

Preliminary meetings

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In this guide

What are preliminary meetings?

When do preliminary meetings take place?

Who can attend a preliminary meeting?

What decisions can the Chair make?

What are preliminary meetings?

[Back to top](#)

Preliminary meetings are an important case management tool which 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 finally resolved. We also use preliminary meetings to apply to [cancel a hearing](#).¹

When do preliminary meetings take place?

[Back to top](#)

We can arrange preliminary meetings, the nurse, midwife or nursing associate can also ask for them, 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.

Preliminary meetings can't start 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 instead.

Who can attend a preliminary meeting?

[Back to top](#)

Preliminary meetings are held in private before a Chair 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 or midwife, along with their representative, will have the opportunity to attend in person, or by telephone.

We give the nurse, midwife or nursing associate at least 14 days' [notice of a preliminary meeting](#).

What decisions can the Chair make?

[Back to top](#)

The Chair can issue directions which we or the nurse, midwife, nursing associate need to follow.

These directions can include:²

- 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
- special measures to be put in place at the hearing for vulnerable witnesses
- that the nurse, midwife or nursing associate must undertake a language test
- 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
- that a scheduled final hearing be postponed or cancelled

- that cases should be **dealt with together** at the final 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 should think about how their decision will help the Committee to deal with the allegations of impaired fitness to practise proportionately and effectively. The Chair is not limited to only making directions about issues raised by us or the nurse, midwife or nursing associate.

We send all decisions in writing to the nurse, midwife or nursing associate after the preliminary meeting.

1 Rule 33 of The Nursing and Midwifery Council (Fitness to Practise) Rules 2004 (“the Rules”)

2 Rule 18(5) of the Rules and article 32(3) of the of the Nursing and Midwifery Order 2001