

Health

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We often receive referrals alleging that a nurse, midwife or nursing associate has a health condition. We will only need to intervene in a nurse, midwife or nursing associate's practice due to ill health if there is a risk of harm to patients or a related risk to public confidence in the profession.

There are very few circumstances where we decide that a nurse, midwife or nursing associate who has (or used to have) a health condition, but is currently able to practise safely without any risk to patients, is impaired on the basis of public confidence in the professions alone.

A nurse, midwife or nursing associate may have a disability or long-term health condition but be able to practise with or without adjustments to support their practice. Equally, a nurse, midwife or nursing associate may be signed off as 'unfit for work' due to ill health, but this does not necessarily mean their fitness to practise is currently impaired.

Cases of ill-health are likely to be better managed with the support of an employer to safely reduce any risk to patients, and not require a regulatory investigation where:

- the nurse, midwife or nursing associate has demonstrated good insight into the extent and effect of their condition
- the nurse, midwife or nursing associate is taking appropriate steps to access treatment and is positively engaging with health professionals treating them
- occupational health (where available) is providing support through the employer
- the nurse, midwife or nursing associate is managing his or her practice appropriately, for example by taking sickness absence.

Example

Nursing associate A was referred to the NMC by their employer as they were concerned about the effect that a health condition was having on their practice.

Nursing associate A has been supported by their GP throughout and was signed off as being unfit for work during each of the prolonged periods of absence that they have taken. They agreed with their employer to engage with the occupational health department to plan a phased return to work and agree suitable adjustments to their working pattern.

Nursing associate A has shown good insight into their condition and is receiving support from their GP, and more recently the occupational health department. They have also shown that they have managed their condition by taking sickness absence when they were unwell. This is unlikely to require regulatory action at this time as any potential risk is being well managed.

Referrals which indicate long-term, untreated (or unsuccessfully treated), or unacknowledged physical or mental health conditions will be of particular concern if they suggest a risk to public protection.

Even where a health condition appears to be well managed, the nurse, midwife or nursing associate may be at risk of relapse, which could affect their ability to practise safely. In such cases some form of restriction may be required to make sure there is no risk of harm to patients or others.

Example

Nurse B was involved in an incident where they had made a number of medication errors. It was found that the errors were caused due to a health condition that they had been suffering from.

Nurse B was receiving treatment for the condition through their GP, but the treatment was having limited success and some further errors were found to have occurred which were again related to the health condition.

As the concern hasn't been fully addressed and there is an ongoing public protection risk, regulatory action is likely to be required.

When we assess whether a concern about a nurse, midwife or nursing associate's health is serious enough to become involved in their practice, we will consider the nature of the concern and whether there is sufficient evidence to justify seeking further information from third parties, such as the nurse, midwife or nursing associate's GP or occupational health department. We will balance the nurse, midwife or nursing associate's right to privacy with our overarching duty to protect the public.