Nursing & Midwifery Council

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Annual Fitness to Practise Report 2014–2015

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November 2015

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Foreword

Protecting the public by acting when concerns are raised about a nurse or midwife is one of our most important jobs. This report sets out how we have dealt with fitness to practise concerns raised with us during 2014–2015. Our *Annual report and accounts 2014–2015* explains all the work we do to help keep the public safe.

The overwhelming majority of nurses and midwives on our register practise safely and effectively. But it is important that we deal fairly and quickly with the very few, some 0.7 percent of the 686,782 on our register, about whom concerns are raised.

We are pleased to report significant achievements in fitness to practise this year. This includes exceeding the ambitious target we had set to progress cases to hearings more quickly by December 2014. At the same time, we maintained strong performance in the speed of investigating cases and critically exceeded our target for protecting the public quickly in the most serious cases by taking urgent action within 28 days.

Other major developments included introduction of our witness liaison service to enhance support to those involved in our fitness to practise cases, fulfilling a commitment we made following the Francis report, as well as continuing our efforts to improve customer service overall. Moving our operations to a new purpose-designed hearing centre which includes better facilities for witnesses was achieved seamlessly and whilst sustaining our performance.

We continue to see year on year increases in the number of concerns raised with us. The current legislative framework is a significant constraint on our ability to modernise how we deal with those concerns. So we are disappointed that the prospect of major reform has receded. We will continue to press for further legal changes to enable us to become more effective and efficient. Nevertheless, we are determined to take all possible steps to improve within the current framework. The introduction of Case Examiners in March 2015 should help us do that, enabling us to decide more quickly whether or not cases should progress to a final hearing.

The Council's *Strategy 2015–2020: Dynamic regulation for a changing world* sets out ambitious plans for us to move towards rebalancing our resources to promote professionalism and prevent poor practice. We are developing an employer link service to help ensure that the right cases come to us at the right time, as well as looking at ways of protecting the public more quickly and effectively in how we resolve cases.

We are grateful for the commitment and hard work of our Council, staff and panel members which has been critical to all we have achieved, along with the support of stakeholders. We know that there are further challenges ahead but we now have a solid foundation on which to meet them.

Dame Janet Finch
Chair, NMC
28 October 2015

Jackie Smith
Chief Executive and Registrar, NMC
28 October 2015

Introduction

Who we are and what we do

The Nursing and Midwifery Council (NMC) is the independent nursing and midwifery regulator for England, Wales, Scotland and Northern Ireland. Our role is to protect the public and we seek to ensure that all our work delivers public benefit. We are accountable to Parliament through the Privy Council.

Our regulatory responsibilities are to:

- Keep a register of all nurses and midwives who meet the requirements for registration.
- Set standards of education, training, conduct and performance so that nurses and midwives are able to deliver high-quality healthcare consistently throughout their careers.
- Take action to deal with individuals whose integrity or ability to provide safe care is questioned, so that the public can have confidence in the quality and standards of care provided by nurses and midwives

You can find out more about other work we do to protect the public on our website at www.nmc.org.uk/about-us/report-and-accounts/.

Equality and diversity information

Equality and diversity information, including an analysis of the data that we hold in relation to fitness to practise cases, is available as part of our *Equality and diversity annual report 2014–2015* at www.nmc.org.uk.

Oversight of our work

The Professional Standards Authority for Health and Social Care has oversight of our work and each year they examine a number of areas of our work. Full details of the Professional Standards Authority's work and their reports on our work can be found at http://www.professionalstandards.org.uk/regulators/overseeing-regulators.

We are accountable to Parliament, through the Privy Council, for what we do. The Health Committee exercises this role on behalf of Parliament. They scrutinise our work at an annual public hearing, after which the Committee publishes a report on its findings and our responses to its recommendations. These can be found at www.parliament.uk/business/committees-a-z/commons-select/health-committee/.

Protecting the public

Our register

As part of our duty to protect the public we must keep an accurate register of nurses and midwives who are legally allowed to practise in the UK. Only a nurse or midwife who meets our standards can be admitted to, and remain on, the register. A nurse or midwife's registration provides assurance to patients, employers and the public alike. Only we can take action to stop a nurse or midwife from practising in the UK by removing them from the register or taking action to suspend or restrict how they practise.[1]

On 31 March 2015, there were 686,782 nurses and midwives on our register. This is an increase of 0.87 percent from the number on the register on 31 March 2014.

Our register is publicly accessible and anyone can check whether a nurse or midwife is currently registered, or if they have any restrictions on their practice by visiting www.nmc.org.uk/ search-the-register/ or by calling us or writing to us.

Fitness to Practise

All qualified nurses and midwives must follow our professional code, *The Code: Professional standards of practice and behaviour for nurses and midwives* (NMC, 2015). The Code sets out the professional standards that nurses and midwives must uphold in order to be registered, and maintain their registration, in the UK.

On 31 March 2015 we introduced our new Code which revolves around four themes – prioritise people, practise effectively, preserve safety and promote professionalism and trust. More information on the new Code can be found at www.nmc.org.uk/ code/

Being fit to practise means that a nurse or midwife has the skills, knowledge, health and character to do their job safely and effectively. Every nurse or midwife is required to regularly declare that they are fit to practise safely and effectively.

If someone has concerns about the fitness to practise of a nurse or midwife they can raise these with us and we will investigate allegations including:

• misconduct (including concerns and allegations around clinical misconduct);

• lack of competence;

• criminal behaviour; and

[1] Local Supervising Authority Midwifery Officers can determine whether to suspend a midwife from practice in their area as part of their local investigations in accordance with the Midwives Rules and Standards (2012) - www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/midwives-rules-and-standards-2012.pdf

• serious ill health.

If a nurse or midwife fails to comply with the standards we set, this does not automatically mean that their fitness to practise is impaired – we have to look at all the facts and circumstances involved in the case.

We also investigate cases where it appears that someone has gained access to our register fraudulently or incorrectly.

When we can and cannot investigate

We are only able to investigate fitness to practise complaints about:

- A nurse or midwife who is currently on our register.
- Whether a nurse or midwife is fit to be on our register. Any other complaints or concerns about a nurse or midwife should normally be resolved by the employer or some other authority.

We cannot consider or investigate complaints about healthcare assistants or other healthcare workers.

Action we take if a nurse or midwife is unfit to practise

Following our investigation, a panel of independent decision makers considers whether a nurse or midwife's fitness to practise is impaired. The panel will be provided with evidence and hear from witnesses and from the nurse or midwife against whom the allegations have been made. The panel will decide whether the nurse or midwife's fitness to practise is currently impaired. In some cases the panel may decide that no action is necessary given all the circumstances of the case. If the panel decide that action is necessary, they can direct one of the following orders:

- Caution order
- Conditions of practice order
- Suspension order
- Striking-off order

Full details of each of the sanctions can be found here www.nmc.org.uk/concerns-nurses-midwives/hearings-and-outcomes/restrictions-sanctions/.

How concerns get raised with us

Anyone can tell us if they have a concern about a nurse or midwife's fitness to practise.

We typically receive referrals from:

- a patient or someone using the services of a nurse or midwife
- a member of the public
- the employer or manager of the nurse or midwife
- the police
- a nurse or midwife can refer themselves, or
- other organisations involved in healthcare regulation, such as the Care Quality Commission or the General Medical Council.

We also have the power to open a case ourselves if we consider it to be necessary.

A referral can be made to us at any time, but the sooner any concerns are brought to our attention the more likely we are to be able to consider them fully and obtain all the evidence we need through our investigations.

Who referred allegations/concerns to us in 2014–2015?

During 2014–2015, we received 5,183 new referrals (an increase of ten percent from 2013–2014). The table below shows the source of our new referrals. Some cases have more than one referrer, so the number of people or organisations referring cases to us is slightly higher than the number of referrals and therefore the percentage of referral sources does not add up to 100 percent.

Table 1: Who referred allegations/concerns to us in 2014–2015?

Who referred cases to us	Number of new referrals	Percentage of referrals
Employer	2,086	40%
Patient/Public	1,518	29%
Self referral	497	10%
Other	443	9%
NMC Registrar	277	5%
Police	270	5%
Other regulator	244	5%
Referrer unknown	206	4%
Total	**5541**	**107%**

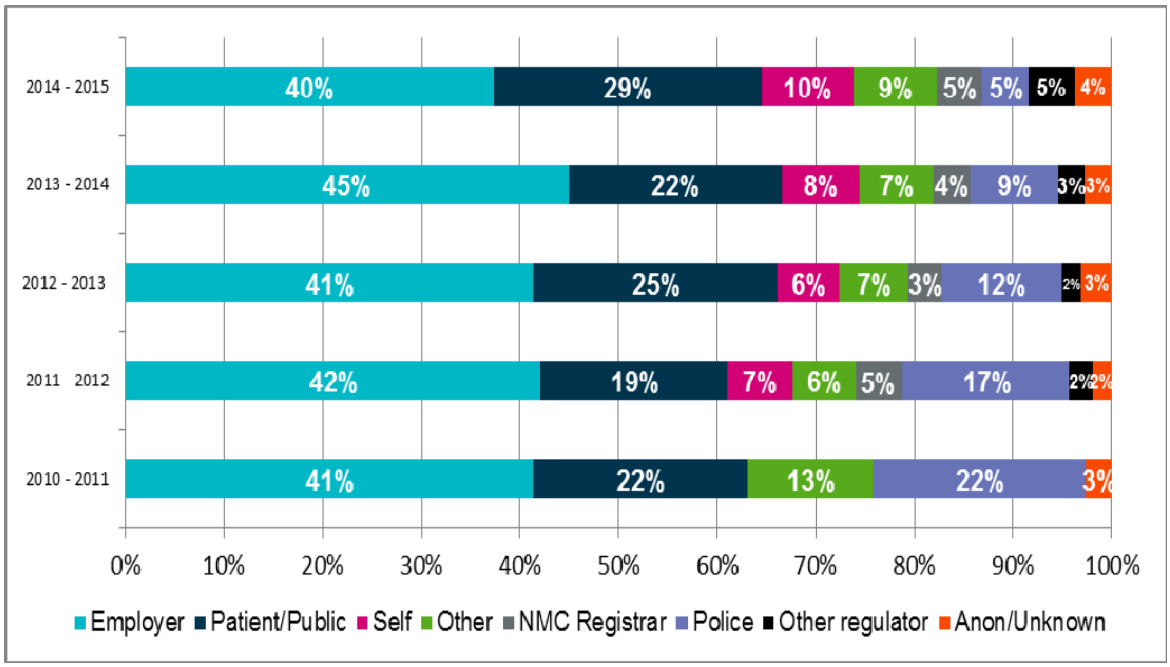
Who referred allegations/concerns to us – year-on-year comparison

Since 2010, employers have been the biggest source of referrals to us. In 2014–2015 there was a notable increase in the total number of referrals made to us by members of the public, a 47 percent increase from 2013–2014. We saw a similar increase in public referrals in our last annual report and this could be attributed to our work over the past two years to increase our public profile.

We also saw a 37 percent decrease in total police referrals in 2014–2015. As the chart below shows, police referrals have decreased each year since 2010. This may be due to the Notifiable Occupations Scheme being replaced with common law police disclosure. This is guidance provided by the Home Office to police forces to set out when regulatory bodies should be notified of an individual having a criminal case against them. In 2015 the guidance was changed to state that disclosure should be made upon conviction, where previously it was disclosure on arrest.

We are working to pursue a joint memorandum of understanding with the National Police Chiefs Council (which is replacing the Association of Chief Police Officers) with other healthcare regulators. We are also working with all police forces' regional disclosure units to increase awareness of the our statutory role and duty to public protection to ensure we receive the right referrals at the right time.

Chart 1: Who referred cases to us – year on year comparison



How we deal with concerns that are raised with us

When a referral is made to us, we take the following steps:

- An initial review of the allegation or complaint made, including assessing whether urgent action is required. If we consider the allegation on its own is not sufficiently serious to require regulatory action, we will contact the employer of the nurse or midwife to confirm that they have no fitness to practise concerns about the individual(s). After establishing this, the case can generally be closed.
- If necessary, conduct an investigation of the allegation or complaint: this is known as the 'investigations' stage.
- If the Investigating Committee or Case Examiners find that there is the prospect of a case to answer, hold a hearing or meeting to reach a final decision and determine what action, if any, should be taken.

In 2013, we introduced voluntary removal which allows a nurse or midwife to apply to be permanently removed from the register without a full public hearing.[2] If an application is granted the nurse or midwife will be listed on our public register with the status 'voluntarily removed'. During 2014–2015, we received 191 applications for voluntary removal and approved this in 93 cases.

Table 2: Voluntary removal figures by year

	Number of applications	Applications approved
2013–2014	194	92
2014–2015	191	93

[2] Full details of the voluntary removal process can be found here www.nmc.org.uk/concerns-nurses-midwives/investigations-process/voluntary-removal/

Practice committees

Cases are considered by our practice committees. They are:

- **Investigating Committee**[3]
- **Conduct and Competence Committee**
- **Health Committee**

For further details on our committees please visit www.nmc.org.uk/concerns-nurses-midwives/hearings-and-outcomes/our-panels-case-examiners/

Case Examiners were introduced into our fitness to practise process in March 2015 as part of our plans to improve our investigations process. Case Examiners largely replaced the function of the Investigating Committee in deciding on whether or not there is a case to answer. Case Examiners were introduced following changes made to our Fitness to Practise Rules[4].

More information about the role of Case Examiners and the actions they can take can be found at www.nmc.org.uk/concerns-nurses-midwives/hearings-and-outcomes/our-panels-case-examiners/case-examiners/.

Panel members are decision makers who are independent of the NMC. All panel members are recruited and appointed through an open and transparent process overseen by the Appointments Board.

The Appointments Board is a committee of the Council. None of its members are Council members. The members of the Appointments Board are also recruited through an open and transparent process. The management of fitness to practise panel member contracts and their training is carried out by the Panel Support team.

[3] As of 9 March 2015, case to answer decisions are made by NMC Case Examiners following a change in legislation.

[4] The Nursing and Midwifery Council (Fitness to Practise) Rules 2004 (SI 2004/1761) can be read here: www.nmc.org.uk/globalassets/sitedocuments/legislation/legislation-updated/fitness-to-practise-rules-2004---consolidated---effective-from-06.02.2012-updated-re-s44-of-svg-act-2006-as-at-10.09.12.pdf

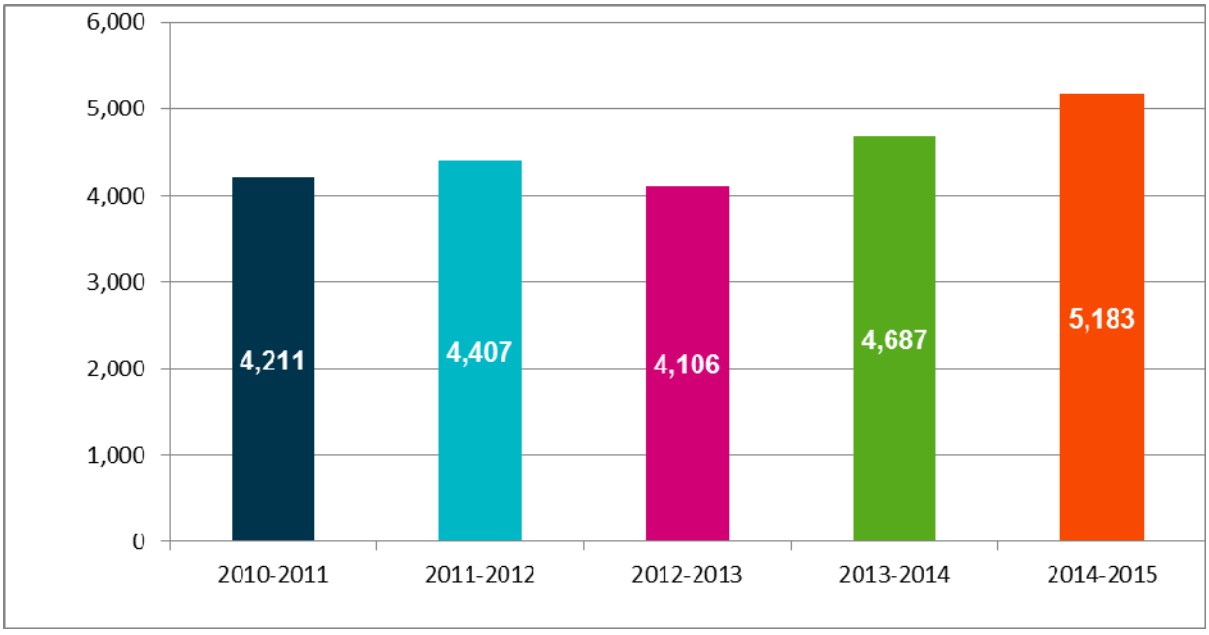
Initial assessment

In the period 2014–2015 we received 5,183 new referrals. When we receive a new referral, we first establish whether the individual whom the complaint is about is a nurse or midwife currently on our register. If, after the initial review, we cannot identify the individual as a registered nurse or midwife, or the allegations do not amount to an allegation that their fitness to practise is impaired, we close the case. 1,835 cases were closed at screening during 2014–2015.

Table 3: New referrals received 2010–2015

Month	2010–2011	2011–2012	2012–2013	2013–2014	2014–2015
April	393	294	321	438	423
May	331	342	351	416	365
June	337	390	315	371	417
July	352	403	353	408	430
August	278	383	330	372	414
September	394	377	312	345	415
October	302	378	351	421	421
November	333	419	366	483	497
December	291	356	317	258	436
January	365	378	363	367	455
February	473	315	368	465	429
March	362	372	359	343	481
Total	**4,211**	**4,407**	**4,106**	**4,687**	**5,183**
Percentage difference to previous year	**N/A**	**4.6%**	**-6.8%**	**14.1%**	**10.5%**

Chart 2: New referrals received 2010–2015



The total number of referrals represents approximately 0.6 percent of registered nurses and midwives. On 31 March 2015, there were 881 unidentified referrals, meaning that a registered nurse or midwife had not been identified against the referral. This number included referrals that were received and closed during 2014–2015 because a registered nurse or midwife could not be identified. It also includes cases where we had yet to identify a nurse or midwife by 31 March 2015. Some of these will therefore be identified in our next reporting period.

There are a number of steps we take to try and identify the nurse or midwife in the referral:

- Search our register, including using variations of the name;
- Make enquiries with any person or organisation who may have additional information to assist us; and
- If no registered nurse or midwife can be identified, the case is closed.

The closure form sets out all steps undertaken in order to identify an individual and is signed off by a lawyer.

We have internal processes in place to identify cases where we cannot investigate the individual referred, but which should be referred to other organisations such as other regulators, the police or the Disclosure and Barring Service.

Referrals by country

Table 4: Registration and referrals by country 2014–2015

The data below is produced based on a nurse or midwife's registered address with us.

Country	Percentage of register	Number of referrals	Percentage of referrals
England	79%	3,465	80%
Scotland	10%	412	10%
Wales	5%	246	6%
Northern Ireland	3%	112	3%
Overseas (including EU)	3%	67	1%
Total	**100%**	**4,302**	**100%**
Unidentified referrals		881	
		5,183	

Table 5: Registration and referrals by country 2011–2015[5]

The table below breaks down the register by country of registered address. It also shows the percentage of referrals by the country, against the total number of referrals received into Fitness to Practise that year.

		2011–2012	2012–2013	2013–2014	2014–2015
England	Register	**78%**	**79%**	**79%**	**79%**
	Referrals	**71%**	**81%**	**81%**	**80%**
Scotland	Register	**10%**	**10%**	**10%**	**10%**
	Referrals	**8%**	**10%**	**10%**	**10%**
Wales	Register	**5%**	**5%**	**5%**	**5%**
	Referrals	**4%**	**6%**	**6%**	**6%**
Northern Ireland	Register	**4%**	**3%**	**3%**	**3%**
	Referrals	**<1%**	**3%**	**3%**	**3%**
Overseas	Register	**3%**	**3%**	**3%**	**3%**
	Referrals	**1%**	**1%**	**<1%**	**1%**

Referrals by registration

The following table sets out the new referrals received against the individual's registration type. We are only able to include referrals where a registered nurse or midwife was identified.

Table 6: Referrals by registration type 2014–2015

Registration type	Number of new referrals	Percentage of total referrals	Percentage of register
Nurse	3,901	91%	89%
Midwife	109	2%	5%
Dual[6]	292	7%	6%
Total	**4,302**	**100%**	**100%**

[5] This information was not recorded for the 2010–2011 Fitness to Practise annual report.

[6] Dual refers to a registrant who is registered on more than one part of our register. For example, as a nurse and a midwife. All Specialist Community Public Health Nurses (including Health Visitors) must also be registered as a nurse or midwife, so are in all instances classified as 'dual' registered.

Nature of allegations at initial assessment stage

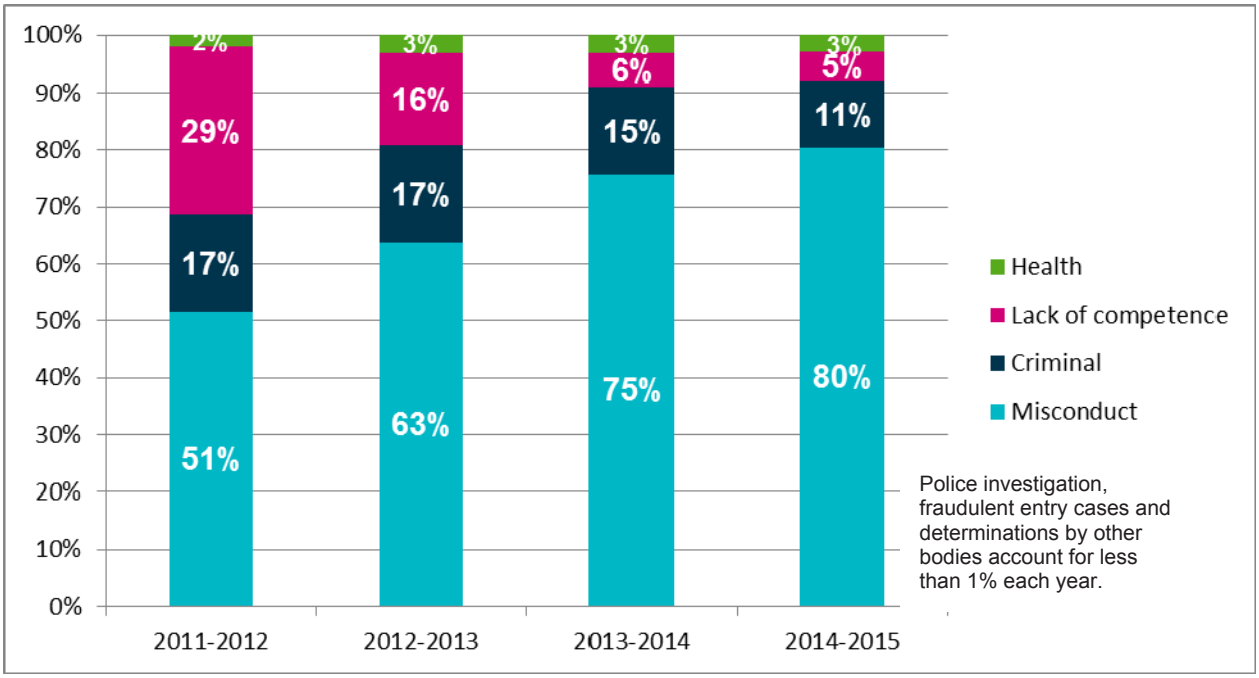
The table below shows the main types of allegations made in the new referrals received by us during 2014–2015. Many cases involved more than one type of allegation about a nurse or midwife.

Table 7: Types of allegations made in new referrals received in 2014–2015

Type of allegation	Percentage of allegations
Misconduct	80%
Criminal	11%
Lack of competence	5%
Health	3%
Fraudulent/incorrect entry to NMC register	Less than 1%
Determination by another body	Less than 1%
Total	**100%**

The chart below shows comparative data of the nature of allegations made in new referrals to us since 2011.[7]

Chart 3: Nature of allegations 2011–2015



[7] Data for 2010–2011 was categorised differently and is therefore not reported here.

Taking urgent action to protect the public

We have the power to prevent nurses and midwives from practising in the UK if they present a risk to public safety.

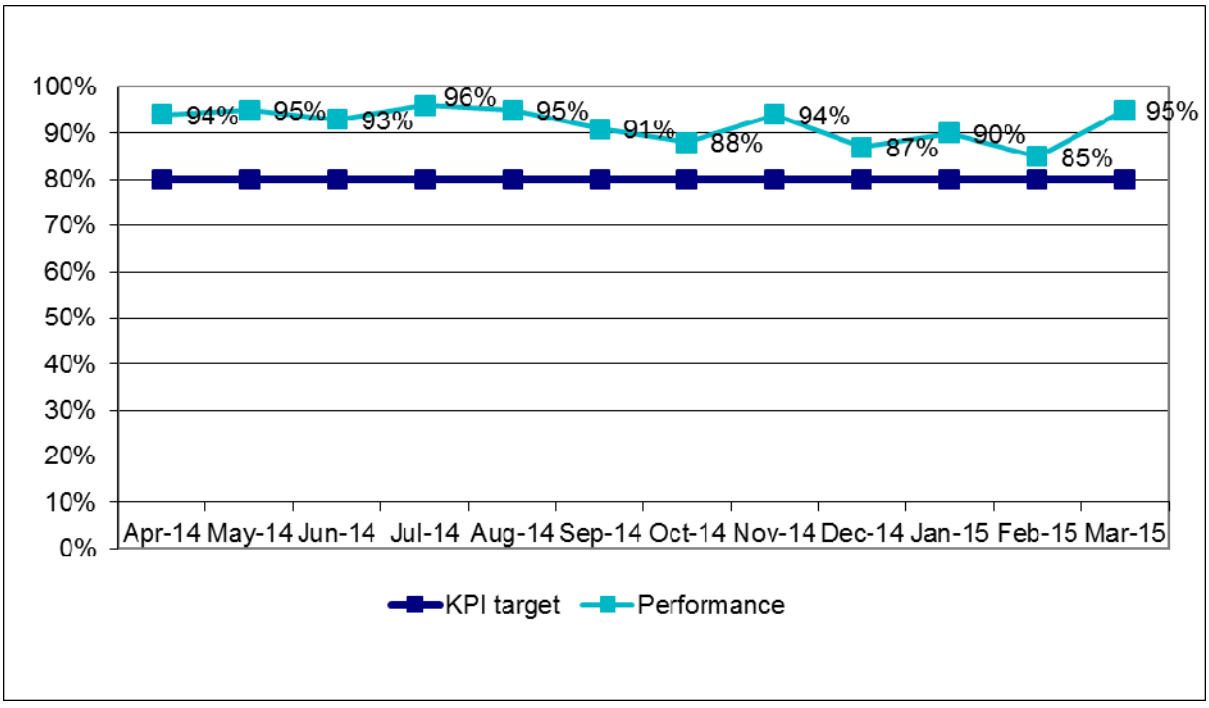
Where the public's health and wellbeing is at immediate and serious risk, we can immediately restrict a nurse or midwife's practice by imposing an interim order. When we believe that an interim order may be required, a practice committee panel will meet to look at whether to suspend the nurse or midwife straight away, or restrict how they can practise, until we can complete our investigations into the case.

More details about our interim orders process can be found on our website at http://www.nmc.org.uk/concerns-nurses-midwives/hearings-and-outcomes/restrictions-sanctions/interim-orders/.

Our performance in 2014–2015

Imposing interim orders is an important way for us to protect the public. When necessary we aim to impose interim orders within 28 days of receipt of the referral in 80 percent of cases.

Interim Orders imposed – target: 80 percent within 28 days of referral



Interim order outcomes

In 2014–2015 we imposed 707 interim orders, which suspend or restrict a nurse or midwife's practice while we complete our investigation.

Table 8: Interim orders imposed in 2014–2015

Interim order decisions	Number of interim orders	Percentage
Interim conditions of practice order	264	37%
Interim suspension order	443	63%
Total	**707**	**100%**

Chart 4: Interim orders imposed 2011–2015

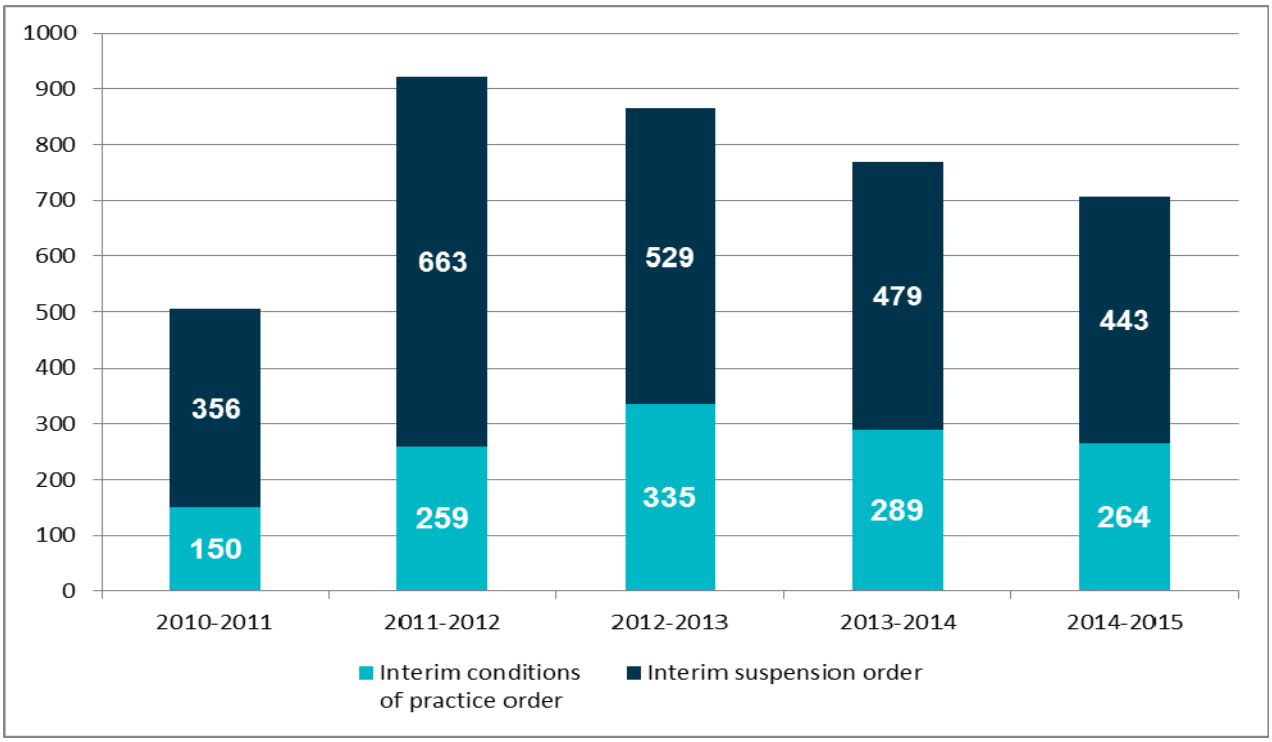


Table 9: Interim orders imposed by registration type 2014–2015

Registration type	Interim conditions of practice order	Interim suspension order
Nurse	240	411
Midwife	7	12
Dual	17	20
Total	**264**	**443**

Investigations

Once our initial review confirms that a case is within our remit to investigate and we have completed our investigation into the allegations, it then proceeds to a decision about whether there is a case for the nurse or midwife to answer.

Until 9 March 2015, this decision was made by the Investigating Committee; after this date this decision was made by Case Examiners. If it is found that there is a case to answer, the case is sent to the Conduct and Competence Committee or the Health Committee, depending on the nature of the allegations.

In 2014–2015, 2,207 cases were considered by the Investigating Committee and Case Examiners.

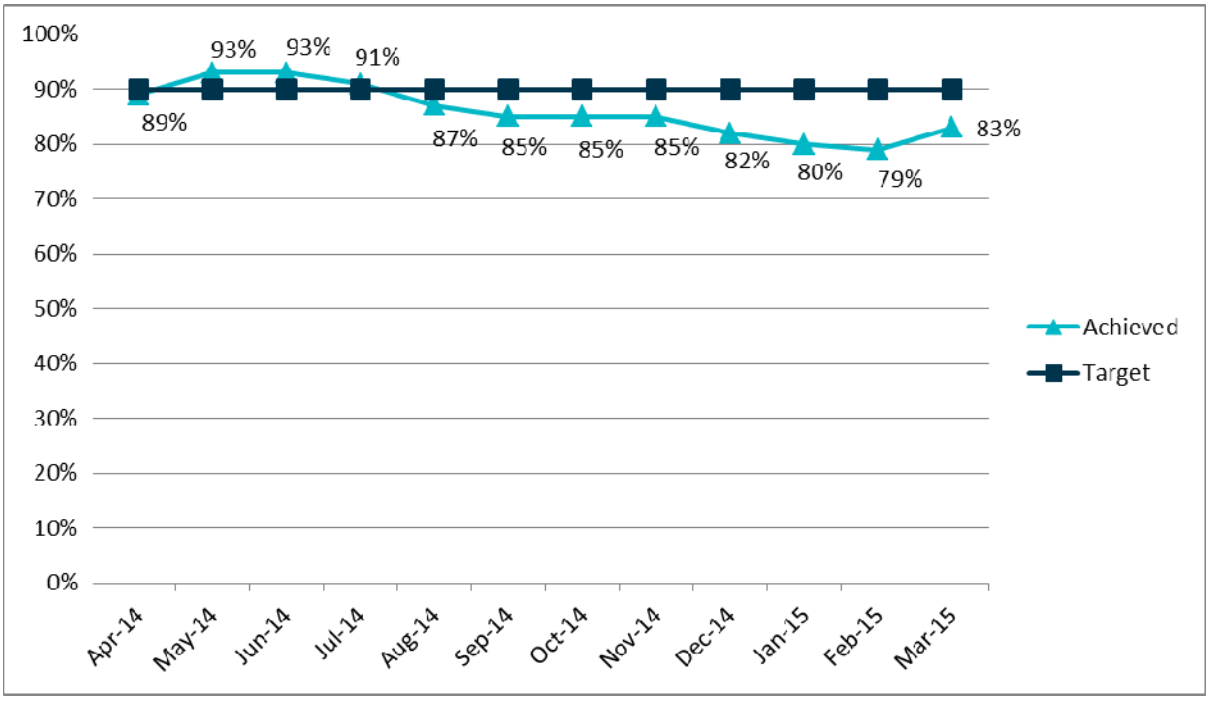
- 1,175 (53 percent) of cases were closed on the grounds that there was no case to answer was found.
- 1,032 (47 percent) of cases were sent to the adjudication stage for consideration by the Conduct and Competence Committee or Health Committee.
- 8 fraudulent or incorrect entries were removed from the register.

Case Examiners began making case to answer decisions on 9 March 2015, three weeks before the end of this reporting period. Therefore due to the small number of decisions made in this time frame, it would be difficult to identify any impact from their introduction. We will say more in our fitness to practise annual report for 2015–2016.

Our performance in 2014–2015

We measure how quickly we complete investigations; our target was to complete 90 percent within 12 months. In 2014–2015 we achieved this for the first four months, but as we moved our focus to completing our older and more complex cases we fell slightly short of our target for the remainder of the year.

Percentage of cases progressing through investigations
Target: 90 percent within 12 months



Investigating Committee outcomes

Table 10: Investigating Committee outcomes 2014–2015

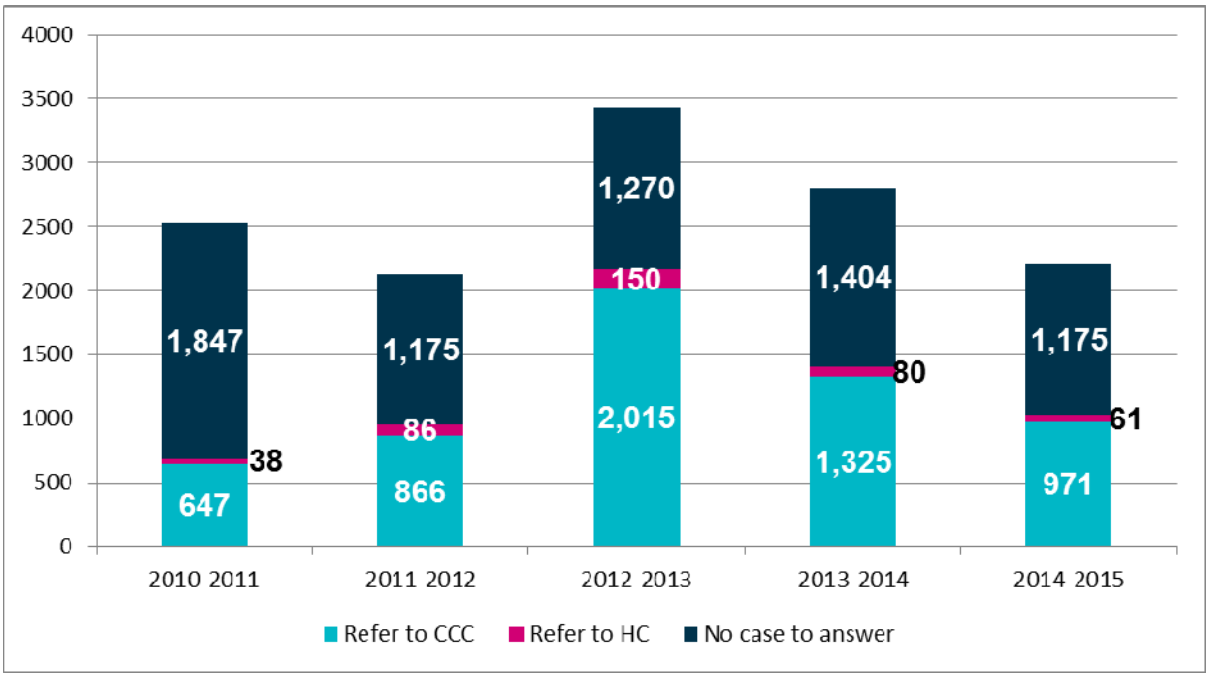
Investigating Committee outcomes[8]	Number of cases	Percentage
Refer to Conduct and Competence Committee	971	45%
Refer to Health Committee	61	2%
Total referred for adjudication	**1,032**	**47%**
No case to answer	1,175	53%
Total Investigating Committee outcomes	**2,207**	**100%**

[8] Includes Case Examiner decisions from 9 March 2015 onwards.

Table 11: Investigating Committee outcomes by registration type 2014–2015

Registration type	No case to answer	Refer to Conduct and Competence Committee	Refer to Health Committee
Nurse	1,075	872	55
Midwife	23	17	1
Dual[9]	77	82	5
Total	**1,175**	**971**	**61**

Chart 5: Investigating Committee outcomes 2010–2015



Fraudulent or incorrect register entries 2014–2015

The Investigating Committee panels also consider allegations of fraudulent or incorrect entry onto the register. The panels decide whether the allegations are proved, and if so, will direct the Registrar to remove or amend the entries on the register.

In 2014–2015 there were eight fraudulent or incorrect entry cases where the panel directed the person's name be removed from our register, or the entry changed.

[9] Dual refers to a registrant who is registered on more than one part of our register. For example, as a nurse and a midwife.

Adjudications

When a case is referred onwards for adjudication from the investigations stage it will be heard at a public hearing, or in some cases a meeting. Public hearings are open to anyone who wishes to observe them. Information on how to attend a public fitness to practise hearing can be found at www.nmc.org.uk/concerns-nurses-midwives/hearings-and-outcomes/attending-a-hearing/

Cases considered by the Health Committee are heard entirely in private. The purpose of the hearing or meeting is to determine whether the nurse or midwife's fitness to practise is impaired and if they pose a risk to the public.

At the hearing or meeting a panel will hear the case and decide whether the nurse or midwife's fitness to practise is impaired. If impairment is found the panel will make a decision on whether a sanction is appropriate.

We publish all of our decisions where a sanction has been imposed on a nurse or midwife's registration, including details of the sanction imposed, on our website at www.nmc.org.uk/concerns-nurses-midwives/hearings-and-outcomes/.

Any sanction imposed on a nurse or midwife's registration will also be marked on the public register which can be found at www.nmc.org.uk/registration/search-the-register/

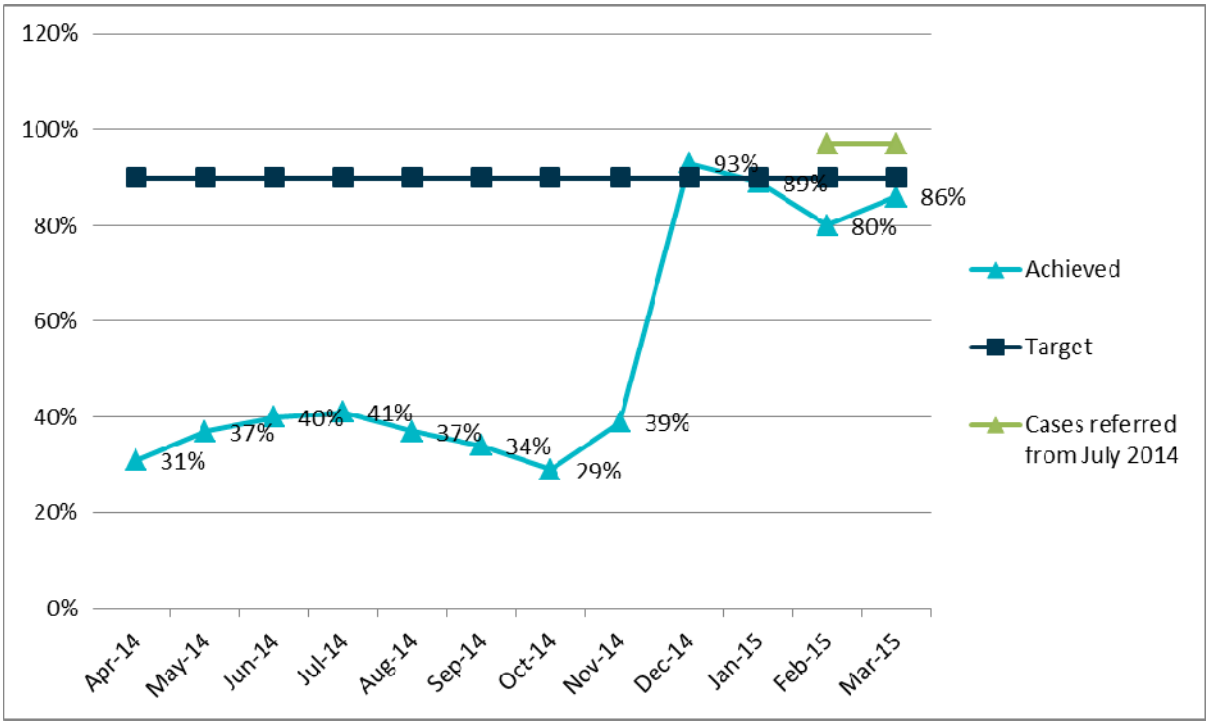
Our performance in 2014–2015

We measure how quickly we are able to get a case to the first day of a hearing against a target of six months from the date of referral from the Investigating Committee or Case Examiners. We committed to meeting a target of 90 percent of cases reaching a first day of hearing by December 2014.

In order to achieve the target we increased our hearing activity between June and December 2014, scheduling older cases to be heard first. We forecast our expected performance throughout the year and publicly reported on our results.

We achieved our target in December 2014: 97 percent of new cases referred for a final hearing since the beginning of July 2014 have proceeded to the first day of a hearing within six months of referral from the Investigating Committee or Case Examiners.

Percentage of cases progressed to first day of a hearing within six months of referral from the Investigating Committee – Target: 90 percent by December 2014



Conduct and Competence and Health Committee final adjudication outcomes in 2014–2015

The total number of cases in which fitness to practise was found to be impaired and a sanction imposed represents approximately 0.2 percent of the total number of registered nurses and midwives.

Table 12: Conduct and Competence and Health Committee final adjudication outcomes in 2014–2015

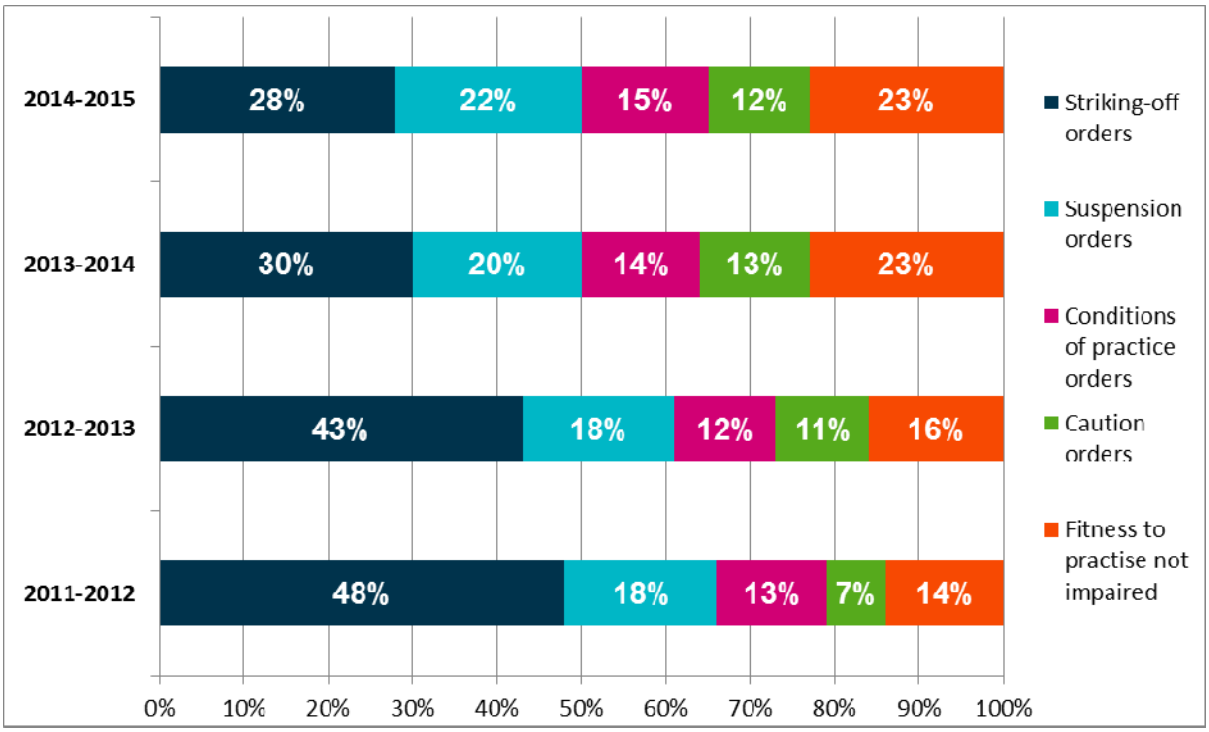
Conduct and Competence and Health Committee final adjudication outcomes*	Number of cases	Percentage
Striking-off orders	493	28%
Suspension orders	381	22%
Conditions of practice orders	265	15%
Caution orders	204	12%
Fitness to practise impaired – no sanction	9	Less than 1%
Total	**1,352**	**77%**
Fitness to practise not impaired	380	23%
Total Conduct and Competence and Health Committee final adjudication outcomes	**1,732**	**100%**

* These include decisions made on review of a substantive order imposed at an earlier stage in the same case.

Table 13: Total Conduct and Competence and Health Committee final adjudication outcomes in 2011–2015[10]

Conduct and Competence and Health Committee final adjudication outcomes 2011–2015	Total number of outcomes
2011–2012	753
2012–2013	1,377
2013–2014	1,805
2014–2015	1,732

Chart 6: Conduct and Competence and Health Committee final adjudication outcomes in 2011–2015



We significantly increased our hearing activity to clear our historic cases in 2013–2014 and to meet our adjudication target in 2014–2015. Following these achievements our hearing activity has decreased and our modelling shows that there will continue to be a reduction in numbers over the coming year as expected.

[10] Data for 2010–2011 was categorised differently and is not reported here.

Table 14 Conduct and Competence and Health Committee final adjudication outcomes by country 2014–2015

	Strike-off	Suspension order	Conditions of practice	Caution order	FtP Impaired no sanction	FtP Not impaired	Total
England	377	300	200	166	9	319	1,371
Scotland	63	47	34	22	0	36	202
Wales	33	18	17	10	0	17	95
N. Ireland	11	8	8	4	0	5	36
Overseas (inc. EU)	9	8	6	2	0	3	28
Total	**493**	**381**	**265**	**204**	**9**	**380**	**1,732**

Table 15: Conduct and Competence and Health Committee final adjudications by registration type 2014–2015

Registration type	Strike-off	Suspension order	Conditions of practice	Caution	FtP impaired no sanction	Ftp not impaired
Nurse	449	350	208	191	9	356
Midwife	7	10	2	5	0	7
Dual	37	21	55	8	0	17
Total	**493**	**381**	**265**	**204**	**9**	**380**

Appeals against our decisions

A nurse or midwife can appeal against the sanction imposed by a panel. The appeal must be lodged within 28 days of the panel's decision. In England and Wales appeals are heard in the High Court of Justice, the Court of Session in Scotland or the High Court of Justice in Northern Ireland, dependent on the country of the nurse's or midwife's registered address.

The referrer of the case cannot appeal against our decision, but they can seek a judicial review if they are unhappy with the process by which the decision was reached.

The Professional Standards Authority is able to appeal our decisions if it considers them to be unduly lenient.

Table 16: Appeals against our decisions

Outcomes of appeals*	Number
Allowed or remitted to Practice Committee by the Court	18
Dismissed by the Court	26
Total	**44**

*These are outcomes of appeals where the Court made a decision in 2014–2015. Some of the appeals may have been lodged before 2014–2015.

Restoration to the register

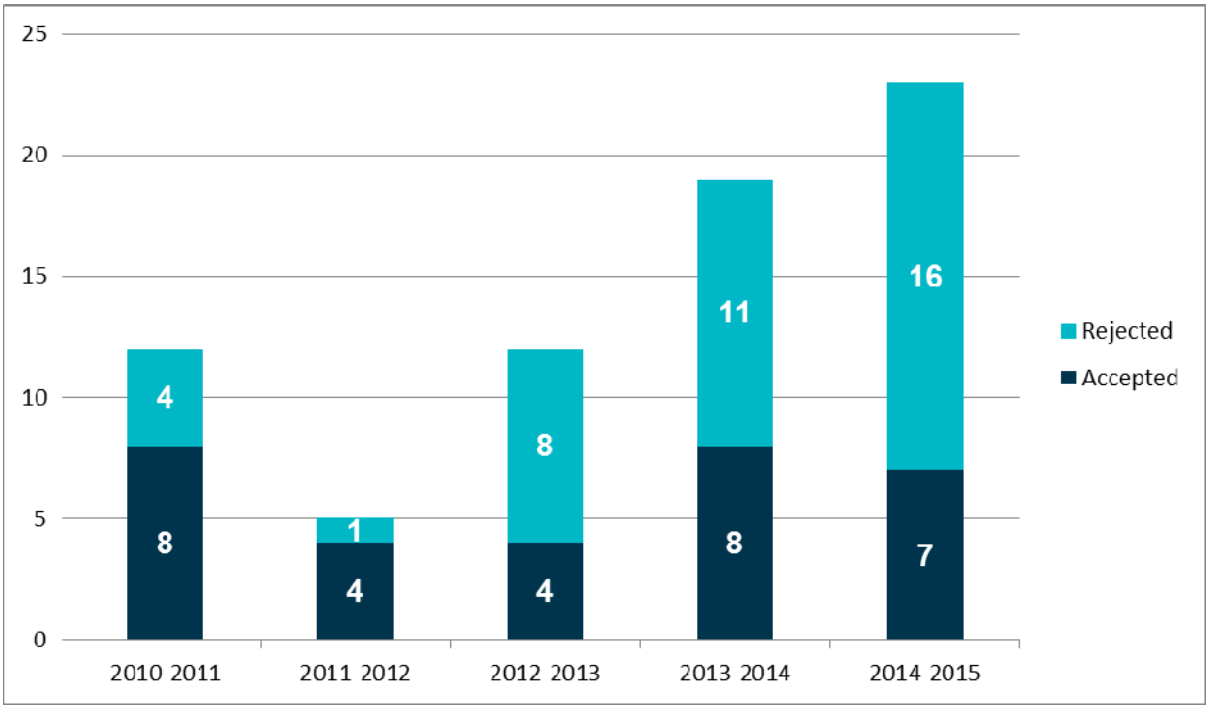
If a nurse or midwife is struck off by a panel, they must wait a minimum of five years before they can apply to be restored to our register.

Before they can be restored, they must satisfy a panel of the Conduct and Competence or Health Committee that they are fit to practise. If the panel is satisfied that they are fit to practise, in most cases, the nurse or midwife will be required to undergo a return to practice programme before their name is restored to the register. It is this rigorous process that continues to ensure that the public is properly protected from those individuals whose fitness to practise has previously been found to be impaired.

Table 17: Restoration application outcomes 2014–2015

Restoration cases considered	Number
Application accepted	7
Application rejected	16
Total	**23**

Chart 7: Restoration applications outcomes 2010–2015



Fitness to Practise efficiency and effectiveness 2014–2015

Key improvements to the effectiveness and efficiency of our fitness to practise processes this year included:

- Continuing to investigate more cases internally, rather than sending them to external law firms for investigations.
- Regular reviewing of cases to determine where alternatives to full hearings can be used.
- Further reducing the average cost of a fitness to practise referral with forecasted efficiency savings through to 2017–2018.
- Continuing to improve the quality and proportionality of our case management to ensure only serious cases proceed to a public hearing.
- Introducing Case Examiners to make initial case to answer decisions.
- Reviewing our scheduling process to maximise the efficiency of our resources in this area.

Our performance in 2014–2015

We have seen a steady increase in the number of referrals to us every year since 2012, and at the same time we have delivered substantial changes and improvements to our processes and performance.

Significant achievements in 2014–2015 included:

- Achieving our adjudication target and maintaining good performance against the target since.
- Continuously exceeding our target for imposition of interim orders.
- Successfully introducing, through the Fitness to Practise change programme, Case Examiners.
- Also through the Fitness to Practise change programme, introducing the power to review to allow the NMC Registrar to review no case to answer decisions where it is believed the decision is flawed or if new information comes to light.
- Creating the Witness Liaison team to improve the experience of witnesses involved in our cases.
- Delivery of our Fitness to Practise business plan for 2014–2015 to budget.

Future focus

Our corporate strategy for 2015–2020 outlines how we will develop our work to protect patients and the public effectively and efficiently. It places dynamic regulation at the centre of what we do and sets out where we think we should focus our energies and resources in order to promote standards of care and practice. Our strategy can be found on our website at www.nmc.org.uk/about-us/our-role/our-strategy/.

Throughout 2015 we will be delivering our customer service excellence project in order to ensure the highest possible levels of customer service for all individuals that we deal with. We will do this by adopting the Cabinet Office's Customer Service Excellence ® standard, not just across Fitness to Practise, but the organisation as a whole and ensuring that the standards are embedded within business areas.

We are committed to reducing the time taken to resolve our cases. Following our achievement of the adjudication target in December 2014, we are working towards a target of resolving cases from their start within 15 months. A target will be introduced later in 2015 once the impact of recent legislative changes, including the introduction of Case Examiners, becomes clear.

Despite this commitment, we remain hampered by our current restrictive legislative framework in being able to achieve major reductions in the timescales for resolving cases. We will continue to press the Government for the introduction of the Law Commission Bill which will provide greater flexibility in our processes and will allow us to reduce the time it takes to reach a decision to close a case at the early stages of our process, and also improve the consistency of our decision making.

In the meantime we will be enhancing our investigations teams, including embedding our Case Examiners and investigation processes to complete more cases within our targets.

We will continue work to further enhance the support we provide for witnesses through the Witness Liaison team. This includes establishing links with other regulators and organisations, improving our support of defence witnesses and developing our data and analysing trends.

The General Medical Council (GMC) recently published a report by Sir Anthony Hooper on the handling of cases involving whistle-blowers. Sir Anthony found evidence that those who raise concerns at work may suffer, or believe that they suffer, reprisals from their employer or from colleagues. Sir Anthony made a series of recommendations for GMC investigations to make sure that whistle-blowers are treated fairly. We will consider these recommendations in the context of our own fitness to practise and assess the merits of adopting them ourselves.

Our work to develop more effective regulatory relationships has progressed, with the introduction of Employer Link planned for 2015. Employer Link will focus on ensuring that employer referrals to fitness to practise are consistently appropriate, timely and of high quality, and progress through the Fitness to Practise process efficiently. It will also

aim to ensure that fewer appropriate referrals will be unreported – reinforcing the Code and professionalism.

More widely, Employer Link will enhance our ability to access and share data and intelligence between employers, ourselves and other regulators. It will also enable us to communicate our messages effectively, including on key new initiatives such as revalidation, and to reduce risk to patient safety through early interventions from identifying emerging trends and issues.

We will continue our work with other healthcare regulators and the National Police Chiefs Council to raise awareness and inform of our statutory function so that we receive police referrals in a timely manner.

We will review our quality control and quality assurance frameworks to ensure that we are getting things right first time and using our resources efficiently and effectively without compromising public protection. We will also strive to improve the quality of the data we collect and hold on fitness to practise cases.

For 2015–2016 we are undertaking two substantial pieces of research in relation to our fitness to practise processes. The first will examine data around allegations made against nurses and midwives to gain insight and to support the development of our future collection of data in this area.

The second project will assess a number of fitness to practise cases to determine whether our processes are fair and equitable, particularly with regards to BME registrants.

We expect both of these projects to be completed by the end of the next reporting period.

Finally, we will take a proactive approach to continuing to review all of our processes and areas of work in order to identify any potential further efficiencies that will allow us to continue to deliver high and cost effective standards of regulation whilst at all times protecting the public and continuing to maintain the standards of the profession.

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