

# Independent experts

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## When we instruct independent experts

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We don't always need independent expert evidence. We sometimes need help to understand the basic facts of what happened, and whether it was serious enough to cause concerns about the nurse, midwife or nursing associate's fitness to practise. We can usually discuss these issues with professionals at a local level who have the qualifications and technical expertise to help us with these issues.

Sometimes, however, we'll need the opinion of an independent expert during our investigation, and because of the issues involved, it's proportionate for us to instruct one.

We'll usually do this if we need:

- specialised knowledge or expertise that we cannot obtain locally
- an independent opinion
- evidence to help us decide whether a nurse, midwife or nursing associate's actions were directly responsible for patient death or serious harm

## Specialised knowledge or expertise

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In our most complex cases we may need input from someone with technical expertise and experience. This is particularly likely if the concerns are about practice in a specialised setting or involve very technical issues. In these cases, we are more likely to need help to determine exactly what happened, what should have happened and how serious it was.

If there is no local person with the qualifications, specialised knowledge and expertise who is able to help us, we will need to think about instructing an independent expert can provide us with necessary evidence to assist our decision makers.

## Independent opinion

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Independent experts do not have any connection with or interest in one part or side of the case or another. They are expected to give their opinion based only on their expertise and experience.

For this reason, independent experts can provide objective evidence in cases which involve a wide ranging factual dispute.

We may need the independence and objectivity of an expert if the case is about the conduct or practice of one or more nurses, midwives or nursing associate, and we have reason to believe that the local investigation may not have been adequate or credible.

## Investigating health concerns

When we investigate health concerns, we may often need the opinion of an independent medical expert. This

could be because of their specialist knowledge, their independence, or for both reasons.

For example, although we'll usually ask for information from the nurse, midwife or nursing associate's GP or treating specialist, the therapeutic relationship might make it difficult for them to give us an independent opinion about the nurse, midwife or nursing associate's health, or how it could affect their fitness to practise. This can be particularly difficult if nurse, midwife or nursing associate doesn't have insight into their condition, or isn't engaging well with local services.

Sometimes, we may need evidence about how health conditions can pose risks to patients, or comprehensive evidence on untreated or complex illnesses, meaning we need the specialist knowledge of an expert.

When we get a report from a medical expert, they'll give us evidence of the nurse, midwife or nursing associate's health condition using an International Classification of Disease (ICD) diagnosis. We will also need a clear picture of how any symptoms may present, and how this could impact on the nurse, midwife or nursing associate's clinical duties. The expert will need to help us understand, any risk to patients, any risk of relapse, and what support the nurse, midwife or nursing associate may need to help them return to safe practice.

## **Expert evidence about a patient's death or serious harm**

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When we investigate what caused the death or serious harm of a patient, we always need to think about the kind of evidence we'll need to explore.

If we consider that the nurse, midwife or nursing associate may have chosen to take an unreasonable risk with the safety of people in their care, which appears to have caused death or serious harm, we'll try to get expert evidence.

We'll usually ask any independent experts involved in other investigations (such as those held by employers, the police, other regulators, or the coroner) to help with our investigation if they can.

The expert will need to consider whether there is evidence that clearly shows that the fault on the part of the nurse, midwife or nursing associate:

- led to the outcome
- made those outcomes more likely, or
- cost the patient a chance of survival.

We wouldn't need to gather independent expert evidence about whether the nurse, midwife or nursing associate's mistake caused the harm in cases where they made a genuine clinical mistake (for example, they did not deliberately choose to take a risk with patient safety).

However, we would usually want to refer to the adverse outcome as part of the background to the case. In these cases we would make clear that we were not looking to hold the nurse, midwife or nursing associate responsible. This means we would not need the specialist knowledge of an independent expert witness to give an opinion about whether the nurse, midwife or nursing associate's error caused the serious harm of death of the patient.