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nterim orders, their purpose, and when we mpose them

Reference: INT-1 Last Updated: 28/01/2026

n this guide

- What is the purpose of interim orders?
- What types of interim order are available?
- Interim conditions of practice order
- Interim suspension order
- Which panels can make or review interim orders?
- When can interim orders be considered?

What is the purpose of interim orders?

nterim orders protect the public, and occasionally the professional themselves, from risk by restricting or suspending a urse, midwife or nursing associate's practice while we investigate concerns about them. This means that an interim rder will be imposed before a panel has made any findings of fact about the concerns raised. An interim order will be eeded in cases where the concerns about a nurse, midwife or nursing associate's practice are so serious that:

- patient safety would be put at risk,
- there would be serious damage to public confidence in the nursing and midwifery professions if they were allowed to practise without any restrictions or
- there are concerns that the professional themselves could suffer serious harm if they continued to practise without some kind of restriction.

f a nurse, midwife or nursing associate deliberately breaches an interim order, this may require regulatory action. Such natters are likely to be taken seriously as they show a disregard for the steps the NMC has put in place to keep the ublic safe or uphold confidence in the professions[1]. We explain this in more detail in our guidance here.

What types of interim order are available?

A panel of one of our practice committees is able to impose:

- an interim conditions of practice order, or
- an interim suspension order

n a nurse, midwife or nursing associate's practice while a fitness to practise case is ongoing. This will only happen in ases which satisfy the test for interim orders to be made.

nterim conditions of practice order

An interim conditions of practice order allows a nurse, midwife or nursing associate to continue practising while we nvestigate the allegations against them, but subject to the specific conditions set out in the interim order

The panel will decide what conditions are necessary to deal with the specific risks to the public, the public interest, and he nurse, midwife or nursing associate's own interests raised by the allegations. This could mean the nurse, midwife or ursing associate is only allowed to practise under supervision, or may have to avoid particular areas of practice. Conditions of practice apply to the nurse, midwife or nursing associate's registration. This means that a nurse, midwife r nursing associate can only practise if they stick to the conditions.

When considering what specific conditions to impose, the panel should bear in mind that ultimately the purpose of this ype of interim order is to facilitate safe practice, rather than to act as a barrier to practice. Panels may find some of our uidance on substantive conditions of practice helpful in this regard, and specifically the section on conditions being relevant, proportionate, workable and measurable". Panels should also have regard to our "Conditions of practice brary".

nterim suspension order

An interim suspension order means that the nurse, midwife or nursing associate's registration is suspended and they nust not practise as long as it is in place. For nurses, midwives or nursing associates who have more than one entry on he register (e.g. where they are registered as both a nurse, a midwife and a nursing associate), interim suspension rders will prevent them from practising as either a nurse, midwife or nursing associate.

Which panels can make or review interim orders?

Panels of the Investigating Committee and the Fitness to Practise Committee are able to restrict or suspend a nurse, nidwife or nursing associate's right to practise. They will consider if an interim order is required after hearing about the concerns and making a risk assessment. They do not consider whether the concerns have been proven.

Making interim orders

f we've referred a concern to either practice committee, and that committee hasn't yet reached a decision about it, the committee can make an interim order to restrict or suspend the nurse, midwife or nursing associate's right to practise.[2] For example, if we've referred a concern to the Case Examiners[3] while we complete our investigation, but the Case Examiners haven't yet decided whether there's a case to answer, the Investigating Committee can make an nterim order. Or, if we've referred a case directly to the Fitness to Practise Committee, and there hasn't yet been a final decision at a hearing or meeting, the Fitness to Practise Committee can make an interim order.

The Investigating Committee has the power to make an interim order at the same time as it refers a case on to the Fitness to Practise Committee after finding a case to answer.[4] So our Case Examiners, who decide whether there's a case to answer on behalf of the Investigating Committee, can direct either practice committee to consider making an nterim order.

The Investigating Committee can, in fact, make an interim order in a case that has already been referred to the Fitness o Practise Committee, and it can do this at any time before the Fitness to Practise Committee starts considering the case at a hearing or meeting.[5]

Reviewing interim orders

Under our legislation interim orders have to be reviewed every six months, by either the committee that made the order, or (if the case has been referred to the Fitness to Practise Committee) by the Fitness to Practise Committee.[6]

The Fitness to Practise Committee can review orders in cases that have been referred to it. The Investigating Committee can also review these orders, as long as the Fitness to Practise Committee hasn't yet started considering he full case at a hearing or a meeting[7].

When can interim orders be considered?

Our practice committees (which will either be the Fitness to Practise Committee or the Investigating Committee, depending on the circumstances) are able to impose interim orders if:

- an allegation against a nurse, midwife or nursing associate has been referred to the Investigating Committee or the Fitness to Practise Committee but the Committee has not yet reached a final decision. This might be where a final hearing before either Committee adjourns part way through the case, and the panel hearing the case thinks that an interim order is necessary given what they have heard
- Case Examiners find a case to answer against a nurse, midwife or nursing associate and refer their case to the Fitness to Practise Committee
- the Investigating Committee directs that a nurse, midwife or nursing associate's entry on the Register should be amended or removed after deciding the entry was fraudulently procured or incorrectly made
- after deciding that a nurse, midwife or nursing associate's fitness to practise is impaired, the Fitness to Practise Committee imposes a striking-off order, a suspension order, or a conditions of practice order. An interim order is

imposed at this stage to cover the period before the sanction comes into effect, which is usually 28 days after the date on which the decision letter is served. The interim order can be imposed for a period up to 18 months to cover any potential appeal.

See GMC v Donadio [2021] EWHC 562 (Admin) in relation to the serious nature of deliberate breaches of interim orders.
Article 31(1)(a)(i) of the Order
Who carry out the functions of the Investigating Committee under article 26A(1) of the Order and rule 6C of the Rules
Article 26A(1) and article 26(11) of the Order and rule 6C(1) of the
Article 26(11) of the Order
Article 31(6) of the Order
It's clear from the statutory consultations about changes to our legislation that in 2014 there was a clear intent to give our Investigating Committee more flexibility o review cases that had been referred to what was then our Health Committee or Conduct and Competence Committee. When this area of our legislation changed o reflect those committees being replaced by the Fitness to Practise Committee, the consultation did not say there was any desire to restrict the Investigating Committee's role.

Decision making factors for interim orders

Reference: INT-2 Last Updated: 25/03/2026

In this guide

- Overview
- Guiding Principles for Interim Order Consideration
- Restrictions imposed by employers or other regulators
- Interim Orders and Criminal offences
- Discrimination and Interim Orders
- Interim Orders and not having the necessary knowledge of English
- Freedom of expression and Interim Orders
- Interim orders and incorrect or fraudulent entry allegations ("IEFE" allegations)

Overview

The test that a panel uses when deciding whether to impose an interim order is found in A.31(2) of the NMC Order 2001. The panel may make an order if they are satisfied that:

a) it is necessary for the protection of members of the public; or

b) it is otherwise in the public interest; or

c) it is in the interests of the person concerned.

The panel's role involves conducting a risk assessment in the light of the three grounds above. The panel is asking themselves "In this particular case, what would be the risk or risks involved in allowing this person to keep practising without restriction?"

A panel only needs to be satisfied that one of the statutory grounds applies for an interim order to be imposed, but a panel may decide that they are satisfied that more than one of the three grounds above applies in a particular case (for example an order may be necessary to protect people receiving care, and may also be in the nurse, midwife or nursing associate's own interests). Where more than one ground is being advanced as being relevant in an interim order application, the panel should carefully assess the merits of each ground individually and reach a conclusion on whether each ground is made out in that particular case. We have set out below some guiding principles to assist panels when conducting this assessment of risk.

Guiding Principles for Interim Order Consideration

It is important that panels consider each individual case on its own circumstances and merits. They will need to identify and weigh up the risks specific to that case and decide whether they are satisfied that one or more of the three grounds is met. If they are satisfied that one or more grounds is met, they will then need to consider what type of interim restriction is appropriate for that particular case.

The panel should have in mind the following principles when making their decision:

a) Evidence of the concern

As part of their consideration of the case as a whole, it will be necessary for the panel to look at the evidence which relates to the concerns we have about the professional's fitness to practise. While there is no evidential threshold in the NMC Order, there needs to be some evidential basis for the concern in order for the panel to then go on to decide what risks the concern presents, and whether they need to take any action in relation to those risks.

So how should the panel approach this part of their consideration? The panel would need to be satisfied that the evidence is cogent, and is not fanciful, not frivolous, not obviously contradicted by other evidence or entirely misconceived.

The panel will need to examine the evidence before it critically and keep the following in mind in doing so:

- The interim order panel cannot and must not attempt to make findings of fact.
- The nature and strength of the evidence. This means looking at both the evidence that supports a particular fact or version of events, and any evidence that contradicts or undermines it. This could include any written accounts about the concerns raised, or any video footage relevant to the alleged incidents. Although the panel can't make a decision on the facts of any disputed allegation, it can discount evidence that's inconsistent with objective or undisputed evidence, or which is clearly unreliable.[1]
- The source of the evidence. Where the evidence comes from may affect whether it's reasonable for the panel to rely on it when deciding whether to impose an interim order.
- The accuracy of the information and whether it's sufficiently clear for the professional to understand the basis of the concern. If all of the available evidence is vague or tenuous, the professional may not be able to respond to it beyond a bare denial and so it may not be fair for us to rely on it.
- Whether the nurse, midwife or nursing associate has seen or been given an opportunity to see the evidence given to the panel so that they are able to give a fully informed response to the interim order request. If the nurse, midwife or nursing associate has not seen the evidence, the panel would need to carefully consider the reasons why and whether it is fair to take that evidence into account as part of their decision. The normal process will be for all the evidence relied on to be shared with the professional concerned. Circumstances where it may be fair to proceed without the evidence being shared could include, for example, situations where the nurse, midwife or nursing associate has voluntarily absented themselves from a hearing and relevant new evidence comes to light either at or very close to the hearing.

Unlike a final substantive hearing, witnesses do not normally attend to give evidence and the panel will make a decision on the papers[2], taking into account representations from both the NMC and the nurse, midwife or nursing associate.

b) The nature and seriousness of the concern, and associated risks:

The panel will need to assess the nature and circumstances of the fitness to practise concern or concerns, so that they can understand the gravity of what is alleged to have happened in that specific case.

Having established the seriousness of what is said to have happened, the panel can then focus on the implications going forward in terms of risk. The panel will consider the potential risks of allowing the nurse, midwife or nursing associate to continue to practise without restriction while the NMC investigate the concerns alleged against the nurse, midwife or nursing associate, whether or not those concerns are ultimately found to be true.

The panel should have regard to the following when assessing each case:

- Whether there is a direct link between the concern and the nurse, midwife or nursing associate's clinical practice
- How much harm the alleged conduct has already caused, or could have caused, to the public. This could include physical, mental, emotional or financial harm
- How likely it is that the conduct would be repeated if some form of restriction was not put on the nurse, midwife or nursing associate's practice
- The nurse, midwife or nursing associate's past or current fitness to practise history
- Whether there are existing restrictions in place imposed by the police (bail conditions), an employer or another regulator (see further guidance below on interim orders and criminal offences and restrictions imposed by employers or other regulators)
- How likely is it that there would be serious damage to public confidence in the professions, if their practice was not restricted while the concerns were investigated
- If they are considering an order in the nurse, midwife or nursing associate's own interests, how likely it is that the person concerned would suffer harm if their practice was not restricted.

We have separate guidance on conduct which we take particularly seriously in our screening guidance and insight and strengthened practice which the panel may find helpful to consider when thinking about seriousness, or how likely it is that incidents may reoccur.

c) Proportionality and applying the test:

When the panel has established the risks they think are involved in a particular case they will then need to weigh those risks up against the nurse, midwife or nursing associate's interests.

Considering the interests of the nurse, midwife or nursing associate includes considering their right to practise unrestricted, damage to their professional reputation, and their ability to address any concerns through demonstrating safe practice (although this may be less relevant in cases that do not relate to the nurse, midwife or nursing associate's clinical ability).

The panel conducts this balancing exercise with the three grounds of the interim order test in mind. When considering the three grounds, the panel would need to bear in mind the following:

- For an interim order to be considered necessary for the protection of the public, it is not enough for the panel to consider that an interim order is merely desirable. The panel must be satisfied that there is a real risk to people receiving care, colleagues or other members of the public if an order is not made.

- It would be relatively rare for an interim order to be made only on the grounds that an order is otherwise in the public interest, if there is no evidence of a risk of harm to the public, so the threshold for imposing an interim order solely on this ground is high[3]. The High Court has made it clear that some criminal charges are so serious that the nurse, midwife or nursing associate should not be allowed to continue practising while they await trial, even where those charges are unrelated to professional practice[4]. For further discussion of the concept of 'public interest' please see our Impairment guidance.

- It is a significant step to place restrictions on a nurse, midwife or nursing associate's practice on the basis that it is in that person's own interests. The panel would have to very carefully assess the risk of harm to that individual, including the likelihood and seriousness, and balance that against any other competing interests the person might have.

If the panel concludes that an interim order is required in a particular case, it will then need to give careful consideration to what kind of restriction is required, bearing in the mind that any interim order should be proportionate to the risk identified in that particular case.

Restrictions imposed by employers or other regulators

Restrictions imposed by employers

In some cases we may become aware that there are already some restrictions that have been put in place by the nurse, midwife or nursing associate's employer in order to try and address the concerns that have been referred to the NMC. If there are such restrictions in place, then the significance of those local restrictions to our assessment of risk is likely to be very much dependent on the individual circumstances of the case.

What is important is that in each individual case we make our own assessment of risk and decide what action, if any, is necessary for us to take in respect of that risk on an interim basis. Any local restrictions would need to be considered very carefully, and the panel should not simply decide that those local restrictions automatically negate the need for interim restriction by the NMC.

In some circumstances we may take the view that the local restrictions are comprehensive and robust, and that their impact therefore is to reduce the risk of further concerns in respect of that specific registrant. For example, in a case where the regulatory concern is focused on the registrant's health, the local restrictions and support being provided by the employer may provide us with some reassurance that the health condition is being managed well locally.

However, in other circumstances we may take the view that the local restrictions currently in place are not sufficient to mitigate the risks involved in the particular case. For example, there may have been further concerns with the registrant's practice despite those restrictions being put in place, or the restrictions themselves may not to be adequate to mitigate concerns regarding risk. The local restrictions may only be sufficient to cover some of the concerns raised, or may only apply if the registrant remains in one particular employment setting.

In some circumstances the local restrictions may in fact help us to identify the risk involved in a case, and the steps that we need to take to mitigate those risks while the case is progressing through our fitness to practise process. For example, if local restrictions on medication administration have been unsuccessful or the registrant has not complied with those local restrictions this may suggest that more robust restriction is required.

Restrictions imposed by the other regulators

There may be circumstances when we become aware that another regulatory body has imposed restrictions which have an impact on the registrant we are investigating. Again, the relevance of those restrictions to our own assessment of risk is likely to be very much dependent on the facts of the individual case.

For example, we may be investigating a nurse, midwife or nursing associate in respect of findings of another regulatory body overseas and become aware that the registrant has either had their practise restricted in some way by that regulatory body, or has been removed from their register. If that is the case, we would need to carefully consider any public protection or public confidence implications that those overseas restrictions might present if we allowed the registrant to practise unrestricted in the UK whilst we conducted our own investigations.

Interim Orders and Criminal offences

In addition to the guiding principles above, this section provides supplementary guidance in relation to interim orders where there is a concern linked to criminal offending or suspected criminal offending by the nurse, midwife or nursing associate.

There are different circumstances in which we receive referrals which raise concerns that a nurse, midwife or nursing associate has been involved in some form of criminal offence. The referral may suggest that a professional on our register:

- has been charged with a criminal offence and is facing criminal proceedings in court,
- has already been convicted of a criminal offence and is either awaiting sentence or has already been sentenced,
- has been arrested for an offence and is under investigation, but has not yet been charged with anything, or
- is under investigation but has not in fact been arrested.

A criminal charge may well provide cogent evidence of a concern, particularly if we are satisfied that the decision to charge and prosecute the person was made following a robust consideration of the evidence.[5] However, we do not always need to wait until a person has been charged before applying for an interim order, and in appropriate cases we may decide that a case should be put before a panel for interim order consideration prior to charge.

Our decision will be based on the information available to us, including the seriousness of what is being investigated, and any implications that has in respect of public safety or public confidence. In cases of the utmost seriousness, the panel may be satisfied that there is cogent evidence of a serious risk, even on the basis of limited information.

For example:

- We receive information from the police that a midwife is being investigated for theft. The police will not reveal any further information at this stage, including what the theft is about or the status of the criminal investigation. Without additional information, this is unlikely to be a basis upon which we could suggest there is cogent evidence of a concern which requires interim order consideration.

- We receive information from the police that a nurse has been arrested in connection with an assault at work, but has been immediately released whilst the police conduct further investigations. They won't tell us any information about the venue, people involved or the nature of the assault as they are yet to take statements from possible witnesses. Without additional information, this is unlikely to be a basis upon which we could suggest there is cogent evidence of a concern which requires interim order consideration.

- We receive information from the police that a nurse has been arrested in connection with allegations of serious sexual assault at work but has been immediately released whilst the police conduct further investigations. The police have imposed bail conditions on the person to keep away from their place of employment and not to attempt to contact any members of staff or patients. They are due to go back to the police station in two weeks' time. The police cannot release any detailed information at present as they are concerned that this could potentially

prejudice their investigation. However, they are prepared to tell us that the allegations are in respect of at least two vulnerable adult patients with learning difficulties and, in the words of the officer investigating the case, involve "very intimate touching" of the people concerned. This information alone could provide cogent evidence of a concern which requires interim order consideration.

- We receive information from the police that following a two-year investigation, a nursing associate has been arrested for participating in a paedophile network where images and videos of child patients have been circulated. Even without any further information these allegations are incredibly serious and have implications in respect of both the safety of people receiving care and public confidence. This information alone could provide cogent evidence of a concern which requires interim order consideration.

- We receive information that a nurse has been arrested, interviewed and released by the police in relation to an investigation into multiple allegations of murder of elderly patients in various care homes. The police refuse to disclose any further information about the alleged offences. Even though the information is extremely limited, the offences being investigated clearly raise very serious issues in relation both to the safety of people receiving care and public confidence. As such this information alone could provide cogent evidence of a concern which requires interim order consideration.

n some circumstances the police or the Criminal Court may impose bail conditions on a professional which they have to eep to while the criminal proceedings are in progress. The imposition of bail conditions (especially bail conditions elating to clinical practice) could be an indicator that an interim order should be considered, on grounds both of public rotection and public interest.

Discrimination and Interim Orders

We are clear that no form of discrimination should be tolerated within health and social care.

n addition to the guiding principles above, this section provides supplementary guidance in relation to interim orders nked to concerns of discrimination, or misconduct closely linked to discriminatory views.

We are likely to apply for an interim order in cases of this kind where the evidence in relation to the allegations uggests a risk of harm to the public[6] that makes an interim order necessary on public protection grounds

A panel should assess risk according to the specific circumstances of each case. Factors which could strengthen the need for an interim order in cases involving discrimination include:

The existence of a criminal charge or conviction for a hate crime
A criminal charge or conviction for a hate crime is itself capable of increasing the public interest in taking action.
Discriminatory language
We view the use by professionals of discriminatory language seriously. It is likely to undermine public confidence in the rofessions and may indicate a deep-seated discriminatory attitude; for that reason it may impair a professional's itness to practise. Before imposing an interim order a panel needs to weigh up the available evidence about the risk hat such conduct poses. This might include whether the discriminatory language was said to a patient or in the context f care; whether there is evidence which shows whether a professional has treated a patient or category of patients ess favourably due to their (perceived) protected characteristic; and whether in all the circumstances there is a real risk o patients which makes it necessary to restrict the professional's practice while we investigate the allegation.
The use of discriminatory slurs, making of threats, or the use or endorsement of violence based on protected characteristics
Whilst not all discriminatory language or conduct will include these features, such conduct can be particularly damaging o public confidence or trust, and form strong evidence for the existence of deep-seated discriminatory attitudes that ould put the public at risk[7].
Discriminatory conduct within professional practice
Discriminatory behaviour is capable of harming the public or undermining confidence in the professions we regulate wherever it occurs and whoever it is directed towards. That is why we always take it seriously.

However, when considering interim orders in particular, it is important to note that (i) evidence of discrimination against eople who use services is a strong indication both that a professional could pose an immediate risk to the public and hat their continued practice without restriction is likely to undermine public confidence in the profession; discrimination hat involves poor care is likely to necessitate an interim order. (ii) in some circumstances, discriminatory behaviour owards colleagues in professional practice can have a serious effect on workplace culture, and therefore patient

safety, if it is not dealt with[8]. We will always focus closely on the specific conduct and its relationship to a person's practice as a registered professional.

EXAMPLE

> We receive concerns where the evidence suggests that a professional holds deep-seated discriminatory attitudes towards Muslims that could directly and negatively impact the care they provide to Muslims in their care. We would be likely to apply for an interim suspension order in these circumstances.

Multiple incidents

Although a single incident of discrimination may require consideration of an interim order, repeated incidents may be a strong indication of deep-seated discriminatory attitudes and a real risk of repetition, and therefore strengthen the case for an interim order.

Interim Orders and not having the necessary knowledge of English

In addition to the guiding principles above, this section provides supplementary guidance in relation to interim orders where there is a concern linked to the professional not having the necessary knowledge of English.

When a case involves language concerns the following factors should be considered:

- The severity of any actual or potential clinical risk or harm caused to people receiving care, which is related to the alleged lack of knowledge of English
- The results of any language assessment taken by the nurse, midwife or nursing associate, and
- any refusal or persistent failure to undergo an assessment.

If they have decided that an interim order is required, panels should always assess whether workable and proportionate conditions can be applied to deal with the risks presented by the nurse, midwife or nursing associate's knowledge of English.

In doing this, the panel should bear in mind our power to direct the nurse, midwife or nursing associate to take a language test and provide us with the results by a specific date[9].

Panels considering Interim Orders for cases where English Language is a concern may find our guidance "not having the necessary knowledge of English" to be helpful.

Freedom of expression and Interim Orders

There are some very specific considerations which will apply if an interim order has the effect of restricting freedom of expression directly or indirectly. These considerations therefore apply to both interim conditions or interim suspension.

If a panel is considering imposing an interim order which might impact a nurse, midwife or nursing associate's freedom to express themselves they must first need to be satisfied that at a full hearing the NMC is likely to succeed in establishing that a finding of impairment should be made for expressing the views that the interim order is seeking to restrict.[10]

So, what is meant by "likely to succeed"? This depends on the circumstances of the individual case, but generally a panel should be *"exceedingly slow"* to make an interim order if we have not satisfied them that it is "more likely than not" that the NMC will succeed. However, there may be some cases where it is appropriate for the panel to depart from this general approach and consider a lesser degree of likelihood. For example, this could be the right approach to take in circumstances where the potential adverse consequences of the person continuing to express the views are particularly grave.[11]

How will an NMC panel approach this part of an interim order application in practice? The panel will focus on what information they have before them at the time of the Interim Order application and consider what is the most likely outcome based on what they know at that point. They are not being asked to speculate on what might happen in the future on matters which are not before them. For example, if the NMC doesn't have any evidence to indicate that the professional has taken steps to strengthen their practice then the panel is not being asked to consider how likely it is they will do so before a substantive hearing.

They will in practice be asking themselves "If I was hearing the case today what would be the likely outcome, on the basis of what I know now?" This would involve them considering the following:

1) "Is it likely that the NMC would succeed in establishing the facts of the case in respect of the allegations relating to freedom of expression?" and if so then;

2) "Is it likely that the NMC would succeed in establishing that those facts amount to misconduct?" and if so then;

3) "On the basis of what I know today would I be likely to find the professional's fitness to practise impaired?"

These are the requirements we must satisfy when we are applying for an interim order that has the effect of restricting freedom of expression in order to comply with section 12(3) of the Human Rights Act 1998. We have separate guidance on freedom of expression which can be found here.

As with any other interim order decision, the panel must, in addition to these matters, indicate on what grounds they are putting the interim order in place (i.e. it is necessary to protect the public, is otherwise in the public interest, or is in the nurse, midwife or nursing associate's own interests).

If the NMC is applying for interim conditions some of which restrict freedom of expression, and some of which do not (for example a requirement to undergo further training or supervision) the additional requirements of section 12(3) of the Human Rights Act 1998 will only apply to those proposed interim conditions that restrict freedom of expression.

If a panel is considering an interim order application where s.12 of the Human Rights Act 1998 is engaged, then they must also be alive to the specific notice provisions of the Act if the person is neither present nor represented at the interim order hearing. These provisions can be found at s.12(2) of the Human Rights Act 1998.

Interim orders and incorrect or fraudulent entry allegations ("IEFE" allegations)

In cases of concerns about the legitimacy of the nurse, midwife or nursing associate's entry in the Register, the Investigating Committee can make an interim order while the concerns are being resolved.

In addition to the guiding principles above, our guidance on Fraudulent and Incorrect Entry allegations contains supplementary guidance in relation to interim orders which are being considered for these types of concern.

1 Perry v NMC [2013] EWCA Civ 145 at paragraph 20
2 Fairness at the interim stage doesn't require formal witness evidence to be presented. Perry v NMC [2013] EWCA Civ 145 at paragraph 33
3 See Shiekh, R (on the application of) v General Dental Council [2007] EWHC 2972 (Admin)
4 See NH v The General Medical Council [2016] EWHC 2348 (Admin), a case involving charges of false imprisonment and assault
5 See Fallon v Horseracing Regulatory Authority [2006] EWHC 2030 where Mr Justice Davis held that the regulatory body and the appeal board were right to proceed on the basis that the Crown Prosecution Service had concluded that there was sufficient substance in the matter to justify charges being brought. See also R (on the application of Walker) v GMC [2003] EWHC 2308 (Admin).
6 By its very nature, discrimination raises the possibility of differential treatment. The Professional Standards Authority's September 2022 report Safer Care for All highlighted the impact that discrimination can have on patient safety. In the PSA's 2023 report Perspectives on discriminatory Behaviours in health and care, members of the general public and health service users themselves highlighted the risk of mental and physical harm due to discrimination.
7 Discriminatory slurs are insults based on protected characteristics or membership of a group
8 For example, see p.30 of the PSA's report Safer Care for All
9 Rule 6B(3B) of the Fitness to Practise Rules 2004
10 The root of these considerations is s.12 of the Human Rights Act 1998. See White v GMC [2021] EWHC 3286 (Admin) where the application of s.12 was specifically considered in the regulatory context of interim orders.
11 See Cream Holdings Ltd v Bannerjee [2004] UKHL 44 judgement of Lord Nicholls of Birkenhead at paragraphs 19-22 (and in particular para.22)

Applications for interim orders

Reference: INT-3 Last Updated: 25/03/2024

In this guide

- When will we apply for an interim order?
- Nurses, midwives or nursing associates already under conditions or suspension orders
- Arrangements for interim order hearings
- Notice
- Information placed before panels
- Reasons for applying

When will we apply for an interim order?

It is essential that when we receive information that a nurse, midwife or nursing associate's practice presents an immediate risk to the public, the case is referred to a panel for interim order consideration as early as possible.

Our screening team carries out an initial risk assessment on each referral they receive. When we receive new information that an interim order might be necessary, we will carry out a risk assessment. In conducting the risk assessment we will consider if it is likely that the panel would impose an interim order based on one or more of the three grounds, namely whether it is necessary for the protection of members of the public, is otherwise in the public interest, or is in the nurse, midwife or nursing associate's own interests.

While interim orders are generally made at the beginning of the process, they can be made at any time if new information becomes available.

Nurses, midwives or nursing associates already under conditions or suspension orders

When we receive a new referral for a nurse, midwife or nursing associate who has already had a conditions of practice or suspension order imposed on their registration following a previous final hearing, and our risk assessment suggests that we should apply for an interim order because of the new concerns, this will be dealt with at an interim order hearing, rather than at a review hearing for their existing order.

This allows any potential risks we have identified to be dealt with more quickly at an interim order hearing. A review of the existing order at a hearing would require us to give the nurse, midwife or nursing associate 28 days' notice.

An interim order will not automatically come to an end if the substantive order is revoked or allowed to lapse. However, the panel reviewing the interim order must be made aware of such a change so that it can consider its effect on the ongoing need for an interim order.

Arrangements for interim order hearings

We will normally list interim order hearings for a virtual hearing, but we will always consider requests from the nurse, midwife or nursing associate for the hearing to be held physically at a hearings centre. We'll expect such requests to be supported by clear reasons for the request. We'll be guided by the principle of fairness and will do what we can to ensure that people can engage effectively in the hearing. Before we hold a case virtually, we'll check to find out if participants have the right technology to participate effectively and are able to use it.

Where an application is made for a new Interim Order, this will often be on the grounds that there is an urgent public protection risk. This means that it may be difficult to accommodate a request for a physical hearing, particularly if it is made close to the scheduled hearing time. As noted above, where the nurse, midwife or nursing associate has been prevented from participating in an Interim Order hearing, the panel should direct that the matter be listed for a review hearing within the next 14 days, to give the nurse, midwife or nursing associate a further opportunity to attend. The review hearing will reconsider the interim order in full.

Notice

f we are asking a panel to consider imposing an interim order on a nurse, midwife or nursing associate's registration, ve need to give the nurse, midwife or nursing associate reasonable notice. For an initial interim order hearing we try to give at least seven days' notice, however this may be shorter in certain cases. For instance, if the concerns are particularly serious, or we feel there are urgent public protection needs then we can send the notice less than seven days before the hearing. If we do this, we will provide reasons for this in the notice of hearing.

When a nurse, midwife or nursing associate has told us that they are unable to attend the hearing for a particular reason, or they have asked for further time to secure or prepare representations, because of the urgent nature of the risks, the panel should consider the merits of the application for the interim order. If the panel decides that one or more of the legal grounds has been satisfied, the panel should proceed to impose an interim order, but direct that it is listed for a review hearing within the next 14 days, to give the nurse, midwife or nursing associate a further opportunity to attend. The review hearing will reconsider the interim order in full.

nformation placed before panels

Due to the urgent nature of our applications for interim orders, it is not always possible for us to apply the same principles for redaction to interim order documents as those we use with substantive hearing documents. Our approach to redaction is explained in our Information handling guidance. The case material documents will be given in a form that enables the nurse, midwife or nursing associate to comment on the concerns. We will redact sensitive information out of the case material but otherwise these documents will generally be un-redacted.

Reasons for applying

Whenever we apply for an interim order the reasons for the decision must be clear. The nurse, midwife or nursing associate will be given these reasons with the documents we send to give notice of the interim order hearing. Some cases will be referred for interim order consideration more than once. In these cases, we must set out clear reasons why the case should be considered again by a panel, when one or more decisions have already been made.

nterim orders - multiple referrals; duration of orders and extensions; and orders at final hearings

Reference: INT-4 Last Updated: 09/06/2025

n this guide

- Multiple referrals
- Duration of orders
- Interim order extension applications to the courts
- Interim orders at final hearings
- Disclosure of interim orders

Multiple referrals

f a nurse, midwife or nursing associate is the subject of two or more separate referrals, the panel considering an nterim order must consider information about all of the referrals.

f further concerns are raised in relation to a nurse, midwife or nursing associate who is already on an interim order, a panel will nearly always need to review that order at a review hearing and consider the new concerns. This is because nterim orders restrict or suspend a nurse, midwife or nursing associate's registration in relation to all their practice and not just the concerns from the initial referral. Any new concerns or evidence will normally always be relevant to the order already in place.[1]

There can only ever be one interim order in place at a time[2], so it's important that a panel is aware of all the relevant concerns relating to a nurse, midwife or nursing associate's practice when reviewing an interim order. This is so that it can make a proper assessment of the risk of harm (whether to the public, the reputation of the profession or the nurse, midwife or nursing associate themselves), and if necessary, impose a more restrictive interim order than the one already in place.

n cases where an interim order is in place and covers more than one referral, the order doesn't automatically end once he initial, or any of the other referrals, has been dealt with. Being 'dealt with' could be that that the nurse, midwife or nursing associate has agreed undertakings with the case examiners, the case examiners have found 'no case to answer' in relation to one of the referrals, or that a panel of the Fitness to Practise Committee has made a final decision n the case.[3] The order will still be in place, but we list a review hearing as soon as possible so that a panel can assess he risk of harm following one of the cases being concluded.

Duration of orders

A panel can impose an interim order for a period of up to 18 months.

Generally, we apply for interim orders lasting for the maximum period of 18 months. This makes sure that the length of each order adequately covers a case until it reaches a conclusion. This minimises the need for applications to the High Court for interim order extensions. If a change of circumstances means that an interim order is no longer appropriate, either the NMC or the professional can always request an interim order review hearing and ask for the interim order to be lifted.

nterim order extension applications to the courts

f it becomes necessary to extend an interim order timeframe, we may apply to the High Court in England and Wales, he Court of Session in Scotland, or the High Court of Justice in Northern Ireland, where appropriate, for an extension.

When a final hearing is not due to conclude before the expiry of the interim order, we will apply to the appropriate court or an extension. We would not apply for an extension where new information suggests that the allegation may no onger result in a finding of current impairment. Instead, we would list the matter for an early review hearing before a panel of the Investigating Committee or Fitness to Practise Committee. If the panel decides the interim order should be

evoked, the matter will not be referred to the court.

nterim orders at final hearings

f, at the end of their final hearing, a nurse, midwife or nursing associate is made subject to a substantive conditions of practice order, suspension order or striking-off order, the order will not take effect for at least 28 days or, if the nurse, midwife or nursing associate appeals, until the appeal is withdrawn or otherwise finally disposed of. The panel may consider it necessary to impose an interim order to cover the intervening period until the order takes effect for the protection of the public or otherwise in the public interest, or in the interests of the nurse, midwife or nursing associate. The panel should first hear representations from both parties (where present) on whether or not an interim order should be made.

Disclosure of interim orders

nterim order hearings will generally be in held in public. Details of any interim order made will be disclosable, although hearings (or parts of hearings) that relate solely to the nurse, midwife or nursing associate's health are always held in private. Similarly, details of any part of a hearing that is held in private for reasons other than health are not disclosable to enquirers.

Article 31(6)(b) of the Order requires the panel reviewing an existing order to take account of the new concerns as part of new evidence relevant to the order.

Only one interim order in place by virtue of Article 31(1)(a) (Interim Order imposed pre-final determination). It is possible for more than one order to be in place if made under different provisions of A.31(1) for example an order made under A31(1)(c) could co-exist at the same time as an order made under A.31(1)(a)

For example, rule 6E(2)(c) of the Rules states that once undertakings have been agreed, any interim order in place ceases to have effect. This will require a panel to carry out a review hearing, taking into account that the order no longer has effect in respect of the concerns that led to undertakings being agreed, but it does not mean that an interim order also covering concerns in different cases about the same nurse, midwife or nursing associate, will automatically come to an end. This is because the order would not automatically come to an end if case was dealt with through any of the other possible methods identified above.

nterim order reviews

Reference: INT-5 Last Updated: 01/09/2025

n this guide

- ‘Standard’ reviews
- ‘Early’ reviews
- How does a panel make a decision at a review?
- A panel’s powers at a review
- Reviewing interim suspension orders
- Reviewing interim conditions of practice orders
- Interim order reviews and agreed removal
- Breaching interim orders
- Arrangements for an interim order review hearing
- Notice
- Transcripts of previous hearings

Standard’ reviews

An interim order must be reviewed every six months[1]. This can happen either at a hearing[2] or a private meeting. We will invite the nurse, midwife or nursing associate to attend the review hearing, or to send in representations if the order is being reviewed at a meeting.

Review meetings are held in private, without the parties present, and the panel will be invited to confirm the interim order currently in place.

Early’ reviews

When we impose an interim order we continually risk-assess any new information. If we receive information that shows the original interim order may not be appropriate, we’ll schedule an early review of the order[3].

For example, we might receive information that suggests a more restrictive, or conversely, a less restrictive measure is needed to manage any risk to patients or the wider public interest.

In these cases where new, relevant evidence becomes available after an interim order has been imposed, it must be reviewed by a panel at an early review hearing, before the usual six-month review date.

Examples of cases where we would schedule an early review are:

- when we receive information that suggests that conditions imposed as part of an interim order are unworkable
- when the nurse, midwife or nursing associate was unable to attend the initial interim order hearing or provide detailed submissions to the panel, and is now in a position to do so
- when we receive information that suggests that the interim order has been breached
- when we receive new information that affects the previously identified risk. For example multiple referrals.

The nurse, midwife or nursing associate may contact us and request an early review of their order. However, there are cases when we won’t accept such requests. This is when:

- The nurse, midwife or nursing associate has requested it because they are generally dissatisfied with the outcome of a previous hearing. Where this is the case, the nurse, midwife or nursing associate can apply to the High Court (in England and Wales), the Court of Session in Scotland, or the High Court of Justice in Northern Ireland, to terminate the order[4].
- There does not appear to be any relevant new information for the panel to consider.

How does a panel make a decision at a review?

The panel must make sure that it thoroughly considers the interim order in the light of all the circumstances that are

now before the panel.

The panel will need to consider whether some kind of interim restriction remains necessary in the particular case that they are considering, having regard to the three grounds for imposing an interim order[5]. If the panel concludes that an interim order continues to be required, they will then need to give careful consideration as to whether the current interim order remains proportionate to the risks identified in that particular case.

Some of the specific factors the panel will consider at a review include:

- the circumstances at the time the interim order was made, summarised in the decision of the panel
- any other relevant documentation
- any change of circumstances since then
- the length of time the order has been in place and the impact of the order on the professional
- the progress made by the NMC in respect of its investigation into the fitness to practise of the professional.

We have some general guidance on decision making for interim orders, which the panel may find helpful and in particular the section on proportionality and applying the test.

A panel's powers at a review

A panel can review the interim order at either a private meeting or a hearing[6].

At a review hearing the panel then may:

- revoke the interim order or revoke any condition imposed by the interim order
- confirm the interim order
- vary any condition imposed by the interim order
- replace an interim conditions of practice order with an interim suspension order for the remainder of the duration of the interim order
- replace an interim suspension order with an interim conditions of practice order for the remainder of the duration of the interim order[7].

We do not send a formal notice to the nurse, midwife or nursing associate when we are holding an interim order review as a meeting. As a result, the panel's powers at a review meeting are more restricted, and they may only:

- revoke the interim order or revoke any condition imposed by the interim order
- confirm the interim order[8]

If, having reviewed the order at a meeting, the panel takes the view that they would like to vary or replace the interim order, then they should request that the matter be scheduled on a new date for a review hearing so that the full range of powers are available to the reviewing panel.

Reviewing interim suspension orders

Interim suspension orders will usually be reviewed at meetings unless there has been a material change of circumstances, or unless the nurse, midwife or nursing associate requests a review hearing.

Reviewing interim conditions of practice orders

Interim conditions of practice orders will usually be reviewed at hearings unless a full consideration of all the information before us suggests that the order can be confirmed at a review meeting.

Interim order reviews and agreed removal

A nurse, midwife or nursing associate who is subject to fitness to practise proceedings can apply to be removed from the register through a process called agreed removal. Any decision for removal is made by the Assistant Registrar following careful consideration of the case in line with our Agreed Removal guidance.

If the Assistant Registrar approves the removal application, then any interim order that is in place will need to be revoked before the removal can take effect[9]. In those circumstances, we will schedule an early review of the interim order, usually at a review meeting, and invite the interim order panel to revoke the order.

At such an early review, the panel's role is no different to any other type of interim order review. It is not the role of the panel to determine whether the person should be allowed to be removed from the register, as that is a decision for the Assistant Registrar[10].

The interim order panel is conducting a risk assessment and determining whether some kind of interim restriction remains necessary, in light of the fact that the Assistant Registrar has decided that the person should be removed from the register immediately.

The NMC's position is that removal from the register will have the effect of removing any concerns about a nurse, midwife or nursing associate practising without restriction, as they will not be able to practise at all. In light of this, it seems unlikely that a panel could conclude that the test for an interim order[11] could now be met. If the panel does conclude that it is necessary for an interim order to remain in place, they should clearly state in their reasons how the test is met regardless of the Assistant Registrar's decision for agreed removal.

Breaching interim orders

If a nurse, midwife or nursing associate deliberately breaches an interim order imposed on them, whether it is an interim conditions of practice order or interim suspension order, this may in itself require regulatory action. Such matters are likely to be taken very seriously as they show a disregard for the steps the NMC has put in place to keep the public safe or uphold confidence in the professions.

A deliberate breach of an interim order will be taken into account by a panel when reviewing that order. We are also likely to consider bringing a separate regulatory concern against the nurse, midwife or nursing associate based on the deliberate breach.

Arrangements for an interim order review hearing

We will normally list interim order review hearings for a virtual hearing, but we will always consider requests from the nurse, midwife or nursing associate for the hearing to be held physically at a hearings centre. We'll expect such requests to be supported by clear reasons for the request. We'll be guided by the principle of fairness and will do what we can to ensure that people can engage effectively in the hearing. Before we hold a case virtually, we'll check to find out if participants have the right technology to participate effectively and are able to use it.

Notice

We try to give 14 days' notice for review hearings but there will be times when we need to provide a shorter timeframe.

For instance, if we feel there are urgent public protection needs that are not addressed by the current interim order, we can send the notice less than seven days before the hearing.

If we do this, we'll explain our reasons in the notice of hearing.

If the panel at an early review is being asked to consider imposing a more restrictive interim order than the one already in place, the notice should clearly set out the reasons for this request. The reasons should make reference to one or more of the three legal grounds that an interim order can be made on.

Transcripts of previous hearings

If the panel wishes, it can see the transcript of the first full interim order hearing where the nurse, midwife or nursing associate made representations. Previous transcripts can be made available to panels sitting on later interim order review hearings if necessary, but they are not provided as standard.

If the nurse, midwife or nursing associate has never attended in person or via a representative and made representations, future panels will not need a transcript and the previous decision notice will suffice.

[11] From the date the Order was made or the date of the last review (Art 31(6)(a) NMC Order 2001) or from the date of any extension or replacement by the High Court (Art 31(11) NMC Order 2001)

IO review hearings will usually be held in public, but can be held partly or wholly in private if appropriate. See R.19 of the FtP Rules [2004]. “In private” in this ontext means in the presence of the parties but otherwise excluding the public.

See A.31(6)(b) NMC Order 2001

We would also not schedule an early review where we disagree with the outcome of an interim order hearing (new application or review)

See A.31(2) NMC Order

See footnote above re: hearings and r.19 FTP Rules [2004]

See A.31(7) of the NMC Order 2001

See Rule 8(1) FtP Rules 2004 which requires for a Panel to be satisfied that notice has been served if they wish to vary or replace an interim order. See also estrictions in “confirming” an interim order if A.31(5)(b) of the NMC Order 2001 applies.

See r.14(4)(b) ERRA Rules [2004]

0 See r.14(1) ERRA Rules [2004]

1 See A.31(2) NMC Order 2001