

Gathering further evidence after the investigation

Reference: PRE-4 Last Updated: 03/03/2025

There are times when we may decide we need further evidence before the case will be ready for a final hearing. Our guidance on [Our culture of curiosity](#) sets out our approach to investigating concerns.

There are a number of reasons for this:

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We have a duty¹ to make sure that we place sufficient evidence before the Fitness to Practise Committee so that it can understand what is alleged to have gone wrong in the nurse, midwife, or nursing associate's practice. If we need to gather further evidence to allow us to fulfil this duty we will do so.

We also have a responsibility to be [proportionate in our charging](#). This means that we should have enough evidence properly to reflect the seriousness of the conduct alleged; reflect the period of time over which the alleged conduct has occurred; and, if the charges are found proved, allow the committee to deal appropriately with issues of impairment and sanction. If we can do this with the evidence we already have then we won't need to gather further evidence because it won't be necessary or proportionate to do so.

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Our overarching objective is to protect the public and our [fitness to practise principles](#) explain that this isn't about punishing people for past events. Where we consider that the best way to resolve a case may be for a nurse, midwife or nursing associate to return to unrestricted practice, we may ask the practitioner to provide us with up-to-date evidence, which was not available to the Case Examiners, to demonstrate that they are practising safely, kindly and effectively (for example, references, training records, etc). So long as the allegation against them isn't fundamentally incompatible with remaining on the register, we may then ask a panel to decide if this new information means there is still a realistic prospect of current impairment. We call this process 'offering no evidence' and have [separate guidance on when we may do this](#).

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We may need to get up-to-date tests or medical reports. We may need these even if we already have a report, because the panel may need to know if anything has changed since the first report.

If we do have to get further information in order to prepare the case properly, we'll give the nurse, midwife or nursing associate a copy of any new evidence we've obtained and tell them if we plan to put this evidence in front of the Fitness to Practise Committee.

If the nurse, midwife or nursing associate has asked us to try and obtain further information to assist their case, we will consider this as part of our duties under [disclosure](#).

¹ See PSA v NMC & Jozi [2015] EWHC 764 (admin)