Complaints against nurses and midwives

Helping you support patients and the public
We are the nursing and midwifery regulator for England, Wales, Scotland, Northern Ireland and the Islands.

- We exist to protect the public.
- We set standards of education, training, conduct and performance so that nurses and midwives can deliver high quality healthcare consistently throughout their careers.
- We ensure that nurses and midwives keep their skills and knowledge up to date and uphold our professional standards.
- We have clear and transparent processes to investigate nurses and midwives who fall short of our standards.
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Introduction

This information is for organizations who work with and represent patients and the public across the UK, so that they can inform those they work with about:

• the role of the Nursing and Midwifery Council (NMC)
• what people should expect from nurses and midwives
• what we mean by fitness to practise, and the types of situations we investigate
• how you can support people who are considering making an allegation or complaint against a nurse or midwife
• how we investigate allegations and complaints and reach decisions.

In this booklet you will read about situations where nurses and midwives may not meet the high standards expected of them. However it is important to note that in 2010–2011 we received referrals for only 0.6 percent of the nurses and midwives on our register, and made further investigations into only 0.3 percent.

This means that the vast majority practise safely with our professional standards, and consistently meet the high standards expected by the public.

What is the Nursing and Midwifery Council?

We are the nursing and midwifery regulator for England, Wales, Scotland, Northern Ireland and the Islands. We are independent from government, and are funded by the registration fees that we receive from the nurses and midwives on our register.

We are accountable to Parliament via the Privy Council, and as a charity we are accountable to the Charity Commission of England and Wales, and the Office of the Scottish Charity Regulator.

We are currently based in three offices: 23 Portland Place, London W1B 1PZ, 61 Aldwych, London WC2B 4AE and 114–116 George Street, Edinburgh EH2 4LH.

We hold fitness to practise hearings in all four UK countries.

What do we do?

It is our job to safeguard the health and wellbeing of 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:

- ensure that all nurses and midwives who wish to practise in the UK are 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.

**The NMC register**

The NMC register is a public record of all nurses and midwives who have met our registration requirements and are therefore entitled to practise in the UK. In order to remain on the register, nurses and midwives must follow the standards and guidance we set which helps to ensure they practise safely and effectively.

Anyone can check whether a nurse or midwife is currently registered by visiting [www.nmc.org.uk/search-the-register](http://www.nmc.org.uk/search-the-register)

As at October 2011, there were over 665,000 nurses and midwives on our register.

**Fitness to practise proceedings**

We investigate nurses and midwives to help protect the health and wellbeing of the public by assessing if their fitness to practise is impaired. To make this assessment, we investigate various allegations which may include:

- misconduct
- lack of competence
- bad character
- serious ill health.

You can read more about what we mean by fitness to practise on page 6, and information about what happens when we receive a referral from page 14.
What people should expect from a nurse or midwife

Anyone living in the UK may find themselves using the services of a nurse or midwife. All qualified nurses and midwives must follow our standards and guidance, and be fit to practise, so that patients and the public can trust them with their health and wellbeing.

Follow the code

(the code) is the professional code for all nurses and midwives. It sets out how they should conduct themselves in every area of their practice. By following the code, nurses and midwives will:

• make the care of people their first concern, treating them as individuals and respecting their dignity
• work with others to protect and promote the health and wellbeing of those in their care, their families and carers, and the wider community
• provide a high standard of practice and care at all times
• be open and honest, acting with integrity and upholding the reputation of their profession.

Follow our other standards and guidance

As well as the code, we set a range of other standards and guidance covering various areas of their practice, for example medicines management, record keeping and the care of older people.

Ensure they are fit to practise

All nurses and midwives in the UK must be fit to practise. Being fit to practise means that they have the skills, knowledge, good health and good character to do their job safely and effectively.

While following the code and other standards and guidance is an important part of being fit to practise, it is not the only consideration. For example, a nurse or midwife who suffers from a serious health problem that prevents them from doing their job safely may not be fit to practise.

We don’t expect patients or the public to assess a nurse or midwife’s fitness to practise. However they may identify actions or behaviour of a nurse or midwife that they believe places the safety of patients or the public at risk. It is our job to investigate these actions or behaviour and decide whether or not the nurse or midwife is fit to practise, and we have clear and transparent processes in place to do so.
How do we know if there’s a problem?

We ask employers and colleagues of nurses and midwives to let us know if they’re concerned about a nurse or midwife’s fitness to practise, and we share information with a range of organisations such as the General Medical Council (GMC) and the police.

We work with organisations like yours who have contact with specific groups of patients or the public, and ask them to encourage people to contact us if they have serious concerns about actions or behaviour that may put the public at risk.

We also receive referrals directly from the public, and proactively assess other sources of information, such as news reports and other regulators’ findings, to identify situations when we may have concerns about public safety. In these situations we may open an investigation without receiving a referral.

**Referrals from the public**

In 2010–2011, 23 percent of total referrals came from the public, with the majority of referrals coming from employers.

While the vast majority of nurses and midwives provide safe and effective care, it is important that the public raise concerns when they believe the safety of patients and the public is at risk.

**Types of situations we investigate**

While it is impossible to provide a definitive list of situations that we investigate, the examples on pages 8–9 will give you a broad overview. We hope this will support you in providing advice to anyone considering making a referral to us.

For specific examples of cases that we investigate, take a look at the hearings section of our website where you will find information on the latest cases, including details of allegations and the decisions made by the committees.

Visit [www.nmc.org.uk/hearings](http://www.nmc.org.uk/hearings)

For more information, see the section ‘Before making a referral to the NMC’ from page 10.

**Urgent referrals and interim orders**

We are the only organisation with the powers to prevent nurses and midwives from practising if they present a risk to patient safety. In very serious cases, it will therefore be appropriate for a person to refer a nurse or midwife to us at an early stage if they believe the public’s health and wellbeing is at immediate and serious risk. They may not have a lot of information, but they should tell us as much they can.

This allows for the possibility of issuing an interim suspension or restricting the practice of the nurse or midwife concerned until we can thoroughly investigate the case. Hearings to consider an interim order take place in public. A panel will consider whether
the interim order is:

- necessary to safeguard the public
- in the public interest
- in the nurse or midwife’s interest.

If somebody needs us to act urgently, they should call us on 020 7333 9333, say that they have an urgent referral and that they would like to speak to the screening team.

**When we cannot investigate**

If a complaint concerns a healthcare professional that is not a nurse or midwife – for example, a doctor, healthcare support worker or somebody who works in social care – we do not have the power to investigate. However there are other regulatory organisations that can help in these situations, a list of which is available at www.nmc.org.uk/other-regulators

**Misconduct**

Misconduct is behaviour which falls short of that which can be reasonably expected of a nurse or midwife.

**Examples of misconduct**

The most common examples of misconduct include:

- physical or verbal abuse of colleagues or the public
- theft
- significant failure to deliver adequate care.

**Lack of competence**

Lack of competence is a lack of knowledge, skill or judgment of such a nature that the nurse or midwife is unfit to practise safely and effectively in any field in which they claim to be qualified, or seek to practise.

They should demonstrate a commitment to keeping those skills up to date, and should deliver a service that is capable, safe, knowledgeable, understanding and completely focused on the needs of the people in their care.
Examples of lack of competence

Examples of lack of competence include:

- continued errors or poor standards of practice over a long period of time, for example a lack of skill or knowledge, or poor judgment
- an inability to work as part of a team, or difficulty in communicating with people in their care
- a persistent lack of ability to correctly or appropriately administer medicines
- a persistent lack of ability in identifying a need for, or delivering, appropriate care.

Bad character

Cases concerning bad character nearly always involve some form of criminal behaviour that has resulted in a serious legal conviction or caution.

Examples of bad character

Examples of behaviour that indicate bad character include:

- a legal conviction, for example involving theft, fraud, violence, sexual offences, drug dealing or dishonesty
- accessing illegal material on the internet.

Serious ill health

Good health is necessary to undertake practice as a nurse or midwife. Good health means that a person is capable of safe and effective practice without supervision. It does not mean the absence of any disability or health condition. Many disabled people and those with long-term health conditions are able to practise with or without adjustments to support their practice.

We are particularly concerned about long-term, untreated or unacknowledged physical or mental health conditions that impair someone’s ability to practise without supervision.

To be considered fit to practise, nurses and midwives should also demonstrate suitable attention to their personal needs and should not, for example, abuse or be dependent on alcohol or drugs.

Examples of serious ill health

Examples of serious ill health include:

- long-term, untreated alcohol or drug dependence
- unmanaged serious mental illness.
Before making a referral to the NMC

It may be helpful to work through each of these questions and answers with those you’re supporting if they are considering making a referral. If they believe that the safety of patients or the public may be at risk, they should contact us immediately.

You can also refer to the referral decision tree on page 12 to help you decide whether you should make a referral.

What are referrals, allegations and complaints?

When advising us of their concerns about a nurse or midwife, people use a number of different words. In this booklet we will often use the word ‘referral’ as a general term which may be expressed as a complaint or an allegation against a nurse or midwife who they believe is putting the safety of patients or the public at risk.

If someone believes the public’s health and wellbeing is at immediate and serious risk, they should contact us straight away. They may not have a lot of information, but they should tell us as much they can. We prefer to receive partial information early rather than the full information too late.

Is it a case for the NMC?

Our role is not to punish people for misdemeanours. We are here to safeguard the health and wellbeing of the public from nurses and midwives who put the safety of the public at risk, and whose situation cannot be managed by their employer. We do this by restricting or stopping their practice, and we are the only body with the powers to do this.

Before making a referral, a patient or a member of the public they should ask themselves ‘Is it a case for the NMC?’ An understanding of the information below will help you support people in their decision about whether they should make a referral to us.

Is the referral about a registered nurse or a midwife?

If the answer is no, we do not have the power to investigate the referral. Anyone can check whether a person is on our register at www.nmc.org.uk/search-the-register

A list of other healthcare regulators, who may be able to investigate people who aren’t nurses or midwives, is available at www.nmc.org.uk/other-regulators

Does the allegation suggest that the safety of patients or the public is at risk?

If the answer is yes, they should contact us immediately. We deal with complaints or allegations that involve a nurse or midwife’s ability to do their job safely and effectively without putting the safety of patients or the public at risk.

For examples of situations where the public’s safety may be at risk, see the section ‘Types of situations we investigate’ from page 7.
Have they contacted the employer of the nurse or midwife concerned? This may be a hospital, clinic or other place of work

It may be appropriate for them to first notify the nurse or midwife’s employer of their concern, as the employer may be able to deal with the case quickly and fairly by carrying out their own internal investigations. If the referral involves a midwife, their named supervisor of midwives (SoM), who is an experienced practising midwife who supports, guides and supervises midwives, may be able to deal with the situation and can be contacted through their local maternity unit.

However, if someone feels a nurse or midwife presents an immediate risk to the health and wellbeing of the public, they should contact us immediately.

It's important to note that contacting an employer or SoM directly, or speaking to the nurse or midwife, does not prevent them from later contacting us.

Does the person want the allegation to be officially investigated?

Sometimes members of the public call us to make us aware of an issue, but ask us not to take it any further. In this situation we would not generally start an investigation, as without the referrer’s consent we cannot use their evidence. However we will launch our own investigation if we believe public safety is at risk and there are alternative ways to gather evidence.

Does the allegation involve a nurse or midwife's conduct outside of work?

Sometimes, we investigate allegations that involve the conduct of a nurse or midwife outside of work. We will only do so if the allegation suggests that the nurse or midwife’s actions or behaviour puts patients or the public at risk, or if the actions or behaviour result in (or are likely to result in) a legal conviction.

Does the allegation involve a traumatic personal experience?

Some people refer nurses and midwives to us as a way of seeking redress for a personal injury, bereavement or other negative and sometimes traumatic experiences. In many cases, complaints of this kind may already have been dealt with through local processes, appeals and possibly referrals to ombudsman services.

While we understand why complaints of this kind are sometimes referred to us, we are unlikely to be able to provide the best outcome for the person making the complaint. In our experience, bereavement or other counselling support may also be needed, as well as an opportunity to talk through the stressful experience of feeling like a complaint has not been adequately heard.

Referral decision tree: For patients and the public

The referral decision tree on the next page will help people decide whether to make a referral to us, and they should refer back to the section ‘Is it a case for the NMC’ for further information about each question. If anyone is unsure, we welcome informal enquiries on 020 7333 9333
Referral decision tree

Is the referral about a registered nurse or midwife?

- **YES**: Visit [www.nmc.org.uk/other-regulators](http://www.nmc.org.uk/other-regulators) for a list of other healthcare regulators who may be able to investigate your referral

- **NO**: We would not generally start an investigation as we need your permission to use the information you provide

Do you want the referral to be officially investigated?

- **YES**: It is probably not a case for us, however the employer may be able to deal with the situation

- **NO**: You should make a referral to us

Do you feel the safety of patients or the public may be at risk?

- **YES**: Have you contacted the employer?

  - **YES**: You should make a referral to us
  
  - **NO**: Do you feel the employer could address your concerns?

  - **YES**: You should make a referral to us
  
  - **NO**: You may not need to make a referral to us

- **NO**: You should make a referral to us

Have you contacted the employer?

- **YES**: You should make a referral to us

- **NO**: You may not need to make a referral to us

Is the safety of the patients or the public still at risk?

- **YES**: You should make a referral to us

- **NO**: You may not need to make a referral to us
Making a referral to the NMC

How long will the process take?

The length of time from an initial referral to a final decision can vary widely, depending on a number of factors, which makes it impossible to definitively answer this question. These factors include the complexity of the case, the availability of evidence and witnesses, and how quickly people respond to requests at different stages of the investigation and hearings.

With these variables in mind, we aim to complete our initial assessment of any referral within 16 weeks, then, if necessary:

- investigate the case within 12 months from receipt of the referral, then, if necessary
- reach a decision and decide on actions within six months from the end of the investigation.

How to make a referral

Any referral of a nurse or midwife to the NMC must:

- identify the nurse or midwife concerned
- clearly explain the allegation or complaint
- be supported by appropriate information and evidence.

If it is likely to be a case for the NMC, this section provides information about how to make a referral.

Act quickly

There is no time limit on making a referral, but it is more difficult to investigate incidents that occurred a long time ago. We encourage people to make referrals as soon as possible after an incident. There is no need to wait until organisations, including the police, have finished their investigations before making a referral.

People often ask whether they should report an incident quickly, or wait until they have more substantial amount of information. While we always like to receive as much information as possible, we would prefer to receive partial information early rather than the full information too late.

Report the incident in writing

Our referral form, available online or by calling us, should be used when referring a nurse or midwife. This form asks for the information we need to investigate the allegation and gives us permission to show it to the nurse or midwife in question.
Give as much information as possible

We need as much of the following information as possible to help us correctly identify the nurse or midwife in question, and deal with the allegation quickly and effectively.

<table>
<thead>
<tr>
<th>The person referring</th>
<th>Name, correspondence address, daytime telephone number and email address.</th>
</tr>
</thead>
<tbody>
<tr>
<td>The nurse or midwife being referred</td>
<td>Preferably a name and place of work, but as much information as possible is helpful, including what they look like.</td>
</tr>
<tr>
<td>The complaint</td>
<td>A clear summary and detailed account of the complaint.</td>
</tr>
<tr>
<td>Incidents relating to the complaint</td>
<td>Clear details about any incident(s) relating to the complaint, including when, where, who was there and the context and circumstances surrounding the incident(s).</td>
</tr>
<tr>
<td>Any witnesses</td>
<td>Details of any witnesses.</td>
</tr>
<tr>
<td>Previous action</td>
<td>Details of any other agency that may have been contacted in relation to this matter, for example the police, the local supervising authority or any other regulator.</td>
</tr>
</tbody>
</table>

We carefully read and study all evidence and information submitted to us to ensure that outcomes are clear, transparent, relevant and always based on fact.

When we receive a referral

While every case is unique, when we receive a referral our proceedings will typically involve:

- an initial assessment of the allegation or complaint
- where necessary, an investigation of the allegation or complaint
- where necessary, a hearing or meeting to reach a decision and decide on actions.

A high-level flowchart of our fitness to practise processes can be found on page 15, and we will continue to keep the person who made the referral informed of progress at each stage of the case.
Give as much information as possible

We need as much of the following information as possible to help us correctly identify the nurse or midwife in question, and deal with the allegation quickly and effectively.

The person referring
Name, correspondence address, daytime telephone number and email address.

The nurse or midwife being referred
Preferably a name and place of work, but as much information as possible is helpful, including what they look like.

The complaint
A clear summary and detailed account of the complaint.

Incidents relating to the complaint
Clear details about any incident(s) relating to the complaint, including when, where, who was there and the context and circumstances surrounding the incident(s).

Any witnesses
Details of any witnesses.

Previous action
Details of any other agency that may have been contacted in relation to this matter, for example the police, the local supervising authority or any other regulator.

We carefully read and study all evidence and information submitted to us to ensure that outcomes are clear, transparent, relevant and always based on fact.

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Fitness to practise process flowchart

Initial assessment
(target – 16 weeks from receipt of referral)

Prepare for investigation: Is it a case for the NMC?

YES

NO

Is there an immediate and serious risk to the public?

Interim order may be considered – see page 17

Case closed

Investigation takes place: Is there a case to answer?

YES

NO

Is there an immediate and serious risk to the public?

Interim order may be considered – see page 17

Case closed

Reaching a decision
(target – 6 months from end of investigation)

Hearing or meeting: Is fitness to practise impaired?

YES

NO

Are actions required to protect the public?

YES

NO

No further action – case closed

Decide on action required:
– Caution
– Conditions of practice
– Suspension
– Striking-off
Initial assessment

We will confirm receipt of the referral, and the person making the referral (the referrer) will be given a named contact who will deal with the initial assessment and keep the referrer informed of progress.

They’ll check that the nurse or midwife is on our register and that the nature of the complaint is something that we should be involved with. If for some reason the nature of the complaint falls outside our remit, they will inform the referrer.

Once we are satisfied that the case is one for us to deal with under our investigation procedures, we will work with the referrer and the nurse or midwife’s employer to undertake an initial assessment of the case and collect the necessary information in preparation for an investigation (see page 17).

In some cases, it will become clear in this initial assessment stage that the complaint would be better dealt with by the local employer, rather than by the NMC. This might be, for example, if the complaint relates to a single isolated incident or minor error which does not give rise to concerns about the nurse or midwife’s fitness to practise. We will let the person who has made the complaint know if we think this is the case, and we will ensure the local employer is able to deal with the situation before we pass the case on to them.

In other cases, the seriousness of the allegation or complaint may require us to take immediate action to protect the public. In this situation, we will immediately refer the case to a panel of the Investigating Committee to consider an interim suspension or restriction (see page 17) until we can thoroughly investigate the case.

Contacting the nurse or midwife who has been referred

While preparing for an investigation, we always send the nurse or midwife a copy of allegations and supporting information and invite them to submit a written response.

In appropriate cases, we may send part or all of the nurse or midwife’s response to the allegation back to the referrer as part of our preparation to investigate the case.

Referrers should not send us information or evidence that they are not prepared for us to share with the nurse or midwife being referred.

Witnesses

The referrer should let anyone they have named as a witness know that they are passing their information to us, and that we may call upon them to give evidence.

Witnesses may or may not be called to give evidence in a hearing. More information about being a witness is available at www.nmc.org.uk/witnesses

Confidential information and data protection

We always lock up all paperwork securely. When sending documents and information to the nurse or midwife concerned, we warn them that they can only use it purely for the purposes of defending themselves against any allegations.
**Investigating the case**

Once we are satisfied that the case is one for us to deal with, we have collected all the relevant paperwork and the nurse or midwife has been invited to submit a written response, we refer the case to a panel of the Investigating Committee.

The panel must decide whether there is a case to answer. This means that they must decide whether there is a real prospect that the allegation would be proved if a hearing was held. The Investigating Committee panel:

- meets in private
- is made up of nurses, midwives and lay people outside these professions
- considers all the evidence, including evidence from the nurse or midwife who has been referred
- may ask for advice from experts
- decides what further investigation is required
- decides whether there is a case to answer and whether to refer the case to the Conduct and Competence Committee or the Health Committee
- can, if warranted, refer cases to interim order hearings. The Investigating Committee also deals with alleged fraudulent or incorrect entries on the register.

**Is there a case to answer?**

If the panel finds there is no case to answer, it will close the case. We will write to the referrer and the nurse or midwife concerned explaining the reasons why and how we have come to this decision. We will not write to any other third parties.

If the panel finds there is a case to answer, it will refer the case to a panel of the Conduct and Competence Committee or Health Committee to reach a decision and decide on actions (see page 18).

**Interim suspensions or restrictions**

In some very serious cases, a panel of the Investigating Committee may put interim measures in place to suspend the nurse or midwife in question, or restrict their practice, until we can thoroughly investigate the case. We call this an interim order. This is a very serious step, as the evidence may not have been tested and the nurse or midwife’s fitness to practise has not yet been found to be impaired. For this reason, the panel must be satisfied that an interim order is necessary for the protection of the public, and also in the nurse or midwife’s interest or in the wider public interest. This decision is made at a public hearing.
Reaching a decision

Depending on the type of case, the Investigating Committee will refer the case to the Conduct and Competence Committee or the Health Committee for a hearing and final decision. Like the Investigating Committee, these committees’ panels are made up of nurses, midwives and lay people outside these professions.

Hearings

Panels of the Conduct and Competence Committee and Health Committee hold hearings to decide whether a nurse or midwife’s fitness to practise is impaired and, if so, to take appropriate action.

Conduct and competence cases are usually heard in public, and health cases are generally heard in private. We do not publicly name nurses or midwives with a referral made against them until the case is scheduled for a public hearing. Cases considered and then closed by the Investigating Committee are never made public.

The relevant committee panels will review the information put before them, take expert advice, and question the referrer, employers and the nurse or midwife concerned (or their representative). Nurses and midwives are encouraged to have legal representation and to present evidence in their defence.

Anyone is welcome to observe fitness to practise hearings. This will give them valuable insight into the process. Contact us on 020 7462 5800, fitness.to.practise@nmc-uk.org or visit www.nmc.org.uk for information on how to attend.

Witnesses

Witnesses are not always called to attend but they will be required if there is any dispute about the facts of the case. The anonymity of patients and clients is protected, and special provisions exist for vulnerable witnesses when we need their evidence to prove a case.

There is more information about being a witness on our website at www.nmc.org.uk/witnesses

Deciding on actions

Committee panels make decisions on whether or not a nurse or midwife is fit to stay on the register.

Using the civil standard of proof (for new hearings since 3 November 2008), there are three stages to the decision making process:

• Are the facts proven or not proven?

• Is the fitness to practise of the nurse or midwife in question impaired?

• What actions are required to protect the public?
The actions they choose to take are not intended to punish individuals, but to protect the health and wellbeing of the public. When considering what action to take, they will take into account other factors, such as:

- previous disciplinary action taken, and how the nurse or midwife in question has responded to this
- the availability of training and support
- staffing issues which may have affected a nurse or midwife’s performance (such as bullying, victimisation or insufficient staffing levels)
- unreasonable role demands.

**What if a nurse or midwife is found unfit to practise?**

When a panel finds a nurse or midwife’s fitness to practise is impaired, it will either decide not to take further action or it will make one of the following orders.

<table>
<thead>
<tr>
<th>Caution order</th>
<th>We caution the nurse or midwife but they are not prevented from practising. No restrictions are imposed on their practice.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conditions of practice order</td>
<td>This restricts a nurse or midwife’s practice for between one to three years, and is used when a nurse or midwife is considered capable of improvement. 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.</td>
</tr>
<tr>
<td>Suspension order</td>
<td>We suspend the nurse or midwife from practice for a set period of time which, at first, won’t exceed one year. A panel will review the suspension order before the expiry date and may replace, vary or revoke the order.</td>
</tr>
<tr>
<td>Striking-off order</td>
<td>We remove the nurse or midwife from the register and they are not allowed to practise as a nurse or midwife in the UK.</td>
</tr>
</tbody>
</table>

**After the hearing**

We will write to the referrer and the nurse or midwife concerned to advise them of the outcome of a case. We will not write to or advise any other third parties.

We understand that some people may not be satisfied with a particular decision or an action taken by a panel, particularly where somebody has lost a loved one or suffered other significant pain. We empathise with people in these situations, however as a regulator we aren’t able to punish people for misdemeanours. Of course, people are free to look at avenues of redress apart from the NMC, for example a civil or criminal case, and we would recommend bereavement counselling and other support for anybody who has suffered significant pain or loss.

In a small number of cases we receive appeals if somebody considers an outcome or action taken by a panel to be inappropriate. We will advise referrers, nurses and midwives of their rights to appeal at the relevant stage of their case.
How to make a complaint about the NMC

You can make a complaint about the administration of any case, or about other services we provide, however our procedure does not apply to the formal decisions that are the outcome of fitness to practise cases.

We aim to provide efficient and effective services at all times, and operate in a customer-friendly manner. However, we accept that on occasion we may fall short of people’s expectations so we have a complaints procedure that allows them to voice their concerns.

To make a complaint about the NMC:

• email ceoffice@nmc-uk.org

• call 020 7333 6526

• write to the Office of the Chair and Chief Executive at the address on the back of this booklet.

We can then quickly and effectively address the complaint and, if necessary, use the feedback positively to improve our service.

Please note we operate a zero tolerance policy on abuse from the public.
Acknowledgments

We would like to thank the following organisations who, as part of the Patient and Public Partners’ Group, supported us in developing this publication.

- Action for Sick Children
- Action on Elder Abuse
- A Dignified Revolution
- Contact a Family
- International Alliance of Patients’ Organisations
- Mencap
- National Association of LINks Members
- NCT National Voices
- Parkinson’s UK
- Patients Association
- Scottish Health Council
- AvMA (Action Against Medical Accidents)

The Patient and Public Partners’ Group supports the NMC in putting the public’s interests and needs first, and aims to build strong and effective partnerships with relevant patient and public groups.
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