

Witness Name: Paul Rees MBE

Statement No: WITN0267001

Dated: 26 November 2025

THE NOTTINGHAM INQUIRY

FIRST WITNESS STATEMENT OF PAUL REES MBE

This statement is made in response to the Rule 9 request issued by The Nottingham Inquiry on 26 August 2025. This statement responds to questions in relation to the role of the Nursing and Midwifery Council (NMC) and issues relating to education and training in mental health nursing.

I, Paul Rees, make the following statement for the purpose of The Nottingham Inquiry. The statement is made on behalf of the Nursing and Midwifery Council (NMC) in response to a request for evidence by the Inquiry.

This is my first statement to the Inquiry.

Background

- 1 I am the Chief Executive and Registrar of the NMC. I was previously Chief Executive Officer of the National Pharmacy Association and the Royal College of Psychiatrists, and Director of Communications at the Royal College of General Practitioners. I gained a History and Politics BA (Hons) at Queen Mary University London in 1992, and I received an MBE for services to equality, diversity and inclusion in 2022.

- 2 I welcome the opportunity to provide evidence to the Inquiry. As Chief Executive and Registrar I hold the most senior executive role at the NMC and am responsible for leading and managing the organisation's professional, business and financial affairs.

- 3 As Registrar, a role prescribed in the Nursing and Midwifery Order 2001 (the Order), my main responsibility is to maintain and uphold the register of people eligible to practise as nurses and midwives throughout the United Kingdom (UK) and nursing associates in England. This includes overseeing the registration process, making decisions on individuals regarding their entry onto the Register and their suitability for remaining on the Register.
- 4 As the Chief Executive, I determine the way the strategy, set by the Council, is delivered and ensure that the NMC acts in accordance with its corporate governance framework. I also ensure that the NMC complies with its governing legislation and its wider legal obligations along with its legal and charitable status.
- 5 My thoughts and sympathies and those of everyone at the NMC continue to be with the victims, bereaved families and all those impacted by the terrible attacks committed by Valdo Calocane on 13 June 2023.
- 6 I have been asked to address a number of areas for the purpose of my statement, and I will address each of those in turn. I will start with an outline of the role and function of the NMC, before moving on to explain our role in mental health nursing education and quality assurance, and answering the Inquiry's specific questions about our work in this area. I will then outline our Fitness to Practise processes, our role in information sharing, and safeguarding within the context of mental health nursing.

The role of the NMC

- 7 The NMC is the independent regulator of nursing and midwifery professionals in the UK. We are a statutory body, established and governed by the Order, in accordance with s60 and s62(4) Health Act 1999. We hold a register of more than 853,000 nurses and midwives in the UK and nursing associates in England.
- 8 We are responsible for protecting the public through the registration and education of our professionals, setting and upholding standards, including the Code [NUHT0000058], and investigating and acting on concerns.
- 9 Our statutory obligations and powers are set out within the Order, which states that our principal functions are to establish standards of education, training, conduct and performance for nurses, midwives and nursing associates, and to ensure the maintenance of those standards [Article 3(2) of the Order]. Rules made under the Order regulate the performance of these statutory functions [The Nursing and Midwifery Council (Education, Registration and Registration Appeals) Rules 2004 (the Registration Rules) provide the powers to develop education standards].
- 10 We do not regulate the conduct of students, but we are required to assure ourselves of the quality of their education and training. More detail is provided from paragraph 15.
- 11 Our over-arching objective is the protection of the public [Article 3(4) of the Order]. Our Order provides for us to pursue this objective in three ways [Article 3(4A) of the Order]:

- 11.1 Protect, promote and maintain the health, safety and wellbeing of the public.
 - 11.2 Promote and maintain public confidence in the nursing and midwifery professions.
 - 11.3 Promote and maintain proper professional standards and conduct for members of the nursing and midwifery professions.
- 12 These objectives are central to everything that we do, and we strive to assure every registered nurse, midwife and nursing associate can provide safe, effective and kind care.

Our role in regulating education for Registered Nurses Mental Health (RNMH)

- 13 We set the standards of proficiency necessary to join the register for each of the professions we regulate [Article 5(2)(a) of the Order]. These standards represent the skills, knowledge and attributes all registered nurses, midwives, and nursing associates must demonstrate at the point of registration.
- 14 We set the standards of education and training necessary to achieve the standards of proficiency [Article 15(1)(a) of the Order]. Together, these are used by the Approved Education Institutions (AEIs) and their approved practice learning partners to shape the content and design of both the theory and practice programme curricula delivered by AEIs. The qualifications awarded at the completion of an AEI programme are referred to as “approved qualifications.”
- 15 Through our education quality assurance (QA) process we approve education institutions and programmes that meet our standards of education and training, and we seek assurance that the quality of practice learning placements for

students is managed through effective partnerships between AElS and those health and care settings where students undertake a significant portion of their education.

- 16 Once programmes are approved, we undertake monitoring of institutions and their programmes to ensure our standards continue to be met. This includes activities such as exceptional reporting, annual self-reporting, new programme monitoring, enhanced scrutiny, listening events (including with students), monitoring visits and extraordinary reviews. This ensures that nurses, midwives and nursing associates are consistently educated to a high standard and can deliver safe, effective and kind care at the point of entry to the register. It also provides similar assurance if they develop their practice through our post-registration qualifications. Where we have concerns that our standards of education and training are not, or will not, be met, we can refuse to approve, commission an extraordinary review of, or withdraw approval from, a programme or AEI.
- 17 Our Quality Assurance (QA) Framework [WITN0267002] explains our approach to QA and how it is delivered. This version came into effect on 17 August 2020. We also publish a Quality Assurance (QA) Handbook [WITN0267003] which sets out the detail of our processes and the evidence that AElS (and their practice learning partners) will need to provide to demonstrate that they meet our standards.
- 18 To support our QA function, we contract a service provider for QA operational delivery which is currently The Quality Assurance Agency for Higher Education (QAA). QAA appoint lay and registrant visitors who undertake documentary

reviews and attend AElS to assess whether our standards are being, or will be, met. The QA visitors review and scrutinise how AElS propose to meet our Standards for student supervision and assessment (SSSAs) [CQCM0010573]; curriculum, programme specification and module specifications alongside the university approval panel members, which include external examiners appointed by the university. We expect students and members of the public to be involved in the development and delivery of curricula, and they can also inform the approval process, including attending in-person approval events.

- 19 The QA visitors then provide a report with their recommendations to inform our decision whether to approve a programme or AEl or consider whether action needs to be taken in respect of existing programmes. These decisions are ratified at our QA Board.
- 20 Our Standards framework for nursing and midwifery education [WITN0267004] states that AElS, together with practice learning partners, must have robust, effective, fair, impartial and lawful fitness to practise procedures to swiftly address concerns about the conduct of students that might compromise public safety and protection.
- 21 Our Standards for pre-registration nursing programmes [WITN0267005] state that AElS, together with practice learning partners, must ensure students' health and character are sufficient to enable safe and effective practice both on entering and throughout the programme. As part of the initial process for registration with the NMC, students (now "applicants") must satisfy the Registrar that they are capable of safe and effective practice. This requirement is two-fold. The applicant must (1) meet the standards of proficiency necessary to be admitted to the

different parts of the register being the standards it considers necessary for safe, effective and kind practice. This may be demonstrated by the award of their approved qualification and (2) applicants are asked to make a declaration as to their good health and good character. This AEI will confirm the applicant's qualification and the health and character declaration. This is carried out in line with Article 9(2)(b) of the Order and the NMC's health and character decision-making guidance [WITN0267006]. This declaration includes satisfactory occupational health assessment and criminal record checks.

Fields in nursing education and practice

- 22 The titles of nursing professionals and the fields they work in have undergone several changes in recent decades, so in this section we provide a summary of these changes and how these apply to the field of mental health nursing. Specifically, we outline the shift from the previous titles 'General Nurse' (RGN) and 'Mental Nurse' (RMN) to the current titles of Registered Nurse (RN) and Registered Nurse Mental Health (RNMH).
- 23 In the early 1990s, the UK ceased training Registered General Nurses (RGNs) and Registered Mental Nurses (RMNs) and introduced the registered nurse in specific fields as part of the Project 2000 reforms. These reforms are set out in the National Audit Office report, Nursing Education: Implementation of Project 2000 in England (1992) [WITN0267007]. This shift changed how nurses were trained and educated, and how they then registered with the United Kingdom Council for Nursing, Midwifery and Health Visiting (UKCC), the precursor organisation to the NMC.

- 24 Prior to Project 2000, most nurses were trained over a 3-year period in an apprenticeship-style system in hospitals and community care settings that qualified them as a general nurse, or 'RGN' (previously known as State Registered Nurse - SRN). Nurses could also train over 3 years in this model to become a Registered Mental Nurse (RMN). RGNs and RMNs could also take a shortened training course of 18 months (in general or mental health nursing) to become 'dual-qualified' as an RGN and an RMN.
- 25 Through Project 2000, nursing education moved out of Schools of Nursing, which were based in hospitals and communities, and into universities, with an equal proportion of theory and practice hours, typically 2300 hours of each in a 3-year programme. Project 2000 programmes began as university diploma courses in 1989-1990 and continued to be offered alongside degree programmes until September 2013, when degree level education was required to register as a nurse in the UK.
- 26 The Project 2000 reforms also marked the end of training of Level 2 nurses (Enrolled Nurses) in the UK, replacing the previous two-tiered system of first and second-level training. The main distinction between the Level 1 and Level 2 was that only Level 1 nurses could go on to study for further qualifications, namely prescribing and the post registration qualifications of specialist community public health nurse (SCPHN) and community nursing specialist practice qualifications (SPQ).
- 27 Project 2000 students began a common foundation programme before specialising in one of four specific fields of practice for the remainder of their education and training. These fields are Adult, Mental Health, Children's or

Learning Disabilities. All nursing and midwifery students became supernumerary at this time and were no longer included within the staffing workforce numbers.

- 28 The RGN title was replaced to reflect qualification and registration in the four fields of practice: Registered Nurse Adult (RNA); Registered Nurse Mental Health (RNMH); Registered Nurse Children (RNC) and Registered Nurse Learning Disabilities (RNLD). From 1 April 2002, the UKCC was dissolved and was replaced by the NMC. From September 2013, degree level education became mandatory for anyone wanting to register for the first time as a nurse with the NMC.
- 29 In 2018 we published the Future Nurse Standards of Proficiency for registered nurses [WITN0267008]. The standards are outcome focused, holistic and person-centred and are designed to apply across all four fields of nursing practice. We moved away from the expression 'competencies' (referring to 'task-based' and specific skills, knowledge and behaviours that nurses must be able to demonstrate to perform safely and effectively at point of registration) to 'proficiencies,' which represents broader capabilities to apply knowledge, skills and professional judgement across different situations in practice. There is now a greater focus on integrating competencies into overall professional performance.
- 30 In addition, nursing associates have been regulated in England since 2019. Nursing associates complete a Foundation degree, typically two years of higher education that includes theory and practice learning, and gain experience of caring for people across all ages and the diversity of care settings. They do not register to practice in a 'field' as registered nurses do. Nursing associates were

a new role introduced in 2019, to be part of the nursing team who provide care and support to people using health and social care services across England. The role was developed to bridge the gap between health care assistants and graduate nurses and provide a route for career progression to those who wish to become a registered nurse. The Standards of proficiency for Nursing associates [WITN0267009] apply to this cohort of registrants.

- 31 As outlined in paragraphs 15-18, to qualify as a nurse or midwife in the UK, or a nursing associate in England, individuals must complete an approved qualification provided by an AEI. The recruitment and admission of students and the design and delivery of curricula and assessment strategy are undertaken by the AEIs and practice partners in line with our standards.
- 32 AEIs must include routes specific to the relevant fields of nursing practice within any programme leading to registration for which they seek NMC approval. We expect approved programmes to provide a variety of placement learning experiences for students across all fields of nursing with opportunities for meeting the knowledge, skills and experience relevant to their intended field of practice.
- 33 In accordance with the Nurses & Midwives (Part and Entries in the Register) Order of Council 2004, entries in the register are to include a registrant's field of practice. To comply with Rule 4(1)(c) of Nursing and Midwifery Council (Education, Registration and Registration Appeal) Rules 2004 (ERRA) UK students that qualify in a specific field, or fields, of practice as a Level 1 nurse and are successful in their application for NMC registration will be entered on to

the NMC register as a nurse in one or more of the four fields of nursing practice: Adult, Children, Learning Disabilities and Mental Health.

- 34 Where an applicant for registration trained elsewhere than in the UK and does not hold a relevant European qualification (see paragraphs 37-38), they must complete the Test of Competence (TOC). Satisfactory completion of the TOC provides the NMC with objective evidence that an applicant for registration meets the standards of proficiency for admission to the nursing, midwifery or nursing associate part of the register. There are six available TOCs. These are: Adult Nurse, Mental Health Nurse, Learning Disabilities Nurse, Children's Nurse, Midwife and Nursing Associate. The nursing TOCs correspond to the fields of practice and on successful admission to the register, the individual's registration entry will reflect the field of the TOC passed.
- 35 As a result of the UK's agreement with the EU post-Brexit, some EU general nursing and midwifery qualifications still benefit from automatic recognition. This is where an applicant for registration trained outside the UK and holds a 'relevant European qualification' [Article 13(1)(d)(ii), Article 13(3) and (4) of the Order].
- 36 Applicants holding such qualifications do not need to sit the TOC exams. All other qualifications, regardless of where they were gained, require the holders to successfully complete the TOC exams in order to gain access to the register. Only general nursing (referred to as adult nursing in the UK) and midwifery qualifications can benefit from automatic recognition, so for applications to the other fields of practice, applicants need to sit the TOC exams.
- 37 An individual could be practising in a different field to that set out in their register entry because their scope of practice can develop over time through education,

training and experience. However, the field of practice shown on their register entry does not change to reflect this, unless they gain another qualification which is added to their entry as a relevant annotation.

Education and training requirements for Registered Nurses Mental Health

- 38 In 2004, we published our Standards of proficiency for pre-registration nursing education [WITN0267010]. These were then updated in 2010 [WITN0267011] when we introduced graduate only entry to nursing for the first time.
- 39 These documents combined both the proficiencies (the knowledge and skills directed at individuals) with the education standards (the programme content for education providers). This led to some repetition of content and inconsistencies so in 2016 we embarked on a significant education change programme which disaggregated proficiencies from programme requirements.
- 40 In 2018, we reviewed and updated new education and training standards, including:
- 40.1 Standards framework for nursing and midwifery education [WITN0267004]
 - 40.2 Standards for student supervision and assessment (SSSAs) [CQCM0010573]
 - 40.3 Standards for pre-registration nursing programmes [WITN0267005]
 - 40.4 Standards of proficiency for registered nurses [WITN0267008]
- 41 The Standards for pre-registration nursing programmes [WITN0267005] were updated in March 2023 now the UK is no longer in the European Union. This included changes to general education requirements and the use of up to 600 hours of simulation for practice learning.

42 The nursing fields are referenced throughout the standards which promote a holistic, person-centred approach, requiring students to understand and address a person's full range of mental, physical, cognitive, social and spiritual needs, regardless of the field they choose. Standards are designed to ensure that all students are exposed to the breadth of all four fields and have the in-depth knowledge, skills and experience to be suitable to join the register in one or more of the fields. The sections relevant to preparation for MH nursing are outlined below.

Standards of proficiency

43 Our standards of proficiency [WITN0267008] reflect what we expect a newly registered nurse to know and be capable of doing safely and proficiently at the start of their career. The proficiencies are grouped under seven platforms:

43.1 Being an accountable professional

43.2 Promoting health and preventing ill health

43.3 Assessing needs and planning care

43.4 Providing and evaluating care

43.5 Leading and managing nursing care and working in teams

43.6 Improving safety and quality of care

43.7 Coordinating care.

44 The outcome statements for each platform have been designed to apply across all four fields of nursing practice. Registered nurses (mental health) must also be able to demonstrate a greater depth of knowledge and the additional more advanced skills required to meet the specific care needs of people in their chosen field of MH nursing practice.

- 45 The two annexes to these standards of proficiency describe what registered nurses should be able to demonstrate they can do at the point of registration in order to provide safe nursing care. Annexe A specifies the communication and relationship management skills required, and Annexe B specifies the nursing procedures that registered nurses must demonstrate that they are able to perform safely. They also identify where more advanced skills are required by registered MH nurses working in the MH field of nursing practice.
- 46 The Inquiry has requested details about our standards for specific areas of mental health care. Table: areas of mental health care mapped against NMC Standards of proficiency platforms and annexes [WITN0267012] provides further detail on these areas.
- 47 These areas of mental health care and their relevant references are:
- 47.1 Assessment, detention, and discharge under the Mental Health Act 1983 (Platforms 1 and 6)
 - 47.2 Psychiatric treatment in the community generally. (Platforms 1 and 6)
 - 47.3 Community Treatment Orders. (Platforms 1 and 6)
 - 47.4 Mental capacity and treatment decisions (Platform 3, Annexe A)
 - 47.5 Psychosis and schizophrenia (Annexe A)
 - 47.6 Managing medication non-concordance in mental health patients with and without capacity. (Platforms 3, 6, 7, Annexe A)
 - 47.7 The use of injectable antipsychotics such as depot. (Annexe B)
 - 47.8 The assessment and management of patients that may pose a risk of violence to others. (Platforms 3, 6, 7)
 - 47.9 The assessment and management of patients that do not engage with community mental health care. (Platform 3)

47.10 Multi-agency working and communication to manage and risk assess patients. (Platform 3, 6, 7, Annexe A)

47.11 The approach to sharing relevant information with other clinicians and third parties, particularly as is relevant to risks to the public. (Annexe A)

47.12 Support to be provided to, and communication with, families of those with serious mental health problems. (Annexe A)

48 The Inquiry has asked for the NMC's views relating to potential further areas of training or guidance for mental health nursing professionals in the above areas. It is not our position to prescribe or suggest specific national training curricula for nursing and midwifery professionals. We set the standards that students must demonstrate that they meet in order to join the register, and we set the standards framework for approved education institutions to ensure that students are able to join the register upon completion of their course. It is the responsibility of employers to provide relevant training, support, and development opportunities for professionals throughout their careers.

Pre-registration programme standards

49 In order to run a programme leading to Registered nurse (mental health) the AEI, together with their practice placement partners, must meet the Standards framework for nursing and midwifery education [WITN0267004], SSSAs [CQCM0010573] and standards for pre-registration nursing programmes [WITN0267005].

50 The legislation setting out our role in regulating education refers to establishing standards, not designing curricula. Our standards therefore give AEIs, in partnership with practice partners and people who use health and care services and their carers the flexibility to design their own curriculum and the autonomy to

decide on the proportion of core and field specific hours provided. We expect them to use evidence and engagement from people who have experienced care by MH nurses to inform programme design and delivery for all fields of nursing practice.

51 AEs, together with practice learning partners, must state routes within their pre-registration nursing programme that allow students to enter the register in one or more of the specific fields of nursing practice.

52 They must:

52.1 Confirm on entry to the programme that MH students are suitable for the MH field of nursing practice.

52.2 Set out the content necessary to meet the programme outcomes for MH nursing practice, including field-specific content in relation to laws, risk assessment and management, safeguarding, consent, multi-agency working, pharmacology and medicines administration and optimisation.

52.3 Provide practice learning opportunities that allow MH students to meet the communication and relationship management skills, and nursing procedures, within the MH field of nursing.

53 Our SSSAs [CQCM0010573] state that AEs, together with practice learning partners, must ensure that MH nursing students are assigned to practice and academic assessors who are NMC registered nurses with appropriate equivalent experience for the MH field of practice. Practice supervisors must be registered health and social care professionals. However, they can be non-NMC registered members of the multi-disciplinary team provided they are registered with another professional regulator, such as the General Medical Council, General Pharmaceutical Council, Health and Care Professions Council or Social Work

England, or with a professional health and social care organisation accredited by the Professional Standards Authority.

- 54 Throughout the programme they must ensure that MH students meet the standards of proficiency for registered nurses [WITN0267008] and programme outcomes for MH nursing, including all communication and relationship management skills, and nursing procedures, within the field of MH nursing.
- 55 It is for the AEI and its partners, including people who use health and care services and their carers, to develop the detail of their pre-registration nursing programmes including the content of individual modules. Our Standards framework for nursing and midwifery education [WITN0267004] states that curricula need to remain relevant in respect of contemporary health and social care. Throughout our Standards for proficiency for registered nurses 2018 [WITN0267008] we also make clear that we expect nursing practice to be evidence based, which includes understanding and applying relevant legal, regulatory and governance requirements, policies and ethical frameworks.

Our Code

- 56 In addition to our education and training standards, the Order also requires us to set the standards of conduct, performance and ethics expected of registrants and prospective registrants [Article 3(2) and Article 21(1)(a) of the Order]. We do this through our publication of 'the Code' [NUHT0000058] which sets out the professional standards that nurses, midwives and nursing associates must uphold as registered professionals.

- 57 All professionals on our register, regardless of the part or parts of the register that they are entered on, must abide by our professional standards of conduct and practice as set out in the Code [NUHT0000058].
- 58 The Code [NUHT0000058] was last updated in January 2015 with a minor update in 2018 in response to the inclusion of nursing associates in England on the register. Since 2015, the Code is structured around four themes:
- 58.1 prioritise people
 - 58.2 practise effectively
 - 58.3 preserve safety
 - 58.4 promote professionalism and trust.
- 59 The Code [NUHT0000058] contains a series of statements that signify what good practice looks like – it puts patients and service users first, ensures safe and effective practice and promotes trust through professionalism.
- 60 The Code [NUHT0000058] states that all our registrants must always:
- 13 Recognise and work within the limits of your competence.*
- To achieve this, you must, as appropriate:*
- 13.1 accurately identify, observe and assess signs of normal or worsening physical and mental health in the person receiving care*
 - 13.2 make a timely referral to another practitioner when any action, care or treatment is required*
 - 13.3 ask for help from a suitably qualified and experienced professional to carry out any action or procedure that is beyond the limits of your competence*
 - 13.4 take account of your own personal safety as well as the safety of people in your care*

13.5 complete the necessary training before carrying out a new role

- 61 We do not set specific training on the Code [NUHT0000058], but we have developed supporting information and animations to support the use of the Code [NUHT0000058] in day-to-day professional practice. All students learn about the Code [NUHT0000058] in line with our standards and how this is achieved is the responsibility of individuals AEs and their practice learning partners.
- 62 We monitor how the AEs provide education and training on the Code [NUHT0000058] through our QA process as outlined above. One of the outcomes specified in our Standards of proficiency for nurses is that at the point of registration, registered nurses will be able to understand and act in accordance with the Code [NUHT0000058].
- 63 Professionals must demonstrate their continued ability to practise in line with our Code [NUHT0000058] and standards through revalidation. We can also take action through our fitness to practise process where we receive concerns that professionals may have failed to uphold the standards specified in the Code [NUHT0000058].
- 64 In line with our Principles for Preceptorship [WITN0267013], we expect newly qualified nurses and midwives to be supported in their new team or area of work. The broad nature of these principles means that they can also be applied to professionals moving between one setting to another, or internationally qualified professionals who join the NMC register. It helps these professionals translate their knowledge into everyday practice, grow in confidence and understand how to apply the Code [NUHT0000058] in their day-to-day work.

Revalidation

- 65 Under Article 10 of the Order, and as set out in rules in the ERRRA, every year registrants must pay their annual registration retention fee. In addition, registration must be renewed every 3 years, through the revalidation process. To do so, professionals on the register must pay their annual registration fee. Revalidation was introduced in April 2016 to improve public protection by making sure that nurses and midwives, (and from 2019 nursing associates), demonstrate their continued ability to practise safely and effectively throughout their career. Revalidation strengthens practice by ensuring that in addition to undertaking continuing professional development (CPD) and practice hours, professionals also need to take part in reflective practice. Revalidation ensures that those on our register continually reflect and develop their practice in line with our Code [NUHT0000058] and standards of proficiency [WITN0267008, WITN0267009]. Our revalidation requirements are set out in our Revalidation guidance [WITN0267014]. To meet our revalidation requirements, every three years those on our register must declare that they have completed:
- 65.1 450 practice hours, or 900 hours if renewing two registrations (for example as both a nurse and a midwife)
 - 65.2 35 hours of CPD including 20 hours of participatory learning
 - 65.3 Five pieces of practice-related feedback
 - 65.4 Five written reflective accounts
 - 65.5 Reflective discussion
- 66 When a professional revalidates, they also must sign a health and character declaration, confirm their professional indemnity arrangements and have a confirmer validate their submission.

- 67 Revalidation is about promoting good practice and strengthening confidence in the nursing and midwifery professions, it is not an assessment of fitness to practise.
- 68 We encourage registrants to use our Code [NUHT0000058] and standards to plan their CPD around where they might need to improve their knowledge and skills. We also proactively encourage registrants to consider the standards as part of the emails we send reminding them to revalidate.
- 69 We are currently reviewing the Code [NUHT0000058] and revalidation to help make sure they reflect the realities of modern health and social care and respond to new and emerging challenges and opportunities in practice. As well as extensive public consultation, these reviews will be informed by recommendations from public inquiries and data and intelligence from our internal processes (such as Fitness to Practise). We expect to launch a formal consultation in September 2026 and aim to publish the new Code and revalidation process in October 2027.

Fitness to practise

- 70 When a concern is raised about the conduct, health, or competence of a professional on our register, we investigate through our fitness to practise process. We take regulatory action where needed to protect people who use health and social care services and to ensure public trust and confidence in the professions is maintained.
- 71 Our fitness to practise process is set out in the Order and the Nursing and Midwifery Council (Fitness to practise) Rules 2004. The Order sets out that we can take action where a nurse, midwife or nursing associate's fitness to

practise is impaired by reason of misconduct, lack of competence, criminal conviction or caution, physical or mental health or not having the necessary knowledge of English [Article 22 of the Order].

- 72 Decisions at each stage of our fitness to practise process are made in accordance with our guidance which is publicly available on our website. Please see Overview of the Fitness to Practise process [WITN0267015] which outlines the different stages and outcomes of our Fitness to practise process, and our Guidance on interim orders [WITN0267016].

Information sharing

- 73 The NMC has not undertaken any focused reviews in light of the events of 13 June 2023. However, we have been monitoring the progress of this Inquiry since its announcement, and we ensure that as an organisation we continue to learn from the findings and recommendations of public inquiries and reviews. Upon publication, we will review the findings and recommendations of this Inquiry to consider areas of potential learning for the NMC and implications for the professionals on our register.
- 74 Improving information sharing between agencies has been a recurring theme arising from public inquiries in relation to health and social care. Internally at the NMC we aim to identify concerns relating to patient safety and work effectively with stakeholders across the sector to share information and ensure any concerns are appropriately managed.
- 75 Internal information and intelligence sharing groups help us to manage and coordinate our response to regulatory risk and better protect the public by making appropriate interventions based on evidence and sound judgment.

They consider opportunities to coordinate our response with other stakeholders including other health and social care regulators. They are also a mechanism for considering what insight and learning can be shared to influence safer care.

76 We have constructive and collaborative working relationships with a broad range of stakeholders. We regularly identify and share concerns around patient safety with others to ensure the appropriate organisation can manage any concerns.

77 We hold memoranda of understanding (MOUs) with other regulators which set out our agreement on how we will work together and share information when we have concerns. These are all available on our website. We also share information with organisations where we do not hold MOUs if we consider it in the public interest to do so including organisations such as NHS Counter Fraud Authority, National Crime Agency, Home Office and Health Services Safety Investigation Body.

78 We are a signatory of the Care Quality Commission's Emerging Concerns Protocol for England [WITN0267017]. This protocol allows any one of the signatories to initiate a regulatory review panel with other members to share and discuss any concerns that may arise to understand if other members have similar or additional concerns. We have both initiated and attended Regulatory Review Panels (RRP) under this process. We also use The Framework for Sharing Intelligence with Health and Care Regulators in Scotland [WITN0267018] and are members of the Healthcare summit in Wales.

The role of Registered Nurses Mental Health in safeguarding

79 Registered Nurses (Mental Health) often play a key role in the identification and management of safeguarding risk, and many nurses will regularly interface with

adults at risk. Professionals on the NMC's register are required to understand and act in accordance with relevant policies locally and nationally and comply with safeguarding training requirements for their role.

80 Our Code [NUHT0000058] states that all registrants must:

17 Raise concerns immediately if you believe a person is vulnerable or at risk and needs extra support or protection.

To achieve this, you must:

17.1 take all reasonable steps to protect people who are vulnerable or at risk from harm, neglect or abuse

17.2 share information if you believe someone may be at risk of harm, in line with the laws relating to the disclosure of information

17.3 have knowledge of and keep to the relevant laws and policies about protecting and caring for vulnerable people

81 We will continue to work with the Inquiry as it progresses and we will consider the final report and recommendations to identify any areas of learning for the NMC, and implications for professionals on our register, to prevent similar outcomes to the events of 13 June 2023 from occurring in future.

Statement of Truth

I believe the content of this statement to be true. I understand that proceedings may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief of its truth.

Signed:

GRO-B

Date:

26/11/2025

Index to First Witness Statement of Paul Rees MBE

No.	Inquiry URN	Document Description
1	WITN0267002	Quality Assurance (QA) Framework
2	WITN0267003	Quality Assurance (QA) Handbook
3	CQCM0010573	Standards for student supervision and assessment (SSSAs)
4	WITN0267004	Standards framework for nursing and midwifery education
5	WITN0267005	Standards for pre-registration nursing programmes
6	WITN0267006	NMC health and character decision-making guidance
7	WITN0267007	National Audit Office report – Nursing Education: Implementation of Project 2000 in England (1992)
8	WITN0267008	Standards of proficiency for registered nurses

9	WITN0267009	Standards of proficiency for nursing associates
10	WITN0267010	Standards of proficiency for pre-registration nursing education (2004)
11	WITN0267011	Standards of proficiency for pre-registration nursing education (2010)
12	WITN0267012	Table: areas of mental health care mapped against NMC Standards of proficiency platforms and annexes
13	NUHT0000058	The Code
14	WITN0267013	Principles for Preceptorship
15	WITN0267014	Revalidation guidance
16	WITN0267015	Overview of the Fitness to Practise process
17	WITN0267016	Guidance on Interim Orders
18	WITN0267017	The Care Quality Commission's Emerging Concerns Protocol for England
19	WITN0267018	Framework for Sharing Intelligence with Health and Care Regulators in Scotland – Healthcare Improvement Scotland

