

Serious concerns which are more difficult to put right

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A small number of concerns are so serious that it may be less easy for the nurse, midwife or nursing associate to put right the conduct, the problems in their practice, or the aspect of their attitude which led to the incidents happening.

In cases like this, we will be keen to hear from the nurse, midwife or nursing associate if they have reflected on the concerns and taken opportunities to show insight into what happened. Because concerns of this nature, when they aren't put right, are likely to lead to restrictive regulatory action, if we don't hear from the nurse, midwife or nursing associate we will usually focus on preparing the case for the Fitness to Practise Committee at the earliest possible opportunity.

We may need to do this where the evidence shows that the nurse, midwife or nursing associate is responsible for:

- breaching the professional duty of candour to be open and honest when things go wrong, including covering up, falsifying records, obstructing, victimising or hindering a colleague or member of the public who wants to raise a concern, encouraging others not to tell the truth, or otherwise contributing to a culture which suppresses openness about the safety of care;
- discriminatory behaviour that has taken place either inside or outside professional practice;
- harassment, including sexual harassment, and other forms of sexual misconduct whether it occurs inside or outside professional practice;
- abusing their position as a registered nurse, midwife or nursing associate or other position of power to exploit, coerce or obtain a benefit (including sexual or financial) from people receiving care, colleagues or students;
- relationships with people receiving care in breach of guidance on [clear sexual boundaries](#),
- [specified offences](#), including hate crimes, sexual offences and serious crimes against children or vulnerable people; deliberately causing harm to people receiving care;
- deliberately using or referring to false qualifications or giving a false picture of employment history which hides clinical incidents in the past, not telling employers that their right to practise has been restricted or suspended, practising or trying to practise in breach of restrictions or suspension imposed by us;
- being directly responsible (such as through management of a service or setting) for exposing people receiving care to harm or neglect, especially where the evidence shows the nurse, midwife or nursing associate putting their own priorities, or those of the organisation they work for, before their professional duty to ensure the safety and dignity of people receiving care.