House of Commons

Procedure Committee

Proxy voting: Review of arrangements introduced in Session 2024-25

Second Report of Session 2024–25 HC 489

Procedure Committee

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Publication

This Report, together with formal minutes relating to the report, was Ordered by the House of Commons, on 16 July 2025, to be printed. It was published on 21 July 2025 by authority of the House of Commons.
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On 23 October 2024, the House reintroduced the proxy voting arrangements for serious long-term illness and injury which had expired at the end of the previous Parliament. The Leader of the House of Commons wrote to the Chair on 8 October 2024 asking us to review the operation of the temporary arrangements, and to report on their operation before their expiry at the end of the present Session of Parliament. On 25 November 2024, the House agreed a Government motion to further extend proxy voting arrangements to include, on a permanent basis, complications relating to pregnancy and extended absence for fertility treatment.

Our inquiry considered the temporary proxy voting arrangements for serious long-term illness and injury, and additional permanent arrangements in relation to pregnancy and fertility treatment proposed by the Government last year.

We explored the evolution of the proxy voting scheme since it was first introduced in 2019 and found it has evolved beyond its initial stated aims. We also note that the scheme today operates in a changed parliamentary landscape, with 335 of 650 MPs elected to Parliament for the first time in July 2024, including nine members of this committee. A large proportion of Members in this Parliament are therefore not accustomed to the assumptions that originally underpinned the scheme, including the principles on which it was built, and have publicly questioned why the scheme operates as it does.

We felt it important to go back and restate a set of 'first principles' of the scheme as we see them, drawing on the work of our predecessors in this space, to ensure the system is not undermined and so that there is a clear starting basis for any future review of the scheme. Those principles, and our recommendations in relation to them, are as follows:

First, there is a strong link in principle between absence from the Estate and proxy voting, with the expectation that Members holding a proxy vote should not be on the Estate to participate in other parliamentary business (except when doing so is part of their medically-recommended recovery or while on maternity or paternity leave similar to a 'keeping in touch' day in other workplaces), and that this link should continue to be strengthened; and

Secondly, that access to proxy voting is a privilege and it is incumbent on all Members to ensure they do not act in a way that may lead to accusations that the system is open to, or actively being, abused, or in a way that could bring the House into disrepute; and

Thirdly, there is an important and continued role for supplementary, informal mechanisms of ensuring fairness and participation in divisions, such as slipping, pairing and nodding through, which sit alongside proxy voting, and which could be used in a wider variety of circumstances and more effectively.

Our assessment of proxy voting arrangements has been bound by the limited evidence received in response to our inquiry. At this stage in the present Parliament, only a small proportion of MPs have taken advantage of proxy voting arrangements. This has restricted the pool of those who would be willing and able to inform us of their experiences using the scheme.

In the course of our inquiry, we found, however, that the new arrangements relating to pregnancy complications and extended absence for fertility treatment have complemented the arrangements previously in place, and recommend that they should remain in force on a permanent basis. We note that there is insufficient evidence to meaningfully explore whether there is a case for extending the scheme to further areas relating to fertility, pregnancy, childbirth and adoption, but consider that the rules in this area should continue to evolve and crystallise organically on a reactive basis, as required.

We further found that, broadly speaking, the introduction of proxy voting for Members with a serious long-term illness or injury in the past, and its reintroduction in the present Parliament, has successfully enabled several Members who would otherwise have been unable to do so to vote in divisions in the House of Commons. We therefore recommend that the Government should extend the proxy voting scheme for serious long-term illness and injury, at least until the end of the present Parliament.

We have, however, stopped short of recommending that the arrangements be made permanent due to issues we have been made aware of regarding the operation of the scheme, which we believe should be addressed before the scheme is made permanent. Moreover, the future development and operation of the scheme is intrinsically tied to other work being carried out by this committee and other committees in the House. We were not able to look at these issues in depth due to the time-limited nature of our inquiry.

We are of the view that, given the present Parliament's rightful focus on improving accessibility, we cannot conduct any thorough assessment of the proxy voting scheme until the Modernisation Committee's 'Access to the House of Commons and its Procedures' inquiry and the Administration

Committee's 'Health and wellbeing' inquiry have concluded, to ensure that any recommendations for change are effective in the longer term. We propose to conduct a further review of proxy voting arrangements later in the Parliament, once there is more evidence available to us from a wider range of Members about the operation of the scheme, and after the Modernisation Committee and Administration Committee have reported.

1 Our inquiry

1. On 23 October 2024, the House agreed to a Government motion to make changes to Standing Order No. 39A.[1] The changes reintroduced proxy voting arrangements for serious long-term illness and injury which had expired at the end of the previous Parliament. The reintroduction of proxy voting for serious long-term illness and injury was temporary and will expire at the end of the present Session of Parliament. The Leader of the House of Commons wrote to the Chair on 8 October 2024 asking us to review the operation of the temporary arrangements, and to report on their operation before their expiry.[2] In her response of 7 November 2024, the Chair indicated that the committee would also be willing to consider as part of its review any further additions or changes to these temporary arrangements proposed by the Government.[3]

2. On 25 November 2024, the House agreed to a Government motion to extend proxy voting arrangements to include, on a permanent basis, complications relating to pregnancy and extended absence for fertility treatment.[4]

3. Under Standing Order No. 39A, as it currently stands, a Member can apply to cast a proxy vote in divisions of the House of Commons (and internal elections in the House) in the following circumstances:[5]

   a. childbirth;

   b. care of an infant or newly adopted child;

   c. complications relating to childbirth or pregnancy, miscarriage, baby loss or extended absence for fertility treatment;

   d. serious long-term illness or injury; and

   e. risk-based exclusion from the Parliamentary estate.[6]

1 Votes and Proceedings, 23 October 2024
2 Correspondence from the Leader of the House to the Chair ,Procedure Committee, 8 October 2024
3 Correspondence from the Chair, Procedure Committee to the Leaders of the House, 7 November 2024
4 Votes and Proceedings, 25 November 2024
5 Standing Order No 39A
6 This is on account of Standing Order No. 164(9) which states that 'A Member subject to exclusion from the Parliamentary estate may apply for a proxy vote.'

4. On 26 November 2024, we launched our inquiry into the proxy voting arrangements introduced in Session 2024–25 with the following terms of reference:

- How effective are the current arrangements in ensuring that Members suffering from a serious long-term illness or injury are able to vote by proxy?
- Are there other circumstances not currently eligible under the scheme, such as elective treatments, for which the scheme ought to be extended?
- How adequately does 'serious long-term illness and injury' capture the intended threshold for a proxy vote?
- What changes, if any, are required to ensure that the application process for a proxy vote owing to serious long-term illness or injury operates both efficiently and fairly?
- How adequate are recently introduced arrangements for a) complications related to pregnancy and b) extended absence for fertility treatment in providing for a proxy vote in these circumstances?
- What principles should guide the assessment as to whether it is appropriate for a Member to attend and participate on the Estate whilst holding a proxy vote?
- How effectively are proxy voting arrangements working alongside informal arrangements such as paring and 'nodding through'?
- Do those involved in the process for arranging a proxy vote consider the scheme to be operating effectively?

5. We received six written evidence submissions from the Government Chief Whip, the Opposition Chief Whip, the Liberal Democrats Chief Whip, the SNP Chief Whip, the Green Party Co-Leaders, and one anonymous submitter. We also had helpful discussions in private with those involved in the design, implementation and operation of the proxy voting scheme, and have drawn on these in coming to our conclusions. We thank them all for their time and assistance.

2 Background to proxy voting arrangements introduced in the 2024–25 Session

Development of proxy voting arrangements in relation to pregnancy, childbirth and extended absence for fertility

6. On 1 February 2018, the House passed a resolution which supported the general principle of a proxy voting scheme for those with new children:

> That this House believes that it would be to the benefit of the functioning of parliamentary democracy that honourable Members who have had a baby or adopted a child should for a period of time be entitled, but not required, to discharge their responsibilities to vote in this House by proxy.[7]

7. The then Procedure Committee launched an inquiry into the practical implications of establishing a scheme of proxy voting for parental absence. In May 2018, the Committee issued its report, which found that proxy voting for parental absence was procedurally feasible, and recommended a proxy voting scheme, still largely in place, as a means of implementing the House's resolution.[8] The Committee recommended that the scheme be broadly equivalent to statutory provision for maternity and paternity leave; that it should operate under the authority of the Speaker, who would certify the appointment of a proxy; and that Members ought to be free to choose any other Member of the House who was eligible to vote in divisions to act as a proxy. Our predecessors considered that participation in a proxy voting

7 Votes and Proceedings, 1 February 2018, item 5

8 Procedure Committee, Fifth Report of Session 2017–19, Proxy voting and parental absence, HC 825

scheme should not be compulsory, and that eligible parents were entitled to vote in person or to be paired under existing arrangements if they wished, and included other technical arrangements.

8. On 28 January 2019, the House agreed to implement a one-year pilot scheme, based on the Committee's proposals, to allow new parents to have a proxy vote in divisions in the House.[9] Additionally, as a result of an amendment, the Speaker was also able to "make provision for the exercise of a proxy vote for Members who have suffered a miscarriage".[10]

9. As part of this pilot scheme, the House directed the Procedure Committee to conduct a review within 12 months. This period was extended following an early general election and the onset of the Covid-19 pandemic. When reporting on the pilot scheme on 10 September 2020, the Procedure Committee found that proxy voting for parental absence had been "to the benefit of parliamentary democracy" and recommended that the House make permanent arrangements for proxy voting for parental absence, subject to several technical amendments to the Standing Order and further clarifications in the guidance relating to the scheme.[11]

10. On 23 September 2020, the House of Commons agreed to make permanent the arrangements for proxy voting for MPs who were absent from Westminster because of childbirth or care of an infant or newly adopted child, or where there had been complications relating to childbirth.[12]

11. The Committee then launched a further inquiry on 23 September 2021 to consider whether eligibility for proxy voting should be broadened. It endorsed the Women and Equalities Committee's call for biological fathers to have equal opportunity to take advantage of the proxy voting scheme, and for provisions relating to complications, miscarriage and baby loss to be made more explicit within the text of the Standing Order.[13]

12. On 25 November 2024, the House agreed to further extend proxy voting arrangements to include complications relating to pregnancy, and extended absence for fertility treatment. Alongside this change, the Government said that the guidance for the scheme should be amended to allow all proxy votes to be held for a default period of seven months, putting all aspects of the scheme on the same footing. The Leader of the House said: "We believe this is an opportunity to make a progressive change to the procedures of the House, with the aim of ensuring that those who require extended leave for

9 Scheme on proxy voting for use under para (4) of Resolution of 28 January 2019
10 HC Deb, 28 January 2019, col 613
11 Procedure Committee, Fourth Report of Session 2019–21, Proxy voting: review of pilot arrangements, HC 10
12 Votes and Proceedings, 1 September 2020
13 Procedure Committee, First Report of Session 2022–23, Proxy voting and the presence of babies in the Chamber and Westminster Hall, HC 383

fertility treatment and complications related to pregnancy can apply for a proxy vote. However, we recognise that this is not necessarily a conclusive solution and we would therefore welcome your Committee's views on the operation of this change as part of a wider review of the overall scheme".[14]

Development of proxy voting arrangements in relation to serious long-term illness or injury

13. On 4 June 2020, in the context of the Covid-19 pandemic and relevant public health guidance, the House directed the Speaker to amend the proxy voting pilot scheme to allow for proxy votes to be cast by those who were defined as being "clinically extremely vulnerable" or "clinically vulnerable".[15]

14. The then Government brought forward a motion on 20 September 2020 which, amongst other things, extended proxy voting for public health reasons beyond just those that were clinically vulnerable or clinically extremely vulnerable for a limited period, in effect allowing any Member with concerns about public health to apply for the scheme.[16] From 3 November 2020, Members were not required to be absent from the Estate to avail themselves of such proxy votes, as the measure was in part aimed at maintaining social distancing guidelines and sought to minimise the number of Members in the division lobbies at any one time. The proxy voting arrangements for public health reasons, in line with the House's Resolution of 23 September 2020, were extended in October 2020 and then several more times in early and mid-2021, before finally expiring in July 2021.

15. In its June 2022 Report, the then Procedure Committee recommended that a debate be scheduled to allow the House to express a view on whether proxy voting ought to be extended to Members suffering from serious long-term illness, with a view to introducing a pilot scheme should the House endorse the principle.[17] The Committee defined serious long-term illness or injury as: "a medical condition which the symptoms of or treatment for is judged by a medical professional to be incompatible with attendance in Westminster for the purposes of voting".[18]

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14 Correspondence from The Leader of the House to the Chair, Procedure Committee, 19 November 2024

15 Votes and Proceedings, 4 June 2020, items 9 and 10. "Clinically extremely vulnerable" and "clinically vulnerable" were, at the time, terms which had a definition in law and did not require clarification in the Standing Orders

16 Votes and Proceedings, 23 September 2020, items 12 and 13

17 Procedure Committee, First Report of Session 2022–23, Proxy voting and the presence of babies in the Chamber and Westminster Hall, HC 383

18 ibid., para 8

16. On 12 October 2022, the House agreed a motion to introduce a pilot scheme to allow proxy votes for MPs with a serious long-term illness or injury.[19] In its subsequent review of the scheme, published in March 2023, the Procedure Committee concluded that it ought to be made permanent, subject to some technical amendments.[20]

17. With the announcement of the General Election on 22 May 2024, the then Chair of the Procedure Committee, Rt Hon Dame Karen Bradley MP, wrote to the then Leader of the House, Rt Hon Penny Mordaunt MP, on 23 May 2024 recommending that the arrangements for proxy voting in cases of serious long-term illness and injury be made permanent, rather than lapse at the end of that Parliament, to ensure that the provision was in place at the start of the next Parliament.[21] No such motion was forthcoming and therefore those arrangements lapsed at the dissolution of the 2019 Parliament.

18. On 23 October 2024, the House agreed to reintroduce proxy voting arrangements for serious long-term illness and injury from the previous Parliament by making changes to Standing Order No. 39A. We assessed these arrangements in our inquiry and detail our findings in this report.

19 Votes and Proceedings, 12 October 2022

20 Procedure Committee, Third Report of Session 2022–23, Proxy voting: Review of illness and injury pilot, HC 807

21 'Correspondence from the Leader of the House of Commons to the Chair, Procedure Committee, 23 May 2024

3 First principles

19. The proxy voting scheme has evolved since it was first introduced in 2019. Today it operates in a changed parliamentary landscape, with 335 of 650 MPs elected to Parliament for the first time in July 2024, including nine members of this committee. A large proportion of Members in this Parliament are therefore not aware of the scheme or accustomed to the assumptions behind it, including the principles on which it was built, and have publicly questioned why the scheme operates as it does.

20. Having reviewed the development of proxy voting over previous Parliaments and drawing on the work of our predecessors in this space, we have decided the 'first principles' underlying the proxy voting scheme and governing its operation to be as follows:

- There is a strong link in principle between absence from the Estate and proxy voting, with the expectation that Members holding a proxy vote should not be on the Estate to participate in other parliamentary business (except when doing so is part of their medically-recommended recovery or as a form of 'keeping in touch' days while on maternity or paternity leave);
- Access to proxy voting is a privilege that Members can use in situations where health, pregnancy and child-related matters prevent them from being physically present to vote in divisions. It is incumbent on all Members to ensure they do not act in a way that may lead to accusations that the system is open to, or actively being, abused, or in a way that could bring the House into disrepute; and
- There is a continued and important role for supplementary, informal mechanisms of ensuring fairness and participation in divisions, such as slipping, pairing and nodding through, which sit alongside proxy voting, and which proxy voting was not expected to replace.

21. We are of the view that these principles continue to underpin the continuing operation of the proxy voting scheme. In this Chapter, we will look at each of these in turn.

Presence on the Estate

22. Proxy voting was initially introduced as a form of 'baby leave' in an effort to make the House a more inclusive workplace. The lack of transparency in informal pairing arrangements at the time meant that many female Members absent from divisions through maternity leave had been subject to unfair and unjust criticism in the media for 'not voting'.

23. The scheme was introduced for six months for the biological mother of a baby, or for the primary or single adopter of a baby or child, and two weeks for the biological father of a baby, the partner of the person giving birth or the second adopter of a baby or child. Since then, the scheme has grown to cover complications relating to childbirth or pregnancy, miscarriage, baby loss and extended absence for fertility treatment. The scheme operates on a self-certification basis, which fathers can now access on the same terms as mothers.

24. Members can now also apply to take advantage of the scheme for serious long-term illness or injury, which requires a statement from a hospital consultant confirming medical treatment. Applications are then assessed by the Parliamentary Health and Wellbeing Service, who complete a proforma for the Speaker about the Member's eligibility for a proxy vote. They may also provide the Speaker with advice about whether, for exceptional reasons, the Member should hold the proxy vote whilst being present on the Parliamentary Estate. The Speaker then decides on whether to grant the proxy voting arrangements. If a certificate is issued, it is recorded in that day's Votes and Proceedings, indicating the Member with the proxy, the applicable dates of the proxy, and who the proxy is. All aspects of the scheme were recently extended to an automatic entitlement of seven months in all cases and Members can apply for a single, time-limited extension, which is determined by the Speaker.

25. The degree to which Members should be absent from the Estate and how the expectation should be enforced is not covered in the scheme but has been discussed by the Committee across the years. When the House first agreed the permanent Standing Order on proxy voting, it provided that: "A Member is eligible for a proxy vote by reason of 'absence from the precincts' of the House for childbirth or care of an infant or newly adopted child".[22] Since then, the words 'absence from the precincts' (i.e. not being on the Parliamentary Estate) have been taken out of the Standing Orders to provide greater flexibility to Members with a proxy vote. We accept that there are circumstances in which a Member might both hold a proxy and also, in limited instances, participate in proceedings while holding a parental absence proxy (akin to 'keeping in touch' days) or if being on the

22 Standing Orders 2021, 39A (2)

Estate is medically recommended as part of their recovery. Most recently, the Leader of the House noted the importance of allowing Members to continue to represent their constituents by having their votes counted "when they absolutely cannot be here".[23]

26. The link between absence from the Estate and proxy voting is the leading principle on which the system is based. The scheme currently allows Members to be on the Estate while holding a proxy if on parental leave or as part of their recovery, but this latter element is not defined and there have been anecdotal reports of Members stretching the boundaries of what could be said to fall within the definition of facilitating their rehabilitation. This principle that Members should be off the Estate, given its non-specific nature, has become hard to enforce and, based on informal discussions we have had, is seemingly not universally practised.

27. Like our predecessors, we believe that the existence of proxy voting in the House of Commons should, so far as possible, be predicated on absence from the Estate and as they noted: "Members should not apply for or retain a proxy vote if they intend to or become able to attend the Estate on a regular basis".[24]

28. Nevertheless, we accept the context in which proxy voting operates may evolve and the House may wish to revisit this key principle. It may wish to assess whether it is appropriate for a Member to attend and participate on the Estate whilst holding a proxy vote in a broader range of circumstances. Any decision of that nature should be a matter for the House.

29. **CONCLUSION**
We note that the previous Procedure Committee considered that the link in principle between absence from the Estate and proxy voting should be maintained.

30. **RECOMMENDATION**
We agree that the assumption underlying the entitlement to have a proxy vote, that a Member is unable to be physically present on the Estate due to a health-related matter, should be maintained, and moreover, strengthened.

23 HC Deb, 23 October 2024, col 377

24 Procedure Committee, Third Report of Session 2022–23, Proxy voting: Review of illness and injury pilot, HC 807, para 9

Integrity of the scheme

31. We are of the view that Members being physically present on the Estate to vote in divisions is central to their status as parliamentarians. MPs are democratically elected by their constituents to take part in the governance of the country by playing a full and active part in parliamentary life, including voting on matters that affect constituents across the country. The proxy system is in place to account for exceptional circumstances where this cannot be done in person, and thus is envisaged for situations which largely assume absence from the Estate. Constituents can be reassured that even in such circumstances their MP can continue to represent their interests by voting in divisions in the House of Commons. Loosening the requirements to be absent from the Estate could create confusion for constituents as to why an MP has a proxy vote in the first place, and risks eroding the duty of an elected Member of Parliament of voting in the House of Commons.

32. **CONCLUSION**
We agree that Members, when applying for or exercising proxy votes, should be careful to abide by the principles of the scheme, as set out in this report, to ensure that public confidence in the scheme itself, and in the House more widely, is maintained.

33. **RECOMMENDATION**
We caution Members against engaging in any behaviour that could be construed as abusing the scheme and which could potentially undermine the continuity of the system by damaging its credibility.

Reliance on informal arrangements

34. As our predecessors noted, there are other 'non-procedural' means by which to deal with short term absences and scope for those means to be used in a wider variety of circumstances.[25] Members who may not be able to take part in divisions for reasons not covered by the proxy scheme should consult with their Whips to take advantage of 'informal arrangements', such as slipping, pairing and nodding through.

35. We understand that one particular challenge may be a general lack of awareness of informal mechanisms, such as nodding through, particularly among new Members. We also recognise that there are challenges around the operation of formal proxy arrangements alongside informal arrangements for smaller parties. The SNP Chief Whip and Green Party

25 Procedure Committee, Third Report of Session 2022–23, Proxy voting: Review of illness and injury pilot, HC 807, Para 13

Co-Leaders highlighted their concerns to us in written evidence. The SNP told us it does not use pairing and doesn't think 'nodding through' is fit for purpose.[26] The Green Party said it was content with everything except for pairing arrangements, as it has had difficulty getting paired.[27]

36. The complementary relationship between formal and informal arrangements, where informal arrangements can step in to cover those who are absent for reasons not covered in the proxy voting scheme, is integral to the operation of the proxy scheme. It is crucial that all Members can take full advantage of these arrangements organised by and between Whips.

37. **CONCLUSION**
We agree with the previous Procedure Committee that there is the scope for informal means to be used in a wider variety of circumstances, and to be used more effectively.

38. **RECOMMENDATION**
We recommend that all parties reaffirm their commitment to informal mechanisms that complement proxy voting such as slipping and nodding through, and that the Whips of all parties co-operate to make sure that awareness of these alternatives among all Members is increased, and to facilitate their use in situations which are not, at present, covered by the proxy voting scheme is facilitated.

26 PVR 05
27 PVR 04

4 The future of proxy voting

39. As we noted in paragraph 19, this Parliament has welcomed a large contingent of new Members, some of whom have called for changes to the scheme, largely focused on meeting accessibility needs.

40. The scheme currently does not cover a range of circumstances which Members may wish it to, for example certain illnesses, conditions and personal situations which do not preclude all participation in parliamentary business but do make it difficult for Members to participate in divisions, which often come late in the day. We are aware that Members have raised dissatisfaction with the scheme not meeting their individual needs, which can include a wide range of matters such as caring responsibilities, short term illnesses, intermittent and degenerative conditions, and mental health conditions. We recognise that the proxy voting scheme should be balanced against evolving accessibility needs. We support the work of the Modernisation Committee into accessibility of the House of Commons, which is focused on ensuring that our procedures do not pose a barrier to the participation of Members and the wider parliamentary community in House proceedings. We are, however, aware that we are conducting this inquiry under a time limit, and have therefore limited our assessment to the scheme as it is currently designed.

41. Nevertheless, during this inquiry, we have identified the following issues which could be looked at in the context of a future inquiry, by this committee, which is not conducted under a time limit.

42. First, we received evidence that the current scheme has an inherent risk to privacy and confidentiality relating to the application process. To apply for a proxy on grounds of a serious long-term illness or injury, Members are required to share personal medical information with the Parliamentary Health and Wellbeing Service and the Speaker's Office. One submission raised concerns around the difficulty in guaranteeing that such information is treated with confidentiality.[28] We understand the importance of medical confidentiality and agree that every effort should be made to make sure a Member's right to privacy in relation to their medical records is respected.

28 PVR 01

43. Secondly, whilst accepting that it is for individual Members to nominate their proxy, the Government Chief Whip noted that for backbench Members, holding a proxy on behalf of another Member can create limitations on their ability to engage in other parliamentary activities, such as committee travel, and other commitments.[29]

44. Thirdly, we were informed of "at least one" Member who had an issue in extending their proxy for additional time due to a failure in communications during the administrative process.[30] The SNP Chief Whip said: "It may be helpful to ensure that more consistency is applied in information that is requested from Members".[31] We also heard that new Members would have benefited from a summary of the circumstances in which they might seek a proxy at the start of the Parliament.[32]

45. Fourthly, we are aware that any extension to eligibility for the scheme will naturally lead to administrative difficulties which would need to be addressed, and any extension of the proxy scheme could create a further set of operational challenges. Widening the circumstances in which Members can apply for a proxy would logically result in an increased take-up. This has the potential to put undue pressures on teams involved with the operation on the ground, from the Speaker's Office (and, by extension, the Speaker himself) to the Parliamentary Health and Wellbeing Service, the Public Bill Office, and the Tellers in divisions (in addition to the Whips offices). Furthermore, running live divisions risks being undermined if a substantial number of Members are exercising proxy votes and are not present to vote. Any extension of the proxy voting scheme should be considered alongside wider questions of how divisions operate in the House of Commons. In the context of our inquiry into electronic voting in the House of Commons,[33] we may wish to consider the impact that a very widely drawn proxy voting scheme would have in relation to the arguments for or against introducing electronic voting in House divisions. Whilst we recognise there are arguments for extending the scheme, we were unable to determine with sufficient certainty any specific circumstances that are not currently eligible under the scheme for which the scheme ought to be extended, and whether there was sufficient appetite across the House to do so.

46. Fifthly, we acknowledge that descriptions of 'serious' and 'long term' illness are unclear. The inclusion of other ailments such as degenerative, intermittent and chronic conditions, as well as mental health issues, may also need to be addressed in any further assessment of the scheme. We note that one of the principal challenges of our predecessor Committee's

29 PVR 02
30 PVR 05
31 ibid.
32 PVR 06
33 Procedure Committee: Electronic voting inquiry

work on proxy arrangements was deciding on where the threshold for eligibility should be set. It noted that: "Specifying medical conditions would have been arbitrary and could quickly have led to unjust or perverse outcomes. Our descriptions of 'serious' and 'long-term' were intended to indicate that proxy votes for illness and injury should be very much the exception rather than the norm".[34]

47. Lastly, we have heard that, despite the outreach work of the Parliamentary Health and Wellbeing Service and the signposting provided by the Members and Members Services Support Team, there may be a lack of knowledge amongst some Members about wider health provision in the House—for example, the Parliamentary Health and Wellbeing Service and onsite medical assistance—which has resulted in a situation whereby the proxy system is expected to cover issues which could be addressed through occupational health support and reasonable workplace adjustments. This is not what the scheme was initially introduced to do and illustrates the extent to which scope of the scheme has already broadened.

48. At this stage, without a wider discussion across the House about what the scheme is intended to do, for us to recommend widening the scheme to include a broader set of circumstances risks undermining the operation of the scheme entirely.

49. **CONCLUSION**

We did not receive sufficient evidence to warrant any specific changes to the system at this time. We note that some issues do however remain with the way in which the scheme operates, and that there are calls for proxy votes to be available in a wider range of circumstances. Moreover, any future proposals for changes or extension to the proxy voting scheme will need careful consideration, and should not be looked at in isolation from the wider health and wellbeing provision on the Parliamentary Estate. Any future assessment of the proxy voting scheme should be able to draw on the work of the Modernisation Committee's 'Access to the House of Commons and its Procedures' inquiry and the Administration Committee's 'Health and wellbeing' inquiry to ensure that any recommendations for change are effective in the longer term.

50. **RECOMMENDATION**

We propose to conduct a further review of proxy voting arrangements later in the Parliament, once there is more information about the operation of the scheme, and the Modernisation Committee and Administration Committee have reported. We will take any recommendations of those Committees into account in that review.

34 Procedure Committee, Third Report of Session 2022–23, Proxy voting: Review of illness and injury pilot, HC 807, Para 5

5 Arrangements relating to fertility, pregnancy and childbirth

51. Our assessment of proxy voting arrangements has been bound by the limited evidence received in response to our inquiry – notably only six pieces of written evidence. At this stage in the present Parliament, only a small proportion of MPs have taken advantage of proxy voting arrangements. This has restricted the pool of those who would be willing and able to inform us of their experiences using the scheme.

52. The limited evidence we have received in relation to the arrangements introduced in this Session relating to fertility, pregnancy and childbirth highlights positive experiences surrounding the current arrangements. The Liberal Democrats told us: "Our experience of the scheme has been positive, though from a relatively small sample size of instances".[35] The SNP Chief Whip noted that: "I do not have much experience of supporting Members through this, but they do seem to be adequate".[36]

53. The Opposition Chief Whip welcomed arrangements for complications during pregnancy but was not convinced that there was a previous lacuna in the arrangements as regards extended absence for fertility treatment: "As someone who has undergone fertility treatment, I do not really see why it would be necessary to have extended periods of time away from one's place of work. There are other medical treatments which might require Members to take much more time off work and for which proxy voting is not available in the same way".[37] The evidence we received did not go so far as to explore suggestions for possible expansion of the scheme, or to suggest any amendments to the current arrangements. Whilst stopping short of suggesting changes to the current scheme, the submission from the SNP Chief Whip recognised that people could experience issues relating to fertility, pregnancy and childbirth that were not covered by the extended scheme and recommended keeping the rules under review.[38] We acknowledge that there are relevant areas not yet covered by the recent

35 PVR 06
36 PVR 05
37 PVR 03
38 PVR 05

extension and which may be considered in the future investigations into proxy arrangements. We welcome the Government's proposal that it would consider the Committee's recommendations on such matters in the future as and when new matters arise.[39]

54. **CONCLUSION**
The new measures introduced in November 2024 to include complications relating to pregnancy and extended absence for fertility treatment have complemented the arrangements previously in place and have proven to be adequate. As it stands, there is insufficient evidence to explore in depth whether there is a case for extending the scheme further to cover explicitly other areas relating to fertility, pregnancy, childbirth and adoption.

55. **RECOMMENDATION**
The arrangements relating to pregnancy and extended absence for fertility treatment introduced in November 2024 should remain in force on a permanent basis. To date, the developments in relation to fertility, pregnancy and childbirth have been appropriate and the rules in this area should continue to evolve and crystallise organically on a reactive basis as required.

39 PVR 02

6 Arrangements relating to serious long-term illness and injury

56. The written evidence we received suggests that the current arrangements in relation to proxy votes for serious long-term illness and injury are, on the whole, working well. The Opposition Chief Whip told the Committee: "I think the current arrangements and guidance are working in practice and are clear enough to enable members to access a proxy vote if they have a serious illness or long-term injury".[40] The Liberal Democrat Chief Whip noted: "Our experience of using the service in these cases, thankfully infrequently, has been straightforward".[41]

57. The submission on behalf of the Government said it would not object to the current arrangements being moved to a permanent footing.[42] The official Opposition, Green Party, SNP and Liberal Democrat party recommended that the current arrangements be moved onto a permanent footing rather than lapsing at the end of the present Session. The Liberal Democrat party submission celebrated the importance of the arrangements to Parliament's efforts on inclusivity: "People with recurring or chronic health conditions should not be discouraged from standing for election in fear this support may be withdrawn".[43]

58. As noted in the previous chapter, the evidence we received highlights the limited use of proxy votes at this stage of the current Parliament. This, coupled with the overall limited volume of evidence, makes it very difficult to meaningfully assess the operation of the arrangements. On the basis of the evidence we have received, we support extending the scheme to the end of the Parliament, to allow for further review of the proxy voting scheme as a whole. However, we found clear operational issues and certain areas that require clarification (see paragraphs 42 to 47), and which may be better reflected upon further down the Parliament when more MPs have had experiences of using the scheme, to ensure that any improvements are evidence-based and effective in the longer-term. We have also heard

40 PVR 03
41 PVR 06
42 PVR 02
43 ibid.

the calls of colleagues across the House for proxy voting to be made available in a wider range of circumstances than currently envisaged, but as noted above in this report, this lies outside the scope of the present time-limited inquiry. For this reason, we are not able to support moving it onto a permanent basis at this stage.

59. **CONCLUSION**
The extension of eligibility for proxy voting to Members with a serious long-term illness or injury has enabled several Members who would otherwise have been unable to discharge their responsibility to their constituents and their democratic entitlement to vote in divisions in the House of Commons to do so. We strongly believe that the scheme is ultimately a positive development in assisting MPs to fulfil their constitutional role as lawmakers.

60. **RECOMMENDATION**
Accordingly, we recommend that the Government bring forward a motion to extend the proxy voting scheme for serious long-term illness and injury to the end of this Parliament.

Conclusions and Recommendations

First principles

1. We note that the previous Procedure Committee considered that the link in principle between absence from the Estate and proxy voting should be maintained. (Conclusion, Paragraph 29)

2. We agree that the assumption underlying the entitlement to have a proxy vote, that a Member is unable to be physically present on the Estate due to a health-related matter, should be maintained, and moreover, strengthened. (Recommendation, Paragraph 30)

3. We agree that Members, when applying for or exercising proxy votes, should be careful to abide by the principles of the scheme, as set out in this report, to ensure that public confidence in the scheme itself, and in the House more widely, is maintained. (Conclusion, Paragraph 32)

4. We caution Members against engaging in any behaviour that could be construed as abusing the scheme and which could potentially undermine the continuity of the system by damaging its credibility. (Recommendation, Paragraph 33)

5. We agree with the previous Procedure Committee that there is the scope for informal means to be used in a wider variety of circumstances, and to be used more effectively. (Conclusion, Paragraph 37)

6. We recommend that all parties reaffirm their commitment to informal mechanisms that complement proxy voting such as slipping and nodding through, and that the Whips of all parties co-operate to make sure that awareness of these alternatives among all Members is increased, and to facilitate their use in situations which are not, at present, covered by the proxy voting scheme is facilitated. (Recommendation, Paragraph 38)

The future of proxy voting

7. We did not receive sufficient evidence to warrant any specific changes to the system at this time. We note that some issues do however remain with the way in which the scheme operates, and that there are calls for proxy votes to be available in a wider range of circumstances. Moreover, any future proposals for changes or extension to the proxy voting scheme will need careful consideration, and should not be looked at in isolation from the wider health and wellbeing provision on the Parliamentary Estate. Any future assessment of the proxy voting scheme should be able to draw on the work of the Modernisation Committee's 'Access to the House of Commons and its Procedures' inquiry and the Administration Committee's 'Health and wellbeing' inquiry to ensure that any recommendations for change are effective in the longer term. (Conclusion, Paragraph 49)

8. We propose to conduct a further review of proxy voting arrangements later in the Parliament, once there is more information about the operation of the scheme, and the Modernisation Committee and Administration Committee have reported. We will take any recommendations of those Committees into account in that review. (Recommendation, Paragraph 50)

Arrangements relating to fertility, pregnancy and childbirth

9. The new measures introduced in November 2024 to include complications relating to pregnancy and extended absence for fertility treatment have complemented the arrangements previously in place and have proven to be adequate. As it stands, there is insufficient evidence to explore in depth whether there is a case for extending the scheme further to cover explicitly other areas relating to fertility, pregnancy, childbirth and adoption. (Conclusion, Paragraph 54)

10. The arrangements relating to pregnancy and extended absence for fertility treatment introduced in November 2024 should remain in force on a permanent basis. To date, the developments in relation to fertility, pregnancy and childbirth have been appropriate and the rules in this area should continue to evolve and crystallise organically on a reactive basis as required. (Recommendation, Paragraph 55)

Arrangements relating to serious long-term illness and injury

11. The extension of eligibility for proxy voting to Members with a serious long-term illness or injury has enabled several Members who would otherwise have been unable to discharge their responsibility to their constituents and their democratic entitlement to vote in divisions in the House of Commons to do so. We strongly believe that the scheme is ultimately a positive development in assisting MPs to fulfil their constitutional role as lawmakers. (Conclusion, Paragraph 59)

12. Accordingly, we recommend that the Government bring forward a motion to extend the proxy voting scheme for serious long-term illness and injury to the end of this Parliament. (Recommendation, Paragraph 60)

Formal minutes

Wednesday 16 July 2025

Members present

Cat Smith, in the Chair

James Asser

Bambos Charalambous

Mr Lee Dillon

Graeme Downie

Mary Kelly Foy

Tracy Gilbert

Gurinder Singh Josan

Joy Morrissey

Michael Wheeler

Sir Gavin Williamson

Proxy voting: Review of arrangements introduced in Session 2024–25

Draft Report (*Proxy voting: Review of arrangements introduced in Session 2024–25*), proposed by the Chair, brought up and read.

Ordered, That the draft Report be read a second time, paragraph by paragraph.

Paragraphs 1 to 60 read and agreed to.

Summary agreed to.

Resolved, That the Report be the Second Report of the Committee to the House.

Ordered, That the Chair make the Report to the House.

Ordered, That embargoed copies of the Report be made available (Standing Order No. 134).

Adjournment

Adjourned till Wednesday 3 September at 2.30 pm.

Published written evidence

The following written evidence was received and can be viewed on the inquiry publications page of the Committee's website.

PVR numbers are generated by the evidence processing system and so may not be complete.

1	Anonymised	PVR0001
2	Green Party of England and Wales	PVR0004
3	Government Chief Whip	PVR0002
4	Liberal Democrats Chief Whip	PVR0006
5	Opposition Chief Whip	PVR0003
6	SNP Chief Whip	PVR0005

List of Reports from the Committee during the current Parliament

All publications from the Committee are available on the publications page of the Committee's website.

Session 2024–25

Number	Title	Reference
1st	Written parliamentary questions: Departmental performance in Session 2023–24	HC 461
2nd Special	Written Parliamentary Questions – Departmental performance in Session 2023–24: Government Response	HC 793
1st Special	Written Parliamentary Questions: Departmental performance in Session 2022–23: Government responses	HC 325