Regulatory concerns in health cases

Reference: SCR-2b Last Updated: 28/07/2017

In cases where the concern about the nurse, midwife or nursing associate's practice involves their **physical or mental health**, how we express the regulatory concern will depend on how their health condition has presented a risk to patients. It is important that we are able to provide detail of why we say the health condition is a source of concern, by referring to specific examples of risk. We will not leave the fact that the nurse, midwife or nursing associate has a health condition to speak for itself. Where, for example, the medical evidence makes clear that particular incidents or clinical concerns happened because the nurse, midwife or nursing associate has depression, making these incidents part of our regulatory concern shows the nurse, midwife or nursing associate why we say their depression could be a risk to patients.

For this reason, we will clearly set out any examples of the nurse, midwife or nursing associate having done something which put patients at risk of harm. This will be the case even where it would be possible to characterise the incidents as misconduct, if the medical evidence suggests that there is a link between what the nurse, midwife or nursing associate did, and the health condition they have.

Where there is sound medical evidence that the incidents would not have happened if the nurse, midwife or nursing associate did not have the health condition, our regulatory concern is about the way in which the health condition causes risks, rather than about the nurse, midwife or nursing associate's personal culpability.

Where there is no evidence of a link between what the nurse, midwife or nursing associate did and the health condition they have, there would be two different regulatory concerns based on two different factual backgrounds.