

Our overall approach

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The purpose of screening is to decide if a concern about a nurse, midwife or nursing associate's practice amounts to an allegation of impaired fitness to practise.

We'll carry out initial investigations to help us decide if the concern needs to be referred to our Case Examiners or the Fitness to Practise Committee and help us consider the nurse, midwife or nursing associate's fitness to practise.¹ If it does, we'll refer the case to either the Case Examiners or the Fitness to Practise Committee to consider the matter further.²

Our approach

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Our approach to screening is based on our [principles for fitness to practise](#). Our focus is on protecting the public by managing the risk that a nurse, midwife or nursing associate may pose to members of the public in the future. We'll also always consider whether a concern might undermine the public's trust in nurses, midwives and nursing associates or our professional standards generally.

It's not our role to punish people for past events. In line with our context commitments, unless evidence shows that a nurse, midwife or nursing associate deliberately caused harm or acted recklessly, our starting position will be to assume they are usually a safe and competent professional, but something got in the way of them being able to deliver safe care. We can best protect members of the public by making decisions on the concerns we receive swiftly and giving clear reasons for these decisions. We'll always take account of [the context](#) in which the person on our register was practising when deciding if there's a risk to public safety that may require us to take regulatory action.

This guidance sets out how we decide if a fitness to practise concern should be referred to our Case Examiners or the Fitness to Practise Committee.

We have separate guidance explaining how we consider concerns that a nurse, midwife or nursing associate's entry on the register may have been [incorrectly made or fraudulently procured](#).

The role of employers

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Employers have an essential role in managing concerns about a nurse, midwife or nursing associate's practice. Most concerns can usually be addressed effectively by employers without requiring our involvement.

Our fitness to practise [principles](#) make it clear that local investigation and resolution are always the preferred way to deal with concerns, provided that approach does not leave the public at risk.

Employers are closer to the sources of risk to members of the public and can better recognise and manage them. If they need to, employers can intervene directly and quickly in a professional's practice and do so in a targeted way that deals with the risks.

We're further away from the sources of possible harm and have a limited range of options to prevent it. We only need to become involved if the nurse, midwife or nursing associate poses a serious risk of harm to the public or the public's trust and confidence in the professions.

Our Employer Link Service supports employers when deciding if we need to become involved in a concern. They provide advice to employers at the conclusion of a local investigation on whether or not regulatory action needs to be taken. Our employer resource aims to help employers conduct local investigations - you can read more [here](#).

In some cases, it won't be possible for the employer to address the concern fully. This may be because the nurse, midwife or nursing associate practises in more than one setting, doesn't have an employer or has left the employer before an action plan could be put in place. We'll need to become involved in these cases where there's evidence of a serious concern that requires us to take regulatory action to protect the public.

Involving trade unions and professional bodies

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Where a concern is received about a nurse, midwife or nursing associate who is a member of trade union or professional body, it can often be helpful for the person on our register to discuss the concern with their trade union or professional body at the earliest opportunity.

Trade union or professional body representatives can help us get information from the person on our register, which we need to make the right decision quickly and fairly. For example, they can help us get information about how a concern arose or any steps the professional has taken to strengthen their practice.

1 Rule 2A(4) of the Rules

2 Rule 2A(2) of the Nursing and Midwifery Council (Fitness to Practise) Rules 2004 ('the Rules')