

# Stage One: Do we have a written concern about a nurse, midwife or nursing associate on our register?

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## Concerns we can consider

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We can only become involved in a concern where we:

- have sufficient detail about an individual to identify them on our register of nurses, midwives and nursing associates. We recognise that this is not always easy, but knowing a first name, the date, and the care setting in which the events took place is helpful.
- have a written account of the concern. We can assist people in providing us with a written account where this is needed.

## Identifying nurses, midwives or nursing associates on our register

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We can only consider allegations against an identified nurse, midwife or nursing associate who is currently on our register<sup>1</sup>.

We must be confident that we have correctly identified the Personal Identification Number ('PIN') of the nurse, midwife or nursing associate who is the subject of a referral. Where a concern relates to someone who is not on our register, we won't consider the matter further (but may refer the matter to another organisation, such as another regulator, the police, an education provider or a Clinical Commissioning Group).

We often receive concerns about professionals delivering care on a certain ward, unit, or a particular setting rather than about identified nurses, midwives or nursing associates. If, after raising their concerns with the employer, a member of the public is unsure of the identity of those who delivered the care, we'll make inquiries to try to establish their identity.

We'll usually ask employers or healthcare providers to supply us with documents and information (such as rotas or timesheets) to help us identify individuals on our register. We'll treat cases involving a number of nurses, midwives or nursing associates from a particular healthcare setting (who we cannot immediately identify) as a single referral as we gather information to identify if any of the individuals are on our register.

If, after taking reasonable steps, we can't link the referral to an identified nurse, midwife or nursing associate on our register, we won't be able to investigate further.

## In writing

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To consider if a concern amounts to an allegation of impaired fitness to practise, we need to have a written account of the concern.

If someone first raises a concern with us over the phone, we'll ask them to put their concern in writing. If someone needs help with this, we'll provide them with the help they need. This is part of our wider commitment to support people to communicate with us and stay involved in our processes.

We'll make enquiries at the screening stage to ensure we have an accurate and complete understanding of the concern to help us make our decision. We have broad powers to investigate any matters that will help us decide whether the concern can amount to an allegation of impaired fitness to practise.

If the scope of the concern is unclear, we'll contact the person raising the concern and ask them to clarify what their concern is about. If no clarification is provided, we may not be able to consider the matter any further.

## **Supporting evidence**

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It's helpful to provide supporting evidence when concerns are raised with us. This isn't essential, but it can take longer to resolve if the concern isn't accompanied by supporting evidence.

Where an employer refers something to us, we expect it to be accompanied by full supporting evidence. Useful supporting evidence will usually include:

- a clear and logical narrative explaining the conduct which is being alleged
- dates of the incident(s) (including exact time and dates if possible)
- locations where the incident(s) took place (including name and address of the organisation, and specific wards or departments where possible)
- names and contact details of anyone present (including colleagues and members of the public)
- copies of notes made at the time or shortly after the event, and statements of anyone who witnessed the events alleged
- copies of medical records, medication administration record (MAR) charts, prescriptions
- local policies
- details or documentary records of any admissions made by the nurse, midwife or nursing associate
- details of other sources of evidence in support of the allegation
- any investigation report and appendices
- any disciplinary outcome letter.

1 Article 22(1) of the Nursing and Midwifery Order 2001 refers to allegations against 'a registrant', which is defined in Schedule 4 as 'a nurse, midwife or nursing associate who has been admitted to the register...'