

Warnings

Reference: CAS-2b Last Updated: 10/01/2020

In this guide

[What are warnings?](#)

[When warnings may be suitable](#)

[When warnings are less likely to be suitable](#)

[What we publish](#)

[Reviewing warnings](#)

What are warnings?

[Back to top](#)

A warning is a public record on a nurse, midwife or nursing associate's registration, noting that some aspect of their past practice or conduct was unacceptable and that they should not repeat it. These records last for a year.

Their purpose is to maintain professional standards and help prevent future breaches of the trust the public places in all the professionals on our register.

When case examiners issue warnings this allows us to restate publicly what the Code requires of nurse, midwife or nursing associates in particular situations, which helps us to promote and maintain professional standards.

When warnings may be suitable

[Back to top](#)

Before our case examiners will issue a warning, the nurse, midwife or nursing associate must have accepted our concerns about their practice.

Those concerns must be serious enough in principle to impair their fitness to practise but, on the evidence available, there will be no realistic prospect of the Fitness to Practise Committee deciding that the nurse or midwife's fitness to practise is currently impaired.

This is likely to occur in cases where the concerns raised issues about the nurse, midwife or nursing associate's attitudes, values or behaviours, but where the quality of their reflection and insight means they have no case to answer on their fitness to practise being currently impaired. Warnings are likely to be less suitable for cases about mistakes, or where the concerns are about a lack of clinical skill or judgement or someone's health.

Warnings can be suitable for concerns about incidents that happened when the nurse, midwife or nursing associate was providing care to people, if our underlying concerns about those incidents are based on issues about their professionalism, attitudes, values or behaviours.

Warnings are not there to punish people on our register for past mistakes, but to warn them that if they repeat conduct they now agree was unacceptable, this could raise fundamental questions about their practice as a registered professional.

Facts admitted

Case examiners will only issue a warning if the nurse, midwife or nursing associate accepts the concerns about their fitness to practise. This means that there would be a realistic prospect of the facts being found proved if the case went to the Fitness to Practise Committee.

Case examiners don't issue warnings to people who don't accept the concerns about their practice. If the nurse, midwife or nursing associate disputes concerns that could be serious enough to affect their fitness to practise, the case will need to be resolved by the Fitness to Practise Committee. The Committee has powers to impose

restrictions on nurses or midwives, which may be needed if the concern is serious, and there's been no reflection, insight, or steps taken to address the concerns.

Not currently impaired but some action still needed

The kinds of concerns that are capable of impairing someone's fitness to practise are set out in our [seriousness guidance](#). Warnings are generally more suitable for concerns about attitudes, values or behaviours, and in some cases, the examples we identify in our guidance on [serious concerns that could cause harm if not put right](#) may actually raise underlying concerns about these kinds of issues.

Some examples of the kind of case where it's the nurse, midwife or nursing associate's values attitudes, values or behaviours that led to failures to provide safe and effective care might include:

- not following agreed clinical procedures, and adopting possibly unsafe 'workarounds' for tasks like drug administration, because of a choice to put their own interests, or those of their team or unit, ahead of those of people in their care
- record-keeping failings, like a practice of only recording abnormal observations to save time
- not challenging practices or processes that could put people at risk of harm

Examples of concerns about attitudes, values and behaviours relating less directly to providing care might include:

- isolated, low-level, spontaneous or short-lived dishonesty
- failures to respect privacy or confidentiality
- poor communication, including not following our [guidance on using social media responsibly](#)

Warnings are only appropriate where the concerns are serious enough to potentially impair fitness to practise but where the quality of the evidence the nurse, midwife or nursing associate has provided about their reflection and insight means there's now no realistic prospect of the Fitness to Practise Committee finding current impairment.

As we explain in the guidance on [how case examiners decide there is a case to answer](#), our case examiners will look carefully at the [guidance on insight and strengthened practice](#) when making decisions about these issues.

Case examiners will issue a warning at the same time as deciding there's no case to answer if the seriousness of the initial concerns means there's a need to warn the nurse, midwife or nursing associate that similar conduct in the future could lead to more fundamental questions about their trustworthiness or professionalism. Such questions could mean a need for restrictive regulatory action to protect the public's trust in nurses, midwives or nursing associates.

By recording this warning publicly, we identify conduct that wasn't acceptable, highlight that the nurse, midwife or nursing associate recognises this, and restate our professional standards for all the professionals on our register.

When warnings are less likely to be suitable

[Back to top](#)

As we explain above, case examiners are less likely to issue warnings if the nurse, midwife or nursing associates disputes the facts our concerns about their practice are based on.

If the concerns are serious enough to affect fitness to practise and the nurse, midwife or nursing associate hasn't participated in the process, then it may be that restrictive regulatory action may be needed to limit the risk of harm to patients or service users. If there are serious concerns about their professionalism or trustworthiness, restrictive regulatory action may be needed to promote and maintain public confidence or professional standards.

Case examiners generally won't issue warnings in cases about mistakes, or where the concerns are about a lack of clinical skill or judgement, and won't issue warnings in cases where the concern arose because of someone's ill health.

What we publish

[Back to top](#)

We'll publish the decision to issue a warning on our website seven days after the decision has been made. The record of the warning sets out the:

- statement of regulatory concern,
- relevant standards of practice and behaviour under the Code, and

- reason for issuing the warning.

The fact that warnings are only issued in cases where the nurse, midwife and nursing associate's practice does not present a risk to patients is clearly explained as part of the definition of a warning. This is accessible from the online record of the warning itself.

Warnings stay on the nurse or midwife's register entry for 12 months.

Reviewing warnings

[Back to top](#)

We can review decisions to issue warnings on the grounds that the decision may be materially flawed, or where there is new information which may have led to a different decision.

However, the Registrar must also decide that a review is in the public interest, or is necessary to prevent injustice to the nurse, midwife or nursing associate. Where these criteria are met, the public record of the warning will be amended to show that we're reviewing the decision.