What we mean by vulnerability

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What we mean by vulnerability

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Protecting people from harm, abuse and neglect goes to the heart of what professionals do. The Code says that professionals must 'take all reasonable steps to protect people who are vulnerable or at risk of harm, neglect or abuse'. Professionals are also expected to make sure that people's physical, social and psychological needs are assessed and responded to. This includes:

- acting as advocates for people who are vulnerable (i.e. children and Vulnerable Adults, or those who are experiencing factors that make them more vulnerable in the moment);
- taking action to protect people who are vulnerable;[1]
- challenging poor practice and behaviour related to their care.

Safeguarding and protecting people from harm, abuse and neglect is an integral part of providing safe and effective care. It is also a key principle embedded throughout our Code. The degree of protection someone needs will depend on how vulnerable they are. Vulnerability is not binary; different people will be vulnerable to different degrees.

Children will always be considered vulnerable. By children, we mean anyone under the age of 18 (16 in Scotland)[2], even if they are able to make their own decisions about their medical care.[3]

Vulnerable adult is a commonly used term in social care and safeguarding. By vulnerable adult, we mean adults who have care and support needs, are experiencing or are at risk of abuse or neglect and, as a result of their needs, are unable to take care of themselves or protect themselves from abuse or neglect.[4] In this guidance, when we mean someone who is vulnerable and requires safeguarding support, we will use capitals, i.e. Vulnerable Adult.

In addition to this, this guidance refers to people who may have vulnerability factors. Vulnerability factors apply to everyone, whether or not they are a Vulnerable Adult, and increase an individual's susceptibility to harm, abuse or exploitation. They are specific to a person, situation or environment.

Terms such as abuse and neglect are also commonly used. While these terms are commonly used in day to day speech, if they are used in charges then we need to be clear about what they mean.

The term 'abuse' is a broad concept and may include (but isn't limited to):

- Physical abuse (including violence and threatening or intimidating behaviour)
- sexual abuse;
- Domestic abuse including controlling or coercive behaviour;
- economic abuse;
- Discriminatory abuse;
- Financial or material abuse
- psychological, emotional or other abuse.[5]

What amounts to abuse may differ between children and adults.

In any abusive situation there is likely to be an imbalance of power between the abuser and the abused. However, when the abuser is a professional they may have particular power over the alleged victim, as professionals on our Register are in a position of trust due to the nature of their work.

By neglect, we will normally mean failure to give sufficient care to someone who needs it.[6]

We have sometimes used the term 'vulnerable witnesses'.[7] If someone needs support as a witness, the FtP Committee may put in place additional measures to enable them to give evidence. This is a different concept than the vulnerability of people affected by a professional's actions, but someone who is a vulnerable witness may also be vulnerable for the purposes of this guidance.

A professional may also be vulnerable, or have certain factors that make them more vulnerable. We may consider this along with the health of the professional.

Vulnerability factors

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Someone who is able to take care of themselves may have several factors that make them more vulnerable. These might include (but will not be limited to):

- experiencing domestic abuse (whether perpetrated by the professional or someone else)
- experiencing a particularly serious illness;
- being in significant pain;
- living with mental health issues, such as anxiety or depression
- struggling in their personal lives, for example due to bereavement, the break up of a relationship, loneliness or loss of employment.
- living in an environment where they struggle to communicate to get support, for example someone with a limited knowledge of English.

These factors may make it harder for someone to advocate for themselves.

It is important that when we consider someone's vulnerability, we consider all the factors together and think about the person as a whole, as well as the situation they are in. We should also consider how the factors are affecting the person themselves, rather than making assumptions. For example, a health professional who has just received a serious diagnosis may still be vulnerable, even if they have more knowledge about the condition than others.

The Committee should consider carefully the factors which may make someone more or less vulnerable. In addition, they should consider how the power dynamic between the professional and person receiving care may create vulnerability.[8]

The vulnerability of people receiving care

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Beyond people considered to be Vulnerable Adults or children, anybody may have one or more vulnerability factors. In addition to this, all people receiving care will have a degree of vulnerability, given the power dynamic between a professional and a person they are caring for.

Example 1

The Fitness to Practise Committee finds that a nurse had a consensual sexual relationship with a patient for whom they were providing district nursing services. The patient is not a Vulnerable Adult, as they are able to take care of themselves. However the nurse knows that the patient has recently suffered a bereavement and has got divorced, leading to them feeling lonely. The Committee finds that the relationship amounts to misconduct because of the breach of professional boundaries and consequent damage to public confidence in the profession.[9] It also considers the vulnerability of the patient to be an aggravating factor as it increases the power imbalance between the professional and the person receiving care.

Example 2

We receive findings from the Family Court that a registered professional has been tying their child to the bed, failing to provide their medication regularly, and bullying them about their mental health needs.

The serious and repeated abuse of someone in the professional's care could indicate a risk to people who receive care, whether through direct abuse or the failure to properly protect people in their care, even if the professional's clinical practice is not a cause for concern. In a case of this type action would also be required on public confidence

grounds and in order to uphold the standards set out in our Code.

[4] The NMC Code, Standard 17

[5] Section 53 Adult Support and Protection (Scotland) Act 2007

[6] Gillick v West Norfolk and Wisbech AHA [1986] A.C. 112

[7] Section 42 Care Act 2014. The Care Act uses the term adult at risk of abuse or neglect, but this guidance uses the term 'vulnerable adult' as it is more commonly understood.

[8] Examples taken from Care and support statutory guidance - GOV.UK and Section 1 Domestic Abuse Act 2021

[9] R. (Charnwood BC) v Secretary of State for the Home Department [2025] EWHC 33 (Admin).

[10] NMC Fitness to Practise Rule 23

[11] PSA v GMC and Onyekpe [2023] EWHC 2391 (Admin)

[12] Clear sexual boundaries between healthcare professionals and patients: guidance for fitness to practise panels. Council for Healthcare Regulatory Excellence, 2008