

Advice and information for employers of nurses and midwives



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Introduction

This information is for anyone who employs nurses and midwives, including directors of nursing and other managers, and those working in HR.

It will help you learn more about:

- your responsibilities as an employer
- how to use and check our register
- what steps you should take during the recruitment process
- what we mean by 'fitness to practise'
- how to proceed if you are considering making a fitness to practise referral to us

The role of the NMC

We protect the public by making sure all practising nurses and midwives have the skills, knowledge, health and character to do their job safely and effectively.

To do this, we:

- require all nurses and midwives who practise in the UK to be registered with us
- set standards of education, training, conduct and performance so nurses and midwives can deliver high-quality healthcare consistently throughout their careers
- ensure that nurses and midwives keep their skills and knowledge up to date and uphold our professional standards
- have clear and transparent processes to investigate nurses and midwives who fall short of our standards – our fitness to practise work

Protecting the public

Our register

Fundamental to our work protecting the public is keeping the register of nurses and midwives who are legally allowed to practise in the UK. Only those who meet our standards can be on the register. Registration provides assurance to patients, employers and the public that a person is fully qualified, trained, capable of safe and effective practice and worthy of trust and confidence.

We consider whether applicants for initial registration are of sufficient health and character to be capable of safe and effective practice using the principles outlined in [**NMC character and health decision-making guidance**](#). Universities can refer to this guidance in making their own health and character assessments of students and prospective students, and it may also be useful for employers.

Only we can stop a nurse or midwife from practising in the UK by removing them from the register or taking action to suspend or restrict their practice.

On 1 January 2016, there were 690,000 nurses and midwives on our register. Anyone can check whether a nurse or midwife is [**currently registered**](#) on our website.

The Code

All qualified nurses and midwives must read and adhere to [***The Code: Professional standards of practice and behaviour for nurses and midwives***](#) (NMC, 2015). The Code contains the professional standards that nurses and midwives must uphold. They are also the standards that patients and members of the public tell us they expect from healthcare professionals.

Our Code revolves around four themes – prioritise people, practise effectively, preserve safety and promote professionalism and trust. Employers are responsible for the safety and quality of the care provided by their staff, and The Code supports this by ensuring that every contact, action and decision made by a nurse or midwife is governed by core professional standards and principles. These standards are key to the quality of the services nurses and midwives provide.

Your responsibilities as an employer

You should have robust procedures to make necessary checks during the recruitment process and regularly throughout a nurse's or midwife's employment with you.

Checking references

Always make sure that you receive at least two professional references from an applicant's last place of work as a nurse or midwife. You should ensure one referee is the most recent line manager, and the second referee should be a suitably qualified senior nurse or midwife, not a personal friend. If the nurse or midwife is newly registered, you should ask for a reference from a tutor and practice mentor. References should be sufficiently detailed to confirm that someone is competent to do the role you are asking them to undertake.

Be sure to follow up on references too – always contact referees yourself rather than relying on any written statements supplied to you by the applicant.

You should also verify any gaps in a nurse's or midwife's employment history. Periods of time out of the workplace may have come about because someone took maternity leave or went travelling, but you should assure yourself that the reason for the gap is not problematic. It's important to consider whether any gaps in employment may be due to concerns about practice.

You should not let a person start work until you have verified their references. If you really cannot afford to wait for references to be confirmed in writing, at least obtain verbal assurances over the phone until the paperwork is received and reviewed.

Checking registration

Our register is a public record of all nurses and midwives who meet our registration requirements and are entitled to practise.

You must ensure that the nurses and midwives you employ are registered before they begin working for you, and you must regularly check their registration status throughout the time you employ them. In addition, nurses and midwives may hold recordable qualifications (for example, allowing them to prescribe) which you should also check on our register.

Registration is not a guarantee of fitness to practise. As an employer, you should ensure that the people you employ are competent and have the skills required for their role.

Employer confirmation service

We issue nurses and midwives with a unique identifying number called their Pin. **You should not rely on a nurse or midwife providing a Pin, or any NMC paperwork bearing a Pin, as proof of registration.** This is because a Pin is only valid on the day it was issued and their status may have changed since. You should always check the registration status of nurses and midwives directly with us.

We offer a free registration confirmation service that allows employers to check a nurse's or midwife's qualifications and registration status.

The employer confirmation service holds more information than the public register, including a full registration history, registration renewal dates and details of any cautions or suspensions we have issued.

To find out more about this service or to register as an employer, visit [our website](#) or call us.

Identity checks

You should make sure the person you are employing is who they claim to be. As part of your background checks before employment, you should ask to see proof of identity and address. Proof of identity should be photographic, for example, a passport, photo driving licence, or European Union (EU) or European Economic Area (EEA) national identity card.

Proof of address might include a recent bank statement, utility bill or council tax bill. You should not employ someone if you are uncertain of their identity. Contact us immediately if you believe someone is fraudulently using a nurse's or midwife's identity or registration details.

New employees

New employees should have:

- a thorough induction into their area of work
- training and supervision where necessary
- appropriate support and mentoring for newly qualified staff
- ongoing access to professional development
- clinical supervision

Monitoring performance – appraisals and management

As an employer you have a responsibility to recognise and reinforce good performance, and to take steps to identify and deal with poor performance.

All employees should receive regular performance appraisals (at least annually). Appraisals are the method by which a nurse's or midwife's work performance is discussed and training needs are identified, evaluated and formally documented. Appraisals link to the [revalidation](#) process and form part of a career development pathway. They should normally be performed at six-monthly intervals, incorporating short and long-term objectives.

Performance management involves the formal intervention of a manager in relation to a nurse or midwife not achieving organisational and professional objectives. It also involves managing performance or conduct issues. This process will involve HR policies and guidelines as well as referring to our standards and the Code in determining the degree of competence and compliance.

Responsibility for your staff

If a nurse or midwife is given, and accepts, responsibility for practice which is beyond their capability and which results in errors and concerns about their practice, both the employee and employer are accountable: the employee for failing to acknowledge their limitations, and the employer for failing to ensure that the employee has the appropriate skills and knowledge to perform their role.

Collecting employer information

Please encourage the nurses and midwives you employ to provide us with information about the organisation they work for, such as their employer name, address, phone number and email address. This helps us communicate with those on our register and helps us reduce the number of nurses and midwives practising with lapsed registration.

Raising concerns

In accordance with [**our guidance**](#) you should ensure that there is a mechanism available for nurses and midwives to raise concerns about, for example, poor standards of care, or a colleague's fitness to practise.

ELS–Employer Link Service

The new Employer Link Service (ELS) aims to develop more effective regulatory relationships with employers and offers a variety of services.

ELS provides information about key NMC developments such as revalidation, along with continuing to promote the Code and other guidance. We offer learning sessions for employers, including induction for new Directors of Nursing.

The service's Regulation Advisers will assist with queries and advice about making a fitness to practise referral. This way we can ensure the right referrals are made so that we can protect the public. The enhanced links formed by the service will enable us to share data and information with employers and other regulators.

Employers needing guidance are encouraged to contact the ELS team on 020 7462 8850 or employerlinkservice@nmc-uk.org.

More [**information**](#) we provide for employers can be found on our website.

Revalidation

From 1 April 2016, nurses and midwives must meet our new revalidation requirements to maintain their registration. The new process replaces Prep and will help nurses and midwives demonstrate that they practise safely and effectively.

All nurses and midwives will have to revalidate every three years when they renew their place on the register. Failure to comply with revalidation will result in their registration lapsing. If this happens, the only way they can regain their registration would be by applying for readmission. This process can take two to six weeks, depending on their circumstances; they would be unable to practise during this period.

If a nurse or midwife applies for readmission within six months of having lapsed from the register because they failed to revalidate, they will have to meet the revalidation requirements as well as the usual readmission requirements (unless exceptional circumstances apply).

The requirements

In order to revalidate, nurses and midwives will need to have met the following requirements over the three years since they last renewed their registration:

- 450 practice hours or 900 if revalidating as both a nurse and midwife
- 35 hours of continuing professional development, including 20 hours participatory learning
- five pieces of practice-related feedback
- five written reflective accounts
- reflective discussion
- health and character declaration
- professional indemnity arrangements
- confirmation by an appropriate person that they have met the revalidation requirements

Previous Prep requirements remain in place until 31 March 2016.

Revalidation has been developed to apply in all kinds of practice settings. We believe that employers will benefit from positive engagement with the revalidation process and that those who prepare for, invest in and support the process will get the most benefit from it. It also provides an opportunity for employers and organisations to undertake a wider assessment of the quality and assurance systems they have in place.

As an employer, you should support your staff through the revalidation process. More information about revalidation can be found on our [microsite](#). You can also view our [Employers' guide to revalidation](#) (2015) which shows how you can provide support to nurses and midwives as they go through revalidation.

Internationally-trained nurses and midwives

Depending on their country of training, nurses and midwives are admitted to our register via different routes.

Nurses and midwives trained outside the EU or EEA

When nurses or midwives who trained outside the EU or EEA apply to join our register, we will check their education and practice experience. We will also verify their good character, health and language competence. We require an IELTS score of seven for all applicants who trained outside the EU or EEA, regardless of which country they are from or whether that country is majority English speaking.

We require all nurses and midwives from outside the EU or EEA to successfully complete our overseas competency test before we can register them. This is a two part test consisting of a theory based assessment and a further objective structured clinical examination (OSCE).

Nurses and midwives inside the EU or EEA

EEA countries include the 28 member states of the EU, as well as Iceland, Liechtenstein and Norway. The same rules also apply to Switzerland. The process of recognising qualifications from the EU and EEA is governed by legislation based on the principle of freedom of movement.

Language competence

As a result of recent changes to European legislation, we have introduced a new process to check the language competence of EEA-trained nurses and midwives who apply to us for full registration. Applicants will be asked to supply us with evidence that they have the necessary knowledge of English to practise safely. If they cannot supply this evidence, we will require them to successfully pass an IELTS test before we can register them.

These changes will enable us to make sure, on a case-by-case basis, that a nurse or midwife from the EU has sufficient knowledge and command of English to practise safely and effectively.

However, all employers should ensure that any nurse and midwife is able to communicate effectively at the interview stage before offering employment.

European Professional Card (EPC)

From January 2016, EEA-trained nurses responsible for general care (adult nurses in the UK) will be able to apply for recognition of their qualifications in other EU countries via the digital European Professional Card (EPC). The EPC is a form of electronic exchange between European regulators and is aimed at facilitating the process of recognition of qualifications.

It is important however that employers are aware that the EPC only recognises qualifications and does not constitute a right to practise in the UK. Nurses and midwives who hold an EPC will still be required to apply for registration and meet our requirements before being accepted onto the register.

Temporary and occasional service provision workers

Under European law, nurses and midwives who are registered in their home countries are able to apply to practise for short periods in other member states. When the NMC assesses such a request it will measure the application against a number of criteria including duration, frequency, regularity and continuity. Where a nurse or midwife meets the requirements for temporary and occasional registration we will show their name on the NMC website for potential employers to check.

In relation to temporary and occasional service providers, employers, recruiters and agencies should be aware of the following:

- Nurses and midwives wishing to provide temporary and occasional services are not permitted to practise on a full-time or permanent basis. Such nurses and midwives should therefore not be offered full-time or permanent employment contracts.
- Employers and service users should ensure that nurses and midwives they employ or contract can speak English and communicate effectively, and hold an appropriate indemnity arrangement or insurance.
- Nurses and midwives practising in the UK on a temporary and occasional basis are subject to the requirements of the NMC's Code.

What we cannot do as a regulator

By law we cannot:

- Check whether a nurse or midwife who meets the EU requirements for direct entry to the register has undertaken professional experience since they originally qualified, regardless of how long ago they qualified.
- Check whether a nurse or midwife who trained before their country joined the EU or EEA has met the standards of knowledge and competence expected of UK and internationally-trained nurses and midwives.
- Check whether a nurse or midwife employed on a temporary or occasional work basis meets the necessary language requirements (please see the sub-section 'Temporary and occasional service provision workers' on page 10 for more information).

What you can do as an employer

EU legislation does not prevent you as the employer from checking that the nurse or midwife you recruit is competent, safe to practise, has up-to-date and contemporary knowledge, and has the necessary language and communication skills.

You have a responsibility to ensure that your recruitment systems are robust, and it is good practice to:

- request and follow up references and verify any gaps in employment

- be assured that the nurse or midwife has the appropriate skills and knowledge to carry out their role
- be satisfied that the nurse or midwife can communicate effectively in English, both verbally and in writing (for example, by requiring applicants for patient-facing roles to write a care plan against a clinical scenario and then discussing it with them)
- carefully manage the induction and support of new employees
- regularly monitor and appraise your employees' performance
- maintain a reminder system to regularly check the registration status of your employees using our employer confirmation service
- support your staff in achieving the revalidation requirements and do all you can to help them maintain their fitness to practise
- not offer a full time role or permanent contract to a nurse or midwife undertaking temporary and occasional service provision in the UK

If you are concerned that a nurse or midwife does not have the necessary knowledge of English to practise safely, you can make a referral to us. Please refer to the sub-section 'Necessary knowledge of English' on page 14 for further information.

Fitness to practise

Being fit to practise means a nurse or midwife has the skills, knowledge, health and character to do their job safely and effectively.

When someone considers that a nurse's or midwife's fitness to practise is impaired, they can bring these concerns to us.

We investigate various allegations including:

- misconduct
- lack of competence
- criminal behaviour
- serious ill health
- not having the necessary knowledge of English

If a nurse or midwife fails to comply with our standards, this does not automatically mean that their fitness to practise is impaired – we have to look at all the circumstances involved. We have clear and transparent processes to investigate nurses and midwives who fall short of our standards. We also investigate cases where it appears that someone is on our register fraudulently.

In 2014-2015, only 0.7 percent of the 687,000 nurses and midwives on our register were considered under our fitness to practise procedures. The vast majority practise safely in line with the Code and consistently meet the high standards expected by the public.

As a requirement of new EU legislation, an alerts mechanism will enable the electronic sharing of fitness to practise information between regulators across the EEA, enhancing our ability to protect the public.

You can find out more about our investigation work in our [**annual fitness to practise reports**](#).

Urgent referrals and interim orders

As an employer you have the power to suspend or dismiss a member of staff, but this may not prevent them from working elsewhere. Since 2010, employers have been the biggest source of referrals to us. In 2014-2015, 40 percent of referrals were by employers.

In very serious cases, it will be appropriate to refer a nurse or midwife to us at an early stage, even before you conduct your own internal investigation. This allows for the possibility of imposing an interim suspension or conditions which restrict the practice of the nurse or midwife until the case has been investigated.

Although concerns about a nurse's or midwife's practice can often be addressed under an employer's own processes, if you believe that patients may be at immediate and serious risk from the nurse or midwife, you should contact us straight away. You may not have a lot of information, but you should tell us as much as you can.

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's interest
- in the nurse's or midwife's interest

If you have already involved the police or safeguarding authorities, you should let us know. Please contact the Employer Link Service if you need to discuss a potential referral on **020 7462 8850** or employerlinkservice@nmc-uk.org.

Student nurses and midwives

If there are fitness to practise concerns raised about a student nurse or midwife, you should immediately contact the university to make them aware of the details.

Types of fitness to practise allegations

Misconduct

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

The Code is the foundation of good nursing and midwifery practice, and is a key tool in protecting the health and wellbeing of the public. Not every departure from the Code will raise a fitness to practise issue, but if nurses and midwives do not follow the Code it may give rise to an allegation of misconduct and impaired fitness to practise.

Examples of misconduct

Common examples of misconduct referrals include:

- physical or verbal abuse of patients or colleagues
- dishonesty, including theft of medication
- significant failure to deliver adequate care
- significant failure to keep proper records
- an uncaring attitude – it is possible to deliver care that is clinically competent but uncaring; attitude and character are as important as competence

More examples of recent [case outcomes](#) can be found on our website.

Case study: Misconduct

Allegations of misconduct can include physically or verbally abusing patients. A nurse was struck off the register for treating care home residents in an aggressive and inappropriate manner. Charges included knowingly feeding two residents with dementia contrary to their requirements, pushing a resident forcefully, shouting aggressively at residents and colleagues, and grabbing residents' hands hard enough to cause the skin to redden.

The fitness to practise panel ruled that this behaviour was unacceptable, falling far short of the behaviour expected from someone in the nursing profession. In order to protect patients and maintain public confidence in nurses, the panel decided to strike the nurse off the register.

Lack of competence

Lack of competence is a lack of knowledge, skill or judgement that makes the nurse or midwife not fit to practise safely.

Nurses or midwives who are competent and fit to practise should:

- have the skills, experience and qualifications relevant to their part of the register
- demonstrate a commitment to keeping those skills up to date
- deliver a service that is capable, safe, knowledgeable, understanding and completely focused on the needs of the people in their care

Examples of lack of competence

Lack of competence may be an issue if over a prolonged period of time a nurse or midwife makes continual errors or demonstrates poor practice.

This could involve:

- a lack of skill or knowledge
- poor judgement
- an inability to work as part of a team
- difficulty in communicating with colleagues or people in their care

You might identify a training need and set up a supervised support programme for a nurse or midwife, but their work may only show a temporary improvement which slips back when the programme is completed.

Also, the nurse or midwife might demonstrate a persistent lack of ability in correctly dealing with medicines. Or they may demonstrate a persistent lack of ability in identifying care needs and subsequently planning or delivering appropriate care.

It is important to consider whether the nurse or midwife shows insight into their lack of competence.

Necessary knowledge of English

We can investigate concerns that a nurse or midwife does not have the necessary knowledge of English to practise safely. When assessing referrals relating to English language, we will only consider that a nurse or midwife's fitness to practise could be impaired if the referral is serious and if their lack of knowledge of English could place patients at potential or actual risk of harm.

Examples of language concerns that may come to your attention and which could place the public at risk of harm include:

- Poor handover of essential information about patient treatment or care to other health professionals because of an inability to speak English.
- Serious record keeping errors or patterns of poor record keeping because of an inability to write English.
- Serious failure(s) to provide appropriate care to patients because of an inability to understand verbal or written communications from other health professionals (or patients themselves).
- Evidence of drug error(s) caused by a failure to understand or inability to read prescriptions.

When investigating a nurse's or midwife's knowledge of English we will usually direct them to take the International English Testing System which assesses an individual's abilities in reading, writing, listening and speaking.

Character issues – criminal behaviour

Cases concerning character usually involve some form of criminal behaviour that has resulted in a serious conviction or caution.

On some occasions, you will need to consider whether to discipline or educate a nurse or midwife whose behaviour has brought the profession into disrepute, even if their actions have not resulted in legal proceedings. For example, a nurse's or midwife's behaviour outside work may cause you or a patient to question whether they are the right sort of person to be giving people care.

If you are ever unsure whether to make a referral, don't hesitate to contact us for advice. Examples of behaviour that indicate questions about character include:

- a caution or conviction – for example, theft, fraud, violence, sexual offences or drug dealing
- dishonesty
- accessing illegal material from the internet of a serious nature

Case study: Character issues

A nurse was found guilty of making indecent photographs of a child by a Crown Court and sentenced by the court to two years' community punishment and rehabilitation, and disqualified from working with children.

The Nursing and Midwifery Order 2001 requires us to investigate allegations that an individual's fitness to practise is impaired because of a criminal conviction. In this case, the fitness to practise panel recognised that the behaviour was fundamentally incompatible with being a nurse and was in very serious conflict with the Code.

The nurse broke the trust and confidence of the public, threatened the good reputation of the profession and broke UK laws. They were struck off our register.

Serious ill health

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

We are particularly concerned about long-term, untreated or unacknowledged physical or mental health conditions that impair someone's ability to practise without supervision. To be considered fit to practise, nurses and midwives should also demonstrate suitable attention to their personal needs and should not, for example, abuse or be dependent on alcohol or drugs.

Issues to consider before referral

Using local procedures

Every day, employers, managers and supervisors deal with situations concerning the misconduct, lack of competence, bad character or serious ill health of nurses and midwives.

We recognise that many of these incidents involving minor wrongdoing are better dealt with by employers at a local level. You might need to discipline a nurse or midwife through your own employment procedures or provide them with further training. However, the incident may not be so serious that we need to consider whether they should remain on our register without restriction.

Evidence of insight into the concerns and a willingness to take steps to address the issues are important factors to consider. If there are no patient safety issues and you know you can help the individual to improve and practise safely, take all steps to do so.

If you do manage a concern locally, you should monitor the situation and review the position if there is a change in circumstances. For example, if you manage a case of poor performance or ill health, and the concerns cannot adequately be dealt with under your own procedures, or the situation deteriorates and there are fitness to practise or patient-safety issues, you should make a referral to us. It is helpful if the referral includes any evidence and information collected for your investigation.

It is up to you as the employer to decide whether you refer a case to us. So, as well as keeping a record of evidence for making a referral, you should also record your evidence and reasoning for those concerns or incidents where you decide not to make a referral. You can contact the ELS for advice on making a referral.

Ill health cases

Cases of ill health can probably be managed locally if:

- the nurse or midwife acknowledges their condition and is complying with recommended treatment
- necessary steps are taken to manage the condition following a doctor's advice or your own requirements
- there is no risk to patient safety

Lack of competence procedures

Lack of competence cases are usually referred to us after the employer has tried to address the problems with someone's practice, and they have not taken advantage of opportunities to improve.

If you are considering making a referral regarding lack of competence, we expect that you will have:

- gathered information to establish the facts about a nurse's or midwife's lack of competence and attempted to identify possible causes
- raised any serious problems formally with the nurse or midwife concerned, identified their training needs and provided them with adequate supervision to help them improve

If at any stage you think patient safety may be at risk, you must refer the matter to us.

Shared responsibility

The responsibility for dealing with lack of competence is shared between employers, the NMC, and individual nurses and midwives. We each have a duty to ensure that nurses and midwives are competent for their roles and are able to practise safely.

Be prepared to notify patients and the nurse or midwife concerned

We will notify nurses and midwives of the allegations and evidence we are considering and, depending on the type of case being referred, we may need to see a patient or service user's healthcare records. Information and guidance about healthcare records and fitness to practise proceedings can be found in our [**publication and disclosure policy**](#).

If you have any concerns about us notifying the nurse or midwife of the allegations or concerns about patient healthcare records, you should raise these concerns with us as soon as possible.

Personal lives

If a concern is raised with you about something that has happened outside work, and the incident suggests that a nurse's or midwife's fitness to practise may be impaired, you should make further enquiries.

When considering whether behaviour outside of the workplace raises a fitness to practise concern or is such that it may bring the nursing or midwifery profession into disrepute, you should bear in mind that opinions about personal behaviour can be subjective and individual perceptions differ.

If you are unsure

You can contact us at any stage, whether you have just learnt about an incident and are about to embark on an internal investigation, or are considering making a referral. It is important that you call us for advice if you are unsure whether to make a referral.

Deciding whether to make a referral

You should make a judgement about whether to refer based on the individual circumstances of the case.

You can use the decision tree below to help you decide whether a referral to us is necessary or whether the issues can be managed at a local level. You can make a referral at any time, even if your local investigation is not complete.

You must always report a case to us if you believe the conduct, competence, health or character of a nurse or midwife presents a risk to patient safety.

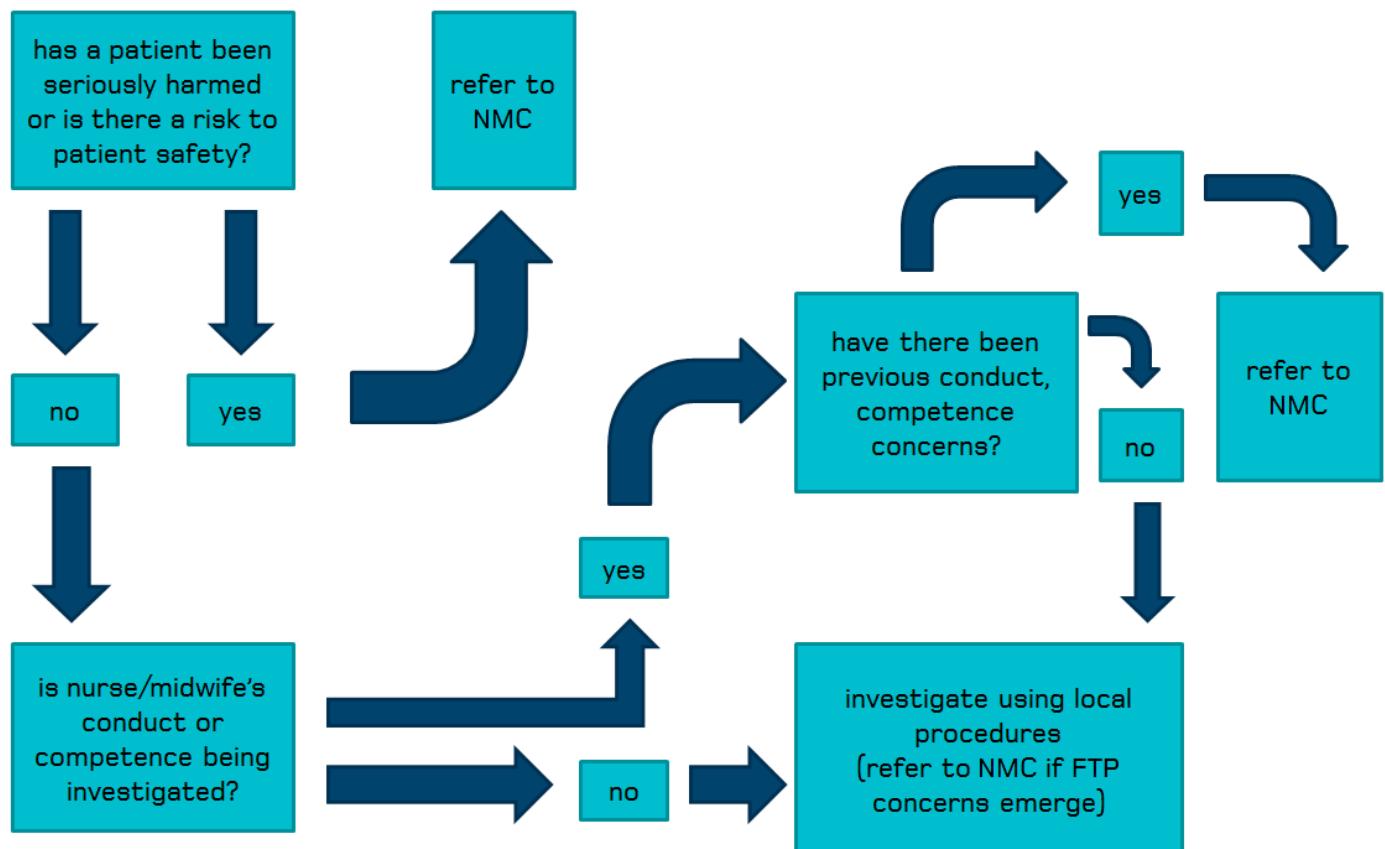
Referral decision tree

What sort of concern are you investigating?

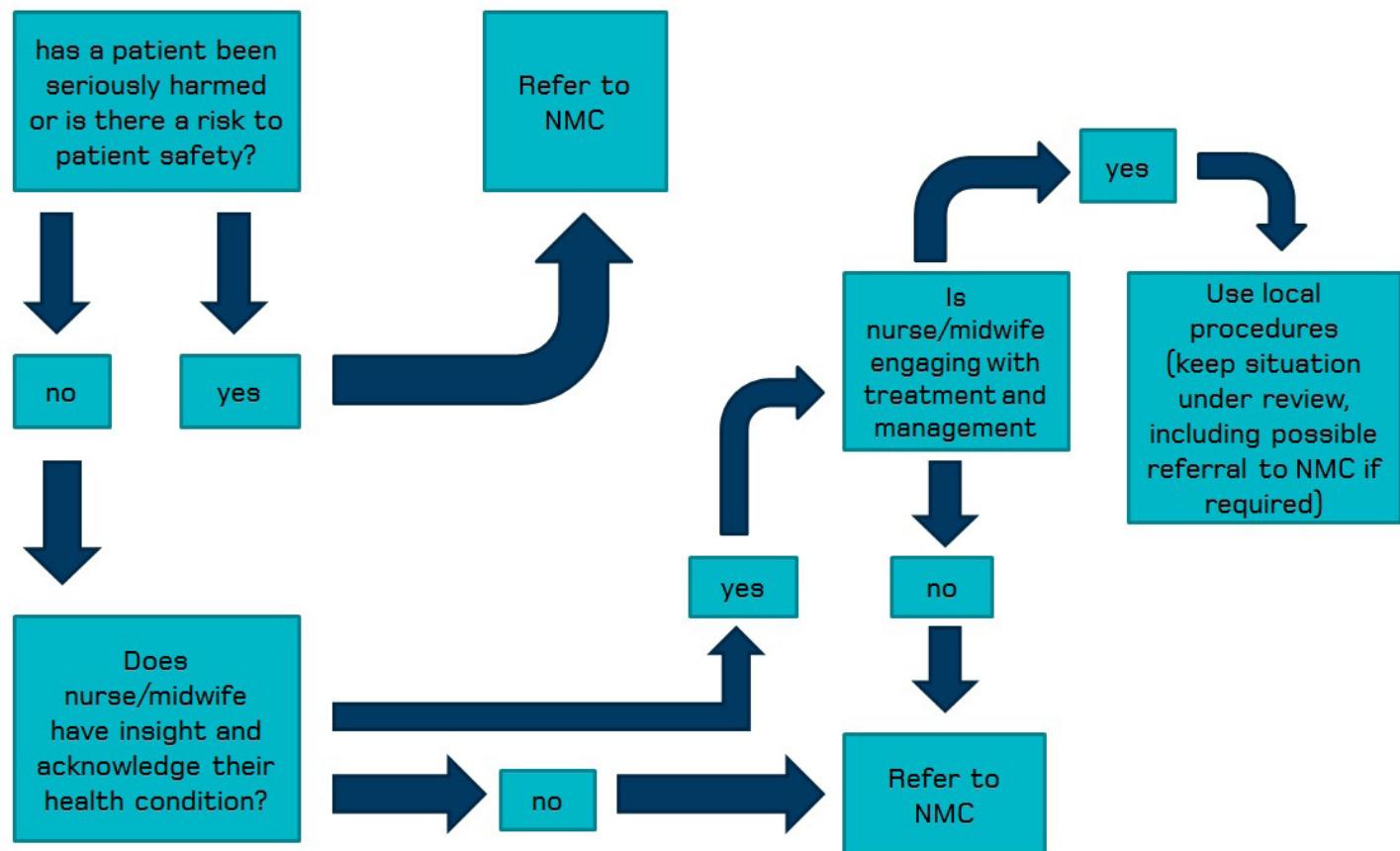
- 1) Misconduct or competence?
- 2) Serious ill health?
- 3) Character, criminal behaviour?



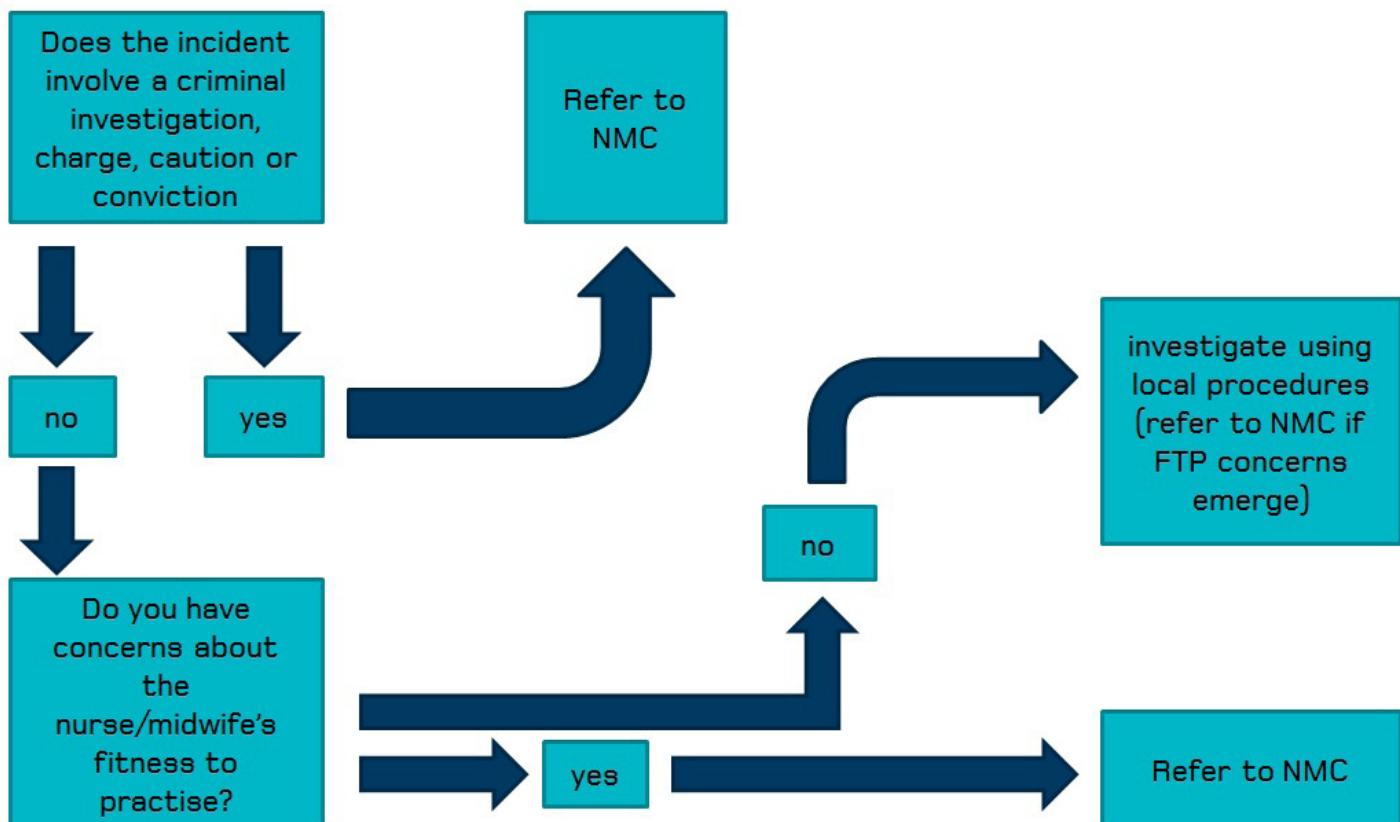
Misconduct and lack of competence



Serious ill health



Character



Making a referral

Any referral to us must:

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

There is a form for employers on our website that you should use to make the referral.

What happens when you make a referral

Once we have received your referral, we will give you contact details of a staff member who will deal with your initial enquiries. They'll check that the person you are enquiring about is on our register and that the nature of the complaint is something that we should be involved with.

We will keep you informed of your case's progress. If for some reason the nature of your complaint is something we can't help with, we will tell you.

We may seek information about whether the incident forms part of a pattern of wider concerns. We will also confirm whether there are any immediate concerns that might warrant imposing an interim order.

Once we are satisfied that the case is one we can deal with, we will let you know what information you need to supply us with and work with you to collect all the relevant paperwork. The more information you can give us at these early stages, the quicker we can progress the case. Please make sure any requests for further information are dealt with promptly.

As far as possible, referrals should be supported by any documentary evidence that is available, for example, any statements or reports you have collected during your internal investigation.

Clinical referrals will be reviewed by a nursing adviser in the case-screening process.

More information about our [**fitness to practise processes**](#) can be found on our website.

Gathering evidence

Depending on the type of case you are referring, you should provide as much information as possible. However, if information is unavailable, this should not prevent you making a referral if you are concerned about patient safety. Limited information supplied at an early stage is better than full information being provided late.

Initially, we will ask you for all or some of the following information.

You:	<ul style="list-style-type: none">• Your name.• Your job title.• Name and type of your organisation.• Your correspondence address.• Your daytime telephone number.• Your email address.
The nurse or midwife being referred:	<ul style="list-style-type: none">• The full name, Pin and address of each person being referred• The part of the register they belong to.• The area of practice in which they are employed.• Their job at the time of the allegations and key aspects of the post that are relevant when considering the complaint.• Details of any previous disciplinary or other action taken relating to the case – including competence or health procedures.
The complaint:	<ul style="list-style-type: none">• A clear summary and detailed account of the complaint.
Incidents relating to the complaint:	<p>Please provide clear details about any incidents relating to your referral, being sure to include:</p> <ul style="list-style-type: none">• when the incident(s) took place (including exact time and dates if possible)• where the incident(s) took place (including the name and address of the organisation, and specific wards or departments where possible)• the type of place where the nurse or midwife was employed at the time of any incident (for example, hospital, nursing home or GP practice)• who was there (including patients, colleagues or any other witnesses), and• the context and circumstances of any incident(s) (for example, the number and types of patients the nurse or midwife was responsible for and who else was on duty at the time).
Any witnesses:	<ul style="list-style-type: none">• Details of any witnesses and copies of witness statements.• Confirmation that you have told the witnesses you have passed on their information to us. They may be required to give evidence in person to a fitness to practise committee.
Previous action:	<ul style="list-style-type: none">• Details of any other agency you may have contacted about this matter (for example, a systems regulator or the police).• Notes, reports and transcripts of any internal investigations.• Clear details of any actions you have already taken regarding this case (for example, any disciplinary action or periods of supported practice action).

Other supporting evidence:	<p>Depending on the nature of the referral, we may also need:</p> <ul style="list-style-type: none">• an internal investigation report• copies of the relevant patient's medical records and consent from other patients or relatives to disclose relevant medical records• if reporting a conviction or caution, as much information as is available, such as a criminal records check or certificate of conviction• if reporting a case of serious ill health, details of the nurse's or midwife's sickness record and copies of any medical reports and notes of any meetings where the nurse's or midwife's health has been discussed.
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Confidential information and data protection

Initially, we will only need to see copies of any documentation supplied as evidence. However, if the case progresses to an adjudication committee, originals may be required.

We always hold paperwork securely. When sending information to the nurse or midwife concerned, they are warned that the documentation they receive is only to be used to defend themselves against any allegations.

More information about our fitness to practise processes

Details of how decisions are taken on fitness to practise cases, our committees, processes and the sanctions panels can impose on a nurse's or midwife's registration are explained on our website.

Further advice and information

You can call us on **020 7333 9333**, email us on fitness.to.practise@nmc-uk.org or visit www.nmc.org.uk for more information.

Employers can also contact our Employer Link Service directly for advice on fitness to practise issues and potential referrals on **020 7462 8850** or employerlinkservice@nmc-uk.org.

Attend a hearing

You and your colleagues are welcome to observe fitness to practise hearings. This will give you valuable insight into the process. Contact us for further details on how to attend or [visit our website](#).

Sign up to our employers' email newsletter

Sent once a month, our employers' email newsletter contains all the information you need to keep up to date with our work and important changes. It also includes details of outcomes of recent fitness to practise cases. You can sign up to receive the newsletter on our website.

This publication is available to download from our website.

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Contact us

Whether you require information about our register, making a referral, or want to make an enquiry, please don't hesitate to contact us.

**Nursing and Midwifery Council
23 Portland Place, London, W1B 1PZ
020 7333 9333
www.nmc.org.uk**

This document is also available in large print, audio or Braille on request.



23 Portland Place, London W1B 1PZ

T +44 20 7637 7181 F +44 20 7436 2924

www.nmc.org.uk

The nursing and midwifery regulator for England,
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