Reviewing cases after they are referred to the FtPC

Reference: PRE-1 Last Updated: 19/06/2023

Once our case examiners make the decision to send a case to the Fitness to Practise Committee, our legal team reviews it.

Reviewing the case

Our legal team will review the regulatory concerns identified by the case examiners, then draft a charge, which sets out the particular facts in the case. We'll also review the documents that have been gathered during the investigation and decide which should be used as evidence in the hearing bundle, if the case goes to a full panel hearing or meeting. We'll also create an 'evidence matrix' which explains what evidence we think supports each charge.

We'll also set out why we think the nurse, midwife or nursing associate is not fit to practise and, if the facts were to be found proven, what sanction we think would be appropriate. Although any final decision is for a panel, we think it's helpful for the nurse, midwife or nursing associate to understand our position on these so that they can better tell us their views.

What we send to the nurse, midwife or nursing associate

After our legal review, we'll send the nurse, midwife or nursing associate the draft charge and our view on impairment and sanction along with information about:

- which documents we gathered through the investigation that will be used as evidence (called the 'hearing bundle')
- the number of days we expect a hearing to last
- which witnesses we plan to rely on
- whether we think the case should be considered virtually or at a physical hearing
- how the witnesses' evidence will be given to the panel
- whether we think the case needs to be joined together with another case.
- the evidence matrix, if one has been created.

Opportunities to respond

We give the nurse, midwife or nursing associate this information so that they have the opportunity to respond and tell us if they disagree with any of our decisions.

At this point the nurse, midwife or nursing associate can tell us whether they admit or deny any of the allegations.

They can also tell us of any other information that may help with our decision-making on the case. For example, whether they are currently working or have retired, or if they disagree with the evidence we are presenting about the case, or whether they want to apply for agreed removal.

Finding the best way forward

We always look at our options to end the case in the way that best protects the public at the earliest opportunity.

Sometimes we may decide we don't need a full hearing, because nobody disagrees about the important issues in the case. When this happens, we'll usually seek to send the case to a private meeting of the Fitness to Practise Committee.

If we think a case should go to a meeting, we'll draft a statement of case which sets out a detailed explanation of what we think went wrong, what the evidence is and why we think the nurse, midwife or nursing associate is impaired.

We'll include any information on relevant contextual factors that we think may have a material impact on the incident(s) and explain why. We'll also set out what sanction we think the panel should make. This is sent to the nurse, midwife or nursing associate in advance and provided to the panel at the meeting so that everyone can clearly see our position on

he case.

However, if the nurse, midwife or nursing associate wants a full hearing by the committee they do have a right to it. We usually won't create a statement of case if a hearing is needed because our case presenter will be available to set out our position for the panel. We seek to hold case conferences in advance of a hearing to make sure our position is clear on outstanding issues and we understand the nurse, midwife or nursing associate's position.

Find out more about how we deal with cases at meetings and hearings.

Once we understand whether or not there are clear issues between us and the nurse, midwife and nursing associate, we'll know how lengthy and complex the hearing is likely to be before the case gets to the Fitness to Practise Committee.

For example, if the nurse, midwife or nursing associate admits some of the allegations, we may not need to hear evidence from so many people which will enable us to keep the time, cost and complexity of fitness to practise hearings, and the impact on the people involved in them, to a minimum.