

Nursing and Midwifery Council

Annual Fitness to Practise Report 2015–2016

Nursing and Midwifery Council
Annual Fitness to Practise Report
2015–2016

Presented to Parliament pursuant to Article 50 (2) of the
Nursing and Midwifery Order 2001, as amended by the
Nursing and Midwifery (Amendment) Order 2008

October 2016

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Any enquiries regarding this publication should be sent to the Nursing and Midwifery Council, 23 Portland Place, London, W1B 1PZ.

This publication is available at www.nmc.org.uk

Print ISBN 9781474137492

Web ISBN 9781474137508

ID 21091603 10/16

Printed on paper containing 75% recycled fibre content minimum

Printed in the UK by the Williams Lea Group on behalf of the Controller of Her Majesty's Stationery Office

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Foreword

We play a vital role in protecting the public by ensuring every nurse and midwife on our register practises safely and effectively. Only a small percentage of nurses and midwives have concerns raised about their fitness to practise, but we must be able to act quickly on these concerns and resolve them fairly and proportionately.

The number of concerns raised with us continues to increase year on year, although at a lower rate than seen in the past. Despite this, we continue to make improvements to our fitness to practise processes.

The launch of our Employer Link Service has been very successful, with positive feedback being received from employers of nurses and midwives. The service will continue to develop relationships with employers over the coming year, enabling us to share information and ensure that the right matters are being referred to us for investigation.

We are pleased that legislative changes introduced in March 2015 are already having a positive impact and helping us to make decisions that best protect the public at the earliest opportunity in the process. Our Case Examiners now decide whether or not a case should progress to a final hearing, a decision previously made by the Investigating Committee. In the first year of Case Examiners we have seen an increase in the number of these decisions; over 1,000 more than in the previous year.

We are now planning for further legislative change next year. This will give us alternative ways to resolve cases and greater flexibility in how we run our hearings. Early engagement from nurses and midwives will be key to realising the maximum benefits of these changes. We will be consulting widely on our approach over the year ahead.

Recent and planned legislative changes cannot, however, substitute for the much needed and long overdue radical reform we have been seeking for some years. We therefore welcome moves to begin a debate on the purpose of regulation and how this can best serve and protect the public.

Dame Janet Finch
Chair, NMC
13 October 2016

Jackie Smith
Chief Executive and Registrar, NMC
13 October 2016

Executive summary

This report sets out how we have dealt with Fitness to Practise concerns during 2015–2016. It includes annual statistics for each stage of the process between April 2015 and March 2016. These statistics do not track a single cohort of concerns through the system because cases opened during this period will not necessarily reach an outcome in the same year.

The number of concerns raised with us continues to rise. While this year's increase has not been as great as in previous years, we opened 350 more new cases this year than last. The source of concerns has remained fairly consistent with over 40 percent being referred by employers and 25 percent coming directly from patients or members of the public.

We have made important changes to the way we work which are beginning to deliver improvements. This year we strengthened our early stage process with additional senior decision makers and by being clearer about our threshold for taking a concern forward. This has led to a drop in the number of concerns that have progressed through to a full investigation. Changes to legislation enabled the introduction of Case Examiners in March 2015, which has led to an increase in the number of decisions we have made after full investigation.

Further changes to case management, including encouragement for nurses and midwives to engage with us at an early stage, are contributing to our aim of reaching the outcome that best protects the public interest at the earliest opportunity. The introduction of our Employer Link Service this year further contributes to this aim. It has begun to strengthen our regulatory relationships with employers, improve the quality of the referrals we receive, and to highlight risks that may exist in employment settings.

Fitness to Practise 2015–2016 key statistics

- 5,415 new referrals received
 - 2,665 cases closed at the early stages of FtP
- 685 interim orders imposed
 - 3,245 case to answer decisions
- 960 cases concluded at a hearing
 - 809 sanctions imposed

Introduction

Who we are and what we do

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.

Our regulatory responsibilities are to:

- Keep a register of all nurses and midwives who meet the requirements for registration.
- Set standards of education, training, conduct and performance so that nurses and midwives are able to deliver high-quality healthcare consistently throughout their careers.
- 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.

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:

- To protect, promote and maintain the health, safety and well-being of the public.
- To promote and maintain public confidence in the nursing and midwifery professions.
- To promote and maintain proper professional standards and conduct for members of the nursing and midwifery professions.

More information about the work we do to protect the public is available on our website: www.nmc.org.uk/about-us/

Equality and diversity information

Equality and diversity information, including an analysis of the data that we hold in relation to fitness to practise cases, is available as part of our *Equality and diversity annual report 2015–2016* at www.nmc.org.uk.

Protecting the public

Our register

We maintain the 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. Only we can take action to stop a nurse or midwife from practising in the UK by suspending or removing them from the register or by restricting how they practise.

On 31 March 2016, there were 692,550 nurses and midwives on our register. This is an increase of 0.84 percent from the number on the register on 31 March 2015.

Our register is publicly accessible and anyone can check whether a nurse or midwife is currently registered, or if they have any restrictions on their practice by visiting www.nmc.org.uk/search-the-register/ or by calling us or writing to us.

Fitness to practise

All qualified nurses and midwives must follow our professional code, *The Code: Professional standards of practice and behaviour for nurses and midwives* (NMC, 2015). The Code sets out the professional standards that nurses and midwives must uphold in order to be registered, and maintain their registration, in the UK. The Code is available on our website: www.nmc.org.uk/code.

Being fit to practise means that 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 that they are fit to practise safely and effectively.

If someone has concerns about the fitness to practise of a nurse or midwife, they can raise them with us and we will decide what action we need to take to protect the public. In every case, we aim to reach the outcome that best protects the public interest at the earliest opportunity.

How concerns get raised with us

Anyone can tell us at any time if they have concerns about a nurse or midwife's fitness to practise. We also have the power to open cases ourselves if we consider it necessary.

Typically, we receive concerns from:

- a patient or someone using the services of a nurse or midwife
- a member of the public

- the employer or manager of the nurse or midwife
- the police
- a nurse or midwife can refer themselves
- other healthcare regulators

More information about making a referral is publicly available on our website:
www.nmc.org.uk/concerns-nurses-midwives/concerns-complaints-referrals/

Concerns we can and cannot consider

We are only able to consider concerns about nurses and midwives who are currently on our register. We cannot consider concerns about other healthcare workers or people who are not on our register. If we receive concerns about people who are not on our register, we do refer them to the police or other regulators if it is appropriate to do so.

We consider concerns about whether a nurse or midwife is fit to practise. Our role is to decide whether a concern means that regulatory action is required to protect the public. The types of concern we consider include:

- misconduct (including clinical misconduct)
- lack of competence
- criminal convictions
- serious ill health
- not having the necessary knowledge of English (from January 2016)

We also investigate cases where it appears that someone has gained access to our register fraudulently or incorrectly.

Other concerns about a nurse or midwife should normally be resolved by the employer or some other authority.

How we deal with concerns that are raised with us

When a concern is raised with us, we take the following steps:

- We make an initial assessment of the allegation to establish whether we can identify a registered nurse or midwife, assess the seriousness of the matter, and decide whether urgent action is required. If we consider the allegation on its own is not sufficiently serious to require regulatory action, we generally contact the employer of the nurse or midwife to confirm whether they have any concerns about the individual's fitness to practise. If they do not, the case can usually be closed.

- If necessary, we conduct an investigation to gather the evidence that is required to make a full assessment of the allegation.
- At the end of the investigation, if the Case Examiners or the Investigating Committee find there is a case to answer, we hold a hearing or meeting to reach a final decision and determine what action, if any, should be taken.
- In some circumstances, and only if we are satisfied that it is in the public interest to do so, we allow a nurse or midwife to voluntarily remove themselves from our register without the need for a hearing or meeting.

Action we take if a nurse or midwife is not fit to practise

At a final hearing or meeting, a panel of independent decision makers considers whether a nurse or midwife's fitness to practise is impaired. The panel will be provided with evidence and hear from witnesses and from the nurse or midwife against whom the allegations have been made. The panel will decide whether the nurse or midwife's fitness to practise is currently impaired. In some cases the panel may decide that no action is necessary given all the circumstances of the case. If the panel decides that action is necessary, it can make one of the following orders:

- Caution order
- Conditions of practice order
- Suspension order
- Striking-off order

More information about these orders is available on our website:

www.nmc.org.uk/concerns-nurses-midwives/hearings-and-outcomes/restrictions-sanctions/.

Who our decision makers are

Decisions about our cases are taken by independent panel members drawn from one of our practice committees:

- Investigating Committee
- Conduct and Competence Committee
- Health Committee

Panel members are recruited and appointed through an open and transparent process overseen by the Appointments Board. The Appointments Board is a committee of the Council. To ensure its independence, its members may not also be members of the Council.

Since March 2015, Case Examiners have largely replaced the function of the Investigating Committee in deciding, at the end of the investigation, whether a case should be referred for a final hearing or meeting. Case Examiners are members of staff who exercise their decision making powers independently.

More information about our decision makers is available on our website:

www.nmc.org.uk/concerns-nurses-midwives/hearings-and-outcomes/our-panels-case-examiners/

Improving our efficiency and effectiveness

During 2015–2016, we made some significant improvements to our ways of working, which support our aim to reach the outcome that best protects the public interest at the earliest opportunity.

Employer Link Service

The Employer Link Service (ELS) was launched on 1 September 2015 and has been well received. During the six month launch period, the service made initial contact with all 279 NHS trusts and boards in the four UK countries. By developing and improving our relationships with employers of nurses and midwives, the service is designed to:

- encourage robust local investigation, performance management and clinical governance
- ensure that we are receiving the right referrals at the right time
- improve our ability to access and share data and intelligence between employers, ourselves and other regulators
- communicate key regulatory messages

Case study

A nurse was part of a care team, looking after a patient in his home. The nurse needed to run a personal errand and asked the patient's wife if they could pop out for an hour as the shop would be closed by the end of their shift. They told the patient's wife that another member of the care team would stay with the patient.

The patient's wife refused and the nurse was subsequently filmed on the property's CCTV making derogatory comments about her. The nurse was subsequently given a verbal warning by his employer who felt it was sufficient after the nurse apologised to the patient's wife. The employer phoned ELS wanting to know if they should refer the nurse to us as the wife was insisting they do so.

After careful consideration of the matter, ELS advised that appropriate action had been taken by the employer and the matter did not meet the threshold for an NMC referral.

Early stage decision making

We have strengthened our early stage decision making by:

- introducing more senior decision-makers early in the process
- revising our guidance on preliminary assessment of allegations
- establishing a dedicated team to identify and manage high profile/sensitive and complex cases

These changes mean that we are better able to identify and close cases which do not raise public protection concerns at the earliest opportunity and concentrate our resources on investigating only serious cases which require regulatory action.

Case study:

A nurse was alleged not to have documented a discussion with a patient and to have delegated tasks to a junior nurse beyond their abilities. Following an investigation by the Trust, the nurse was placed on a performance improvement plan, which she completed. She also fully co-operated with the Trust's investigation and demonstrated insight into her failings.

We contacted her employer who confirmed that there were no other concerns about the nurse's fitness to practise. We also obtained further confirmation that the Trust's improvement plan was appropriate in the circumstances. Finally, we were provided with evidence of the nurse's insight and remediation into her failings. As a result we closed the case as it appeared to be an isolated incident in respect of one patient and there had been no occurrences of patient harm during the nurse's lengthy career.

Our revised guidance on preliminary assessment of allegations is publicly available on our website: www.nmc.org.uk/globalassets/sitedocuments/concerns/preliminary-consideration-of-allegations-guidance.pdf

Legislative change

In March 2015, we introduced Case Examiners into our fitness to practise process. Case Examiners have largely replaced the function of the Investigating Committee in deciding, at the end of the investigation, whether or not a case should be referred for a hearing. At the same time, we introduced a power to review a decision not to refer a case for a hearing, without the need for judicial review. These changes are part of our ongoing programme to modernise our legislation and improve our efficiency.

Early engagement

Concluding cases quickly and effectively often depends on constructive engagement with the nurse or midwife and their representatives. In January 2016, we held a joint working event with a range of representative bodies, including the Royal College of Nursing, the Royal College of Midwives, Unison and Unite. The event focussed on the benefits of engaging and sharing information with the NMC at an early stage.

Alternatives to a full hearing

Where it is in the public interest to do so, we can conclude our proceedings without the need for a full, public hearing. The principal alternatives to full hearings are:

- Meetings – these take place in private and the panel considers the case on the papers only without the need for the nurse or midwife or witnesses to attend.
- Consensual panel determinations – a nurse or midwife subject to fitness to practise allegations can agree a provisional sanction with us which is then put before a panel to decide whether to agree the sanction.
- Voluntary removal – a nurse or midwife under fitness to practise investigation can apply to be permanently removed from the register where certain criteria are met.

Ensuring that the public is protected remains the central consideration. Where we can be sure that the public is protected, avoiding a full hearing reduces the impact on witnesses and other parties involved in the case, and is a more efficient use of our resources. In 2015–2016, we successfully expanded our use of meetings to conduct reviews of substantive orders. 118 cases were considered at a substantive order review meeting.

Case study:

A midwife accessed electronic patient records inappropriately. The Case Examiners referred the case to the Conduct and Competence Committee.

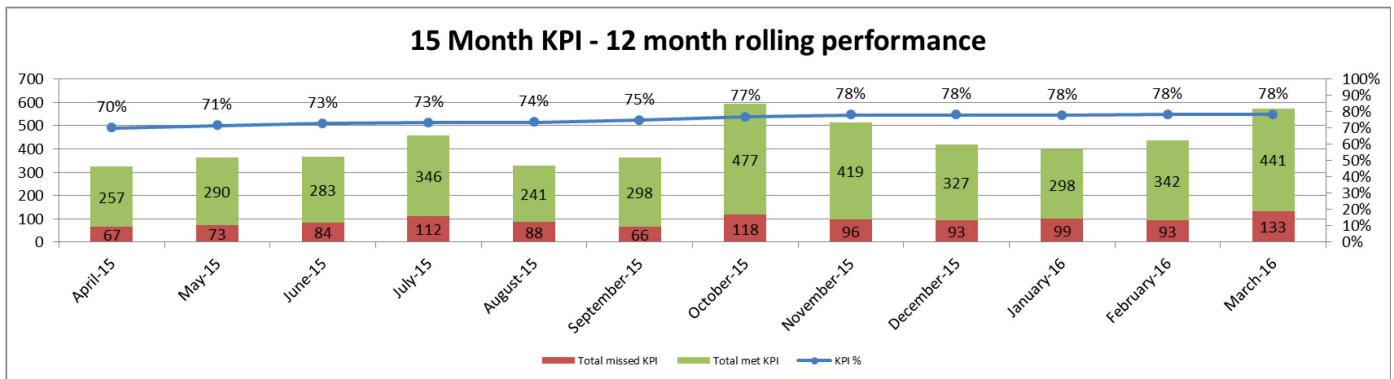
The midwife engaged with the NMC, admitted all of the charges against them, and provided a reflective piece demonstrating insight and remorse. We agreed a consensual panel determination with the midwife and their representative with a proposed six month suspension to reflect the seriousness of the charges.

The agreement was put before a panel within three months of the Case Examiners' decision and the suspension order was agreed. This approach enabled us to reach a decision quickly that both protected the public and avoided the need for us to call a vulnerable witness to give evidence at a hearing.

Resolving cases quickly

At the start of the year, we started measuring our performance against the time from when we first open a case to when we conclude it. We committed to concluding 65 percent of cases within 15 months of receipt. We exceeded this throughout the year and have set a target of concluding 80 percent of cases within 15 months of receipt by October 2016.

Chart 1: 15 month case closure performance 2015–2016



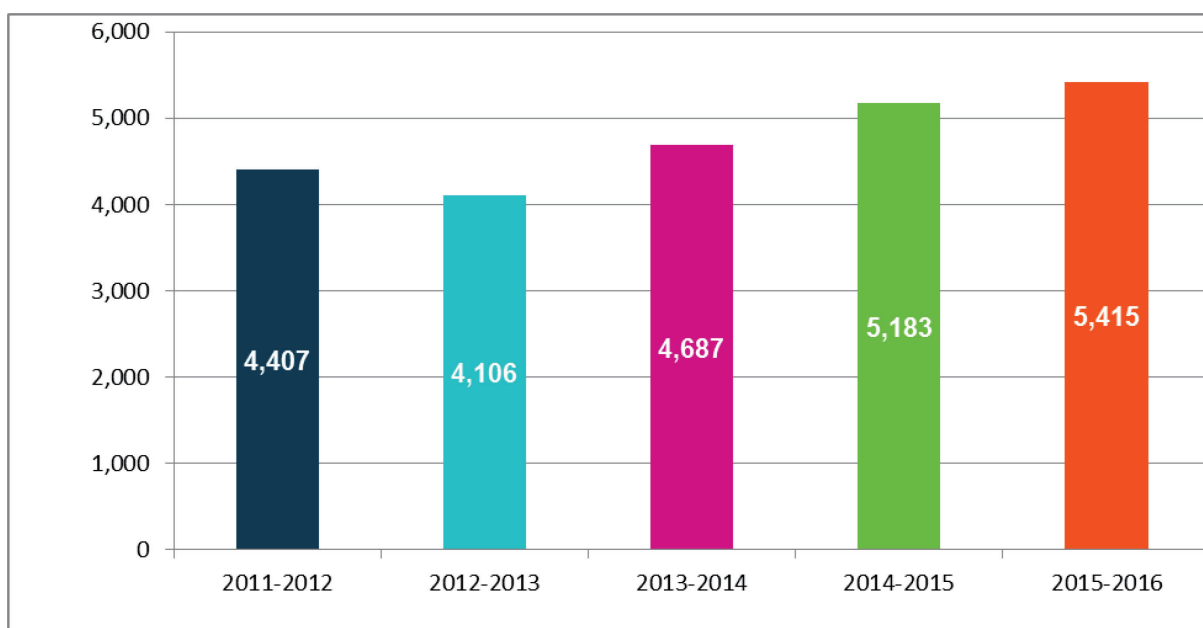
2015–2016 statistical summary

Number of concerns

In 2015–2016 we received 5,415 new concerns, an increase of 4.5 percent from 2014–2015. The total number of concerns we received represents approximately 0.8 percent of registered nurses and midwives.

The chart below shows the total number of concerns we have received in the last five years. The trend is a continuing increase, although the total number of concerns we receive represents only a very small proportion of the nurses and midwives on our register.

Chart 2: New concerns received 2011–2016



Sources of concerns

The table below shows the source of the concerns raised with us. Some concerns come from more than one source so the percentage does not add up to 100 percent.

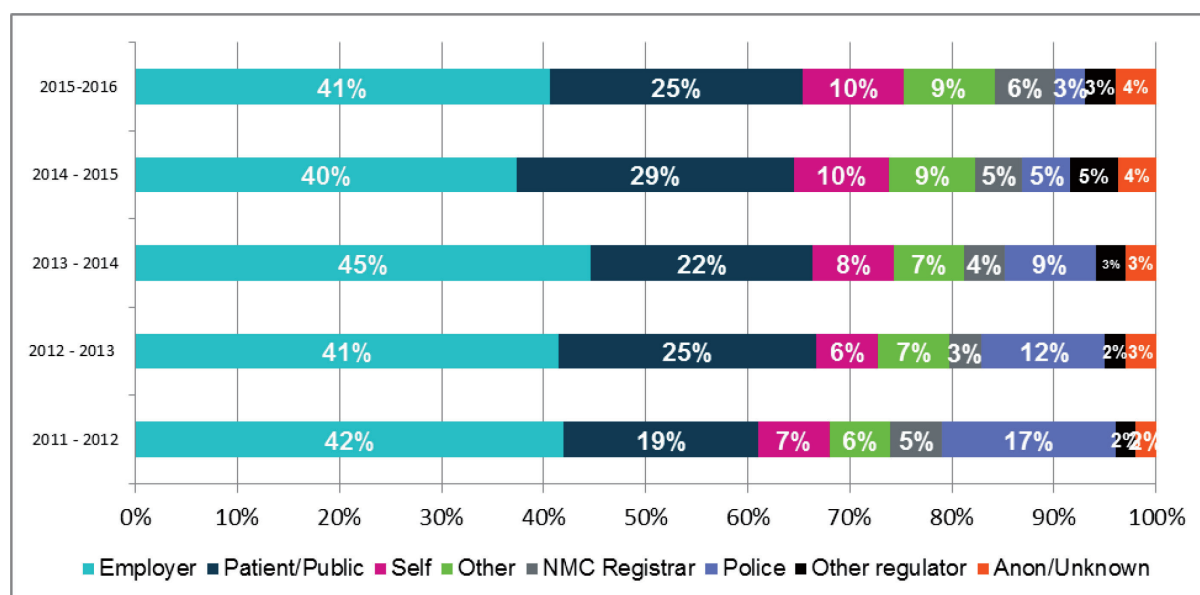
Table 1: Source of concerns referred to us in 2015–2016

| Who referred concerns to us | Number of new concerns | Percentage of new concerns 2015 2016 |
|-----------------------------|------------------------|--------------------------------------|
| Employer | 2,188 | 41% |
| Patient/public | 1,370 | 25% |
| Self-referral | 556 | 10% |
| Other | 482 | 9% |
| NMC Registrar | 348 | 6% |
| Police | 170 | 3% |
| Other regulator | 150 | 3% |
| Referrer unknown | 187 | 4% |
| Total | 5,451 | 101% |

The chart below compares the sources of concerns raised with us over the last five years. Employers remain the biggest source of concerns received by us.

Work is ongoing with the Association of Chief Police Officers to make sure we receive all appropriate referrals. In 2015–2016 we delivered presentations at the five regional police disclosure seminars which covered the 43 police forces in England and Wales. The presentations covered the work of the NMC, our statutory purpose and the importance of receiving timely police disclosure.

Chart 3: Sources of concerns received 2011–2016



Concerns by country of registered address

Nurses and midwives must provide an address in order to register with us. The table shows the proportion of nurses' and midwives' registered addresses by country compared to the registered addresses of nurses and midwives about whom we have identified a concern. On 31 March 2016, we had not identified a registered nurse or midwife in 903 cases. Some of these will be identified in our next reporting period.

Table 2: Concerns by country of registered address 2015–2016

| Country | Percentage of register | Number of concerns | Percentage of concerns |
|------------------------|------------------------|--------------------|------------------------|
| England | 79% | 3,595 | 80% |
| Scotland | 10% | 419 | 9% |
| Wales | 5% | 257 | 6% |
| Northern Ireland | 3% | 144 | 3% |
| Overseas and EU | 3% | 96 | 2% |
| Unknown | N/A | 1 | Less than 1% |
| Total | 100% | 4,512 | 100% |
| Unidentified referrals | | 903 | |
| Total referrals | | 5,415 | |

The table below compares the address data over the last five years.

Table 3: Concerns by country of registered address 2011-2016

| | | 2011 2012 | 2012 2013 | 2013 2014 | 2014 2015 | 2015 2016 |
|-------------------------|-----------|-----------|-----------|-----------|-----------|-----------|
| England | Register | 78% | 79% | 79% | 79% | 79% |
| | Referrals | 71% | 81% | 81% | 80% | 80% |
| Scotland | Register | 10% | 10% | 10% | 10% | 10% |
| | Referrals | 8% | 10% | 10% | 10% | 9% |
| Wales | Register | 5% | 5% | 5% | 5% | 5% |
| | Referrals | 4% | 6% | 6% | 6% | 6% |
| Northern Ireland | Register | 4% | 3% | 3% | 3% | 3% |
| | Referrals | <1% | 3% | 3% | 3% | 3% |
| Overseas and EU | Register | 3% | 3% | 3% | 3% | 3% |
| | Referrals | 1% | 1% | <1% | 1% | 2% |

Concerns by registration type

An individual can be registered with us as a nurse, or as a midwife, or with dual registration. The table below shows the proportion of concerns by type of registration. Comparative figures for 2014–2015 are given.

Table 4: Referrals by registration type 2015–2016

| Registration type | Number of new referrals | | Percentage of total referrals | | Percentage of register | |
|-------------------|-------------------------|--------------|-------------------------------|-------------|------------------------|-------------|
| | 2015–2016 | 2014–2015 | 2015–2016 | 2014–2015 | 2015–2016 | 2014–2015 |
| Nurse | 4128 | 3,901 | 91% | 91% | 90% | 89% |
| Midwife | 129 | 109 | 3% | 2% | 5% | 5% |
| Dual ¹ | 255 | 292 | 6% | 7% | 5% | 6% |
| Total | 4,512 | 4,302 | 100% | 100% | 100% | 100% |

In November 2015, we began to record which part of a registrant’s registration allegations corresponded to, where they were on more than one part of our register. Please see our future focus section for how we plan to use this data.

Initial assessment

We screen all new referrals to establish whether the individual is a nurse or midwife on our register, and whether the concerns raised amount to allegations we can investigate. Following this initial assessment:

- If we can identify a registered nurse or midwife and the concerns raised amount to an allegation that their fitness to practise is impaired, we conduct an investigation.
- If we cannot identify a registered nurse or midwife and/or the concerns raised do not amount to an allegation that their fitness to practise is impaired, we close the case.

In 2015–2016, we closed 2,665 cases at the initial assessment stage. This represents a cumulative closure rate of 51 percent, an increase from 38 percent in 2014–2015. The increase reflects the improvements we have made to early stage decision making.

¹ Dual refers to a registrant who is registered on more than one part of our register. All Specialist Community Public Health Nurses (including Health Visitors) must also be registered as a nurse or midwife, so are in all instances classified as ‘dual’ registered.

When a concern is raised with us we search our register, using variations of the name, and make enquiries with any person or organisation that may have information that would assist, in order to try and identify a registered nurse or midwife from the information provided. Decisions to close cases are signed off by a lawyer. If we cannot identify a nurse or midwife, we can refer the concern to another organisation if it is appropriate to do so. In 2015–2016 we made 175 referrals to other organisations.

Taking urgent action to protect the public

We have the power to prevent nurses and midwives from practising in the UK if they present a risk to public safety. If public safety is at immediate and serious risk, we can impose an interim order to restrict the way in which a nurse or midwife can practise or prevent them from practising until we have fully considered their case.

An interim order can be imposed by a practice committee at any point during the fitness to practise process if information becomes available which gives us reason to believe public safety may be at risk.

Information about our interim orders process can be found on our website:

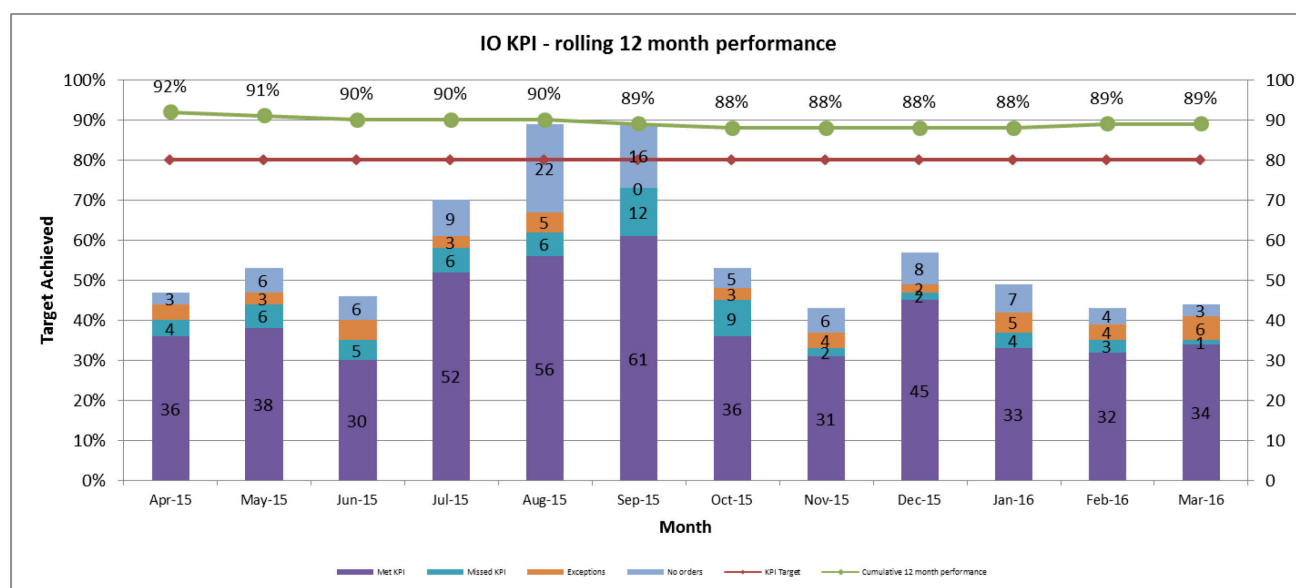
www.nmc.org.uk/concerns-nurses-midwives/hearings-and-outcomes/restrictions-sanctions/interim-orders/

Interim order performance

In 2015 2016, we imposed interim orders within 28 days of receipt of the concern in 89 percent of cases, exceeding our target of 80 percent and maintaining our strong performance from previous years.

Imposing interim orders is an important way for us to protect the public. We aim to impose interim orders within 28 days of receipt of the concern, in cases where it is necessary to do so. The chart below shows our performance in 2015–2016 against our target of 80 percent.

Chart 4: Interim order performance 2015–2016



Interim order outcomes

There are two types of interim order:

- Interim conditions of practice orders, which temporarily restrict the way in which a nurse or midwife can practice
- Interim suspension orders, which temporarily prevent a nurse or midwife from practising

The table below shows the type of interim order imposed in 2015–2016.

Table 5: Interim orders imposed 2015–2016

| Interim order decisions | Number of interim orders | | Percentage | |
|--------------------------------------|--------------------------|------------|-------------|-------------|
| | 2015–2016 | 2014–2015 | 2015–2016 | 2014–2015 |
| Interim conditions of practice order | 319 | 264 | 47% | 37% |
| Interim suspension order | 366 | 443 | 53% | 63% |
| Total | 685 | 707 | 100% | 100% |

The table below shows the type of interim order imposed in 2015–2016 by type of registration.

Table 6: Interim orders imposed by registration type 2015–2016

| Registration type | Interim conditions of practice order | | Interim suspension order | |
|-------------------|--------------------------------------|------------|--------------------------|------------|
| | 2015–2016 | 2014–2015 | 2015–2016 | 2014–2015 |
| Nurse | 286 | 240 | 329 | 411 |
| Midwife | 13 | 7 | 10 | 12 |
| Dual | 20 | 17 | 27 | 20 |
| Total | 319 | 264 | 366 | 443 |

Investigations

During an investigation, we gather the evidence that is needed to make a full assessment of the allegations. The majority of investigations are undertaken by our in house investigation teams. A small percentage of investigations are carried out by external law firms.

At the end of the investigation, the Case Examiners review all the evidence and decide whether or not the case should be referred for a hearing. A case must be referred for a hearing if it raises an issue of fitness to practise and there is a realistic prospect that a panel will determine that the nurse or midwife’s fitness to practise is impaired.

It is not in the public interest for cases to proceed to a hearing if there is no realistic prospect that a panel will determine that the nurse or midwife’s fitness to practise is impaired. In those circumstances, the Case Examiners will close the case.

Case Examiner decisions

The table below shows the total number of Case Examiner decisions in 2015–16.

Table 7: Total Case Examiner decisions 2015–2016

| Case Examiner decisions | Number of cases | | Percentage ² | |
|---|-----------------|--------------|-------------------------|-------------|
| | 2015–2016 | 2014–2015 | 2015–2016 | 2014–2015 |
| Refer to Conduct and Competence Committee | 1,345 | 971 | 41% | 45% |
| Refer to Health Committee | 84 | 61 | 3% | 2% |
| Total referred for adjudication | 1,429 | 1,032 | 44% | 47% |
| No case to answer | 1,816 | 1,175 | 56% | 53% |
| Total Case Examiner decisions | 3,245 | 2,207 | 100% | 100% |

² 2014–2015 decisions were made by the Investigating Committee.

The table below shows the total number of Case Examiner decisions in 2015–2016 by registration type.

Table 8: Case Examiner decisions by registration type³

| Registration type | No case to answer | | Refer to Conduct and Competence Committee | | Refer to Health Committee | |
|-------------------|-------------------|--------------|---|------------|---------------------------|-----------|
| | 2015–2016 | 2014–2015 | 2015–2016 | 2014–2015 | 2015–2016 | 2014–2015 |
| Nurse | 1,634 | 1,075 | 1,200 | 872 | 73) | 55 |
| Midwife | 39 | 23 | 29 | 17 | 3 | 1 |
| Dual | 119) | 77 | 69 | 82 | 5 | 5 |
| Total | 1,792 | 1,175 | 1,298 | 971 | 81 | 61 |

Investigating Committee decisions

The Investigating Committee is responsible for taking decisions in cases where the Case Examiners cannot agree on an outcome. No cases were referred to the Investigating Committee for decision in 2015–2016.

Reviewing no case to answer decisions

Since March 2015, we have been able to review decisions to close a case at the investigation stage without recourse to judicial review. The process works in two stages:

- We decide whether or not to undertake a review.
- If we undertake a review, we decide whether to uphold the original decision or whether a fresh decision is required.

The table below shows the number of requests for review we have received and the outcomes at 31 March 2016.

³ Table 7 is based on the number of cases with a case to answer decision. Table 8 is based on the number of registrants considered by the Case Examiners. Some registrants may have more than one case considered by the Case Examiners.

Table 9: Power to review decisions 2015–2016

| Power to review stage | Total |
|---|--------------|
| Total requests received between 01/04/2015 – 31/03/2016 | 90 |
| Total requests refused between 01/04/2015 – 31/03/2016 | 37 |
| Total requests decision pending as at 31 March 2016 | 37 |
| Total reviews undertaken between 01/04/2015 – 31/03/2016 | 74 |
| Total reviews concluded where registrar decided fresh decision required between 01/04/2015 – 31/03/2016 | 14 |
| Total reviews concluded where registrar upheld original decisions between 01/04/2015 – 31/03/2016 | 2 |
| Total reviews ongoing as at 31/03/2016 | 37 |

Fraudulent or incorrect register entries 2015–2016

The Investigating Committee continues to consider allegations of fraudulent or incorrect entry onto the register. A panel will decide whether the allegation is proved, and if so, will direct the Registrar to remove or amend the entry on our register.

In 2015–2016 there were twelve fraudulent or incorrect entry cases where the panel directed the person's name be removed from our register, or the entry changed.

In 2014–2015 there were eight cases.

Hearings

Cases referred by the Case Examiners for adjudication are considered by a panel of one of our practice committees:

- Conduct and Competence Committee
- Health Committee

The panel is responsible for reaching a final decision about whether a nurse or midwife's fitness to practise is currently impaired and determine what sanction, if any, is needed to protect the public. Most cases are heard at public hearings which anyone can observe. Some hearings – including all cases before the Health Committee – are conducted in private.

In some cases panels may decide a case is best dealt with at a meeting. Meetings are held in private and the nurse or midwife does not attend. There is no case presenter and witnesses are not required to attend. At meetings, panels will make a decision on the case based wholly on the papers and will not hear any oral evidence.

We publish all panel decisions where a sanction has been imposed on a nurse or midwife's registration on our website. Sanctions will also be marked on the public register.

More information about the work of our practice committees, information on how to attend public hearings, and the outcomes of hearings are available on our website:

www.nmc.org.uk/concerns-nurses-midwives/hearings-and-outcomes/

Hearing outcomes

The table below shows the total number of hearing and meeting outcomes in 2015–2016.

Table 10: Hearing outcomes in 2015–2016⁴

| Sanction | Number | | Percentage | |
|--|------------|--------------|-------------|-------------|
| | 2015–2016 | 2014–2015 | 2015–2016 | 2014–2015 |
| Striking-off orders | 261 | 493 | 27% | 28% |
| Suspension orders | 277 | 381 | 29% | 22% |
| Conditions of practice orders | 152 | 265 | 16% | 15% |
| Caution orders | 119 | 204 | 12% | 12% |
| Fitness to practise impaired – no sanction | 5 | 9 | 1% | <1% |
| Total | 814 | 1,352 | 85% | 77% |
| Fitness to practise not impaired | 146 | 380 | 15% | 23% |
| Total hearing outcomes | 960 | 1,732 | 100% | 100% |

This year we have removed the outcomes of substantive orders from our figures and only included decisions made at the substantive hearing or meeting for a nurse or midwife.

The tables below compare the different types of outcome by country of registered address and by registration type.

⁴ Numbers for substantive hearings and meetings only. These figures do not include decisions made at substantive order review hearings. 2014–2015 figures included substantive order review outcomes.

Table 11: Hearing outcomes by country 2015–2016

| | England | | Scotland | | Wales | | N. Ireland | | Overseas (inc. EU) | |
|------------------------------|-------------|--------------|-------------|-------------|-------------|-------------|-------------|-------------|--------------------|-------------|
| | 2015 –16 | 2014 –15 | 2015 –16 | 2014 –15 | 2015 –16 | 2014 –15 | 2015 –16 | 2014 –15 | 2015 –16 | 2014 –15 |
| Strike off | 215 | 377 | 16 | 63 | 11 | 33 | 7 | 11 | 12 | 9 |
| Suspension order | 222 | 300 | 24 | 47 | 20 | 18 | 9 | 8 | 2 | 8 |
| Conditions of practice order | 125 | 200 | 15 | 34 | 8 | 17 | 2 | 8 | 2 | 6 |
| Caution order | 106 | 166 | 4 | 22 | 4 | 10 | 3 | 4 | 2 | 2 |
| FtP impaired – no sanction | 5 | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| FtP not impaired | 124 | 319 | 9 | 36 | 7 | 17 | 3 | 5 | 3 | 3 |
| Total | 797 | 1,371 | 68 | 202 | 50 | 95 | 24 | 36 | 21 | 28 |

Table 12: Hearing outcomes by registration type 2015–2016

| | Nurse | | Midwife | | Dual | |
|------------------------------|------------|--------------|-----------|-----------|-----------|------------|
| | 2015–16 | 2014–15 | 2015–16 | 2014–15 | 2015–16 | 2014–15 |
| Strike off | 237 | 449 | 2 | 7 | 22 | 37 |
| Suspension order | 253 | 350 | 7 | 10 | 17 | 21 |
| Conditions of practice order | 135 | 208 | 3 | 2 | 14 | 55 |
| Caution order | 113 | 191 | 2 | 5 | 4 | 8 |
| FtP impaired – no sanction | 4 | 9 | 1 | 0 | 0 | 0 |
| FtP not impaired | 138 | 356 | 1 | 7 | 7 | 17 |
| Total | 880 | 1,563 | 16 | 31 | 64 | 138 |

Voluntary removal

The voluntary removal process allows a nurse or midwife to apply to be permanently removed from the register without a full public hearing, if it is in the public interest to do so. If an application is granted the nurse or midwife will be listed on our public register with the status ‘voluntarily removed’. The table below shows the number of applications received and applications granted since we introduced the process in 2013.

Table 13: Voluntary removal figures by year⁵

| | Number of applications | Applications approved |
|-----------|------------------------|-----------------------|
| 2013–2014 | 194 | 92 |
| 2014–2015 | 191 | 93 |
| 2015–2016 | 107 | 44 |

Appeals against our decisions

A nurse or midwife can appeal against the sanction imposed by a panel. The appeal must be lodged within 28 days of the panel’s decision. Appeals are heard in the High Court of Justice in England and Wales, the Court of Session in Scotland, or the High Court of Justice in Northern Ireland, dependent on the country of the nurse or midwife’s registered address. The Professional Standards Authority may also lodge an appeal if it believes that a decision does not protect the public. The person who referred the concern to us cannot appeal against a panel’s decision, but they may seek a judicial review if they are unhappy with the process by which the decision was reached.

Table 14: Appeals against our decisions⁶

| Outcomes of appeals | 2015 2016 | 2014 2015 |
|--|-----------|-----------|
| Allowed or remitted to Practice Committee by the Court | 18 | 18 |
| Dismissed by the Court | 34 | 26 |
| Total | 52 | 44 |

Restoration to the register

If a nurse or midwife is struck off by a panel, they must wait a minimum of five years before they can apply to be restored to our register.

Before they can be restored, they must satisfy a panel of the Conduct and Competence or Health Committee that they are fit to practise. If the panel is satisfied that they are fit to practise, in most cases, the nurse or midwife will be required to undergo a return to practice programme before their name is restored to the register. It is this rigorous process that continues to ensure that the public is properly

⁵ Voluntary removal applications are only considered following a case to answer decision by Case Examiners.

⁶ These are outcomes of appeals where the Court made a decision in 2015–2016. Some of the appeals may have been lodged before 2015–2016.

protected from those individuals whose fitness to practise has previously been found to be impaired.

Table 15: Restoration application outcomes 2015–2016

| Restoration cases considered | 2015 | 2016 | 2014 | 2015 |
|-------------------------------------|-------------|-------------|-------------|-------------|
| Application accepted | | 18 | | 7 |
| Application rejected | | 8 | | 16 |
| Total | | 26 | | 23 |

Future focus

2016–2017 will be a key year for the NMC and Fitness to Practise as we embark on a programme of transformation which will take place over the next four to five years. Our transformation will change the way we work and the programme will cover all aspects of our organisation, our people and our location. It will make us a more modern and effective organisation delivering high quality regulation and value for money.

Employer Link Service

The Employer Link Service will build on the foundations established this year and will be fully operational. There are more than 50,000 employer settings in the UK. In 2016–2017, the service will begin to reach out and engage with independent and private sector employers of nurses and midwives.

Improving our use of intelligence

In 2015, we started to disaggregate fitness to practise data by registered qualification (nurse/midwife/dual registered). We expect to be able to provide analysis of this data in our next annual report.

We have begun work to collect data about the types of allegation we receive and to record them against employer settings. This will enable us to identify trends to inform our regulatory activity. In the autumn of 2016, we will introduce a new allegation coding framework and will start using industry standard employer codes. This will enable us to share information and intelligence more easily with other regulators.

Future legislative change

The legislative changes we introduced in March 2015 were an important step towards modernising our legislation and improving our efficiency. However, our legislation remains out of date and needs updating if we are to unlock greater efficiencies in the future.

We have been working with the Department of Health to secure changes that will:

- enable us to make more proportionate decisions in less serious cases
- allow us to conclude more cases without the need for a full hearing
- streamline the management of cases that do require a hearing

In April 2016, the Department of Health commenced a public consultation on proposed changes to the Order and we will launch our own consultation on changes to the Rules later in the year. We encourage all our stakeholders to take part in these consultations to share their views on the proposed changes.

ISBN 978-1-4741-3749-2



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