

## NMC response to the Professional Standards Authority's 'Professional duty of candour: questionnaire'

### Introduction

- 1 We exist to protect the public by regulating nurses and midwives in the UK. We do this by setting standards of education, training, practice and behaviour so that nurses and midwives can deliver high quality healthcare throughout their careers.
- 2 We maintain a register of nurses and midwives who meet these standards, and we have clear and transparent processes to investigate nurses and midwives who fall short of our standards. From 2019, we will also regulate the new profession of nursing associate.
- 3 We strongly believe that healthcare professionals should be open and honest when things go wrong and we welcome the opportunity to respond to this call for information.<sup>1</sup> We remain committed to the ambitions set out in the regulators' joint statement<sup>2</sup> '*Openness and honesty – the professional duty of candour*' which was published in 2014, and the importance of the professional duty of candour is reflected in our Code, our proposed new Fitness to Practise strategy and our new education standards for registered nurses. The intention is that from the time they enrol as students in education programmes to joining the register and throughout their careers nurses and midwives fully understand the professional duty of candour and what is expected of them.

### Our duty to be open and transparent

- 4 It is important to point out that it is not just registered healthcare professionals who have a duty to be open and honest. Regulators too must ensure that they are honest, open and transparent at all times.
- 5 In May 2018 the Authority published its '*Lessons learned*' review into NMC's handling of concerns about midwives' Fitness to Practise at the Furness General Hospital.<sup>3</sup> Whilst the report recognised that we had come a long way, there is clearly further work for us to do in terms of how we engage and communicate and ensure that we are open and transparent with the public and patients.
- 6 We accept that the handling of these cases, in particular how we communicated with the families, was unacceptable and we have apologised wholeheartedly. We are

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<sup>1</sup> <https://www.professionalstandards.org.uk/news-and-blog/latest-news/detail/2018/04/26/how-can-professional-regulation-encourage-health-and-care-practitioners-to-be-more-candid-when-care-goes-wrong>

<sup>2</sup> <http://www.psni.org.uk/wp-content/uploads/2013/02/Joint-statement-on-the-professional-duty-of-candour-FINAL.pdf>

<sup>3</sup> [https://www.professionalstandards.org.uk/docs/default-source/publications/nmc-lessons-learned-review-may-2018a0851bf761926971a151ff000072e7a6.pdf?sfvrsn=6177220\\_0](https://www.professionalstandards.org.uk/docs/default-source/publications/nmc-lessons-learned-review-may-2018a0851bf761926971a151ff000072e7a6.pdf?sfvrsn=6177220_0)

committed to improving the way we communicate with families, witnesses and all those involved in the Fitness to Practise process.

- 7 We will act on the lessons learned, ensuring that the views of families and patients are central to everything we do. We will also work closely with the Authority, the professions and other regulators to take forward the report's important recommendations.

## Our response

**Question 1. Do you think there has been a change in professionals' attitudes to candour since 2014? (the regulators' joint statement was published in 2014) If so, how?**

- 8 In our view, based on our continuous engagement with stakeholders including nurses and midwives, service users, students and employers, we believe there is a general increased awareness of the professional duty of candour and what is expected of nurses and midwives. Throughout our response we have provided examples of how we believe the awareness of professional duty of candour has increased since 2014.
- 9 Since the publication of the joint statement in 2014 we have taken a number of actions to increase the awareness of the professional duty of candour among our registrants and to achieve the ambitions set out in the joint statement. Details of the actions that we have undertaken are set out below.
  - 9.1. In 2015 the NMC and GMC developed joint guidance on the professional duty of candour, which complements the joint statement agreed in 2014.<sup>4</sup> A number of case studies were produced as part of this to help nurses and midwives understand the professional duty of candour, what it means for their practice and how to meet it in a range of scenarios. These were developed with the help of practising nurses and midwives to reflect situations that registrants may face, including how to identify physical and psychological harm in a variety of healthcare settings and examples of how to be open and honest with patients and their relatives when things have gone wrong.
  - 9.2. In 2015 we updated the Code<sup>5</sup> to explicitly outline the need for nurses and midwives to preserve safety by exercising their professional duty of candour and raising concerns immediately. This has ensured that there is a growing awareness of the need for candour as a core element of professional practice.
  - 9.3. In 2016 we introduced revalidation, a process that all nurses and midwives in the UK will need to follow to maintain their registration with the NMC.<sup>6</sup> It is designed to be a continuous process that nurses and midwives will engage with throughout their careers and it encourage registrants to reflect on their practice. Through the revalidation process nurses and midwives will demonstrate their continued ability to practise safely and effectively and it

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<sup>4</sup> <https://www.nmc.org.uk/standards/guidance/the-professional-duty-of-candour/>

<sup>5</sup> <https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf>

<sup>6</sup> <http://revalidation.nmc.org.uk/welcome-to-revalidation>

aims to raise awareness of the registrants to reflect on the role of the Code in their practice, including their professional duty of candour. The elements of the revalidation process are designed to facilitate this and include five pieces of practice-related feedback, five written reflective accounts and a reflective discussion with an NMC registrant.

- 9.4. We have set up the Employer Link Service (ELS), which provides advice to employers to improve patient safety and ensure higher standards of care. The service aims to encourage robust local investigation where there are concerns relating to nurses and midwives, and to ensure that where these relate to Fitness to Practise, appropriate and timely referrals are made. We work closely with the Care Quality Commission (CQC) and our joint protocol establishes how we work together to maintain public protection.<sup>7</sup> The protocol outlines the requirements for the duty of candour, how this relates to both healthcare professionals and providers, and how concerns can be raised with the respective regulator.
- 9.5. We are currently consulting on a new strategy for Fitness to Practise: 'Ensuring patient safety, enabling professionalism'.<sup>8</sup> Our strategy builds on improvements we have already made to the way we investigate concerns about nurses and midwives. It puts public protection at the heart of the whole process. We also want our changes to enable professionalism by encouraging an open culture based around learning and supporting nurses and midwives to address concerns about their practice. The changes are based on ten key principles, which address factors such as the purpose of hearings, the need to give nurses the chance to remediate, how employers can deal with complaints and the importance of considering the context of a case.

**Question 2. Is it possible to measure the extent to which professionals are complying with the professional duty of candour? If measurement is possible, do regulators have a role in this task?**

- 10 In our view, it is difficult to quantify the extent to which professionals are complying with the professional duty of candour. This is due to the fact that there are many variables which could impact on healthcare professionals' behaviour and adherence to the professional duty of candour, including the local culture in their workplace. Therefore it is also difficult to imagine what a mechanism for capturing this information would look like. As such, Fitness to Practice case numbers alone would not be useful as a sole metric of measuring healthcare professionals' compliance with the professional duty of candour.
- 11 However other possible metrics to help measure compliance are possible. Healthcare settings can collect and report on the number of incidents that are raised by the staff involved; rather than by another professional or member of the public. Systems regulators could play an important role in the collection, reporting and analysing of such data.

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<sup>7</sup> <https://www.nmc.org.uk/globalassets/sitedocuments/regulators/jwp-nmc-cqc-november-2017.pdf>

<sup>8</sup> <https://www.nmc.org.uk/globalassets/sitedocuments/consultations/2018/ftp/ftp-consultation-info.pdf>

12 In regards to education providers and programmes, we engage in proactive monitoring of risks to public protection through our Regulatory Intelligence Unit (RIU) and our Education compliance monitoring activities. Although it is difficult to measure the extent to which professionals comply with their professional duty of candour, these services aim to enable us to identify risks at an early stage. We also engage extensively with employers and providers through our ELS service, which is outlined in more detail under Question 1, and which allow employers and providers to highlight any issues with us.

**Question 3. What role do professional regulators have in encouraging candour among their registrants?**

13 Professional regulators play an important part in encouraging candour among their registrants by setting out the importance of the professional duty of candour in professional codes of conduct and standards of competence and proficiency. It is important that the professional requirements are complemented by employers fostering a culture of openness and candour locally, as alongside professional regulators they are influential in promoting an open culture among registrants.

14 In regards to Fitness to Practise, professional regulators can encourage registrants to engage in a positive way by taking a consistent and proportionate approach, and being fully transparent and accountable. Our new Fitness to Practice strategy which we are currently consulting on, highlights the role of professional regulators and explicitly states the principle that deliberate concealment is extremely serious and should result in removal from the register.

15 Regulators should work with employers and registrants to enable reflection and remediation. The ELS ensures that we are engaging regularly with employers and encourages both providers and professionals to be open and honest where there may be issues locally.

**Question 4. How does your organisation encourage professionals to behave candidly?**

16 Professional regulators can encourage candour by ensuring that the professional duty of candour is embedded in their professional codes of practice and standards of competency and proficiency. Furthermore, the professional duty of candour is an area where regulators could do more to work collaboratively with other regulators and organisations as it applies to all health and care professionals.

17 Our new Education Standards for registered nurses<sup>9,10</sup>, which were published in May 2018 and come into effect in January 2020, build on what we have achieved so far and make specific reference to the professional duty of candour. The sections of the new Education Standards which directly relate to the duty of candour are:

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<sup>9</sup> <https://www.nmc.org.uk/standards/standards-for-nurses/>

<sup>10</sup> Our new education standards consist of:

- Future nurse: standards of proficiency for registered nurses
- Standards framework for nursing and midwifery education
- Standards for student supervision and assessment
- Standards for pre-registration nursing programmes
- Standards for prescribing programmes

**17.1. Future nurse: standards of proficiency for registered nurses:**

*“1.3 At the point of registration, the registered nurse will be able to understand and apply the principles of courage, transparency and the professional duty of candour, recognising and reporting any situations, behaviours or errors that could result in poor care outcomes”.*

**17.2. Standards framework for nursing and midwifery education:**

*“Section 1 Learning Culture - 1.9 Approved education institutions together with practice learning partners must ensure students are supported and supervised in being open and honest with people in accordance with the professional duty of candour”.*

- 18 The new standards of proficiency for registered nurses will have to be embedded within all the nursing programmes we approve. This means that the link between the education programmes and the experience of students and what is expected from them after they have graduated will be strengthened. Additionally, it will tie the standards of proficiency, the requirements set out in the Code (including the duty of candour) and revalidation together to clearly establish the requirements and standards nurses and midwives must demonstrate throughout their careers.
- 19 In order to support our new standards, we are in the process of developing supporting information for student supervision and assessment. This will include examples of how our standards may be implemented and what education providers and placement partners may want to take into account when implementing the new standards. This supporting information will cover the professional duty of candour, outlining their requirements and how it might affect nurses and midwives when they are working as a supervisor or an assessor.
- 20 Additionally, we are in the process of reviewing and updating the standards of proficiency for midwives and are currently consulting on how we will regulate the new profession of nursing associate.
- 21 In regards to Fitness to Practise professional regulators are recognising that they should be taking steps to make their processes and communications less adversarial, only using hearings to resolve outstanding areas of dispute, with a focus on reaching an agreed position with the registrant concerned.
- 22 We believe that regulators should take account of the context in which patient safety incidents occur, by asking what caused the incident, rather than who is to blame. This will support regulators in developing an open and learning culture in the workplace, making sure that they focus only on matters that raise genuine concerns.
- 23 With this in mind, our proposed new Fitness to Practise strategy is an important part in enabling professionalism by encouraging a culture of learning and openness, supporting nurses and midwives to address concerns about their practice. The changes are based on ten key principles, which address factors such as the purpose of hearings, the need to give nurses the chance to remediate, how employers can deal with complaints and the importance of considering the context of a case.

**Question 5. How successful do you think your organisation has been in encouraging candour?**

- 24 We strongly believe that healthcare professionals should be open and honest when things go wrong and we remain committed to the ambitions set out in the regulators' joint statement. Since the publication of the joint statement and our joint guidance with the GMC, we believe that we have made a good start in encouraging candour amongst nurses and midwives.
- 25 Over the last couple of years we have taken several initiatives to embed the professional duty of candour. These initiatives are outlined under Question 1 and include updating our Code in 2015 to specifically address the professional duty of candour and the introducing of revalidation in 2016. Through the revalidation process nurses and midwives will demonstrate their continued ability to practise safely and effectively and it aims to raise awareness of the registrants to reflect on the role of the Code in their practice, including their professional duty of candour.
- 26 We believe that these initiatives and focus on the professional duty of candour have been positive and the feedback from stakeholders has generally been positive. This is outlined further under Question 9.
- 27 In terms of Fitness to Practise it is difficult to measure what constitutes success. For example, if it is measured in terms of lowering the volume of Fitness to Practise cases involving lack of candour, it is too early to tell as we only recently started recording this level of detail and are not in a position to comment on any trends at this juncture. On the other hand, if success is measured as an increase in the number of registrants being candid in respect of patient safety incidents, this would pose additional issues of what weight to attribute to this data as individuals who display candour are, in our view, less likely to be referred to the Fitness to Practise process.
- 28 We are aware that difficulties remain in encouraging candour, particularly over concerns that the unduly punitive and adversarial nature of our Fitness to Practice processes discourage candour among nurses and midwives and incentivises concealment.

**Question 6. Can your organisation do more to encourage candour? If so, what? For example, could fitness to practise cases involving candour be used to demonstrate issues of candour to registrants?**

- 29 We are strongly supportive of the professional duty of candour and are committed to do more in this area. Examples of how we can continue to do more to encourage the professional duty of candour is to continue to build on existing achievements and to engage in proactive monitoring of risks to public protection through our Regulatory Intelligence Unit, our Education compliance monitoring activities and to continually engage with stakeholders through the ELS to embed the professional duty of candour. Furthermore we are supportive of engaging in more collaborative ways of working with other regulators.
- 30 In our view, Fitness to Practise case studies are often helpful in demonstrating to registrants the possible implications of behaving in a particular manner. In respect of candour we think there are advantages in highlighting examples both of whereby a

lack of candour led to a restriction on a registrant's practice, and cases where candour on the part of a registrant led to less restrictive (if any) action being taken.

**Question 7. Do you have any evidence that your standards, guidance or other tools have affected your registrants' compliance with the professional duty of candour?**

- 31 Similar to our response to Question 2, it is difficult to quantify the extent to which professionals comply with the professional duty of candour and the causation between compliance and standards, guidance and other tools provided by professional regulators. This is due to the fact that there are many variables which could impact on healthcare professionals' behavior and adherence to the professional duty of candour, including the local culture in their workplace.
- 32 We continuously engage with stakeholders and receive feedback as a part of this process, including on how we promote the professional duty of candour, for example through our Code.
- 33 We have recently published our new Education Standards for registered nurses and throughout the development of the standards we engaged extensively with educators, education commissioners, approved education institutions (AEIs), practice placement providers, students, service users, other professional bodies and nurses and midwives. In general there was strong support for the fact that the Code, and the professional duty of candour, were embedded in the new Education Standards. This is outlined in greater detail under Question 9.
- 34 In Fitness to Practise we have had an allegations coding framework in place which specifically includes codes relating to candour since January 2017. Prior to January 2017 it was not possible to capture this data in a systematic way and there are therefore limitations in how this data could be used to analyse the impact of the duty of candour in this area.

**Question 8. How frequently do you receive fitness to practise complaints/referrals about candour failures? What proportion of these is closed in the earlier stages of your FtP process (ie. any stage before the final hearing stage)?**

- 35 In January 2017 we introduced an allegations coding framework, which specifically includes codes relating to candour. Prior to January 2017 it was not possible to capture this data in a systematic way.
- 36 A full overview of the duty of candour allegation codes can be found in Annexe 1. The overarching categories that concerns around a nurse or midwife's duty of candour can fall under:
- 36.1. Communication Issues;
  - 36.2. Dishonesty;
  - 36.3. Employment And Contractual Issues;
  - 36.4. Investigations By Other Bodies;

36.5. Management Issues; and

36.6. NMC Registration and Proceedings.

37 Our data on decisions and allegations coded at Case Examiner (CE) stage for the period of 1 April 2017 – 31 March 2018<sup>11</sup>, show that 53 per cent of allegations were closed by CEs with no case to answer and the majority of cases where there was a case to answer were referred to Fitness to Practice Committee.

38 The following tables provide a breakdown of duty of candour CE decisions:

**Table 1. Duty of Candour Allegations and Case Examiner Decisions**

| <b>CE Decision</b> | <b>Total</b> | <b>% of Total</b> |
|--------------------|--------------|-------------------|
| Case to Answer     | 322          | 47                |
| No Case to Answer  | 370          | 53                |
| <b>Total</b>       | <b>692</b>   |                   |

**Table 2. Duty of Candour Allegations that were Case to Answer Decisions**

| <b>CE Decision</b>                     | <b>Case Total</b> | <b>Allegation Total</b> |
|--|-------------------|-------------------------|
| Refer to Fitness to Practice Committee | 319               | 501                     |
| Recommend Undertakings                 | 3                 | 3                       |
| <b>Total</b>                           | <b>322</b>        | <b>504</b>              |

**Table 3. Duty of Candour Allegations that were No Case to Answer Decisions**

| <b>CE Decision</b> | <b>Case Total</b> | <b>Allegation Total</b> |
|--------------------|-------------------|-------------------------|
| No case to answer  | 322               | 398                     |
| Warning issued     | 44                | 61                      |
| Advice issued      | 4                 | 7                       |
| <b>Total</b>       | <b>370</b>        | <b>466</b>              |

39 Between the introduction of allegation coding in January 2017 and March 2018, 492 449 cases were identified with a total of 566 duty of candour allegations. Of the 449 cases containing allegations, 345 cases resulted in a sanction. The table below summarises the number of cases and the number of allegations by sanction, a more detailed breakdown of outcomes by allegation is provided in Annexe 2.

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<sup>11</sup> Please note that due to the coding and how this data is collected, it may include additional allegations that have not involved breaches of the legal duty of candour, but more general failures to be candid, either with patients, employers or the regulator.

The data is based on CE decision data, not referral rate, and therefore may contain a number of referrals made to the NMC prior to January 2017. We do not hold complete allegations data for cases closed at screening in 2017.

**Table 4. Case outcomes by Sanction**

| <b>Sanction</b>   | <b>Case Total</b> | <b>Allegation Total</b> |
|---|-------------------|-------------------------|
| Fitness to Practise impaired – striking off order           | 163               | 216                     |
| Fitness to Practise impaired – suspension order             | 105               | 122                     |
| Fitness to Practise impaired – caution order                | 56                | 71                      |
| Fitness to Practise impaired – conditions of practice order | 21                | 30                      |
| <b>Total</b>  | <b>345</b>        | <b>439</b>              |

**Question 9. How has your organisation worked with the education and training sector to encourage registrants to comply with a duty of candour? How have you worked with other regulators, organisations or sectors to encourage candour?**

- 40 As highlighted in the responses to Question 5 and 7, our new Education Standards for registered nurses refer to the Code and the professional duty of candour.
- 41 We began working on the new standards in 2016 and throughout this process we have had extensive engagement with the education and training sector to embed and promote the importance of the professional duty of candour. Over the drafting and pre-consultation stage we engaged with educators, education commissioners, AEs, practice placement providers, students, service users, other professional bodies and nurses and midwives. In general there was strong support for the fact that the Code, and the professional duty of candour, were embedded in the new Education Standards.
- 42 Following the consultation we set up consultation assimilation teams comprising of subject matter experts in education across the four UK countries. This enabled us to strengthen and refine our draft standards in response to consultation feedback. We will continue working with subject matter experts in developing supporting information documents to facilitate the implementation of the new standards.
- 43 Under Question 4 we highlighted how the duty of candour links in with the Standards framework for nursing and midwifery education and how this forms a part of how we are promoting the professional duty of candour. The additional point we make under this question is that in the process of developing the framework there was an appreciation from our stakeholders of the inclusion of a specific standard on a 'learning culture'. This entails a culture which embrace the importance of a good learning environment for students and is ethical, open and honest, and is conducive to safe and effective learning that respects the principles of equality and diversity.
- 44 We are supportive of working with other regulators in promoting the professional duty of candour. An example of this, highlighted under question 1, is that we have developed a joint guidance on the professional duty of candour with the GMC.

**Question 10. What barriers do you think there are to professionals behaving candidly?**

- 45 One of the main barriers to professionals behaving candidly relates to our Fitness to Practise processes. We believe that there is a sense among nurses and midwives that there is a culture of punishment and a perception that their regulator is punitive or focused on blame. This can lead to healthcare professionals being more likely to hide incidents that could affect patient safety. We have discussed these barriers within our consultation on a new strategy for Fitness to Practise: 'Ensuring patient safety, enabling professionalism'. We think we can play a positive role in influencing this culture through emphasising the importance of openness and learning in our process.
- 46 Our new Fitness to Practise strategy will encourage professionals to engage with the Fitness to Practise process in a more positive way, as an opportunity to learn and reflect on their practice as opposed to being punitive.

**Question 11. What do you recommend could be done in the sector and/or others to better encourage candour?**

- 47 We are aware of and take our role seriously as a professional regulator in raising awareness and encourage the professional duty of candour. We are one of a number of important actors who share responsibility for raising awareness and changing professionals' attitudes towards the duty of candour.
- 48 To better encourage candour we believe it is paramount that the health and social care sector develops a culture which encourages professionals to be more open and honest when things go wrong, rather than one that focuses on blame and punishment. Professional regulators, alongside system regulators and employers, should work together to foster a culture that promotes candour and learning in the interests of patient safety, and act quickly to address any concerns immediately before they escalate into more serious issues.

**Question 12. Are there any general comments, feedback, observations you wish to make?**

- 49 We are fully supportive of the professional duty of candour and we welcome that the Authority is focussing on this area, and we are committed to doing more on this, including as a part of reviewing and updating our standards of proficiency for nurses and midwives.
- 50 Our proposed new Fitness to Practise strategy is an important part in enabling professionalism by encouraging an open, learning culture and supporting nurses and midwives to address concerns about their practice.
- 51 From January 2019 we will regulate a new profession, nursing associate. As a part of our preparatory work ahead of regulating this new role we are reviewing all our material that refers to the professional duty of candour to ensure it is appropriate for nursing associates as well as for nurses and midwives.

## Annexe 1: NMC duty of candour allegations codes

52 Our duty of candour allegations are coded using a system that provides three increasing levels of detail about the allegation from general category to specific detail. The following table sets out these codes in full.

**Table 5. NMC duty of candour allegation codes**

|   |
|---|
| Communication issues  |
| Not abiding by duty of candour  |
| Not giving full or right information to patients and their families                   |
| Ineffective communication   |
| Ineffective communication with patients   |
| Dishonesty  |
| Employment related dishonesty   |
| Patient care related dishonesty   |
| Employment and contractual issues   |
| Collusion to cover up   |
| Investigations by other bodies  |
| Barring   |
| Determination by another body   |
| Not cooperating with Fitness to Practice investigation by other healthcare regulators |
| Not cooperating with other informal investigations                                    |
| Other investigations by other bodies  |
| Management issues   |
| Not reporting incidents and complaints  |
| Not acting appropriately on an incident or complaint                                  |
| NMC registration and proceedings  |
| Not cooperating   |
| Not disclosing  |
| Not Notifying   |

## Annexe 2: Count of Outcomes by Allegations level

| Outcome   | Allegation Level One  | Allegation Level Two  | Total |
|---|---|---|-------|
| FtP Impaired – striking off order                                 | Dishonesty  | Employment related dishonesty                                 | 105   |
|   |   | Patient care related dishonesty                               | 52    |
|   | NMC registration and proceedings                                  | Not disclosing NMC investigation to employer                  | 19    |
|   |   | Not notifying NMC of criminal proceedings                     | 9     |
|   |   | Not cooperating with NMC investigation                        | 8     |
|   |   | Collusion to cover up information                             | 8     |
|   | Employment and contractual issues                                 | Collusion to cover up information                             | 8     |
|   | Management issues   | Not reporting incidents and complaints                        | 6     |
|   | Communication issues  | Not abiding by duty of candour                                | 4     |
|   |   | Not giving full or right information to patients and families | 2     |
| Investigations by other bodies                                    | Not cooperating with other investigations by healthcare regulator | 2   |       |
|   | Not cooperating with other formal investigations                  | 1   |       |
| FtP impaired – suspension order                                   | Dishonesty  | Employment related dishonesty                                 | 48    |
|   |   | Patient care related dishonesty                               | 37    |
|   | NMC registration and proceedings                                  | Not cooperating with NMC investigation                        | 13    |
|   |   | Not disclosing NMC investigation to employer                  | 5     |
|   |   | Not notifying NMC of criminal proceedings                     | 4     |
|   | Communication issues  | Not giving full or right information to patients and families | 5     |
|   |   | Not abiding by duty of candour                                | 2     |
|   | Management issues   | Not reporting incidents and complaints                        | 3     |
|   | Employment and contractual issues                                 | Collusion to cover up information                             | 2     |
|   | Investigations by other bodies                                    | Not cooperating with other formal investigations              | 2     |
| Not cooperating with other investigations by healthcare regulator |   | 1   |       |
| FtP impaired – caution order                                      | Dishonesty  | Employment related dishonesty                                 | 32    |
|   |   | Patient care related dishonesty                               | 19    |
|   | Management issues   | Not reporting incidents and complaints                        | 9     |
|   | NMC registration and proceedings                                  | Not cooperating with NMC investigation                        | 3     |
|   |   | Not disclosing NMC investigation to employer                  | 3     |
|   |   | Not notifying NMC of criminal proceedings                     | 1     |
|   | Communication issues  | Not giving full or right information to patients and families | 1     |
| Investigations by other bodies                                    | Not cooperating with other formal investigations                  | 2   |       |
| Employment and contractual issues                                 | Collusion to cover up information                                 | 1   |       |
| FtP   | Communication issues  | Not giving full or right information to                       | 5     |

|  |                                     |  |            |
|--|-------------------------------------|--|------------|
| impaired –<br>conditions<br>of practice<br>order |                                     | patients and families<br>Not abiding by duty of candour  | 2          |
|  | Dishonesty                          | Patient care related dishonesty<br>Employment related dishonesty                                 | 10<br>6    |
|  | Investigations by other<br>bodies   | Not cooperating with police investigations<br>Not cooperating with other formal<br>investigation | 2<br>1     |
|  | NMC registration and<br>proceedings | Not disclosing NMC investigation to<br>employer<br>Not cooperating with NMC investigation        | 1<br>1     |
|  | Management issues                   | Not reporting incidents and complaints   | 1          |
| <b>Grand<br/>total</b>                           |                                     |  | <b>439</b> |