

Case management directions

Reference: CMT-3 Last Updated: 01/10/2026

In this guide

- [What are case management directions?](#)
- [What are preliminary meetings?](#)
- [When do preliminary meetings take place?](#)
- [Who can attend a preliminary meeting?](#)
- [What directions can be made?](#)
- [Changing and withdrawing case management directions](#)

What are case management directions?

[Back to top](#)

Once the NMC's investigation is complete, the Case Examiners will need to consider whether there is a [case to answer](#) in relation to the nurse, midwife or nursing associate's fitness to practise. If the Case Examiners consider that there is a case to answer, we'll either prepare for a hearing or meeting or, in appropriate cases, offer [undertakings](#).

We'll normally hold a [case conference](#) with the nurse, midwife or nursing associate (and their representative) to discuss the proposed hearing bundle and resolve any case preparation issues. If a case conference identifies that there are disputes over how the parties should prepare for the case, case management directions may be needed.

Binding case management directions can be made by a panel or a Chair, either with or without a preliminary meeting.¹ They may be standard directions that apply to most cases, or directions that are more tailored to the specific case.

What are preliminary meetings?

[Back to top](#)

Preliminary meetings are an important tool for managing cases before a hearing. They allow the panel to issue binding directions for the preparation of the case, and allow both us and the nurse, midwife or nursing associate to raise and resolve issues in advance of a full hearing.

This means we can try to avoid delays to the case being resolved. We also use preliminary meetings to apply to change or withdraw case management decisions, or to [cancel a hearing](#).²

When do preliminary meetings take place?

[Back to top](#)

We can arrange preliminary meetings or the nurse, midwife or nursing associate can ask for one, but they can only happen after the case examiners have made a [case to answer](#) decision and referred the case to the Fitness to Practise Committee.

Normally we need to give 14 days' notice before a preliminary meeting can take place, but we have the power to provide a shorter notice period where either the parties consent or it is in the public interest to do so.³ Examples of situations where it might be in the public interest to proceed with a shorter notice period include a situation where the measures being proposed are in the interests of the professional, or need to be resolved urgently before the hearing, and there would be no prejudice to the professional if they could not attend the preliminary meeting.

Preliminary meetings can't take place if the Fitness to Practise Committee has already started its final hearing of the case, even if the hearing has adjourned without being finished in its allocated time.

If that happens, and a preliminary meeting would have been helpful, we'll arrange a case management meeting before the same panel of the Committee instead.

Who can attend a preliminary meeting?

[Back to top](#)

Preliminary meetings are held in private before a Chair or panel of the Fitness to Practise Committee.

A legal assessor will be present to help with questions of law. The NMC will be represented by a case presenter and the nurse, midwife or nursing associate, along with their representative if applicable, will have the opportunity to attend.

We give the nurse, midwife or nursing associate at least 14 days' [notice of a preliminary meeting](#). The only exceptions to this are if the professional and the NMC agree to a shorter notice period, or if it is in the public interest for there to be a shorter period.

What directions can be made?

[Back to top](#)

Either a Chair or a panel can issue directions which we and/or the nurse, midwife or nursing associate need to follow. These should always be clear for both the NMC and the professional, and proportionate to the complexity of the case. Directions need to be recorded and shared with both the NMC and the professional promptly.⁴

These directions can include:⁵

- time limits for the service and [disclosure](#) of evidence
- the length of the hearing and any dates parties or their witnesses would not be able to attend the hearing
- how a witness can give evidence, for example via video or telephone link
- that the nurse, midwife or nursing associate must undertake a language test
- whether a hearing (or part of a hearing) should be held in public or private
- a requirement that the parties state whether the health of the nurse, midwife or nursing associate is to be raised as an issue in the proceedings, and if so, whether medical reports are needed
- an agreed statement of facts where the facts are not in dispute, or the issue of misconduct is admitted
- where one or both of the parties is producing an expert report, that the author of the report must attend to give evidence
- that a scheduled final hearing be postponed or cancelled
- that cases should be [dealt with together](#) at the final hearing.

Where the preliminary meeting is taking place before a panel, the panel can also make directions:

- determining any legal argument
- as to the admissibility of evidence.

Where support is required for a witness to give evidence at a hearing we'll deal with this in line with the guidance on [supporting witnesses to give evidence in a hearing](#).

The Chair cannot make decisions involving the costs of attending a hearing or decide whether the hearing should be at a different venue.

In considering what directions to make, the Chair or panel should think about how their decision will help the future panel to deal with the allegations of impaired fitness to practise proportionately and effectively. They are not limited to only making directions about issues raised by us or the nurse, midwife or nursing associate.

The directions will cover topics such as when the NMC and the professional need to disclose documents that they want to be considered in the hearing, and which witnesses each would want to call. The directions must be sent to the nurse, midwife or nursing associate promptly after the preliminary meeting.

Changing and withdrawing case management directions

[Back to top](#)

If either party cannot comply with a case management direction, they should ask the panel or Chair to change or withdraw the directions as soon as possible. Alternatively, the panel or Chair may change or withdraw a direction of its own accord. The panel or Chair may change or withdraw case management directions if:

- there has been a material change of circumstances, or

- applying the case management direction would not be in the interests of justice.⁶

By material change of circumstances, we mean where the situation for which the case management directions were made no longer applies, and the case management directions are no longer practicable.

By not in the interests of justice, we mean that applying the case management directions would be procedurally unfair to the parties, such that they could not be assured of a fair hearing.

1. Rule 17A of the Fitness to Practise Rules 2004
2. Rule 33 of The Nursing and Midwifery Council (Fitness to Practise) Rules 2004 (“the Rules”)
3. Rule 18(4) of the FtP Rules
4. Rule 17A(3) of the FtP Rules
5. Rule 18(5) of the Rules and article 32(3) of the of the Nursing and Midwifery Order 2001
6. Rule 17A(4)