

Fitness to practise data
Scotland
2013–2014

Introduction

This report is a supplement to the Nursing and Midwifery Council annual fitness to practise report 2013–2014. The annual fitness to practise report explains our work across the UK, while this supplement focuses exclusively on the group of NMC registrants (nurses and midwives) who were registered with an address in Scotland on 31 March 2014. Supplements that focus on those with registered addresses in England, Wales and Northern Ireland are also available.

This supplement explains the number and types of cases the NMC looked at and what happened in cases of those with a registered address in Scotland.

Referrals to the NMC

As shown in the chart below, of the 3,925 new referrals raising concerns about nurses and midwives received by the NMC in 2013–2014 374 (10 percent) of the nurses and midwives are known to have had a registered address in Scotland on 31 March 2014. This is broadly in line with the proportion on the register.

It is important to note that this group are identified by their ‘registered address’ which is the residential address that is provided to the NMC by the registrant. While it is likely that this will be in the same region as the nurse is currently living and working, it is possible for the registrant to not yet have their updated residential address having moved or be working away from their region of residence.

Table 1: New referrals by country compared to registration by country¹

Country	Number on register	Percentage of register	Number of referrals	Percentage of referrals
England	537,140	79%	3,164	81%
Scotland	68,050	10%	374	10%
Wales	34,259	5%	230	6%
Northern Ireland	23,291	3%	122	3%
Overseas (including EU)	18,118	3%	35	Less than 1%
Total	680,858	100%	3,925	100%
Unidentified referrals ²	–	–	762	–
Total referrals	–	–	4,687	–

¹ Refers to the country in which the registered address of a nurse or midwife is situated.

² At 31 March 2014, there were 762 unidentified referrals. This number includes referrals that were received and closed during 2013–2014 because a registered nurse or midwife could not be identified and cases where we had yet to identify a registered nurse or midwife by 31 March 2014.

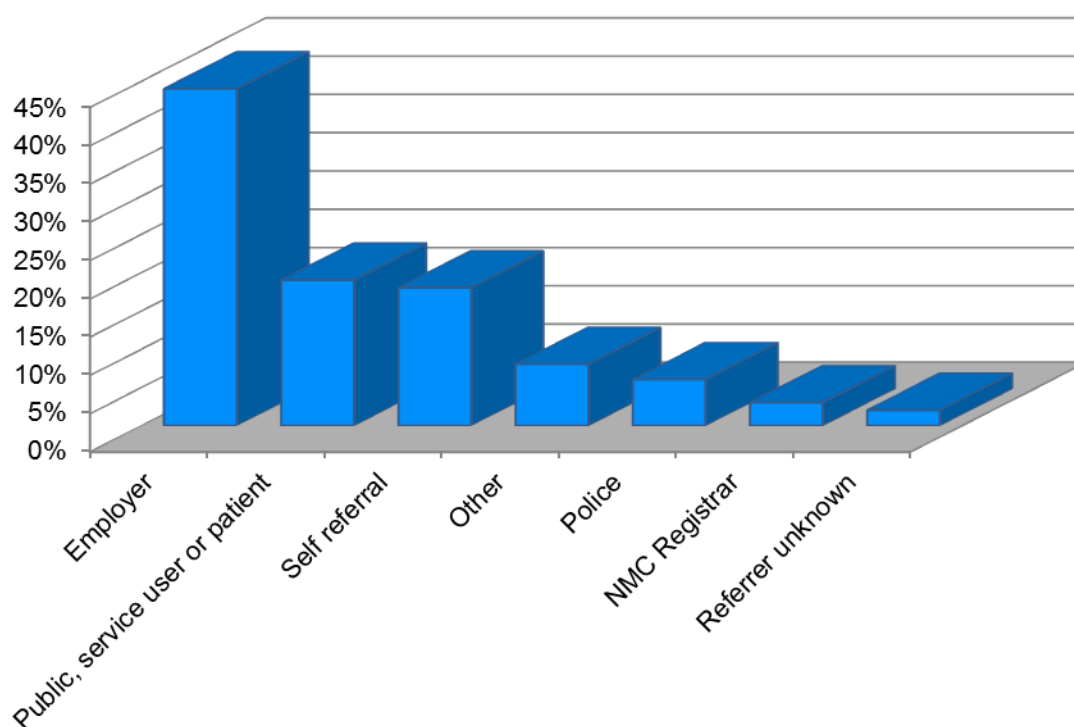
Who referred cases to us in 2013-2014?

Anyone can tell us if they have a concern about a nurse or midwife's fitness to practise. The table and chart below shows (for nurses and midwives registered in Scotland) the proportion of referrals received from various sources.

Table 2: Source of referrals about nurses and midwives registered in Scotland in 2013–2014

Source of new referrals	Percentage
Employer	44%
Member of public, service user or patient	19%
Self referral	18%
Other (including lawyers, coroners and colleague referrals)	8%
Police	6%
NMC Registrar	3%
Referrer unknown	2%
Total	100%

Chart 1: Source of referrals about nurses and midwives registered in Scotland in 2013–2014



Nature of allegations referred to us

The table below shows the main types of allegations made in new referrals we received during 2013–2014 relating to nurses and midwives with a registered address in Scotland.

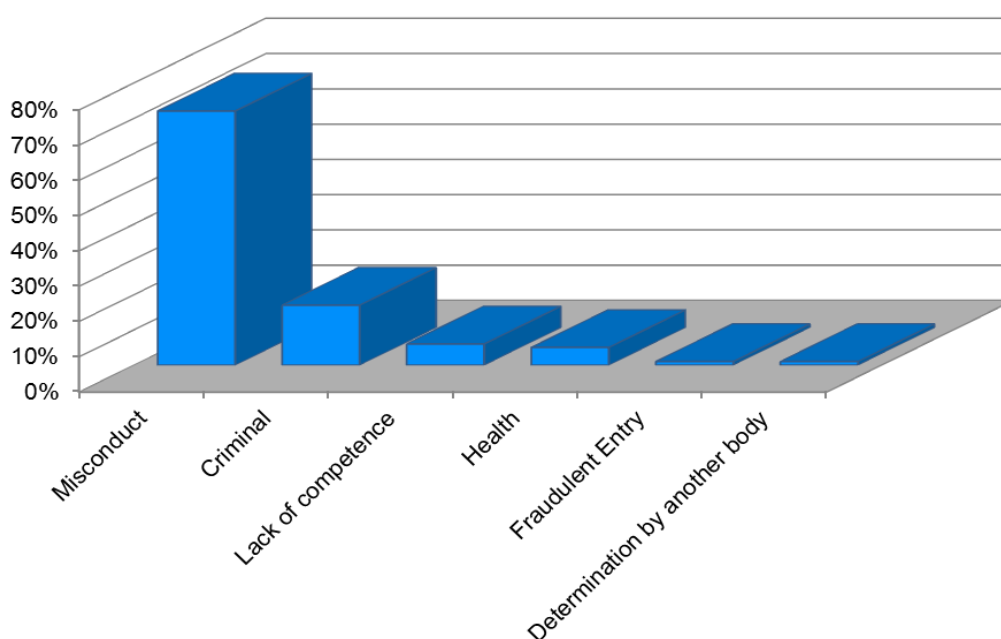
Many cases involve more than one type of allegation about a particular nurse or midwife. The data is therefore based on the proportion of allegations rather than the proportion of cases.

Table 3: Breakdown of all allegation types

Types of allegations*	Percentage
Misconduct	72%
Criminal	17%
Lack of competence	6%
Health	5%
Fraudulent entry	Less than 1%
Determination by another body	Less than 1%
Total	100%

*The percentages in this table do not relate to individual referrals but individual allegations. Some referrals contain more than one allegation type therefore they will appear in more than one allegation category.

Chart 2: Breakdown of all allegation types



Interim order outcomes

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 and impose 'interim orders'. In this situation, a practice committee panel will 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:

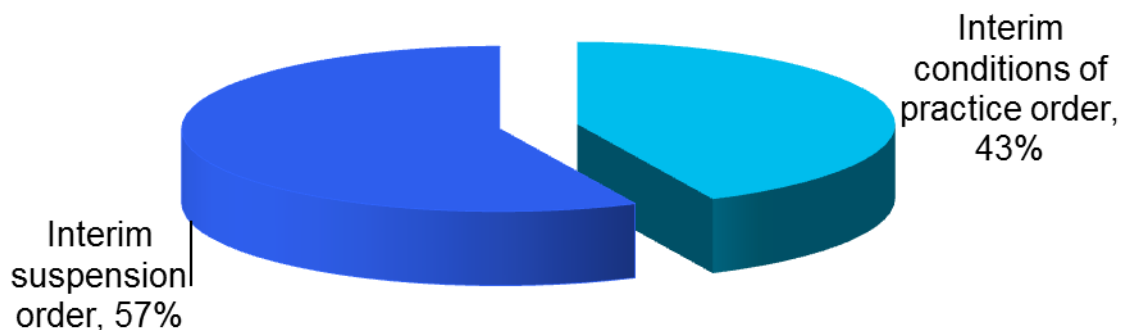
- necessary to protect the public;
- in the public interest; and
- in the nurse's or midwife's interest.

The table and chart below show, for the 80 interim orders that were imposed on nurses and midwives registered in Scotland, the relative proportions of interim suspension orders and interim conditions of practice orders.

Table 4: Interim orders imposed on nurses and midwives with a registration address in Scotland in 2013–2014

Interim order decisions	Number of interim orders	Percentage
Interim suspension order	46	57%
Interim conditions of practice order	34	43%
Total interim orders imposed	80	100%

Chart 3: Interim orders imposed 2013–2014



Investigating Committee outcomes

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). The IC panel decides 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.

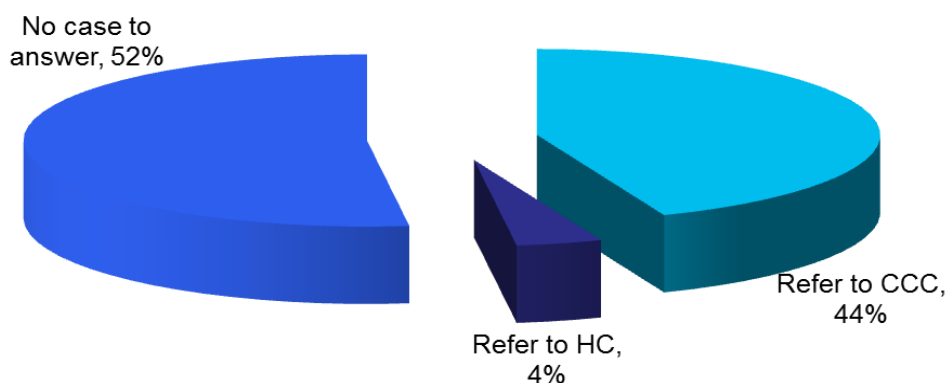
If a panel decides there is a case to answer, it sends the case to the Conduct and Competence Committee (CCC) or the Health Committee (HC), depending on the nature of the allegations.

The table and chart below show, for the 263 cases (for nurses and midwives registered in Scotland) referred to the Investigating Committee, the relative proportions referred to adjudication or resulting in 'no case to answer'.

Table 5: Investigating Committee final outcomes for nurses and midwives registered in Scotland

Investigating Committee final outcomes	Number of cases	Percentage
Refer to Conduct and Competence Committee (CCC)	117	44%
Refer to Health Committee (HC)	10	4%
Total referred for adjudication	127	48%
No case to answer	136	52%
Total Investigating Committee final outcomes	263	100%

Chart 4: Investigating Committee final outcomes for nurses and midwives registered in Scotland



Adjudications

Conduct and Competence Committee and Health Committee final outcomes

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 appropriate 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 relate more to a nurse or midwife's conduct or competence than health issues.

For nurses or midwives whose registered address is in Scotland, the hearing will take place in Scotland. The outcomes, including any interim orders, will apply throughout the UK, not just to practice as a nurse or midwife in Scotland.

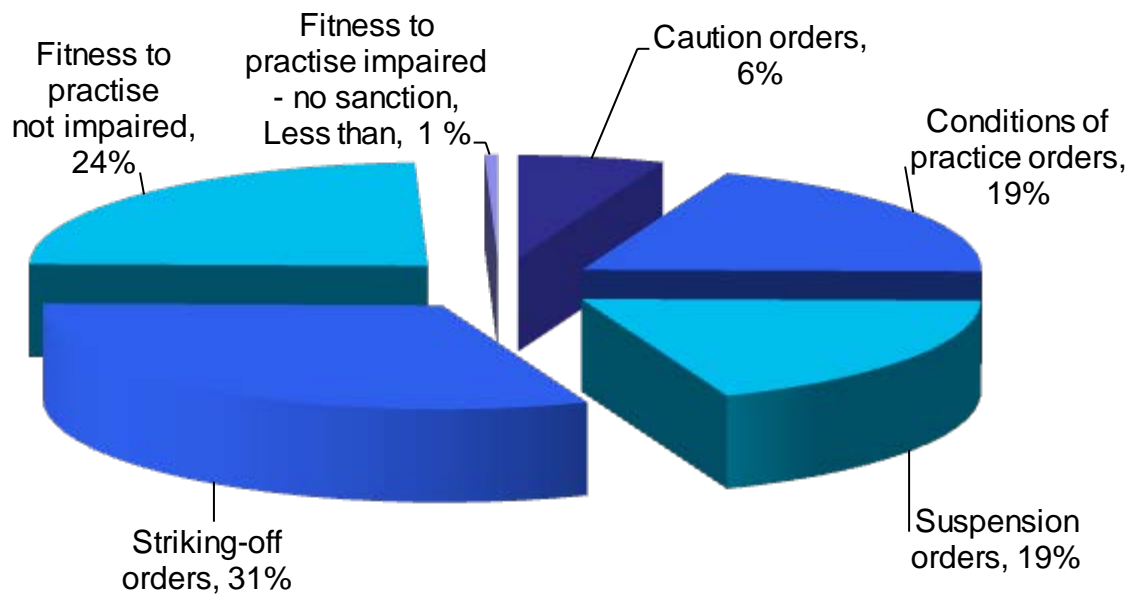
Table 6: CCC and HC final adjudication outcomes

The total number of cases in which fitness to practise was found to be impaired represents approximately 0.2% of the total number of registered nurses and midwives with a registered address in Scotland. A small proportion of these cases were resolved through consensual panel determinations.

CCC and HC final adjudication outcomes	Number of cases	Percentage
Striking-off orders ³	58	31%
Suspension orders	35	19%
Conditions of practice orders	36	19%
Caution orders	11	6%
Fitness to practise impaired – no sanction	1	Less than 1%
Total	141	76%
Fitness to practise not impaired	45	24%
Total final outcomes	186	100%

³ These include decisions made on review of a substantive order imposed at an earlier stage.

Chart 5: CCC and HC final adjudication outcomes relating to nurses and midwives with a registered address in Scotland



Further information

The fitness to practise annual report 2013–2014 is published on our website and an analysis of the equality and diversity data that we hold about fitness to practise cases is published separately on our website as part of our annual equality and diversity report 2013–2014 at www.nmc.org.uk.