

Interim orders and multiple referrals

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In this guide

[Reviewed every six months unless new evidence available](#)

[Interim orders at final hearings](#)

[Duration of orders](#)

[Interim order extension applications to the courts](#)

[Multiple referrals](#)

[Disclosure of interim orders](#)

Reviewed every six months unless new evidence available

[Back to top](#)

Interim orders must be [reviewed](#) by a panel every six months. Reviews must also be held if new evidence relevant to the interim order becomes available after it is made. This could include information that the nurse, midwife or nursing associate has breached the interim order. Nurses, midwives or nursing associates can request that a review should be held because new evidence is available.

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.

Interim orders at final hearings

[Back to top](#)

If, 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will not take effect for at least 28 days or, if the nurse, midwife or nursing associate appeals, until the appeal is withdrawn or otherwise finally disposed of.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.

Duration of orders

[Back to top](#)

A panel can impose an interim order for a period of up to 18 months. Interim orders must be reviewed every six months. An interim order [may be reviewed](#) earlier if new evidence relevant to the case becomes available.

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. As noted above, if a change of circumstances occurs meaning that an interim order is no longer appropriate, the professional can always apply for an interim order review hearing and ask for the interim order to be lifted.

Interim order extension applications to the courts

[Back to top](#)

If it becomes necessary to extend an interim order timeframe, we may apply to the High Court in England and Wales, the 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 for an extension. We would not apply for an extension where new information suggests that the allegation may no longer 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 revoked, the matter will not be referred to the court.

Multiple referrals

[Back to top](#)

If a nurse, midwife or nursing associate is the subject of two or more separate referrals, the panel considering an interim order must consider information about all of the referrals. If the panel decides that an interim order is necessary, it should not automatically impose an interim suspension order, but should first consider whether an interim conditions of practice order would be sufficient and proportionate.

If 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 interim 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, 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.

In cases where an interim order is in place and covers more than one referral, the order doesn't automatically end once the initial, or any of the other referrals, has been dealt with. Being 'dealt with' could be 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 in the case.² The order will still be in place, but we list a review hearing as soon as possible so that a panel can assess the risk of harm following one of the cases being concluded. A panel will consider whether there needs to be a more restrictive order, no change to the order, a less restrictive order, or no order at all.

Disclosure of interim orders

[Back to top](#)

Interim order hearings will generally be 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.

^[1] 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.

^[2] 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.