Nursing & Midwifery Council

NMC

Fitness to Practise Annual Report

1 April 2008 to 31 March 2009

Introduction

The NMC is the regulator of nurses and midwives. We were established by the Nursing and Midwifery Order 2001 (the Order) to safeguard the health and wellbeing of the public. We do this by:

- keeping the register of nurses and midwives who have the skills, knowledge, good health and good character to satisfy our requirements for registration
- setting standards for education and practice
- giving guidance and advice to the professions and
- dealing appropriately with nurses and midwives whose fitness to practise is impaired.

We are pleased to present our fitness to practise annual report for April 2008 – March 2009. The report describes our arrangements for handling allegations about nurses' and midwives' fitness to practise and presents a statistical review of the cases dealt with during this period. The NMC is a Charity registered in England and Wales and in Scotland. The first part of the report records the fitness to practise activity that takes place throughout the UK. The second part of the report records those activities which have taken place in Scotland.

This has been a challenging year for the NMC, and particularly the Fitness to Practise Directorate. Following the publication of the CHRE Special Report to the Minister of State for Health Services on the Nursing and Midwifery Council on 16 June which concluded that "the NMC is carrying out its statutory functions but fails to fulfil these to the standard of performance that the public has the right to expect of a regulator". An action plan was drawn up, which prioritised work in a number of areas including fitness to practise. We conducted a fundamental review of this area of work which included a review of available resources, a training needs analysis and a review of the processes and timelines for cases. We implemented a first phase of a new electronic case management system, benchmarked a child protection training programme and the outcomes of child abuse cases against the performance of other health care regulators. We undertook a review of panellists' training needs and their induction, and began a review of our Fitness to Practise correspondence and communications to ensure that all communications are accurate, fit for purpose and meet customer service best practice standards. Last but not least, in December, following a comprehensive accommodation review, the Fitness to Practise directorate moved from offices and hearing rooms at 180 Oxford Street to premises at 61 Aldwych, offering five hearing suites and improved accommodation for staff.

Feedback

If you have any comments about what you would like to see in future annual reports, please email us at Fitness.to.practise@nmc-uk.org

Our arrangements for dealing with people whose fitness to practise is impaired

The process

The Order requires us to deal with allegations that a nurse or midwife's fitness to practise is impaired by:

- misconduct
- lack of competence
- a conviction or caution for a criminal offence
- their physical or mental health

- a finding of impairment by another health or social care regulator
- a barring by the Independent Barring Board in England, Wales or Northern Ireland or inclusion in the children's list or adults' list in Scotland[1]

We must also deal with allegations that a person's entry in the register has been obtained fraudulently or made in error.

Anyone can refer an allegation of impairment to fitness to practise to us. The police are required to report nurses and midwives who have been convicted or cautioned for a criminal offence.

Allegations can concern behaviour or conduct that occurred outside the UK, or at a time when the nurse or midwife was not registered.

There is no time limit in which an allegation has to be referred to us but we encourage early referral as it can be difficult to investigate very old allegations. Also, the sooner we are made aware of an allegation, the better we can protect the public

Allegations about the fitness to practise of nurses and midwives are considered by the three Practice Committees (Investigating Committee, Conduct and Competence Committee, Health Committee), which are established under the Order as statutory committees of the Council. The procedure to be followed by each of these committees when considering an allegation is a quasi-judicial one and is governed by rules[2]. The actual work of considering an allegation is carried out by a panel drawn from the membership of the relevant committee.

The Council requires referrers to:

- identify themselves by full name and postal address
- make their referral in writing
- identify the nurse or midwife concerned
- give a clear description of the incidents or behaviour leading to the allegation and
- support the allegation with appropriate evidence.

The aim is to ensure the allegation is sufficiently well explained for a panel considering the matter to understand what is alleged and the nurse or midwife to understand and be able to respond to the allegation.

If referrers have difficulty expressing themselves in English, we can arrange for translation. If they find it difficult to write, we can accept the referral in alternative forms that we can transcribe.

Leaflets for employers and members of the public are available on our website and these include forms that can be used to make the referral.

We receive many letters of referral about the conduct or performance of nurses and midwives, but not all concern the fitness to practise of the people involved. We have defined 'fitness to practise' as meaning a registrant's suitability to remain on the register without restrictions. Failure to comply with the standards in the Code of conduct for

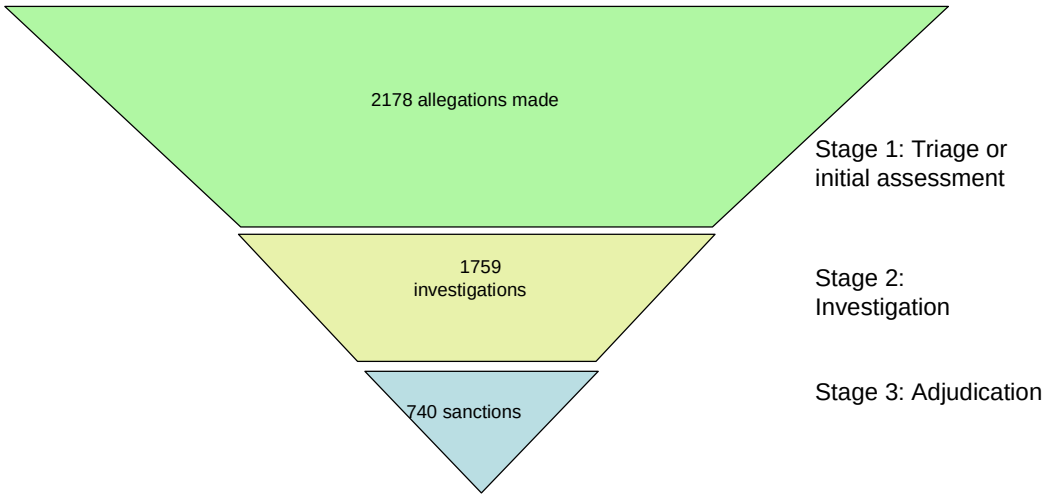
[1] When relevant legislation for safeguarding and protecting vulnerable groups becomes fully operational

[2] Nursing and Midwifery Council (Fitness to Practise) Rules 2004 (SI 2004/1761), as amended from time to time.

nurses and midwives (the Code) does not automatically mean that a nurse or midwife's fitness to practise is impaired.

Our process is divided into three stages. The first two stages assess referrals to eliminate those that do not concern fitness to practise, or are unsupported by any evidence, or where the evidence is so slight that there is no realistic prospect that the allegation could be proved. The final stage decides whether fitness to practise is impaired and, if so, decides on the appropriate sanction.

The first stage is carried out by NMC officers; the second two stages are carried out by panels of the three Practice Committees – the Investigating Committee, the Conduct and Competence Committee or the Health Committee. Information about the members of the Practice Committees appears later in this report



Stage 1– triage (or initial assessment)
Each referral is assessed by our triage team. When a referral is about someone who is not a registered nurse or midwife, the team will close the correspondence and advise the referrer about any other regulator or organisation who might be able to deal with their concern. The team can also close referrals that are not about fitness to practise, or give no details of incidents or behaviour that could show impairment, or are obviously lacking in evidence.

When a referral is insufficiently clear or not supported by evidence, the team will explain what is required with a view to enabling the referral to proceed, if that is possible, to the next stage. If the referrer is a member of the public and the evidence is or might be held by an employer or other body, the officers will try to obtain it direct from the holder.

When the referral is sufficiently clear and complete to allow referral to the next stage, the triage team passes the case to a case progression team for preparation to go to a panel of the Investigating Committee.

Stage 2 – investigation
The case progression team informs the nurse or midwife concerned that they have been referred to the Investigating Committee. The team informs them about the allegation and invites them to send the Committee a written response.

Panels of the Investigating Committee work purely off the papers collected on the case; they do not take any evidence from witnesses. Their job is to decide whether there is a 'case to answer'.

If a panel decides there is no case to answer, the matter is closed. The panel may decide to keep a record of the matter for three years so that the case can be re-opened if another allegation comes in.

If a panel decides there is a case to answer of impaired fitness to practise, it must refer the matter to the Conduct and Competence Committee or Health Committee.

If a panel decides there is a case to answer of fraudulent or incorrect entry in the register, it must refer the matter to a different panel of the Investigating Committee.

Stage 3 – adjudication

Panels of the Conduct and Competence Committee and Health Committee hold hearings or meetings to decide whether the allegation of impairment is proved and, if so, what action to take. Panels also consider applications for restoration to the register where the person has previously been removed.

Panels of the Investigating Committee hold hearings or meetings to decide whether the allegation of fraudulent or incorrect entry in the register is proved and, if so, what action to take.

Hearings are held in the country of the nurse or midwife's registered address – England if the registered address is outside the United Kingdom. They consider evidence and argument. Investigating Committee and Conduct and Competence Committee hearings take place in public; Health Committee hearings take place in private. The case against the nurse or midwife is presented by an NMC case presenter; the nurse and midwife is entitled to attend the hearing and to be represented. Witnesses can be called by either side.

Nurses and midwives are entitled to have their case decided at a hearing. If a hearing is not required, the case may be decided at a meeting when the it will be determined on the basis of information contained in the papers. Cases can be decided at meetings if they are straight forward and there is no public interest in dealing with them at a hearing. The majority of cases go to a hearing.

From 3 November 2008 panels have used the civil standard of proof when deciding whether the facts of the allegation are proved. Prior to 3 November 2008, the criminal standard of proof was used.

If a panel of the Conduct and Competence Committee or Health Committee finds an allegation proved, it can make one of the following orders:

- caution order for one to five years
- conditions of practice order for one to three years
- suspension order for up to one year
- striking-off order (no application for restoration can be considered before five years from the date when the order became effective)

The Council has published indicative sanctions guidance to help panels achieve a consistent approach in the use of the orders. The guidance is available on our website.

Conditions of practice and suspension orders must be reviewed before they expire. At the review, the panel may allow the order to expire, or they may extend it or replace it by another order.

Striking-off orders cannot be made in cases of impairment on the grounds of lack of competence or health unless a conditions of practice order or suspension order has already been in place continuously for the previous two years.

All the orders can be appealed – the appeal period is 28 days. None of the orders can come into effect until the end of the appeal period or, if an appeal is made, until the outcome of the appeal. Appeals are heard in the High Court, the Court of Session in Scotland or the High Court in Northern Ireland – depending on the country of the nurse or midwife's registered address.

An Investigating Committee panel can instruct the Registrar to remove a fraudulent or incorrect entry or to amend the register to reflect the proper position. There is a 28 day appeal period against the panel's decision and the decision cannot come into effect until the end of the appeal period or, if an appeal is made, until the outcome of the appeal. Appeals are heard in the county court or, in Scotland, in the sheriff's court.

Details of all the sanctions that have been made are published on our website together with the panels' reasons.

Interim orders

All three committees can make interim orders to suspend registration or put in place conditions of practice while the case is being investigated and awaiting a final decision. Interim orders are made at hearings which the nurse or midwife can attend and be represented. Most hearings are held in public although the public may be excluded if the issues to be discussed concern details about the nurse or midwife's health. Interim orders can be made for up to 18 months and must be reviewed after six months and then every three months. If we require an interim order to be extended beyond the period specified, we need to apply to the High Court. The High Court can extend an interim order for up to one year.

Because none of the sanctions can come into effect until the end of the appeal period (or until the outcome of the appeal), interim orders can also be made when making conditions of practice, suspension or striking-off orders or when ordering the removal or amendment of a fraudulent or incorrect entry in the register.

Details of all the interim orders that have been made are published on our website together with the panels' reasons.

Public hearings

Details of all public hearings are published in advance on our website. People who wish to observe a hearing can email us or phone to book a place.

Council for Healthcare and Regulatory Excellence
The Council for Healthcare and Regulatory Excellence (CHRE) is an independent body accountable to Parliament, which oversees the work of the nine health professions regulators. Its primary purpose is to promote the health, safety and well-being of patients and other members of the public CHRE has the power to review all our adjudication decisions and refer to Court any that it considers to be unduly lenient and referral necessary in order to protect the public. We report all adjudication decisions to CHRE. In 2008-2009 two CHRE referrals were concluded. In one case we agreed that the referral was justified and in the other the CHRE withdrew the referral.

Committee panels
Committee panels are made up of lay people and nurses and midwives. To secure the independence of committee panels, members and chairs are appointed on the recommendation of the NMC Appointments Board, an independent committee of Council established for this purpose. Appointments are initially for four years with the opportunity for re-appointment for up to a further four years. Working with the Board, we have established a rolling programme of recruitment to ensure we have sufficient numbers of new and experienced members and chairs to deal with the case-load.

In addition to recruiting and selecting lay and nurse / midwife members and chairs for appointment, the Board is also responsible for the delivery of induction, refresher, chairs' and special skills training. During 2009 it will begin a program of appraisal of panel members' performance.

During the year:

- 69 new lay Panel members were recruited, trained and appointed
- 24 existing lay and nurse / midwife members successfully applied, were trained and appointed as chairs and
- 112 new lay people and 72 new nurses and midwives were recruited to receive training as members or chairs for appointment in the coming year.

When the last group has been trained and appointed we will have approximately 400 people in the pool of members.

Details of training delivered during the year are shown below.

- four-day induction training: three sessions
- one-day refresher training: four sessions
- one-day chairs' training four sessions
- one-day civil standard of proof / maintaining appropriate boundaries training: four sessions
- one-day internet-related child abuse training one session

Developments to improve our effectiveness and efficiency

New premises

In January 2009, we moved the fitness to practise directorate into new, purpose-built accommodation at the Aldwych in London. This venue will host the majority of our hearings in England, although we will continue to use other external venues while we process the backlog of cases.

As well as providing modern, well-equipped office space, the new premises give us five serviced hearings suites with provision for panel retiring rooms, interview/consulting rooms and spacious waiting areas. Positive feed-back from staff and users assures us that the move has resulted in improvements to our efficiency and effectiveness.

Case management system

During the autumn of 2008, we commissioned an electronic case management system. The system will help us to:

- progress cases more effectively
- improve the quality of our outputs
- collect reliable data on our current work-load and
- identify and plan for our future work-load.

This has been an enormously ambitious and challenging project – in terms of both the scope and speed of implementation. Phase one of the system went live in January 2009; delivery of the main part of the system will occur during May 2009, with reviews and refinements throughout the remainder of 2009/10.

Staffing arrangements and training

We have reviewed our staffing structure and arrangements to ensure we are able handle cases as quickly, efficiently and effectively as possible. We concluded that, even with the benefits expected of the new case management system, we needed to recruit additional staff in all areas so that we can reduce each team-member's work-load. This will allow us to progress cases more quickly and with improved attention to the quality of the work we produce. We also concluded that we needed a separate work-stream to conduct initial assessments of allegations. During the autumn of 2008 we established our triage team of staff dedicated to this area of work.

To support staff we have established a program of training to improve our customer service skills. Training delivered in the last year includes letter-writing and telephone skills. We have also provided training in the case management system and underlying business processes.

Communication project

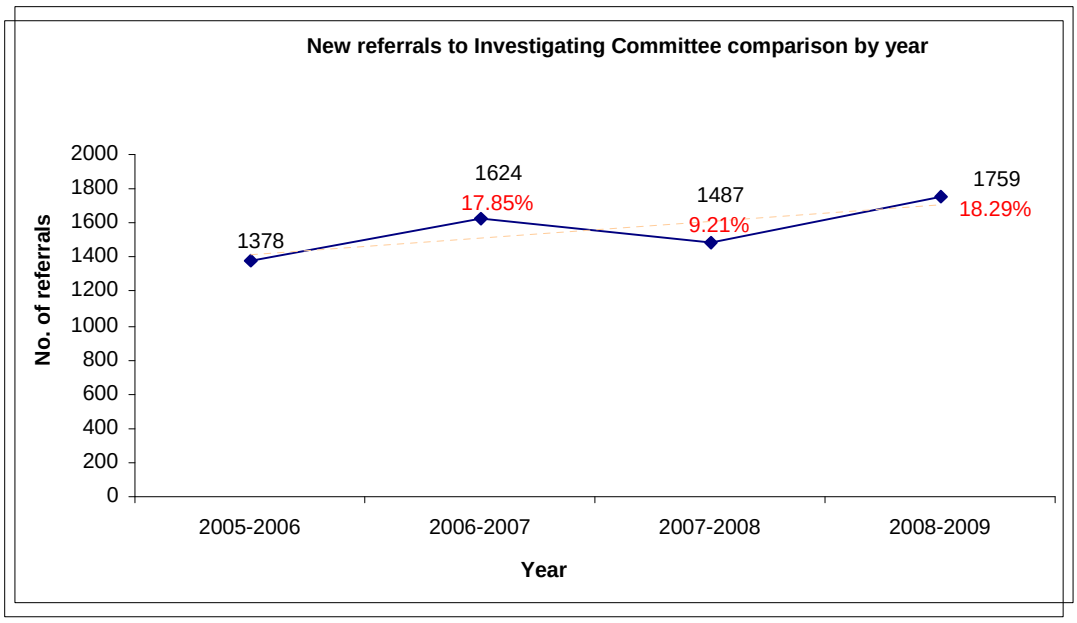
In January 2009 we started a major project to improve the quality and effectiveness of our standard letters and leaflets. This project concentrates on content, language and style as well as the frequency with which we contact all those involved in a fitness to practise case.

Legacy cases
During the year we dealt with a number of cases outstanding from our predecessor regulator, the United Kingdom Central Council for Nursing, Midwifery and Health Visiting. These cases have been complex – many of them subject to other on-going legal processes – and these problems account for the delay in bringing them to conclusion. The arrangements for processing these cases are similar to the arrangements for cases referred to the NMC, but we have reported on them separately or indicated where they have been included in the statistical analysis of the current arrangements that follows.

Statistical review
New allegations against nurses and midwives

In the year 2008 – 2009 the NMC received 2,178 allegations which were assessed as to whether they were suitable for referral to the Investigating Committee.

This resulted in the Investigating Committee receiving 1,759 new referrals, an increase of 18.29% compared to 2007-08 (1,487). The general figure shows that there has been an increasing trend since 2005 in the number of nurses and midwives referred to NMC. However, the number of referrals represent just 0.2% of the total number of people on our register (663,656 as at 31 March 2009).



This year nearly 50% of the cases referred to us came from employers, and 23% came from the police, who are required to inform us about nurses and midwives who have cautions and criminal convictions. Referrals from the public have increased this year (16.8%) compared to 2007-08 (8.8%), while self referrals and referrals from other health professionals remain a small percentage of the total number of referrals (3.7% and 1.5% respectively). Self-referrals are generally made if a nurse or midwife believes their health is affecting their fitness to practise.

Sources of new allegations

Source	2007-2008	2008-2009
Employers	53.13%	47.95%
Police	28.92%	23.17%
Members of the public	8.81%	16.83%
Other health professionals	2.22%	1.53%
Others (including self referral)	6.92%	10.52%

The majority of referrals, just over 88%, came from England, where most nurses and midwives live and practise, followed by Scotland - approaching 8%, Wales - approaching 3%, overseas - 0.17% and 0.11% from the European Union.

Source country of referrals

Country	2007-2008	2008-2009
England	84.94%	88.23%
Scotland	8.34%	7.85%
Wales	4.17%	2.84%
Northern Ireland	2.49%	0.80%
Overseas	0.07%	0.17%
EU	0.00%	0.11%

Investigating Committee panels

The panels must decide whether there is a case to answer. They may ask for further investigations to be made to determine whether there is a case to answer. If they decide there is a case to answer, they must refer the matter on to the Conduct and Competence Committee or Health Committee. As a separate strand of work, the panels also deal with allegations of fraudulent or incorrect entry to the register

If a panel finds there is no case to answer it will close the case. Many complaints are closed at this stage because there is insufficient evidence, or because the matter would not call the nurse or midwife's fitness to practise into question – such as minor motoring offences.

During 2008 – 2009, panels met on 51 days compared with 83 days during 2008 – 2009. The panels considered 2013* cases – roughly a quarter fewer cases than in the previous year. In 2007 – 2008 we held two panels per week each considering cases and interim orders. We have now rationalised this arrangement so that each panel focuses either on progressing cases or on considering interim orders. This is in response to concerns from panel members about the time available to read, consider and record good quality reasons for their decisions.

IC panel	2007-2008	2008-2009
Times met	83	51
Number of cases	2688	2013

Investigating Committee panel decisions

Decisions	2005-2006		2006-2007		2007-2008		2008-2009	
Further investigation	971	53%	1126	49%	1253	47%	760	37%
No case to answer	645	35%	808	35%	937	35%	722	35%
Refer to Conduct and Competence Committee	201	11%	315	14%	441	16%	352	17%
Refer to Health Committee	13	1%	32	1%	56	2%	65	3%
Refer for adjudication on fraudulent or incorrect entry on the register	1	0%	6	0%	1	0%	3	0%
Adjourned	-	-	-	-	-	-	35	2%
Request medical examination	-	-	-	-	-	-	52	2%
Withdrawn	-	-	-	-	-	-	14	1%
Other	-	-	-	-	-	-	10	1%

**Includes cases that have been considered more than once*

Investigating Committee interim orders – includes some legacy cases

		2007-2008		2008-2009	
New	Interim suspension order	149	32%	171	36%
	Interim conditions of practice order	20	4%	19	4%
	Interim order not necessary	31	7%	32	6%
Reviews*	Interim suspension order continued	229	50%	38	7%
	Interim suspension order replaced by interim conditions of practice order	4	1%	27	5.5%
	Interim conditions of practice order continued	19	19%	170	35%
	Interim conditions of practice replaced by interim suspension order	2	0.4%	22	4.5%
	Interim order revoked	8	2%	11	2%

**Includes cases that have been reviewed more than once*

Legacy cases

Panels of the Preliminary Proceedings Committee sat and considered six cases. Five cases were sent for further investigation and one case was referred to the Professional Conduct Committee.

Conduct and Competence Committee panels
Panels must decide whether the allegation is proved and, if so, decide on the appropriate sanction. They also consider applications for restoration.

During 2008-2009 panels sat on 1,168 days which is a substantial increase over the 615 days of the previous year. The panels considered 563 cases – 81 cases more than in the previous year. We have made concerted efforts to hear older, more complex cases and this has resulted in the increased duration of cases.

CCC panel	2007-2008	2008-2009
Days sat	615	1168
Number of cases	482	563

Outcomes
The table of outcomes shown below includes cases that have been considered more than once following adjournments.

Conduct and Competence Committee outcomes 2005-2008

Outcome	2005-2006		2006-2007		2007-2008		2008-2009	
Striking off order	16	62%	75	52%	214	44%	210	37%
Caution order	3	12%	17	12%	92	19%	126	22%
Conditions of practice order	1	4%	6	4%	6	1%	16	3%
Suspension order	0	0%	4	3%	27	6%	68	12%
No further action	1	4%	13	9%	30	6%	53	9%
Adjourned	5	19%	29	20%	113	23%	68	12%
Referred from a meeting to a hearing	-	-	-	-	-	-	10	2%
Adjourned with interim order	-	-	-	-	-	-	4	1%
Conditions allowed to expire	-	-	-	-	-	-	1	0%
Withdrawn	-	-	-	-	-	-	7	1%

What the allegations were about
Many allegations directly involve patients – most commonly these allegations concern incidents of physical or verbal abuse and failure to communicate and respect the dignity of patients.

Allegations concerning incorrect administration of drugs represent over a tenth (11.75%) of the total, and allegations about dishonesty represent just over 14% of the allegations.

Most cases concern a number of different incidents and often involve more than one type of allegation.

Conduct and Competence Committee allegations (including legacy allegations considered by the Preliminary Proceedings Committee)

Description of allegation	2006-2007	2007-2008	2008-2009
Dishonesty*	19.23%	17.32%	14.83%
Patient abuse (physical, sexual, verbal, inappropriate relationship)	17.09%	14.30%	8.37%
Lack of competence	-	-	8.66%
Failure to maintain adequate records	7.48%	10.37%	8.52%
Incorrect administration of drugs	10.47%	9.87%	11.75%
Neglect of basic care	10.04%	9.16%	10.57%
Unsafe clinical practice	7.48%	7.75%	7.78%
Failure to collaborate with colleagues	4.06%	6.95%	6.90%
Colleague abuse (physical, sexual, verbal, inappropriate relationship)	4.27%	2.72%	1.91%
Failure to report incidents	3.42%	2.62%	0.44%
Failure to act in an emergency	3.21%	1.91%	2.06%
Accessing pornography - adult	2.35%	1.01%	0.59%
Violence (harassment, assault)	1.92%	1.41%	1.91%
Other**	8.98%	14.60%	15.71%

*Dishonesty includes theft, fraud, false claim to registration, claiming sick pay fraudulently, falsification of records, failure to disclose previous convictions, sleeping on duty, dishonesty about previous employment and misappropriation of drugs.

** Other includes absence without leave, drink and drugs related offences (other than incorrect administration), breach of confidentiality, conviction or caution, bullying, failure to communicate, failure to maintain adequate staffing levels, failure to obtain consent, failure to provide adequate nursing care, failure to respect dignity of patient, holding against their will, indecent exposure, and sexual abuse.

Conduct and Competence Committee settings of allegations

	2006-2007	2007-2008	2008-2009
NHS	46.67%	42.48%	43.72%
Residential or nursing home	25.81%	30.07%	20.88%
Unknown*	15.32%	13.89%	21.59%
Other settings**	6.85%	8.82%	9.38%
Private hospital or company	5.39%	3.84%	3.01%
Agency	3.23%	1.14%	1.06%

* In conviction or caution cases the work setting of the registrant is not always known or relevant.
**Other settings includes independent practice.

Conduct and Competence Committee interim orders

		2007-2008		2008-2009	
New	Interim suspension order	25	10%	23	14%
	Interim conditions of practice order	4	2%	4	2%
	Interim order not necessary	8	3%	14	9%
Reviews*	Interim suspension order continued	202	81%	98	60%
	Interim suspension order replaced by interim conditions of practice order	1	0.4%	0	0%
	Interim conditions of practice order continued	6	2%	22	13%
	Interim conditions of practice replaced by interim suspension	1	0.4%	0	0%
	Interim order revoked	1	0.4%	2	1%

**Includes cases that have been reviewed more than once*

Conduct and Competence Committee restoration applications heard 2005-2008

	2005-2006		2006-2007		2007-2008		2008-2009	
Restored	4	24%	1	17%	0	0%	6	50%
Restored with conditions of practice order	2	12%	1	17%	0	0%	0	0%
Refused	11	65%	4	67%	10	100%	6	50%

Legacy cases
Panels of the Professional Conduct Committee sat on 73 days and considered 21 cases.

Approximately 30% of the cases received a caution, 30% were removed from the register, 30% were adjourned one or more times during the course of the year and in 10% of the cases no action was taken.

Professional Conduct Committee outcomes, 2005-2009*

	2005-2006		2006-2007		2007-2008		2008-2009	
No further action	10	4%	13	10%	12	9%	2	9.5%
Cautioned	48	19%	23	17%	19	15%	6	28.5%
Removed	128	51%	67	50%	58	45%	6	28.5%
Referred to screeners	0	0%	0	0%	1	1%	1	4.8%
Adjourned	64	25%	30	22%	40	31%	6	28.5%

**Includes cases that have been considered more than once following adjournments*

Health Committee panels
Panels must decide whether the allegation of impairment through ill health is proved and, if so, decide on the appropriate sanction. They also consider applications for restoration.

During 2008-2009 panels sat on 41 days which is a substantial increase over the 28 days of the previous year. The panels considered 149 cases compared with 41 cases in the previous year. However, because of the nature of these cases, many are considered on a number of occasions during their lifetime. This means the number of cases in the system generates a much higher number of occasions when each is considered by a panel.

HC Panel	2007-2008	2008-2009
Days sat	28	41
Number of cases*	41	149

*Includes legacy cases

Health Committee panel outcomes, 2005-2009

Outcome	2005-2006		2006-2007		2007-2008		2008-2009	
Suspension order*	44	31%	10	23%	13	32%	22	19%
Adjourned*	31	22%	10	23%	10	24%	54	47%
Conditions of practice order	5	3%	5	12%	7	17%	15	13%
Conditions of practice continued	0	0%	2	5%	2	5%	2	2%
Conditions allowed to expire	-	-	-	-	-	-	1	1%
Case closed**	52	36%	8	19%	2	5%	8	7%
Suspension order continued	0	0%	3	7%	2	5%	8	7%
Referred to PPC/CCC*	2	1%	0	0%	1	2%	2	2%
Withdrawn	0	0%	1	2%	1	2%	3	2%
Suspension terminated**	5	3%	2	5%	1	2%	0	0%

*This outcome includes some legacy cases
**This outcome concerns legacy cases only

What the allegations were about

We have identified three broad categories to describe the types of health problem that have led to referral. These are: substance abuse, mental health and physical illness. The majority of the cases heard involved allegations of substance abuse (drugs and/or alcohol).

Health Committee allegations

Description of allegation*	2005-2006	2006-2007	2007-2008	2008-2009
Other mental illness	27.24%	37.35%	32.63%	32.43%
Physical illness	5.72%	14.46%	23.16%	10.81%
Drug abuse	22.62%	19.28%	18.95%	13.51%
Alcohol abuse	28.06%	22.89%	16.84%	29.73%
Depressive illness	16.34%	6.02%	8.42%	13.51%

*Includes allegations referred in legacy cases

Health Committee interim orders

		2007-2008		2008-2009	
New*	Interim order not necessary	0	0%	2	2.5%
	Interim conditions of practice order	1	2%	35	43%
Reviews**	Interim suspension order continued	53	95%	38	47%
	Interim conditions of practice order continued	1	2%	5	6%
	Interim order revoked	1	2%	1	1.5%

**includes some orders made at substantive hearings*

***Includes cases that have been reviewed more than once*

Our previous statistical reports are published on our web-site www.nmc-uk.org

Fitness to Practise panel activity
Scotland
2006 – 2009

New referrals

Number of new referrals received from Scotland

	April 06 - March 07	April 07- March 08	April 08 – March 09
Total number of new referrals received	1624	1487	1759
Total number of new referrals from Scotland	98	124	138
Percentage of new referrals	6.03%	8.3%	7.34%

Comparison with the register for the cases referred from Scotland

	Register	April 06- March 07	April 07- March 08	April 08 – March 09
Scotland	9.58%	6.03%	8.3%	7.85%

Gender profile of the nurses and midwives referred from Scotland and comparison with the register

	Register	April 06- March 07	April 07- March 08	April 08 – March 09
Male	10.73%	33.67%	27.42%	36.23%
Female	89.24%	66.33%	72.58%	63.77%

Source of referral for the cases from Scotland

	April 06 - March 07	April 07- March 08	April 08 – March 09
Employers	48	65	42
Police	29	52	59
Member of the public	11	1	18
Other health professionals	3	5	1
Others (including self referral)	7	1	18

Investigating Committee panels

Scottish cases considered by Investigating Committee panels including legacy cases

Cases*	April 06 - March 07	April 07- March 08	April 08 – March 09
Total number of cases considered	2387	2700	2059

Total number of Scottish cases considered	168	216	150

Figures above include cases that have been considered more than once following adjournments.

Investigating Committee panel decisions for the cases from Scotland

Decisions	April 06- March 07	April 07 – March 08	April 08 – March 09
Further investigation	68	74	43
No case to answer	47	91	46
Refer to Conduct and Competence Committee	24	21	18
Refer to Health Committee	4	3	8
Adjourned	16	13	4
Request medical examination	9	14	7
Withdrawn	0	0	3
Declined to Proceed	0	0	1
Other	0	0	1

Investigating Committee interim orders in Scotland April 2008 – March 2009

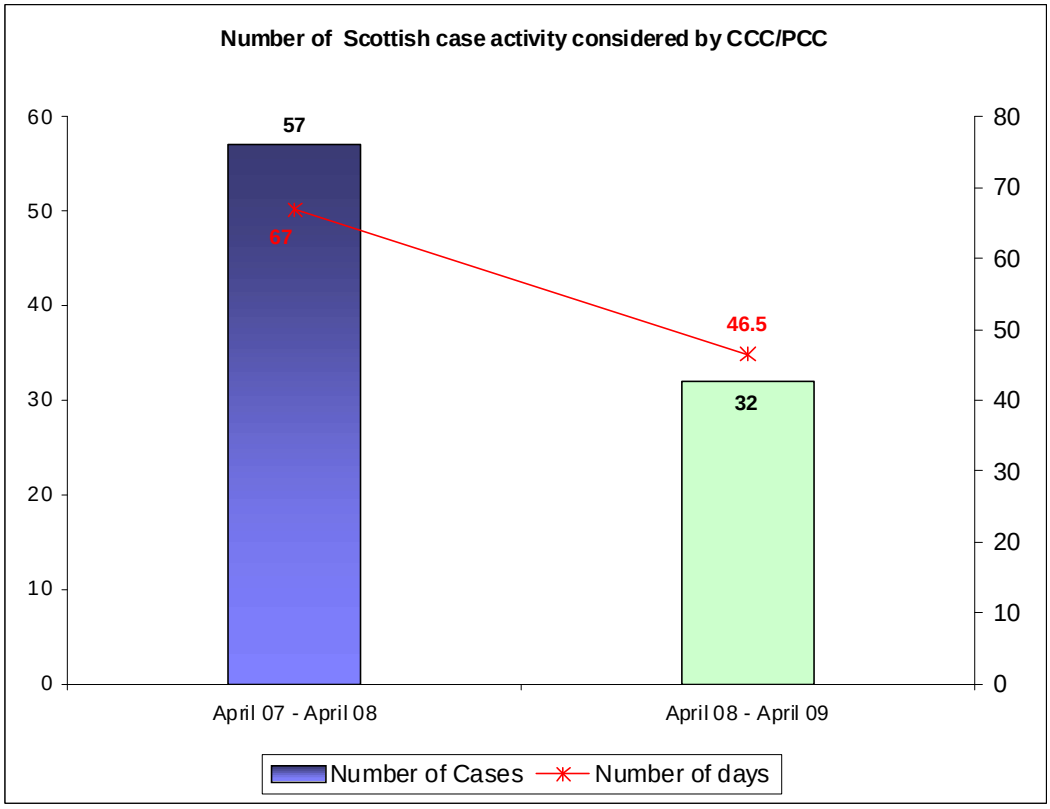
New	Interim suspension order	18
	Interim suspension order not necessary	1
Review	Interim conditions of practice order continued	1

Conduct and Competence Committee panels

Scottish cases considered by Conduct and Competence Committee panels including legacy cases

Cases*	April 06 - March 07	April 07- March 08	April 08 – March 09
Total number of cases considered	279	612	705
Total number of Scottish cases considered	29 (10.39%)	57 (9.31%)	32 (4.53%)
Total number of days to consider Scottish cases	43	67	46.5

Figures above include cases that have been considered more than once following adjournments.

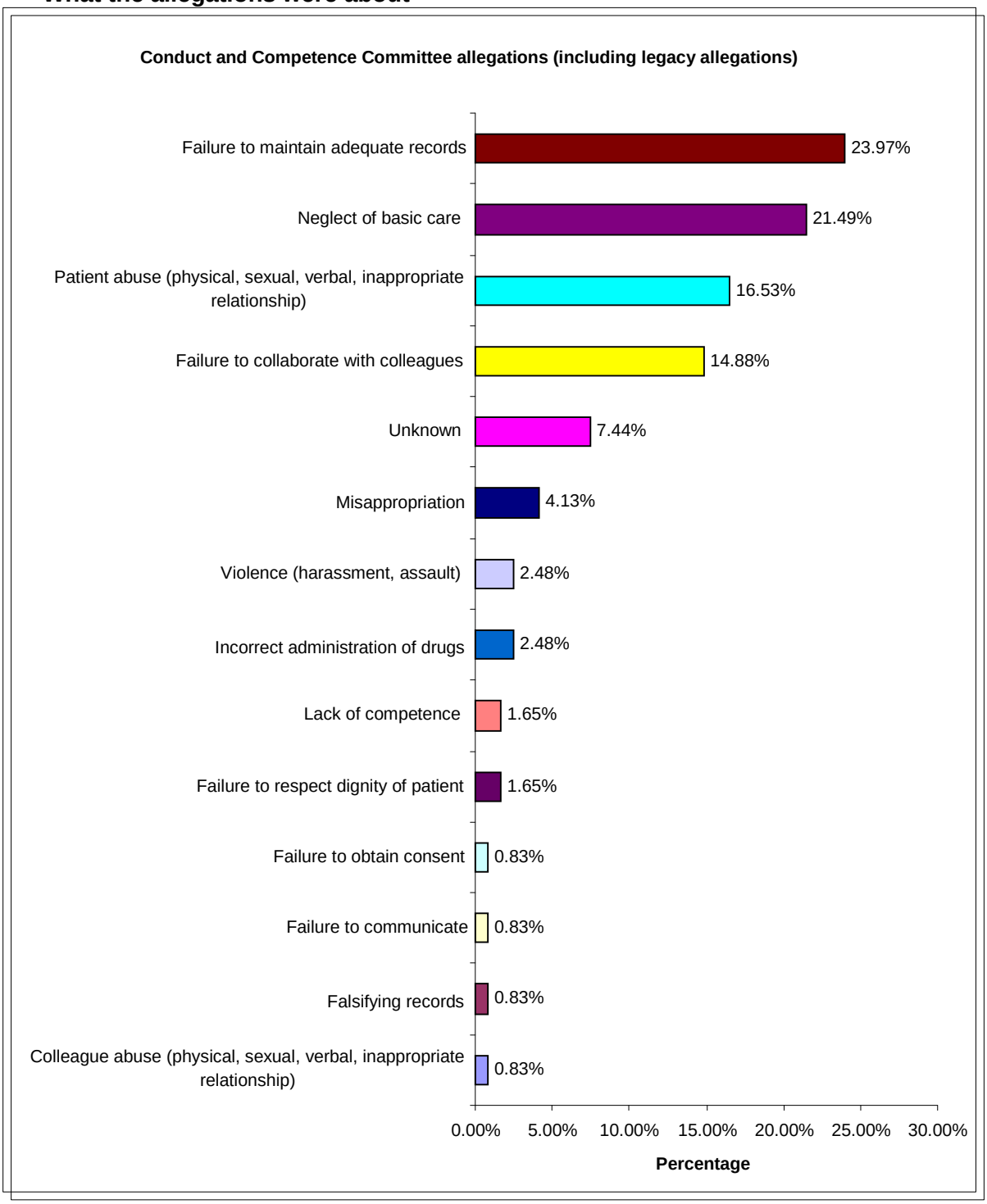


Conduct and Competence Committee outcomes for Scottish cases including legacy cases

The table of outcomes shown below includes cases that have been considered more than once following adjournments.

Outcome	April 06 – March 07	April 07 – March 08	April 08 – March 09
Struck off / removed	15	28	15
Suspension order	1	2	3
Conditions of practice order	1	0	3
Conditions allowed to expire	0	0	1
Caution order	3	11	1
Not proved	1	1	0
Adjourned	9	15	7
No further action	0	0	2
Referred to Health Committee	0	0	1

What the allegations were about



Conduct and Conduct Competence Committee settings of allegations in Scotland

Setting	April 06 – March 07	April 07 – March 08	April 08 – March 09
Residential or nursing home	25.9%	33.9%	24%
NHS	51.84%	53.5%	28%
Private hospital	7.4%	1.8%	0%
Agency	3.7%	1.8%	0%
Prison	3.7%	0%	0%
Unknown*	7.5%	9%	32%
Health Authority Board	0%	0%	8%
Local Authority	0%	0%	4%
University / Training College	0%	0%	4%

*In conviction or caution cases the work setting is not always known or relevant