

A public  
consultation on  
**the continued  
use of our  
new powers  
arising from the  
coronavirus  
pandemic**

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# 1. About us

Our vision is safe, effective and kind nursing and midwifery that improves everyone's health and wellbeing. As the professional regulator of more than 700,000 nursing and midwifery professionals, we have an important role to play in making this a reality.

Our core role is to **regulate**. First, we promote high professional standards for nurses and midwives across the UK, and nursing associates in England. Second, we maintain the register of professionals eligible to practise. Third, we investigate concerns about nurses, midwives and nursing associates – something that affects less than one percent of professionals each year. We believe in giving professionals the chance to address concerns, but we'll always take action when needed.

To regulate well, we **support** our professions and the public. We create resources and guidance that are useful throughout people's careers, helping them to deliver our standards in practice and address new challenges. We also support people involved in our investigations, and we're increasing our visibility so people feel engaged and empowered to shape our work.

Regulating and supporting our professions allows us to **influence** health and social care. We share intelligence from our regulatory activities and work with our partners to support workforce planning and sector-wide decision making. We use our voice to speak up for a healthy and inclusive working environment for our professions.

**Our strategy 2020–2025** outlines our values. Our values underpin everything we do. They shape how we think and act. We are:

- fair
- kind
- collaborative
- ambitious.

We also look to make improvements and be innovative in order to provide better customer service and to maximise the public benefit from what we do.

## 2. Introduction

The measures introduced in response to the coronavirus pandemic by the government and devolved administrations in March 2020 meant that we could no longer continue to work in the same way. In order to allow us to continue to perform our regulatory functions, including our vital public protection activities, and keep nurses, midwives and nursing associates working at this crucial time, the Department of Health and Social Care (DHSC) introduced some [rules](#)<sup>1</sup> ('the rules'). These came into force on 31 March 2020 and gave us powers to make changes to our operating procedures in fitness to practise and registrations.

Due to the circumstances in which the changes were introduced, we were unable to undertake a full consultation with our stakeholders. We did however discuss the changes with the DHSC, our public support steering group and relevant trade union and representative bodies. We've also held regular meetings with the trade unions and representative bodies to discuss the impact of the changes to our operating procedures, and how our powers are working in practice.

The rules initially contained a 'sunset clause' stating that the provisions would come to an end when the emergency was declared to be over. DHSC later amended the rules because of the uncertainty surrounding the pandemic and the risk of further 'waves'. These [amendments](#)<sup>2</sup> came into effect on 31 August 2020 and the sunset clause was removed, which means that the rules now have no end date.

At our open Council session in July 2020, we committed to holding a full public consultation by 31 March 2021 on the changes brought in by the rules and the continued use of our powers. We also agreed not to use these powers beyond the end of March 2021 in a non-emergency period, without undertaking this consultation.

The consultation is set to run from 4 November 2020 to 15 January 2021. We will then analyse the responses and prepare a report for our Council to consider at their meeting on 24 March 2021, along with any other relevant information and evidence. Our Council will decide whether and how we should use our powers arising from the coronavirus pandemic beyond 31 March 2021, after any emergency period ends.

In the event that the emergency period lasts beyond the end of March 2021, we'll continue to use our powers under the rules. We'll take on board any feedback we receive as part of this consultation and may change our processes where appropriate.

The consultation does not cover the temporary registration processes for nurses, midwives and nursing associates. This is because these processes are covered by the Coronavirus Act 2020, and not by the new rules and these changes are not permanent as the temporary register will close when the emergency is declared to be over.<sup>3</sup>

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<sup>1</sup> The Nursing and Midwifery Council (Emergency Procedures) (Amendment) Rules 2020 Order of Council 2020

<sup>2</sup> The Nursing and Midwifery Council (Coronavirus) (Amendment) (No. 2) Rules Order of Council 2020

<sup>3</sup> The Coronavirus Act 2020 inserted a new provision into The Nursing and Midwifery Order 2001 in the form of article 9A, which covers our temporary registration process.

## 3. Background

The rules that were introduced on 31 March 2020 made changes in relation to two main areas of our work:

- i. Fitness to practise (FtP) processes and registration appeals
- ii. Revalidation and fee payment

The FtP process and registration appeal changes enabled:

- Hearings and meetings to take place fully by video-conference, audio-link and telephone, rather than face-to-face
- Service of notices of hearing by email rather than post
- The Council to extend the appointment of any panel member who as of the 3 March 2020 was serving a second term (as many of our panel members would have come to the end of their second term and it would have been difficult to recruit and train new panel members during the emergency)
- The reduction of the quorum of an FtP panel event to two and the waiver of the requirement for one FtP panel member to be a registrant (this was important as we were aware of the potential need to free up colleagues on our register from panel duties to prioritise their work in the health and care system)

The revalidation and fee payment changes were as follows:

- Powers to consider an extension of any length of time for revalidation
- Powers to extend the time for nurses, midwives and nursing associates to pay their annual fee

### FtP processes and registration appeals

#### Virtual meetings and hearings

The measures put in place in response to the coronavirus pandemic by the government and devolved administrations meant that we couldn't continue to hold meetings and hearings in the same way. Before the emergency period, meeting panels would meet face-to-face (no one else attends meetings; the panel make their decision on the papers). Hearings could be held with individuals attending by video-link or telephone, but we hadn't previously had hearings with all parties attending virtually.

The changes to our rules have allowed us to continue holding meetings and hearings to consider concerns raised about nurses, midwives or nursing associates, and make sure that safe and effective care is provided to the public. We've also been able to allow nurses, midwives and nursing associates who had restrictions on their practice to return to work as soon as possible, where they were able to demonstrate safe practice.

We initially limited virtual meetings and hearings to matters with an immediate risk to the public. That is, applications and reviews of interim orders, and substantive order reviews<sup>4</sup>. As we've gained experience of running virtual events, we have expanded these to include all types of fitness to practise and registration events.<sup>5</sup> We started to hold Covid secure face-to-face hearings at our hearing centres from 14 September 2020 (although some parties may still attend virtually). We published [guidance](#) setting out a non-exhaustive list of factors we'd consider in deciding whether a hearing should be held entirely virtually, or with some or all parties attending a hearings centre.

The PSA have also issued [guidance](#) on the use of fitness to practise hearings during the pandemic.

### Public access to hearings

Rule 19 of The Nursing and Midwifery Council (Fitness to Practise) Rules 2004 says that our hearings must be open to the public except in certain circumstances, such as when someone's health is being discussed. When we started holding virtual hearings in March 2020, we did not allow observers to attend these hearings because the rules amended Rule 19, so it didn't apply to hearings conducted by audio or video conferencing. This meant that we could focus on making sure that all parties to the virtual hearing could participate in the proceedings. We continued to make sure that our processes were transparent during this time by making transcripts of the hearings available, and by continuing to publish panel decisions and reasons.

Rule 19 came back into use on 31 August 2020 with the changes that DHSC made to the rules. This meant that virtual hearings and hearings with some or all parties attending a hearing centre, had to be open to the public (except in certain circumstances as outlined above). Our capacity to allow observers at our hearing centres has however been limited by the need for social distancing. We have limited the number of observers at our virtual hearings in order to make sure that our hearings run smoothly. We currently offer audio access to our hearings. Observers can also view events on a screen at a hearings centre where we have capacity to facilitate this. We made this decision to balance allowing public access to our hearings with concerns that were raised about protecting participants from the risk that observers could record or take screenshots of the proceedings.

The section of our website on '[hearings](#)' provides information on how members of the public can observe a virtual hearing. We clearly set out that observers mustn't take digital recordings, photos or screenshots of the hearing and observers must agree to this when asking to observe a hearing. Observers shouldn't communicate with any of the parties during the hearing, or the panel could exclude them.

A number of regulators have taken a different approach and allow observers attending virtually to view a video stream of the proceedings from their own premises.<sup>6</sup> At least one regulator has decided to set up a viewing gallery at their hearings centre to allow observers

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<sup>4</sup> The glossary explains what interim orders and substantive order reviews are.

<sup>5</sup> These events include substantive meetings and hearings (including resuming hearings), incorrect entry or fraudulent entry cases, registration appeals, restoration hearings and administrative meetings and hearings which assist in taking a case forward to its substantive outcome.

<sup>6</sup> This is the approach adopted by the following regulators: General Pharmaceutical Council, General Optical Council, General Dental Council, The Health and Care Professions Tribunal Service and Social Work England. It appears from their website that this is also the approach adopted by the Solicitors Disciplinary Tribunal and the Bar Tribunal and Adjudication Service

to view virtual hearings on a screen there.<sup>7</sup> Going forward, we're considering whether to adopt a similar approach and allow remote visual access from observers' own premises in addition to observers being able to attend our hearing centres and view proceedings on a screen. This is to make sure that our hearings are as open and transparent as possible, in light of our objective to act in the public interest.

### **Constitution and appointment of panel members**

As we've discussed with the relevant representative bodies and trade unions, we don't think there are circumstances outside of the emergency period in which we would use the power to hold a panel event with only two panellists or where we don't have a panel member who is a nurse, midwife or nursing associate.

We recognise the importance of having the experience of a registrant panel member and that having three panellists allows for a greater range of views and experience to contribute to decision making. We think these provisions make sure that our meetings and hearings are fair and there are probably very limited circumstances in which we could justify relaxing these rules outside an emergency when the availability of panel members is not impacted.

The power to extend the appointment of any panel member serving a second term has helped us during the emergency period. It would have been difficult to recruit and train new panel members during that time and this could have led to a shortage of panel members. Our use of this power was limited to the emergency period and we won't need to use it outside the emergency. We are therefore not asking a question in relation to this power.

### **Sending notices of our events**

We send notices to the nurse, midwife or nursing associate so they know when their hearing will be held or, if the case is progressing to a meeting, the date that their case will be considered on or after. Where we have an approved email address for them we will send notice by secure email. An approved email address is one which is recorded on our register or is an address which the nurse, midwife or nursing associate has used to communicate with us in the past, told us about in the course of previous correspondence or provided to us over the phone in response to a request for updated contact details. If a third party such as an employer provides us with an email address we won't treat this as an approved email address until the nurse, midwife or nursing associate confirms it is correct. If we don't have an approved email address we'll send the notice by recorded delivery to the address which is on our register, as we used to before the rule change.

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<sup>7</sup> Medical Practitioners Tribunal Service

## Revalidation and fee payment

Our powers under the rules allow us to grant an extension of any length of time to nurses, midwives and nursing associates, to prepare and submit a revalidation application and pay their annual fee. Prior to this change, we could grant a revalidation extension of up to three months. This new power has allowed us to support our nurses, midwives and nursing associates to carry on working as registered professionals where they, and those supporting their applications, need more time to meet our renewal requirements because they have been impacted by the coronavirus emergency.

Revalidation is a key part of the professional lives of nurses, midwives and nursing associates: it helps them to maintain safe and effective practice by supporting them to update their knowledge and develop new skills. We also know that most of our nurses, midwives and nursing associates want to revalidate and submit their application on time. Going forward, we would therefore like to use this power only in limited circumstances in a non-emergency period.

## Our experience of using our powers under the rules

Our experience and knowledge of virtual hearings is developing. We're continuing to review the changes to our processes so that we can continue to improve the way we work. We're engaging in ongoing conversations with the relevant representative bodies and trade unions. We've also sought feedback from those who have participated in virtual hearings. This has all helped us to update and improve our guidance and processes and make sure that our virtual hearings are as effective as possible.

We have gathered some data for virtual interim order application hearings held in April and May and compared this to interim order application hearings held in January and February (which were held at a hearings centre, although some registrants may have attended virtually). We did this to try and get a sense of how virtual hearings compared to face-to-face hearings in relation to a number of factors. The data tables are contained in annexe 1.

Comparing the tables for physical hearings against virtual hearings we can see that:

- There were a very similar number of hearings held over the two periods,
- There was no notable difference in the number of adjournments being granted,
- There was no difference in the likelihood that an interim order would be granted,
- There was a slight reduction in interim conditions of practice orders being granted and a slight increase in interim suspension orders being granted in the virtual hearings sample,
- There was no clear indication that it was more likely a nurse, midwife or nursing associate would be represented at either type of hearing, and so other variables seem to be the reason for the change in levels here,

Between 23 March 2020 and 16 October 2020 we held 1832 virtual hearings and meetings. 1368 of the 1832 were hearings. During this time we have seen real benefits in conducting our meetings and hearings virtually. We would like to continue holding all meetings virtually,



unless there is a good reason for us not to do so. Holding hearings virtually, or with some or all parties attending our hearings centre, has allowed for more flexibility and means we are not just holding hearings in the capital cities of the four countries of the UK. There are a number of advantages to all parties in not needing to travel or stay away from home, saving travelling time and associated travel and accommodation costs.

## **Experiences of other parties**

We know that there are a number of differing views about virtual hearings. For some people, holding hearings virtually helps them to engage with the process and NMC colleagues involved in our hearings have reported an increased level of participation from registrants<sup>8</sup>. In line with our strategy, we want to use new ways of working where they bring real benefits both to us and those involved in our processes.

We understand that not everyone shares this view and it's important that we take all opinions and experiences into account so that we can decide whether and how we might use our powers once the emergency period has come to an end.

We also know that not everyone feels comfortable using video conferencing technology, may not have access to it, or may require the support that can be offered by physically attending a hearings centre. Our representative bodies have commented that we need to consider data security and therefore this needs to be balanced against the requirement to hold our hearings in public.

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<sup>8</sup> Our systems do not capture the data on registrant attendance.

## 4. How to respond to the consultation

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You can respond via the following link: [www.nmc.org.uk/covid19-rules-consultation](https://www.nmc.org.uk/covid19-rules-consultation)

If you can't submit your response using the online survey, please

contact us at [consultations@nmc-uk.org](mailto:consultations@nmc-uk.org) for an alternative format.

You can also use this email address if you have any questions.

All consultation questions are optional except for the 'About you' questions. This shows us if we have engaged with a diverse and broad range of people. Responses on behalf of organisations will be analysed separately from responses from individuals, so it's important that we know which capacity you are responding in.

If you're responding on behalf of an organisation we'll ask for your name and the organisation's name. However, you have the option to remain anonymous if you wish.

If you're responding as an individual we won't ask for your name. Therefore you won't be able to change your responses after you have submitted them. We also won't be able to provide a record of your responses.

**The consultation will run from 4 November 2020 until 15 January 2021. Any responses received after this time won't be included in the analysis of the consultation responses.**

# 5. Questions

This section contains the questions we're asking in this consultation.

Our experience and knowledge of using our powers under the rules during the emergency period continues to develop. We're now considering whether and how we may want to use these powers once the emergency period ends, in a way that aligns with our strategic aims and our values of being kind, fair, collaborative and ambitious.

The responses we receive to these questions will inform our thinking and help our Council to make a decision about whether and how we should continue to use these powers in a non-emergency period.

The responses we receive may also inform how we are using our powers during the emergency period, and whether we need to make any changes to our current processes.

## **Fitness to practise and registration appeal and hearings**

We'd like to continue holding hearings virtually once the emergency period ends, so long as we can do so in a way which is practical and fair for everyone involved

### **1. Do you think there are any reasons why we shouldn't continue to hold hearings virtually, once the emergency period ends?**

Yes / No / Don't know

Please explain your answer.

## **Public Access**

Our rules say that our hearings must be open to the public except in certain circumstances, such as when someone's health is being discussed. Our current approach to virtual hearings is to allow observers to have audio access from their own private setting. We don't currently allow observers to have remote visual access to our virtual hearings. If observers want to view a virtual hearing, they can attend our hearings centre and we will display the virtual hearing on a screen where we have capacity to do so.

### **2. How do you think that members of the public should have access to our virtual hearings?**

Please explain the reasons for your answer.

## **Constitution of panels**

The changes to our rules allow us to hold meetings and hearings where:

- we do not have a panel member who is a nurse, midwife or nursing associate
- we have panels of two panel members rather than three

We don't intend to use our power to have a panel without a nurse, midwife or nursing associate member, outside of a national emergency.

### 3 (a). Do you agree with this approach?

Yes / No / Don't know

### 3(b). Please tell us if you think there are any other circumstances where it would be reasonable for us to have a panel without a registrant member.

We would use our power to have a panel of two members (ie one lay member and one nurse, midwife or nursing associate) in exceptional circumstances only. Our current approach where a panel has started hearing a matter and one panel member is unable to continue (for example, due to illness or incapacity), is to carry on with the hearing with a new panel member. We intend to continue with our current approach, however we are interested in hearing your views as to whether there are circumstances where we could have panels with two members.

### 3(c). What do you think the exceptional circumstances should be where we would have a panel with two members?

## Sending notices of meetings and hearings

The changes to our rules allow us to send notices of our hearings and meeting by email.

### 4. Do you think we should continue to send notices of our hearings and meetings by secure email?

Yes / No / Don't know

Please explain the reasons for your answer.

## Revalidation and fee payment

We only grant revalidation and fee payment extensions in limited circumstances. This may be, for example, where there has been an unforeseen event such as illness or a recent bereavement that has prevented a nurse, midwife or nurses associate from completing their revalidation application or paying their fee on time.

### 5. Do you think we should continue to grant revalidation and fee payment extensions in limited circumstances such as those outlined above?

Yes / No / Don't know

Please explain the reasons for your answer.

### 6. If there is anything else you would like to comment on in relation to whether and how we should use our powers under the rules after the emergency period ends, please do so here.

Have your say at [www.nmc.org.uk/covid19-rules-consultation](http://www.nmc.org.uk/covid19-rules-consultation)

## 6. About You

If you are responding in this section, **this** is how we will use the data you provide.

**1. Are you responding as an individual or on behalf of an organisation (select only one)**

- Individual (go to Responding as an individual section)
- Organisation (go to Responding as an organisation section)
- Other (please give details)

### Responding as an organisation

**2. Does your organisation officially represent the views of nurses, midwives or nursing associates and/or the public that share any of the following protected characteristics? (select all that apply)**

- Older (e.g. 65 years and over)
- Younger (e.g. under 18 years of age)
- Disabled (including mental health)
- Ethnic minorities
- Gender-based difference
- Lesbian, Gay and/or Bisexual
- Trans/gender diversity
- Pregnancy/maternity
- Religion or belief

**3. Please select the options that best describes the type of organisation you are representing (select all that apply)**

- a. Government department or public body
- b. Local authority
- c. Regulatory body
- d. Professional organisation or trade union
- e. Employer of nurses, midwives and/or nursing associates
- f. Agency for nurses, midwives and/or nursing associates
- g. Education provider
- h. Consumer or patient organisation
- i. Other (give details)

**4. Does your organisation represent/work any of the countries/regions below (select all that apply)**

- England
- Wales
- Scotland
- Northern Ireland
- UK wide
- EEA
- Outside EEA

**5. Please tell us the name of your organisation**

## **Responding as an individual**

**6. Which of the following best describes you?**

- Nurse (including nurse SCPHN)
- Midwife (including midwife SCPHN)
- Nurse and midwife (including nurse and midwife SCPHN)
- Nursing associate
- Student of any of the above professions
- Retired from any of the above professions
- Other health and care professional
- Member of the public
- Representative of an advocacy group/organisation (go to question 3)
- Educator
- Employer
- Researcher
- Other (give details)
- Prefer not to say

**7. What is your country of residence (select one option only)**

- England
- Northern Ireland
- Scotland
- Wales
- EEA/EU
- Outside of the EEA/EU
- Prefer not to say

## 8. Do you work in the same country where you live?

- Yes
- No

### 8.1 [If no], please tell us which country you work in (select one option only)

- England
- Northern Ireland
- Scotland
- Wales
- EEA/EU
- Outside of the EEA/EU
- Prefer not to say

## Diversity monitoring

Please complete this survey about your background

We are committed to treating everyone fairly and meeting our legal responsibilities under the Equality Act 2010 and related legislation. We will use this information to better understand if we are engaging with a diverse and broad range of people. In this section we ask for information about your background. Specifically, we use this information when we analyse responses to make sure we understand the impact of our proposals on diverse groups. Although we will use this information in the analysis of the consultation response, we will not publish this information linked to your individual feedback.

Giving us this information is optional and will be anonymised in publication/reports.

## About you

### 9. What is your age?

- Age under 20
- Age between 21 – 30
- Age between 31 – 40
- Age between 41 – 50
- Age between 51 – 55
- Age between 56 – 60
- Age between 61 – 65
- Age between 66 – 70
- Age between 71 – 75
- Age above 75
- Prefer not to say

**10. Do you have caring responsibilities? Please tick all that apply.**

- None
- Primary carer of a child or children (under 18 years)
- Primary carer of disabled child or children
- Primary carer of disabled adult (18 years and over)
- Primary carer of adult (18 years and over)
- Primary carer of older person or people (65 years and over)
- Secondary carer
- Prefer not to say
- Other (please specify)

**The Equality Act 2010 defines a person as disabled if they have a physical or mental impairment, which has a substantial and long-term (i.e. has lasted or is expected to last at least 12 months) adverse effect on the person's ability to carry out normal day-to-day activities.**

**11. Do you have a disability?**

- Yes
- No
- Prefer not to say

**11.1 If you answered yes to the question above – please tell us if any of the below apply to you.**

- Blind or sight loss
- Deaf or hearing loss
- Mobility
- Manual dexterity
- Learning disability
- Mental health concern
- Speech impairment
- Cognitive disability
- Other impairment – e.g. epilepsy, cardiovascular conditions, asthma, cancer, facial disfigurement, sickle cell anaemia, or progressive conditions such as motor neurone disease.
- Prefer not to say
- Other (please specify)



## 12. What is your ethnic group?

Please select only one option.

### A: White

- British, English, Northern Irish, Scottish or Welsh
- Irish
- Gypsy or traveller
- Any other white background, please specify

### B: Mixed or multiple ethnic groups

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed or multiple ethnic background, please specify

### C: Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Filipina/Filipino
- Any other Asian background, please specify

### D: Black, African, Caribbean or black British

- Caribbean
- African
- Any other black, African, or Caribbean background, please specify

### E: Other ethnic group

- Arab
- Any other ethnic group, please specify

### F: Prefer not to say

## 13. What is your gender?

- A woman
- A man
- Other or self-describe
- Prefer not to say

**14. Does your gender identity match your sex as registered at birth (or within 6 weeks)?**

- Yes
- No
- Prefer not to say

**15. How would you describe your national identity? Tick all that apply.**

- British
- English
- Irish
- Northern Irish
- Scottish
- Welsh
- Other (please specify)
- Prefer not to say

**16. What is your religion or belief?**

- No religion
- Christian
- Buddhist
- Hindu
- Jewish
- Muslim
- Sikh
- Prefer not to say
- Any other religion please describe

**17. Which of the following options best describes your sexual orientation?**

- Bisexual
- Gay or lesbian
- Heterosexual or straight
- Prefer not to say
- Other (please specify)

## 7. What we'll do next

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Our consultation will close on 15 January 2021. We'll then consider the responses and decide what action is appropriate. We'll draft a Consultation report, which will address the themes raised and any key points, and a paper for our Council to consider when deciding on the use of our new rules outside of an emergency.

We do not know what the situation will be in and beyond March 2021. We may still be in an emergency situation and need to continue to use all our powers whilst the emergency remains. Whilst our plan is that our Council will consider the outcome of the consultation alongside other relevant information at their meeting on 24 March 2021, we recognise that the emergency and surrounding circumstances may cause a delay to when Council is able to consider the use of the rules outside of an emergency.

We have carried out an equality impact assessment ('EQIA') and data protection impact assessment ('DPIA') on the changes brought in by the new powers. We know these can affect people in different ways and we want to make sure we have as much information as possible so that we can see how using these powers affects particular groups – both where this makes engagement easier and where it makes it harder. We will use the information provided in the consultation to input into our EQIA and DPIA and to inform our continued use of the powers both during and outside of the emergency period.

## 8. Glossary

### **Council**

The Council is our governing body. It sets our strategic direction, takes key decisions and makes sure we fulfil our duty to protect the public.

### **Evidence**

The panel will hear evidence from witnesses who attend the hearing and will also read documents. This is part of the evidence it will consider. The nurse, midwife or nursing associate may choose to bring witnesses with them to support their case. The nurse, midwife or nursing associate may also give evidence to the panel themselves.

### **Fitness to practise**

Having the skills, knowledge, good health and good character to work as a nurse, midwife or nursing associate safely and effectively.

### **Fitness to Practise Committee**

At the stage where a case has been referred for a hearing or meeting any case which needs to go to a fitness to practise panel will be considered by the Fitness to Practise Committee.

### **Fitness to Practise panel**

This includes our Fitness to Practise Committee and our Investigating Committee. Both are made up of independent people who are appointed to be panel members on the respective committees.

**Hearing:** when the Fitness to Practise Committee panel meets to hear a disputed case about a nurse, midwife or nursing associate's fitness to practise. The hearing is made up of three stages: the facts stage, the impairment stage, and the sanction stage. The panel needs to make a fully reasoned decision at each stage. The nurse, midwife or nursing associate has a right to attend. Our case is explained by a case presenter, and the panel has a legal assessor to help them with points of law.

### **Impairment**

We say that someone is impaired if we don't believe they are currently fit to practise. There are different categories under which we can find someone to be impaired, such as misconduct, lack of competence or health.

### **Interim order**

If we think a nurse, midwife or nursing associate is a risk to the public, or themselves, during our investigation we will ask for an interim order. A panel can decide to temporarily restrict a nurse, midwife or nursing associate's practice, by applying for an interim conditions of practice order. Or if they think the risk is serious, they will stop them from practising until the investigation finishes. This is known as an interim suspension order.

### **Investigating Committee**

At the initial stages of a referral before a case has been referred for a hearing or meeting any case which needs to go to a fitness to practise panel will be considered by the Investigating Committee.

## **Meeting**

When a panel decides a case in private using the documents in the case.

The nurse, midwife or nursing associate doesn't attend but can send us submissions in advance. We will always publish the outcome on our website. Unless the case involved the nurse, midwife or nursing associate's health, we will normally publish the panel's reasons too.

## **Notice of meeting or hearing**

We send notices to our registrants so they know when their hearing will be held or, if the case is progressing to a meeting, the date that their case will be considered on or after

## **Panel member**

Panel members are independent people who are appointed as the decision makers at our meetings and hearings.

## **Preliminary meeting**

A meeting in front of a panel member who has been appointed as Chair at which they can make decisions on how a case should proceed.

## **Registration appeal panels**

The panel members appointed to our Registrations Appeal panel consider appeals made by people who we have not allowed to go on our register.

## **Registrant**

A nurse, midwife or nursing associate who's registered with us.

## **Revalidation**

The process all nurses, midwives and nursing associates need to follow to maintain their registration with us.

## **Sanction**

A restriction a panel puts on someone's registration. This could be a caution, conditions of practice, suspension or striking off order.

## **Substantive order review**

If a panel suspends a nurse, midwife or nursing associate, or puts restrictions on their practice, this will be for a set amount of time. Before this time is up a new panel must decide if the nurse, midwife or nursing associate has addressed their failings. They can decide to let the nurse, midwife or nursing associate return to practice, or extend or increase the sanction.

## **Suspension order**

A panel may decide the best way to protect the public is to stop the nurse, midwife or nursing associate from practising for a period of time (up to 12 months). Before the time is up we may review the order to see whether it needs to continue.

## **Virtual meeting and hearings**

An event where all parties attend by telephone, audio link or by video conferencing facilities.

## **Witness**

Someone who gives written or oral evidence on a matter within their knowledge.

# 9. Annexe

## Annexe 1

Data tables on virtual and physical hearings covering January and February for physical hearings and April and May for virtual hearings.

Hearing Outcomes	Physical Hearings	% of Total	Virtual Hearings	% of Total
IO Imposed	72	80	63	78
IO Not Necessary	11	12	13	16
Adjourned	6	7	3	4
Blank	1	1	2	2
<b>Grand Total</b>	<b>90</b>		<b>81</b>	

Figure 1: IO hearing outcomes for physical and virtual hearings

Hearing Outcomes	Physical Hearings	% of Total	Virtual Hearings	% of Total
Interim conditions of practice order	44	49	33	41
Interim Suspension Order	28	31	30	37
Interim order not necessary	11	12	13	16
Adjourned	6	7	3	4
Blank	1	1	2	2
<b>Grand Total</b>	<b>90</b>		<b>81</b>	

Figure 2: IO Hearing Outcomes for Physical and Virtual Hearings

Month	Total	Representation	Total	% of Total
January	44	Represented	28	64
		Not Represented	16	36
February	46	Represented	24	52
		Not Represented	22	48
April	44	Represented	31	70
		Not Represented	13	30
May	43	Represented	24	56
		Not Represented	19	44

Figure 3: IO hearings by registrant representation for January and February and April and May 2020.

Physical Hearings

Virtual Hearings