

Providing us with information about your fitness to practise

June 2021

Better and safer care for people is at the heart of what we do.

If we're looking into your fitness to practise then there are a number of steps you can take to show us that you can practise safely. **You don't have to provide us with any information**, although it may help us make decisions in your case if you do. Even if you don't accept the concerns being raised about your practice there may still be useful information you can provide.

Why do we want to hear from you?

Fitness to practise is about managing the risk to patients or members of the public in the future, not punishing people for past events. We prioritise openness and learning and giving the professionals on our register the chance to remedy and address any concerns that have been raised with us.

We want to support the healthcare professionals on our register to deliver the highest standards of care. While we can't provide any assurances about what action we'll take in your case, providing us with information about how you meet our standards early on will help us to make swifter, fairer decisions. It could mean we don't need to start an investigation into your practice or your case doesn't have to go to a hearing.

When we look at clinical concerns we may not need to take regulatory action even where there has been serious harm to a patient or service-user if:

- there's no longer a risk to patient safety
- you've been open about what went wrong; and
- you can show that you've learned from it.

There are some concerns that may be more difficult to address, for example conduct relating to certain attitudes and behaviours, which affects the trust people have in the professions. However, demonstrating how you've reflected and learnt from these concerns is just as important, and can still affect the decisions we make about your fitness to practise. We give examples of conduct that may not be possible to put right in our fitness to **practise guidance library**.

Steps you can take

You don't have to provide us with any information about your fitness to practise and we won't stop looking into the concerns that have been raised with us to give you time to provide us with information.

If you do choose to provide us with information, we've included a set of case studies along with this document, that might help you understand the type of evidence that it might be helpful for you to send us.

In some cases undergoing relevant training will be key. In other cases showing us that you have reflected on your attitudes and behaviours will be particularly important. More often than not, it will be a combination of these things that provides us with reassurance that you can practise safely.

Reflection

We believe reflection is an important part of the practice of everyone on our register.

Providing us with your reflections on the concerns that have been raised is a valuable way of showing us that you're fit to practise. Reflection also forms an important part of a professional culture that values openness and learning in the interests of patient safety. Where a patient or the loved one of a patient feels they have been affected by your care, we think it's important for us to be able to share your reflections with them.

If something's gone wrong, carrying out a detailed reflection will help you:

- step back from the situation and look at it objectively
- recognise what went wrong
- accept your role and responsibility and how it's relevant to what happened
- appreciate what could and should have been done differently
- understand how to act differently in the future to avoid similar problems happening.

Even if you don't accept all of the concerns being raised about you, you can still show that you understand the nature and seriousness of the concerns and demonstrate how you would handle similar situations to ensure you deliver safe care.

As part of revalidation you will have experience of writing reflective accounts and having reflective discussions with another nurse, midwife or nursing associate. We provide some **guidance on reflection** as part of the revalidation process, which you may find helpful when reflecting as part of the fitness to practise process. We have also provided a template to help you reflect on the concern that has been raised with us; you may find this helpful to structure your reflections, although you can choose the way that works best for you.

Training and supervision

If the concern relates to your clinical practice, it may help if you're able to show us evidence of any relevant training you've done since the concern was raised.

You may also be able to send us documents that show your employer has supervised the relevant area of practice or that you've undertaken a competency test and been assessed as competent.

If you have properly reflected on the concern that's been raised then it will be easier for you to identify the right training or supervision you need. We can't approve or recommend specific training courses but the training you do should be relevant to the concern identified. You can research training courses online and if you're working, your employer may be able to help you find the right course. If you're a member of a trade union they may also be able to help you.

To demonstrate you've undertaken training we'd usually expect you to provide a training certificate or some other form of confirmation, such as a letter from your employer, as well as details of the learning outcomes. We'd also like to see your reflections on what you learned from the training, how it was relevant to the concerns identified, and how you intend to put your learning into practice.

The views of your employer and other healthcare professionals

If you've been working as a registered nurse, midwife or nursing associate, you may be able to demonstrate that you've been practising safely since the incident(s) that led to the concern being raised. This helps us assess whether there's a risk of similar concerns happening in the future.

As part of revalidation you're required to have a reflective discussion with another registered nurse, midwife or nursing associate about your own practice. You may also have had reflective discussions about another nurse, midwife or nursing associate's practice or participated in group discussions. We set out more information about reflective discussion in our **revalidation guidance**.

It may help if you provide us with evidence that you have carried out reflective discussions about the concerns raised with. Your employer or colleagues can also write to us commenting on your current practice. We expect anyone providing you with a reference to make it clear that they're aware of the specific concern we're looking into. It may help if they give us their opinion on whether you're currently able to practise safely with reasons why.

What if you're not currently working as a nurse, midwife or nursing associate?

We understand that it can sometimes be difficult to undertake training, or demonstrate you can practise safely, when you're not currently working as a registered professional or are not in full-time work with a regular employer.

Even if you're not working or can't work because of our investigation, you can still reflect on your practice. Your trade union representatives may be able to direct you to relevant courses if you're unable to get training through an employer. You may also be able to demonstrate some of the relevant skills and behaviours through other care work, such as working as a healthcare assistant. You could consider whether someone employing you in this capacity may be able to have a reflective discussion with you or could comment on your potential to return to safe practice.

What we will do with the information

When deciding what to do with your case, our decision makers will consider any information you give us about the steps you've taken to strengthen your practice or develop insight into the concerns that have been raised.

They'll apply our detailed guidance on **remediation and insight**, which can be found in our online guidance library.

We may also share any information you give us about the concerns with patients and people affected by the incident that's given rise to the concern. We won't share any parts of your response which contain comments or details of a personal or confidential nature that are not relevant to the case (such as health information). We encourage you to respond on our template form so that we can keep information about the concerns separate from any other matters that a patient or family member doesn't need to know. If you choose to respond in a different format it would help if you structure your response in such a way that comments relating to the concern are separate from any personal matters.

If the person affected may need to be a witness at a hearing, because there's a dispute about the facts, we'll be careful about how we share your response. Before we share it, we'll make sure that the person has already given their account of what happened, whether that was in an earlier investigation, or in a formal witness statement taken by one of our investigators.

23 Portland Place, London W1B 1PZ
T +44 20 7333 9333

nmc.org.uk

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