

Nursing and Midwifery Council
Annual Fitness to
Practise Report
2012–2013

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Presented to Parliament pursuant to Article 50 (2) of the
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Foreword

The Nursing and Midwifery Council exists to protect the public. We do this by ensuring that only those who meet our requirements are allowed to practise as a nurse or midwife in the UK. We take action if concerns are raised about whether a nurse or midwife is fit to practise.

This report describes how we have dealt with concerns raised with us about the fitness to practise of nurses and midwives during 2012–2013. It should be read alongside our Annual report and accounts 2012–2013 and strategic plan 2013–2016, which covers all the work we do to protect the public.

On 31 March 2013, there were 673,567 nurses and midwives registered with us. It is important to recognise that this report focuses on the very small number of those nurses and midwives – around 0.6 percent – who came to our attention because there was a concern about them. An even smaller proportion – 0.2 percent – received some sort of sanction following investigation by us. This means that the vast majority of nurses and midwives practise safely and consistently meet the high standards that the public rightly expects.

The last year was, again, a challenging one for the Nursing and Midwifery Council. In July 2012, the Professional Standards Authority (PSA) (then the Council for Healthcare Regulatory Excellence) published a strategic review which contained high level recommendations for improvements in the delivery of our regulatory functions. We accepted the recommendations and agreed with the PSA's view that it would take two years to see demonstrable improvement.

Addressing the PSA's recommendations gave us a clear action plan. We have made substantial progress and there are welcome signs that the changes we have made, as part of a clear action plan, are starting to have effect. We achieved our target of bringing 80 percent of investigations in house by 1 April 2013. We opened a new hearing centre at Old Bailey which has enabled us to almost treble the number of hearings. We also met our KPI for imposing 80 percent of interim orders in 28 days, which demonstrates that we are taking urgent action to protect patients and the public while we investigate a case. Our focus remains clear and unwavering – protecting the public. We recognise that the challenges are great and we remain focused on delivering our regulatory functions to a high standard.

Mark Addison CB
Chair
NMC
25 September 2013

Jackie Smith
Chief Executive and Registrar
NMC
25 September 2013

Introduction

This report explains the work which the Nursing and Midwifery Council (NMC) does to protect the public from registered nurses and midwives whose fitness to practise is impaired. It tells you:

- Who we are and what we do.
- How we deal with concerns raised with us about nurses or midwives.
- The number and sorts of cases we looked at and what happened in those cases.
- The steps we are taking to improve how we carry out this work.

Who we are

We are the nursing and midwifery regulator for the UK.¹ We are independent from government, and are funded by the registration fees that we receive from the nurses and midwives on our register.

What we do

It is our job to protect the public by making sure that all practising nurses and midwives have the skills, knowledge, good health and good character to do their job safely and effectively. To do this, we:

- Require all nurses and midwives who practise in the UK to be registered with us.
- Set standards of education, training, conduct and performance so that nurses and midwives can deliver high quality healthcare consistently throughout their careers.
- Ensure that nurses and midwives keep their skills and knowledge up to date and uphold our professional standards.
- Have clear and transparent processes to investigate nurses and midwives who fall short of our standards – our fitness to practise work.

This report focuses on our fitness to practise work. You may also find it helpful to read our *Annual report and accounts 2012–2013 and strategic plan 2013–2016*, which covers all the work we do to protect the public.²

Oversight of our work

We are accountable to Parliament, through the Privy Council, for what we do. In 2012, the Health Select Committee exercised this role on behalf of Parliament by calling us to an accountability hearing.³ We welcomed this opportunity to discuss our work and we are pleased that the Health Select Committee intends to hold these hearings every year.

1 Established in law by the Nursing and Midwifery Order 2001 SI 2002/253 (as amended)

2 www.nmc-uk.org/About-us/Annual-reports-and-statutory-accounts

3 www.publications.parliament.uk/pa/cm201012/cmselect/cmhealth/1699/169902.htm

Our work is also subject to oversight by the Professional Standards Authority (PSA) (formerly the Council for Healthcare Regulatory Excellence). Each year, the PSA looks at a number of aspects of our work:

- It reviews our overall performance and reports on this to Parliament.⁴
- It can audit a sample of the fitness to practise cases we have closed at an early stage.⁵
- It reviews all final adjudication decisions in fitness to practise cases. If it thinks a decision is unduly lenient, it can ask the High Court to look at the case. It may also provide feedback on our adjudication processes and decisions by way of learning points.

Protecting the public

The NMC register

Fundamental to everything we do to protect the public is keeping the register of nurses and midwives who are legally allowed to practise in the UK. Only those who meet our standards can be admitted to, or remain on, the register. Registration provides assurance to patients, employers and the public that a person is fully qualified, trained, capable of safe and effective practice and worthy of trust and confidence.

Only we can stop a nurse or midwife from practising in the UK by removing them from the register or take action to suspend or restrict how they practise.

On 31 March 2013, there were 673,567 nurses and midwives on our register. Anyone can check whether a nurse or midwife is currently registered by visiting www.nmc-uk.org/search-the-register.

Fitness to practise

All qualified nurses and midwives must follow their professional code: *The code: Standards of conduct, performance and ethics for nurses and midwives*⁶ and our standards, and be fit to practise, so that patients and the public can trust them with their health and wellbeing.

Being fit to practise means that a nurse or midwife has the skills, knowledge, good health and good character to do their job safely and effectively without restriction.

When someone considers that a nurse or midwife's fitness to practise is impaired they can bring these concerns to us. We investigate various allegations including:

- Misconduct.
- Lack of competence.

4 [www.chre.org.uk/_img/pics/library/120620_CHRE_Performance_review_report_2011-12_Vol_II_\(Colour_for_web_-_PDF\)_1.pdf](http://www.chre.org.uk/_img/pics/library/120620_CHRE_Performance_review_report_2011-12_Vol_II_(Colour_for_web_-_PDF)_1.pdf)

5 www.chre.org.uk/_img/pics/library/pdf_1321356841.pdf

6 www.nmc-uk.org/code

- Criminal behaviour.
- Serious ill health.

If a nurse or midwife fails to comply with the standards we set, this does not automatically mean that their fitness to practise is impaired – we have to look at all the circumstances involved.

We also investigate cases where it appears that someone is on our register fraudulently.

When we cannot investigate

We can only investigate complaints about:

- A nurse or midwife who is on our register. We cannot consider complaints about healthcare assistants or other healthcare workers.
- Whether a nurse or midwife is fit to be on our register. Any other complaints or concerns about a nurse or midwife should normally be resolved by the employer or some other authority.

Action we take if a nurse or midwife is found unfit to practise

When we find a nurse or midwife's fitness to practise is impaired, we will either decide that no regulatory action is necessary given all the circumstances of that case or we will make one of the following orders:

Caution order	This can be imposed for periods of between one and five years. It is shown as an entry on the public register but does not restrict the nurse or midwife's practice.
Conditions of practice order	This restricts a nurse or midwife's practice for up to three years. They must comply with the restrictions in order to practise. For example, they may be restricted from carrying out some aspects of the job without supervision. The order must be reviewed before the expiry date and may be replaced, varied or revoked.
Suspension order	The nurse or midwife is suspended from the register and cannot practise for a set period of time which, at first, will not exceed one year. The suspension order must be reviewed before the expiry date and may be replaced, varied or revoked.
Striking-off order	The nurse or midwife is removed from the register and they are not allowed to practise as a nurse or midwife in the UK.

Our work in 2012–2013 at a glance

4,106 referrals received in 2012–2013

- 0.6 percent of 673,567 registered nurses and midwives.
- A levelling off from previous years (2011–2012: 4,407; 2010–2011: 4,211).

864 interim orders imposed to restrict or suspend a nurse or midwife's practice for a period pending the outcome of the case or an appeal.

4,228 cases closed or concluded in 2012–2013

- 1,581 cases closed on initial assessment (screening).
- 1,270 cases closed by the Investigating Committee.
- 1,377 cases concluded at adjudication.

2,165 cases sent for adjudication by the Investigating Committee

- 2,015 sent to the Conduct and Competence Committee.
- 150 sent to the Health Committee.

1,377 cases concluded at adjudication in 2012–2013.

- 222 cases: fitness to practise found not to be impaired.
- 1,155 cases: fitness to practise found to be impaired and sanction imposed.
 - 589 nurses or midwives struck off the register.
 - 243 nurses or midwives suspended from the register.
 - 160 nurses or midwives had conditions imposed on how they can practise.
 - 163 nurses or midwives received a caution order.

17 appeals considered

- 10 concluded by agreement.
- 4 NMC decision upheld.
- 2 remitted back to practice committee.
- 1 new sanction agreed.

12 applications for restoration to the register

- Four applications successful; eight applicants unsuccessful.

Three fraudulent or incorrect entries on the register.

- Three individuals were found to be on the register fraudulently and removed.

How do we know if there is a problem?

Anyone can tell us if they have a concern about a nurse or midwife's fitness to practise. They might be:

- Someone using the services of a nurse or midwife.
- A member of the public.
- The employer or manager of the nurse or midwife.
- Someone who works with the nurse or midwife.
- The police.
- Other organisations involved in regulating healthcare, such as the Care Quality Commission.

We also have the power to open a case ourselves if we consider it necessary.

There is no time limit on when a referral can be made but the sooner concerns are brought to our attention, the more likely we are to be able to consider them fully and obtain all the evidence we need.

Making sure the right cases reach us

We expect employers and colleagues of nurses and midwives to let us know if they are concerned about a nurse or midwife's fitness to practise. We constantly remind nurses and midwives that they have a duty under the code to tell us if they have concerns about a colleague.

As the majority of our cases come from employers (41 percent last year), it is important we work closely with those who employ nurses or midwives so that they know when to refer cases to us. Directors of nursing, heads of midwifery, and local supervising authority midwifery officers can call our dedicated helpline to seek advice or information on possible referrals and we commenced a programme of visits and meetings around the four countries to discuss our work with them.

We also work with patient support groups so they can better understand which cases we can look at and can therefore improve the advice they give to patients and others. Our booklet *Complaints against nurses and midwives: Helping you support patients and the public*, produced with help from our patient and public engagement forum, aims to assist these groups to improve the help they can give to patients, service users and other members of the public.⁷

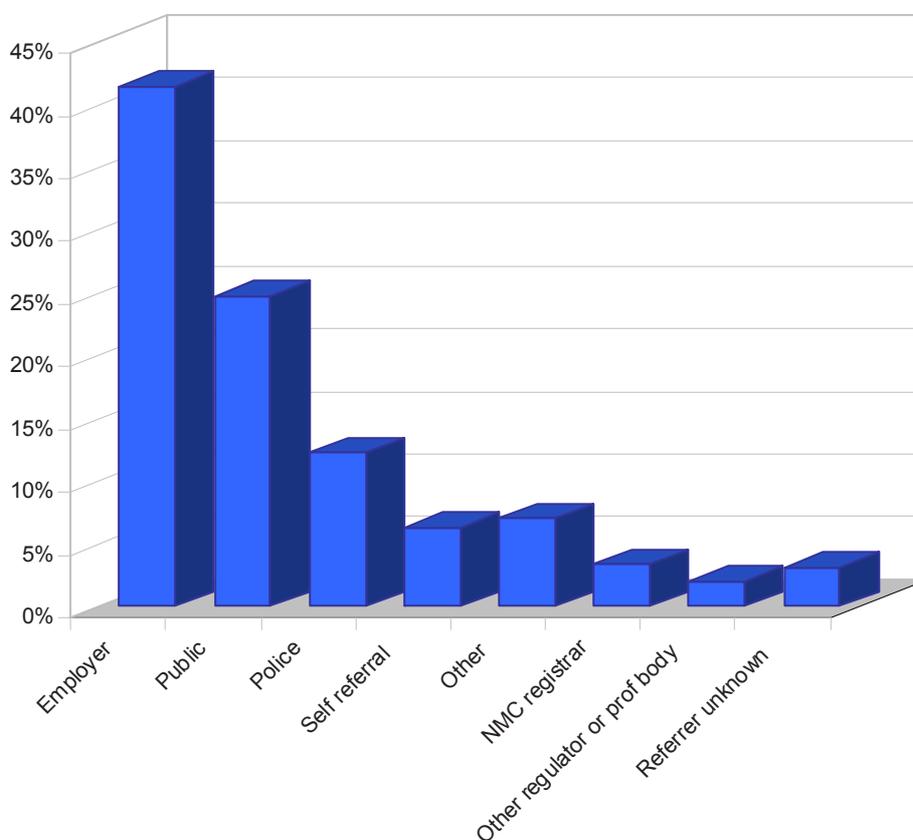
⁷ www.nmc-uk.org/supporting-patients

Table 1: Who referred cases to us in 2012–2013?

Source of new referrals	Number of new referrals	Percentage
Employer	1,723	41%
Member of public, service user or patient	1,029	25%
Police	509	12%
Other (including lawyers and colleague referrals)	291	7%
Self referral	261	6%
NMC Registrar	139	4%
Other regulatory or professional body	82	2%
Referrer unknown	129	3%
Total	4,163*	100%

* 4,106 new referrals were received. Some cases have more than one referrer.

Chart 1: Who referred cases to us in 2012–2013?



How we deal with concerns raised with us

When we receive a referral, we typically take the following steps:

- An initial assessment (screening) of the allegation or complaint, including determining whether urgent action is required.

If during the initial assessment stage we consider that the allegation, on its own, is not sufficiently serious to require regulatory action, we contact the employer of the nurse or midwife to confirm that they have no fitness to practise concerns. Upon establishing this, the case can generally be closed.

- Where necessary, conduct an investigation of the allegation or complaint: the 'investigations' stage.
- Where necessary, convene a hearing or meeting to reach a final decision and determine what action, if any, should be taken. We call this 'adjudication'.

We continue to seek and consult on changes to our processes and rules to help us progress cases more quickly and efficiently. This year we implemented three such changes:

- **Improved case management** – a process of engaging with nurses and midwives and their representatives earlier in the FtP process through the use of standard directions and preliminary meetings by telephone.
- **Voluntary removal** – which allows a nurse or midwife who meets the criteria, admits that their fitness to practise is impaired, and does not intend to continue practising to apply to be removed permanently from the register without a full public hearing, where it is in the public interest to do so.
- **Consensual panel determinations** – a means of concluding a case by consent. If a nurse or midwife accepts that their fitness to practise is impaired, we can agree a sanction to be considered by a panel at a public hearing. This has enabled us to reduce the hearing time in these cases.

We will continue to seek changes to our processes and rules in the next reporting period. The chart on page 12 shows what happens to cases after we receive them.

Practice committees

Cases are considered by our practice committees. There are three types of practice committee:

- **Investigating Committee** – decides whether there is a case to answer. If it decides there is, it will send the case to the Conduct and Competence Committee or the Health Committee for a decision.
- **Conduct and Competence Committee** – makes decisions on cases involving allegations relating to the conduct and/or competence of the nurse or midwife.

- **Health Committee** – makes decisions on cases involving allegations about the physical and/or mental health of the nurse or midwife.

Individual cases are considered by a panel of the relevant committee. The panel members are made up of nurses, midwives and lay people from outside the professions. Each panel will consist of a chair, a lay member and a nurse or midwife member. All panellists are recruited through an open and transparent process overseen by the Appointments Board.

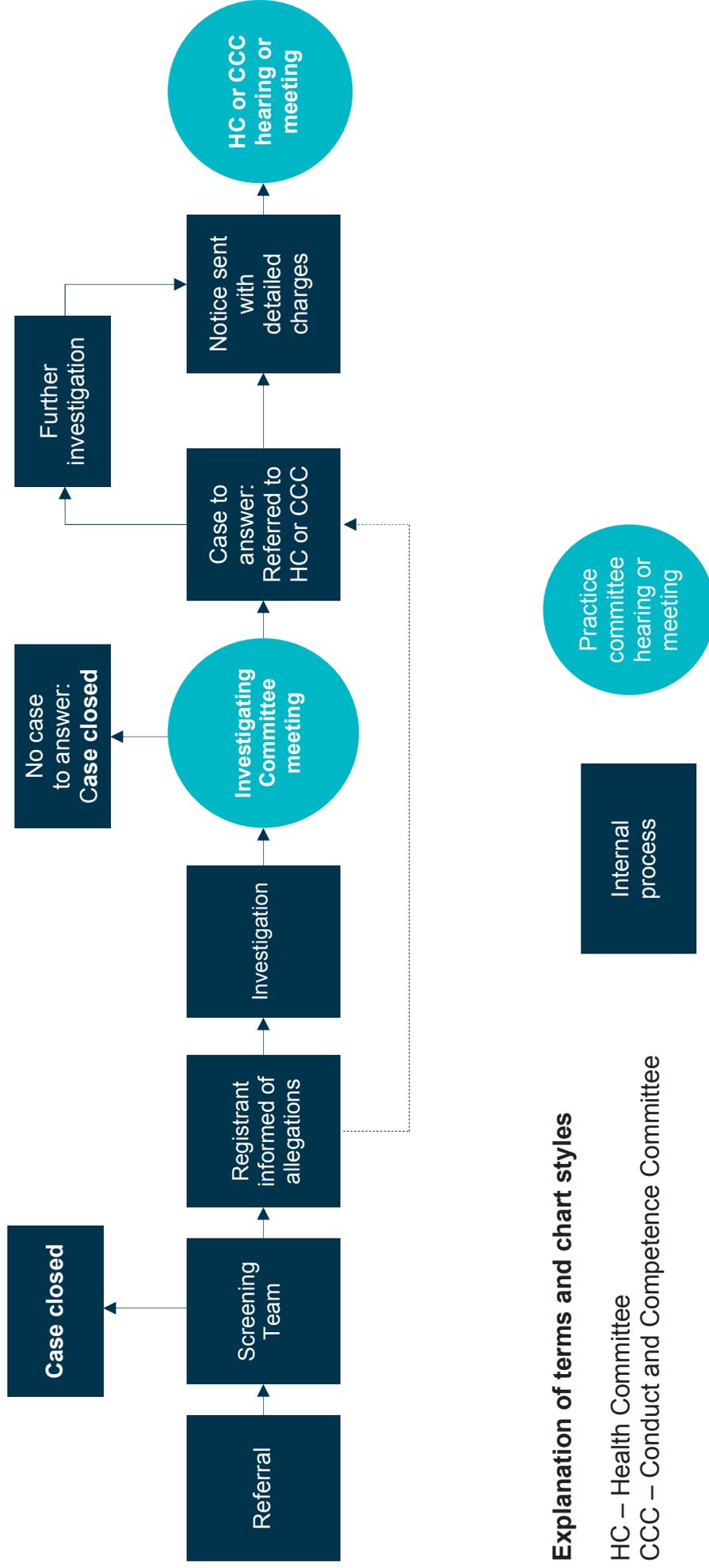
The Appointments Board is a committee of the Council. It is made up of five members, none of whom is a Council member. The members of the Appointments Board are also recruited through an open and transparent process.

Fitness to practise panel members are supported by the Panel Support Team. All panel members are provided with training and guidance on how to carry out their role.

More about how panels work can be found on our website.⁸

⁸ www.nmc-uk.org/Hearings/How-the-process-works.

Fitness to practise process



Initial assessment

When we receive a new referral, we first investigate whether the individual complained about can be identified as a nurse or midwife who is on our register. If, after an initial assessment (screening), we cannot identify the individual as a registered nurse or midwife or the allegations could not lead to an impairment of fitness to practise we close the case. We closed 1,581 at the screening stage during the period 2012–2013.

During 2012–2013 we received 4,106 new referrals.

Table 2: New referrals received between 1 April 2009 and 31 March 2013

Month	2009–2010	2010–2011	2011–2012	2012–2013
April	233	393	294	321
May	181	331	342	351
June	249	337	390	315
July	231	352	403	353
August	239	278	383	330
September	186	394	377	312
October	242	302	378	351
November	244	333	419	366
December	279	291	356	317
January	266	365	378	363
February	262	473	315	368
March	374	362	372	359
Total	2,986	4,211	4,407	4,106

Chart 2: New referrals received between 1 April 2009 and 31 March 2013

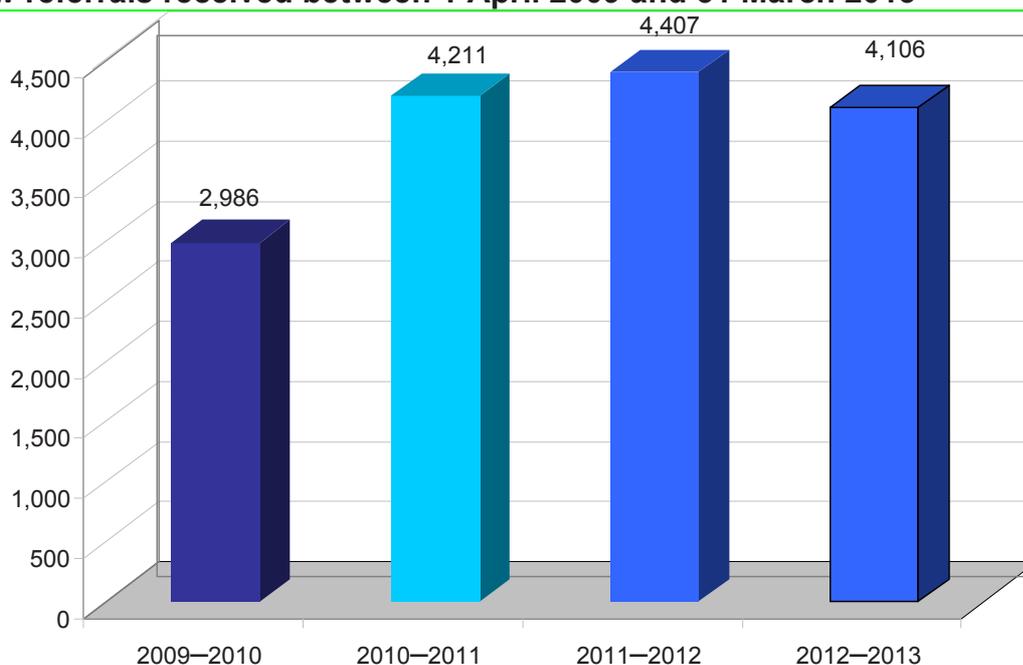
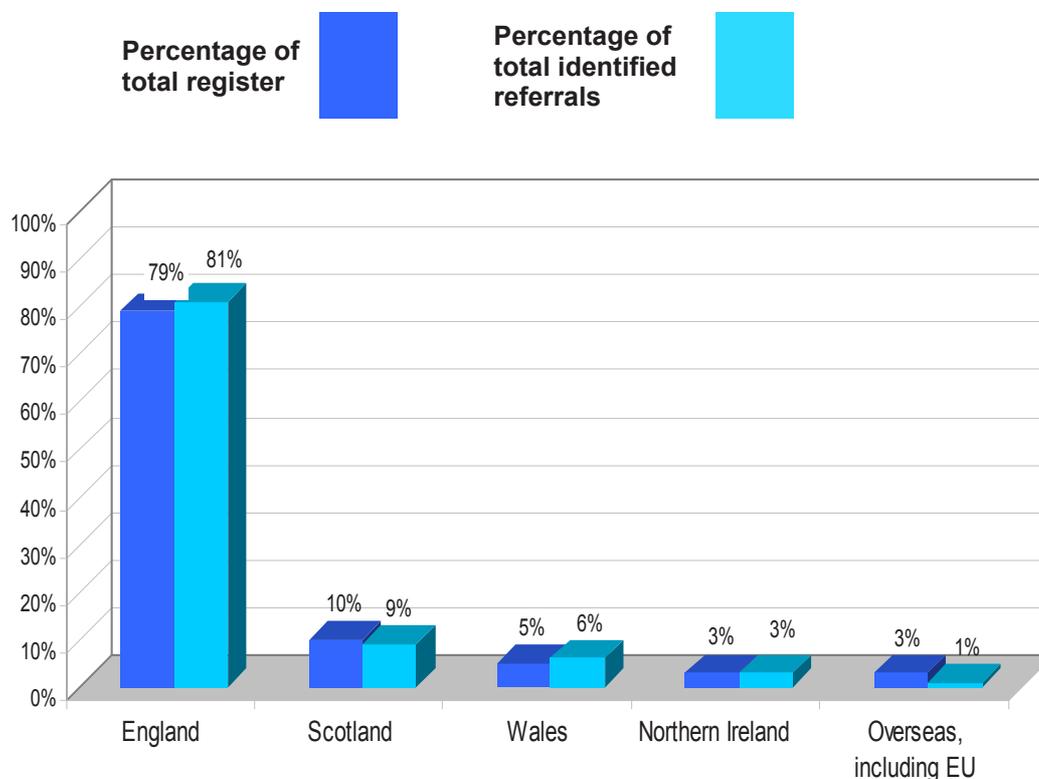


Table 3: New referrals by country compared to registration by country ⁹

The total number of referrals represents approximately 0.6% of the registered nurses and midwives. There are 796 unidentified referrals. This number includes referrals that were received and closed during 2012-2013 because a registered nurse or midwife could not be identified and cases where we were yet to identify a registered nurse or midwife as of 31 March 2013. Some of these will be identified in the next reporting period. The total number of identified referrals represents approximately 0.5% of the register.

Country	Number on register	Percentage of register	Number of referrals	Percentage of referrals
England	529,931	79%	2,667	81%
Scotland	68,417	10%	315	9%
Wales	34,663	5%	183	6%
Northern Ireland	23,146	3%	94	3%
Overseas (including EU)	17,410	3%	49	1%
Unknown	–	–	2	0%
Total identified referrals	673,567	100%	3,310	100%
Unidentified referrals	–	–	796	–
Total referrals	–	–	4,106	–

Chart 3: New identified referrals by country compared to registration by country



⁹ Refers to the country in which the registered address of a nurse or midwife is situated.

Nature of allegations referred to us

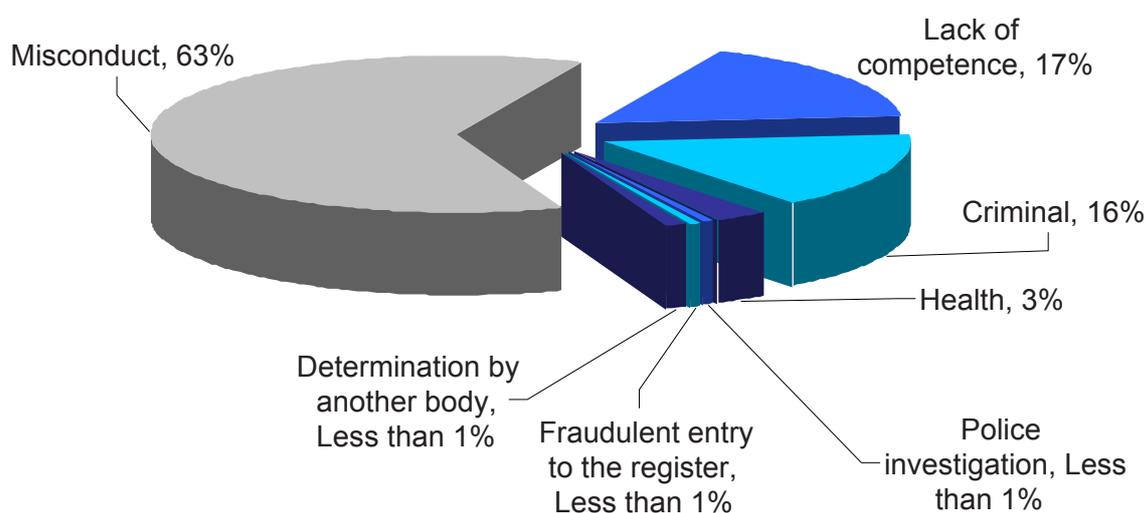
The table below shows the main types of allegations made in new referrals we received during 2012–2013.

Many cases involve more than one type of allegation about a particular nurse or midwife.

Table 4: Types of allegations made in new referrals received in 2012–2013

Types of allegations	Percentage
Misconduct	63%
Lack of competence	17%
Criminal	16%
Health	3%
Police investigation	Less than 1%
Fraudulent entry	Less than 1%
Determination by another body (For example, Irish Nursing Board, Health and Care Professions Council)	Less than 1%
Total	100%

Chart 4: Types of allegations made in new referrals received in 2012–2013



Taking urgent action to protect the public

We are the only organisation with the power to prevent nurses and midwives from practising in the UK if they present a risk to patient safety.

Where the public's health and wellbeing is at immediate and serious risk, we can take urgent action – called interim orders. In this situation, a practice committee panel will be asked to look at whether to suspend the nurse or midwife straight away, or restrict how they can practise, until we can thoroughly investigate the case.

We constantly assess all cases throughout the process so that if new information comes to light at any time which suggests that there is a serious immediate risk to the public, we can consider whether an interim order is needed.

Hearings to consider an interim order take place in public. A panel will consider whether the interim order is:

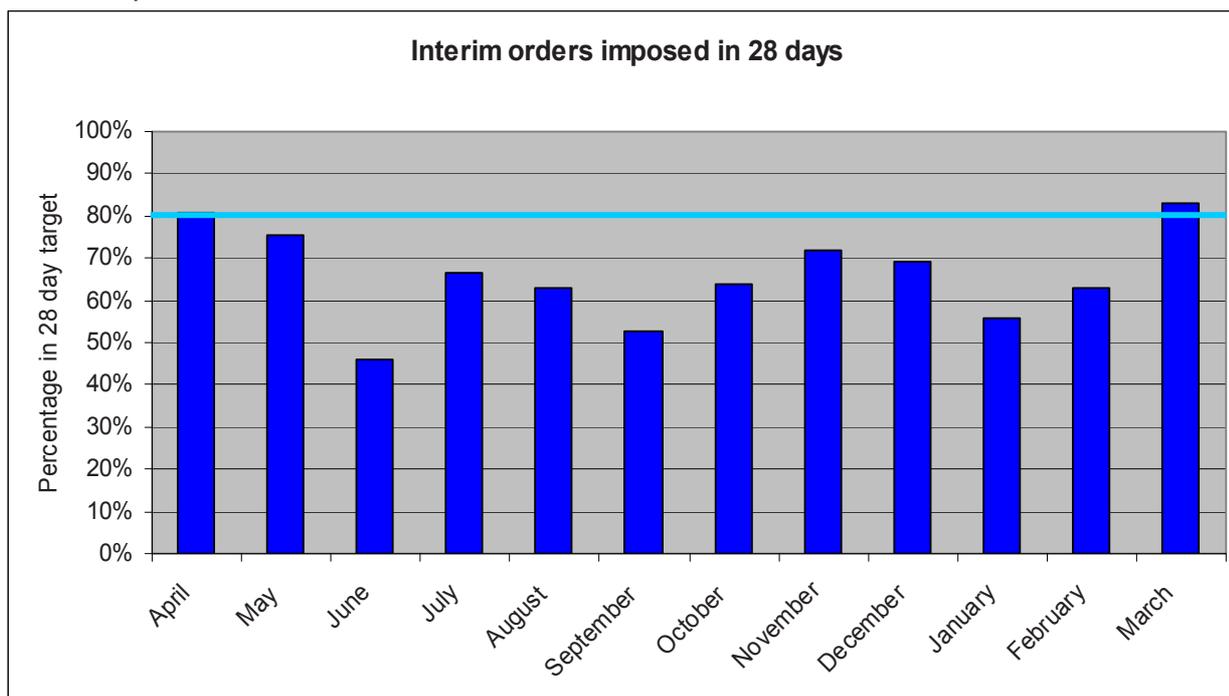
- Necessary to protect the public.
- In the public interest.
- In the nurse or midwife's interest.

Our performance in 2012–2013

We measure and monitor our performance using key performance indicators (KPIs). We have set a KPI for imposing interim orders within 28 days of receiving a case where we identify that urgent action to protect the public is needed. In 2012–2013, the median time taken was 26 days. Performance against our KPI is shown in the graph below.

Percentage of interim orders imposed in 28 days

KPI = 80 percent

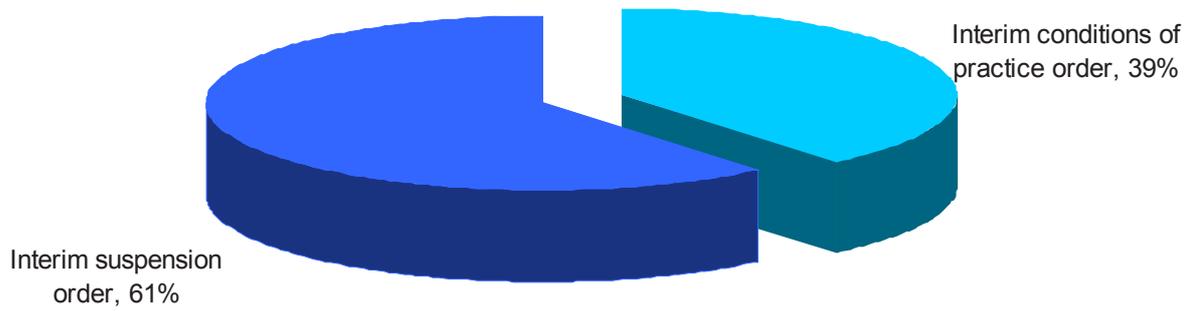


Interim order outcomes

Table 5: Interim orders imposed

Interim order decisions	Number of interim orders	Percentage
Interim conditions of practice order	335	39%
Interim suspension order	529	61%
Total interim orders imposed	864	100%

Chart 5: Interim orders imposed



Investigations

Once we are satisfied that the case is one for us to deal with and we have carried out an investigation, the case is considered by a panel of the Investigating Committee (IC). It is the role of the IC panel to decide if there is a case to answer. This means that they must decide whether there is a real prospect that the allegation could be proved at the adjudication stage.

If an IC panel decides there is no case to answer, the matter is closed. However, the case can be reopened if another referral is made about the same nurse or midwife within three years. In 2012–2013, the IC found no case to answer in 1,270 (37 percent) of cases considered.

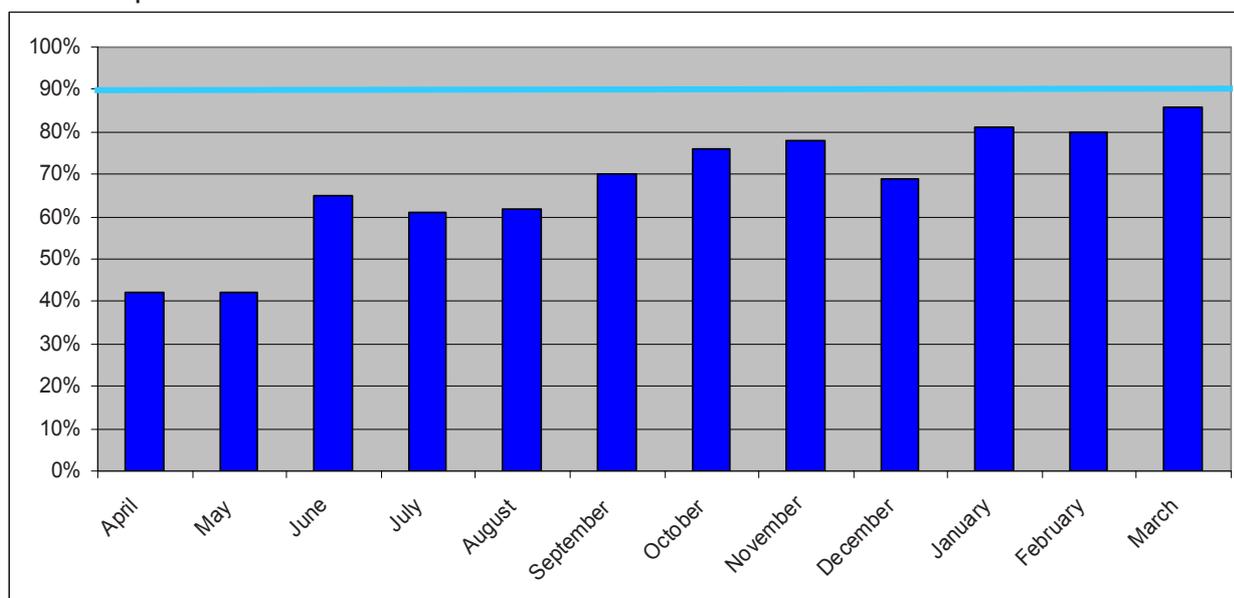
If a panel decides there is a case to answer, it sends the case to the Conduct and Competence Committee (CCC) or the Health Committee (HC) depending on the nature of the allegations involved. 2,165 cases were sent for adjudication in 2012–2013 (63 percent of cases considered).

Our performance in 2012–2013

In 2012–2013, the IC considered 3,552 cases and reached a final outcome in 3,435 cases. Some cases would have been considered by the IC on more than one occasion.

We aim to complete our investigations in 12 months. During 2012–2013, we took on average 11 months to complete investigations. We have set a KPI to complete 90 percent of investigations in 12 months; performance against our KPI is shown in the graph below.

KPI = 90 percent



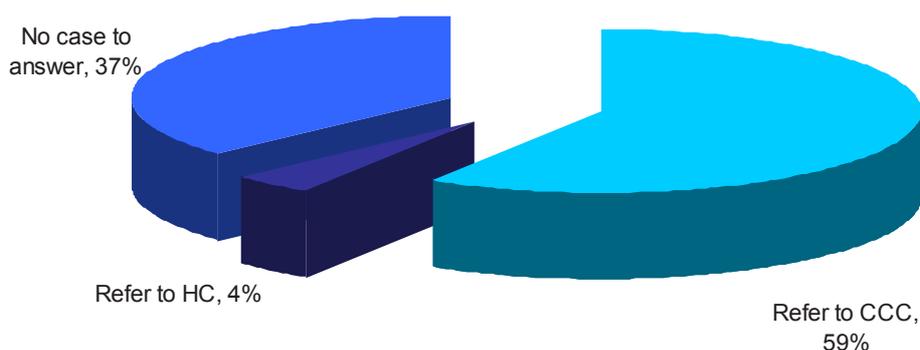
Investigating Committee outcomes

Table 6: Investigating Committee final outcomes

The total number of cases referred for adjudication represents approximately 0.3% of the total number of registered nurses and midwives.

Investigating Committee final outcomes	Number of cases	Percentage
Refer to Conduct and Competence Committee (CCC)	2,015	59%
Refer to Health Committee (HC)	150	4%
Total referred for adjudication	2,165	63%
No case to answer	1,270	37%
Total Investigating Committee final outcomes	3,435	100%

Chart 6: Investigating Committee final outcomes



Fraudulent or incorrect register entries

Investigating Committee panels also deal with allegations of fraudulent or incorrect entry in the register. The panels decide whether the allegations are proved and, if so, direct the Registrar to remove or amend the entries on the register.

In 2012–2013 there were three fraudulent entry cases where the person's name was removed from the register.

Adjudications

Cases referred by the Investigating Committee for adjudication are considered by a panel of the Conduct and Competence Committee or the Health Committee at a hearing or meeting. The purpose of the hearing or meeting is to determine if the person poses a risk to the public.

The panels review the information put before them, take expert advice, and question witnesses including, for example, the originator of the complaint, employers and the nurse or midwife concerned (or their representative). After considering all the evidence, the panel will decide whether the nurse or midwife's fitness to practise is impaired or not.

Where the panel finds that fitness to practise is impaired it will then decide the appropriate action to take. In some cases, a panel may decide that, even though the nurse or midwife's fitness to practise is impaired, after taking into account all of the circumstances of the case, no sanction should be imposed.

If a sanction is considered appropriate, using indicative sanctions guidance¹⁰ the panel will consider in turn whether each of the available sanctions as set out on page 5 is the most appropriate to protect the health and wellbeing of the public.

Health cases are generally heard in private, due to the confidential nature of the medical evidence considered. Conduct and competence cases are usually heard in public. Anyone is welcome to observe public fitness to practise hearings. Information on how to attend can be found at www.nmc-uk.org/hearings.

We also publish all our final hearing decisions where a sanction has been imposed and the reasons for them at www.nmc-uk.org/hearings.

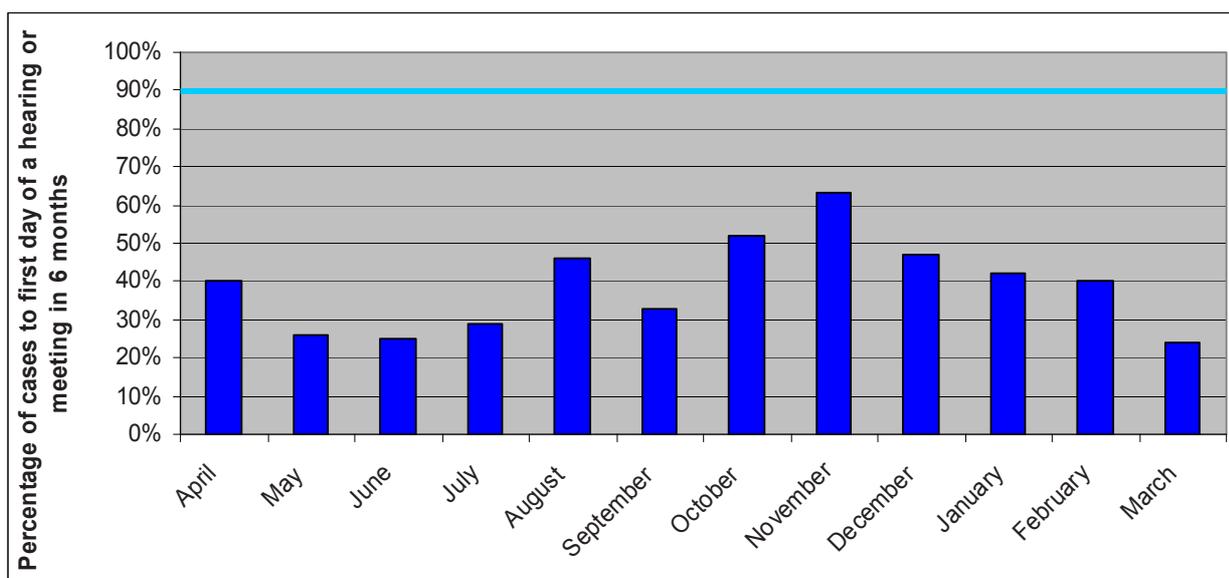
¹⁰ www.nmc-uk.org/Documents/FtP_Information/Indicative-Sanctions-Guidance.May-12.pdf

Our performance in 2012–2013

We set ourselves a target of commencing the adjudication stage hearing or meeting, within six months of the conclusion of the investigation. During 2012–2013, our average performance against this target was 8.4 months. We are committed to meeting this KPI by December 2014.

Percentage of cases progressed from completion of investigations to the start of a hearing or meeting in 6 months

KPI = 6 months



Conduct and Competence Committee and Health Committee final outcomes

As its name suggests, the Conduct and Competence Committee considers and makes final decisions on cases involving concerns about the conduct or competence of a nurse or midwife. The committee can send a case to the Health Committee for a decision if it considers that the issues raised are more properly matters for that committee provided that the allegations are not serious enough that they could result in a striking-off order.

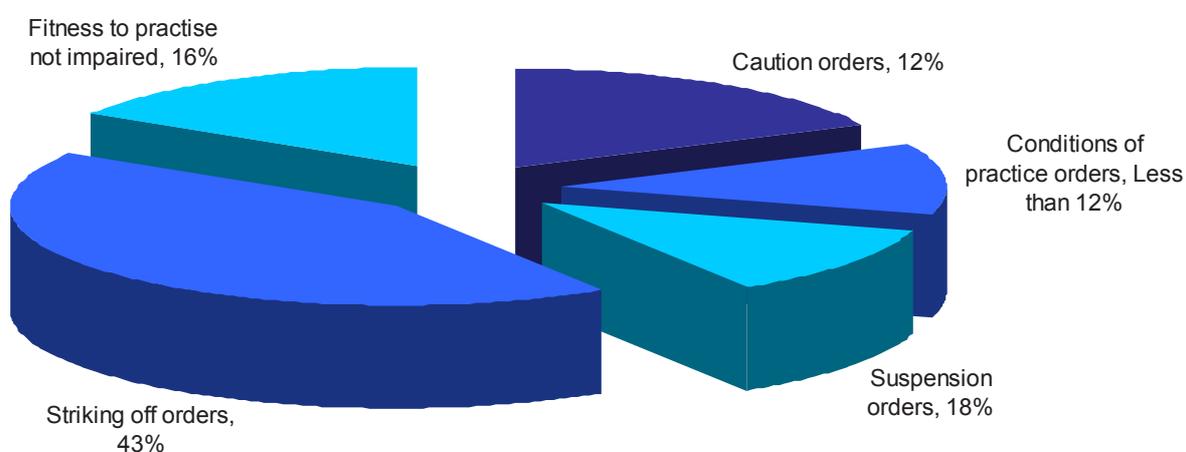
The Health Committee considers cases where a nurse or midwife's fitness to practise may be impaired due to physical or mental health issues. It can send a case to the Conduct and Competence Committee for a decision if it considers that the concerns raised are more properly about a nurse or midwife's conduct or competence not relating to health issues.

Table 7: CCC and HC final adjudication outcomes

The total number of cases in which fitness practise was found to be impaired and a sanction was imposed represents approximately 0.2% of the total number of registered nurses and midwives.

CCC and HC final adjudication outcomes	Number of cases	Percentage
Striking-off orders ¹¹	589	43%
Suspension orders	243	18%
Caution orders	163	12%
Conditions of practice orders	160	Less than 12%
Fitness to practise impaired – no sanction	0	–
Total	1,155	84%
Fitness to practise not impaired	222	16%
Total final outcomes	1,377	100%

Chart 7: CCC and HC final adjudication outcomes



¹¹ These include decisions made on review of a substantive order imposed at an earlier stage

Appeals against our decisions

A nurse or midwife can appeal against the sanction we imposed. The appeal has to be made within 28 days. Appeals are heard in the High Court of Justice in England and Wales, the Court of Session in Scotland or the High Court of Justice in Northern Ireland, depending on the country of the nurse or midwife's registered address. 32 such appeals were lodged in 2012–2013.

The originator of the case cannot appeal against our decision but they can seek a judicial review if they are unhappy with the process by which the decision was reached.

Table 8: Appeals against our decisions

Appeals lodged	Number
Judicial review by the originator of the case	1
CHRE (now the Professional Standards Authority) appeal	1
Appeal by registered nurse or midwife	30
Total appeals lodged	32

Appeal considered	Number
Heard in court	12
Agreed by consent/withdrawn	5
Total appeals considered	17

Outcomes of appeals	Number
Remitted back to practice committee to reconsider	2
Judgment pending	0
New sanction agreed	1
Upheld NMC decision	4
Other agreement	10
Total	17

Restoration to the register

Nurses and midwives who have been struck off must wait five years before they can apply to be restored to the register.

A nurse or midwife must first satisfy a panel of the Conduct and Competence Committee or the Health Committee that they are fit to practise. If they are able to satisfy the panel that they are fit to practise they will normally be required to undergo a return to practice programme before they can be allowed to go back on the register. We consider these stringent tests a further way of making sure the public is properly protected.

Table 9: Restoration application outcomes

Restoration cases considered	Outcome
Application accepted	4
Application rejected	8
Total	12

Further information

An analysis of the equality and diversity data that we hold in relation to fitness to practise cases is published separately on our website at www.nmc-uk.org/ftp-data.

Key developments in 2012–2013

Our major programme to improve all aspects of our fitness to practise work began in January 2011 and will continue to 2016. The strategic review published by the PSA in July 2012 contained high level recommendations for improvements in the delivery of our regulatory functions. Accepting the recommendations, we also agreed with the PSA that it would take two years to see demonstrable improvement. Some of that change is already beginning to be seen.

The directorate has been restructured and our staffing numbers substantially increased. The creation of four new investigation teams has enabled us to bring many of our new investigations in house for the first time. With specially trained case investigation officers, we are now handling 80 percent of new investigations within the NMC. We also recruited 175 new panel members during 2012–2013 and continue to update and improve our support, training, and guidance for panel members and chairs. Indeed, activity has increased significantly across the fitness to practise process.

Progressing cases more quickly

We are continuing to take steps to improve the timeliness with which we progress cases, our customer service and the quality of our decision making. We have set clear performance targets for improving the timeliness with which we progress cases:

- To impose 80 percent of interim orders within 28 days of receipt of receiving a case where urgent action to protect the public is needed. We achieved this target in March 2013.
- To progress 90 percent of cases through the investigation stage within 12 months of receiving a case. We have seen consistent improvement in performance from 42 percent in April 2012 to 86 percent in March 2013. The average time taken to complete investigations in 2012–13 was 11 months.
- To progress 90 percent of cases through the adjudication stage to the first day of a hearing or meeting within six months of completing the investigation. We achieved 39 percent in 2012–13 and anticipate meeting the target by December 2014. The average time taken in 2012–2013 was 8.4 months.
- In 98 percent of cases in March 2013, we delivered our customer service pledge to notify participants in fitness to practise cases of our decisions within five working days.
- We achieved our target of progressing all cases received prior to January 2011 through the investigation stage by 1 January 2013 and aim to get all remaining cases through adjudication by the end of September 2013.

With the opening of a new hearing centre in Old Bailey in September and December 2012 we have more hearing rooms available than ever. This has enabled us to increase the number of hearings and meetings to between 28 and 30 each working day and we are also taking steps to make the best use of the time available.

Improved case management

We carried out a full public consultation on improving our pre-hearing case management. Following the consultation we implemented standard directions – a tool for engaging early with nurses and midwives and their representatives about how their case may progress. We also introduced changes to our preliminary meetings process: for example, the ability to hold preliminary meetings by telephone.

Voluntary removal process

We have introduced a voluntary removal process that allows a nurse or midwife who meets the criteria and admits that their fitness to practise is impaired, and who does not intend to continue practising, to apply to be removed permanently from the register without a full public hearing, where it is in the public interest to do so.

Consensual panel determination

We have introduced a system of consensual panel determination, which is a means of concluding a case by consent. If a nurse or midwife accepts that their fitness to practise is impaired, we can agree a sanction to be considered by a panel at a public hearing. This has enabled us to reduce the hearing time in these cases.

Conclusion

Ensuring that the public is protected from nurses and midwives whose fitness to practise is impaired is central to our statutory duty to safeguard the health and wellbeing of the public.

Over the next year we will continue to drive through change to improve the efficiency of our fitness to practise process. In order to meet targets we need to further reduce adjudication times by December 2014. We must also look at the way we work and share information with other regulators and public organisations. Addressing the recommendations made by the *Report of the independent inquiry into care provided by Mid Staffordshire NHS Foundation Trust* (the Francis Report) will, of course, remain a priority.

Above all, we are determined that the progress that we have made this year in our fitness to practise work continues. Looking forward to next year our priority projects will include developing processes to engage with employers at a local level, seeking further changes to our legislation to enable us to protect the public in a more efficient way, and continuing to deliver our fitness to practise business plan objectives.



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