

Stage Three: Is there clear evidence to show that the nurse, midwife or nursing associate is currently fit to practise?

Reference: SCR-1a-iii Last Updated: 10/05/2021

Where stages one and two of our screening process are met, we'll consider the nurse, midwife or nursing associate's current practice.¹ Sometimes we receive evidence about the nurse, midwife or nursing associate's current practice which indicates that steps have already been taken to address any concerns about their fitness to practise since the incidents which led to the referral.

We always encourage nurses, midwives and nursing associates who have been the subject of concerns to consider what lessons they can learn from the incident and to strengthen their practice as a result. Full information about our approach to issues of strengthened practice (remediation), reflection and insight can be found [here](#).

We'll consider whether the steps the nurse, midwife or nursing associate has taken to strengthen their practice satisfy us that there is no longer any risk to the public and the concern has been fully addressed.

For example, if there's clear evidence that the nurse, midwife or nursing associate has appropriately reflected on the issues raised in the concern, or, where appropriate, provided evidence of relevant retraining, we may decide that the case does not need to be referred to the Case Examiners or the Fitness to Practise Committee.

Where we receive information that health or personal circumstances may have played a part in the concern, we'll look for evidence from the nurse, midwife or nursing associate to demonstrate they've reflected on and addressed the issues they were experiencing at the time. Where we receive evidence that lack of training or support may have played a part in the concern, we'll need to be satisfied the gap in training or knowledge has been addressed. We'll also consider whether we need to share any information we receive about failures by employers to support nurses, midwives and nursing associates to stop similar concerns arising again, in line with our [Information Handling Guidance](#) on sharing information with outside agencies.

In some cases, the nature of the alleged conduct may be so serious that further investigation is required to promote and maintain public confidence in nurses, midwives and nursing associates generally, or to promote and maintain proper professional standards and conduct. In these circumstances, evidence about the nurse, midwife or nursing associate's current practice will be less relevant to our decision.

¹ Sometimes nurses, midwives or nursing associates may provide us with reflective material in relation to an incident that isn't serious enough to require our involvement. While this won't usually be relevant to our screening decision, we encourage nurses, midwives and nursing associates to reflect on their practice and their reflections may be helpful when they go through Revalidation.