

# How we investigate health concerns about nurses and midwives

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## Overview

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If the regulatory concern is about the health of a nurse, midwife or nursing associate, we'll need to carefully balance our duty to protect the public, with the nurse, midwife or nursing associate's right to privacy when we investigate.

Before we start to investigate a nurse, midwife or nursing associate's state of health, we'll already have decided, when **screening** the case, that there's a potential risk to the public, through careful consideration of how serious the health concerns appear to be.

## What kinds of health information might we need?

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After seeking the nurse, midwife or nursing associate's agreement we'll gather information about the health concern, from their GP, occupational health professional, or a specialist or consultant who's treating them.

With some kinds of health condition we may ask the nurse, midwife or nursing associate to have a medical examination with an expert doctor, or testing, or sometimes both.

If they refuse to undertake testing or medical examination, the Fitness to Practise Committee can take this into account when deciding if the nurse, midwife or nursing associate is fit to practise.

## What happens if the nurse, midwife or nursing associate has done something wrong because of their health condition?

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Often, investigations about a nurse, midwife or nursing associates's health begin because of a specific incident or series of incidents which, on their own, might suggest a regulatory concern about the nurse, midwife or nursing associate's practice or conduct.

One example is a nurse, midwife or nursing associate who attends work in an unfit state because they've been drinking, and who has a dependency on alcohol. In these circumstances, we'd need to explore, and gather evidence about, both the background health condition, and any relevant incidents.

We'd do this to help ensure we have a clear picture of exactly what occurred, how serious it was and whether there is a link that shows the incidents happened because of the health condition.

In such cases we'll ask an expert to comment on whether the incidents would have happened if the nurse, midwife or nursing associate didn't have the health condition.

Unless there are **exceptional circumstances**, we'll usually say the health condition should be the focus of our concern, as opposed to any possible misconduct.

'Exceptional circumstances' means where the incidents are so serious that there would be a real risk to the public's trust in all nurses, midwives and nursing associates if the nurse, midwife or nursing associate was not removed from the register immediately, and includes examples like deliberately harming patients.

By focusing on the underlying health condition in cases like this, we can act in a way which best addresses the root cause of the problem, and which will best protect the public.

Also, because we'll have evidence of the specific incidents, this enables decision makers to fully consider how the effects of the health condition could cause risks to patients or members of the public, which in turn, will help them make good decisions about what outcomes or action is needed to keep patients and members of the public safe.