Essential criteria

Reference: DMA-2a Last Updated: 27/02/2024

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Overview

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We'll only consider a consensual panel determination agreement where:

1. we are satisfied that there is enough evidence to enable the Fitness to Practise Committee to make a finding of impairment;
2. the nurse, midwife or nursing associate accepts the facts of the allegation and that their fitness to practise is impaired.

Usually it will be appropriate to wait until we have completed our investigation before considering whether a consensual panel determination will be appropriate. If the professional agrees with the outcome of our investigation and our proposed sanction it will often be appropriate to refer the matter directly to a panel for a consensual panel determination, rather than referring the matter to the case examiners for a case to answer decision.

Admission of the facts

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A nurse, midwife or nursing associate must accept the facts of the allegation in full. We won't drop serious parts of the factual allegation in exchange for admissions to other parts.

If parts of the factual allegation don't increase the overall seriousness of the case, or it's highly unlikely parts of the factual allegation can be proved, we'll consider no longer proceeding with that part of the allegation.

Admission of impairment

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As well as admitting the factual allegations, the nurse, midwife or nursing associate must also accept that their fitness to practise is impaired. This includes accepting the grounds on which their fitness to practise is impaired, for example, in a misconduct case accepting that the factual allegations amount to misconduct.

This shows a level of insight that's essential for a sanction to be agreed and for the case to be resolved by a consensual panel determination agreement.