

Remediation and insight

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Decision makers across our fitness to practise process will always need to consider the level of risk the nurse, midwife or nursing associate presents to members of the public, looking at the facts of the case.

Remediation will usually be central to deciding whether a nurse, midwife or nursing associate's fitness to practise is currently impaired. This is because whether fitness to practise is being considered at a final hearing, or at an earlier stage of our process, the events that led to the nurse, midwife or nursing associate being referred to us will usually have happened some time previously.

Before considering remediation, decision makers should consider the context in which the incident occurred. This is because it may help them to understand what the concerns are with the nurse, midwife or nursing associate's fitness to practise and what sort of remediation may be needed to address those concerns.

When assessing remediation, decision makers will need to take into account the following questions:

- **Is the concern remediable?**
- **Has the concern been remedied?**
- **Is it highly unlikely that the conduct will be repeated?**

These factors are key points for decision makers to consider, but they are not a definitive test of whether a nurse, midwife or nursing associate's fitness to practise is currently impaired.