Aims and principles for fitness to practise

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Our overarching objective as an organisation, is the protection of the public. It's central to everything we do.

In order to achieve our overarching objective, our legal framework[1] says we need to:

- protect, promote and maintain the health, safety and wellbeing of the public
- promote and maintain public confidence in the nursing and midwifery professions
- promote and maintain proper professional standards and conduct for members of the nursing and midwifery professions.

Our aims for fitness to practise

We have two clear aims for fitness to practise:

- A professional culture that values equality, diversity and inclusion, and prioritises openness and learning in the interests of public safety
- Nurses, midwives and nursing associates who are fit to practise safely and professionally.

We designed a set of principles to help us deliver these aims.

Our principles for fitness to practise

We'll use these 12 principles to make sure we're consistent and transparent in the way we work and in the way we make decisions about nurses, midwives and nursing associates' fitness to practise.

Read about each principle below and how we apply it to what we do.

A person-centred approach helps us to put people receiving care, families and the public at the heart of what we do.

It involves listening to what people receiving care, their families and loved ones tell us about their experiences so that we can understand what the regulatory concerns about nurses, midwives and nursing associates might be and are better placed to act on those concerns. Sometimes, they provide vital information that shows we need to scrutinise the conclusions others have reached.

We want people receiving care and members of the public to feel supported and listened to in our fitness to practise proceedings. Putting people receiving care, families and the public at the centre of what we do helps us to make sure we are in the best place to protect the public.

If professionals see us as being punitive, those professionals are more likely to hide things going wrong or act defensively. This will make it difficult to achieve the kind of open and learning culture that's most likely to keep people receiving care and members of the public safe.

If we are seen by the people affected by unsafe care, as being there to discipline the nurses, midwives or nursing associates involved, those people may be distressed if we don't take action against nurses, midwives or nursing associates who are no longer a risk.

Transparency is crucial to an effective fitness to practise process. All the people involved in a case, including people receiving care, members of the public, and nurses, midwives and nursing associates, expect fitness to practise processes to be efficient and joined up.

They need to understand clearly and as quickly as possible what we have done about the concerns, and the reasons for our decisions. Those reasons may help others in similar situations make decisions that will help keep people receiving care and members of the public safe.

Employers are closer to the sources of risk to people receiving care and members of the public, and better able to recognise and manage them. If they need to, they can intervene directly and quickly in a nurse, midwife or nursing associate's practice, and do so in a targeted way dealing specifically with the risks.

We are further away from the sources of possible harm, and have a more limited range of options to prevent it.

We only need to become involved early on if the nurse, midwife or nursing associate poses a risk of harm to people receiving care or the public that the employer can't manage effectively (perhaps because the nurse, midwife or nursing associate has left), meaning the nurse, midwife or nursing associate's right to practise needs to be withdrawn or restricted immediately.

In the small number of cases where employers can't put the right controls in place to keep people receiving care and members of the public safe, then we will need to become involved. This can often happen when the nurse, midwife or nursing associate practises in more than one setting, or doesn't have an employer, although these aren't the only examples. We may need to consider putting conditions on the nurse, midwife or nursing associate's ability to practise, or remove it.

take account of the context

When incidents of poor practice actually happen because of underlying system failures, taking regulatory action against a nurse, midwife or nursing associate may not stop similar incidents happening again in the future. Regulatory action against an individual nurse, midwife or nursing associate may give false assurance, direct focus away from a wider problem and cause a future public protection gap.

Encouraging nurses, midwives and nursing associates to learn from mistakes, including mistakes with serious consequences, is more likely to promote a learning culture that keeps people receiving care and members of the public safe, than taking regulatory action to 'mark' the seriousness of the consequences.

Negative stories about regulation have a harmful effect on nurses, midwives and nursing associates. We want to assure nurses, midwives and nursing associates that they won't be punished if they admit to, and show they have learned from, past mistakes because this will support them in positively engaging with their professional duty of candour and help promote, rather than discourage, the kind of open and professional culture that's been shown to keep people safe.

The duty of candour requires nurses, midwives and nursing associates to be open and honest when things go wrong. It stops them from trying to prevent colleagues or former colleagues from raising concerns.

We know that if professionals don't speak up when things go wrong, significant numbers of people can suffer harm, and have done in the past. Nurses, midwives and nursing associates who try to cover up problems in their own practice deny people receiving care and members of the public the honest explanation and apology they deserve when they have been put at risk of harm. It can also put other people at risk of suffering harm if organisations are prevented from investigating wider problems.

addressed

If the nurse, midwife or nursing associate has fully addressed the problem in their practice that led to the incident, and already poses no further risk to people receiving care, we won't usually need to take action to uphold public confidence or professional standards. Only those clinical concerns that are so serious that they can't be put right will prompt us to take regulatory action to promote public confidence or uphold standards.

We know that the public take concerns which raise fundamental questions about the standards and values set out in the Code particularly seriously. Our research told us that these cases are likely seen by the public as serious breaches of professional standards. In addition to criminal convictions, conduct requiring action by us could include behaviour such as discrimination, harassment, sexual misconduct or any other conduct involving cruelty, exploitation or predatory behaviour.

Conduct that calls into question the basics of someone's professionalism raises concerns about whether they are a suitable person to remain on a register of professionals. It's more difficult for nurses, midwives or nursing associates to be able to address concerns of this kind, and where they cannot, it will be difficult to justify them keeping their registered status.

Full public hearings are not always required to reach a decision that protects the public. Their adversarial nature often has a negative impact on people, and they are slow and resource intensive.

1 See article 3(4) and (4A) Nursing and Midwifery Order 2001