. www.gov.uk/definition-of-disability-under-equality-act-2010 (accessed June 2016)

[ii] Working-age Employment and Disability 2015; GLA London Datastore http://data.london.gov.uk/dataset/working-age-employment-and-disability-borough (accessed June 2016)

[iii] Fact File–London's Working Age Population http://race.bitc.org.uk/research-insight/factsheet/Londonlabourmarket (accessed June 2016)

[iv] Percentage of population by religion borough; GLA London Datastore http://data.london.gov.uk/dataset/percentage-population-religion-borough (accessed June 2016)

[v] Inequalities and disadvantage in London: Focus on Religion and Belief 2012/2013; Trust for London www.trustforlondon.org.uk/news-and-events/news-and-comments/inequalities-and-disadvantage-in-london-focus-on-religion-and-belief/ (accessed June 2016)

[vi] Estimating the size and composition of the lesbian, gay, and bisexual population in Britain; Equality and Human Rights Commission Research Report 37; 2009; Aspinal, P; University of Kent