Nursing & Midwifery Council

Taking account of context in fitness to practise proceedings

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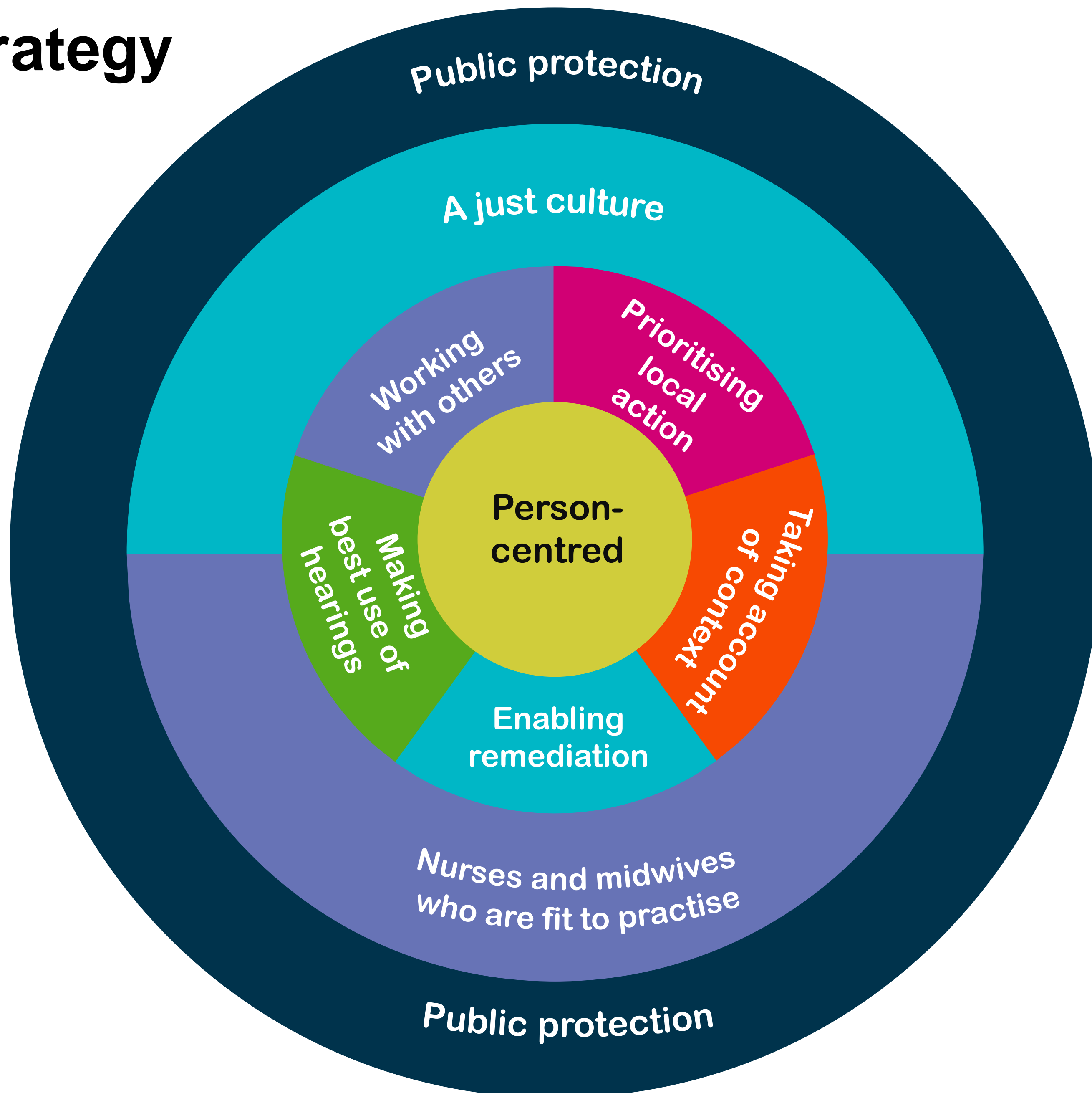
FtP Strategy Map



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Taking account of context

A contextual factors tool has been created in partnership with business psychologists, Carter Corson.

Forms have been devised that capture context information from the nurse/midwife and employer that feed into the tool.

Examples of contextual factors

- Shifts & working time (12 hour shift in maternity etc)
- Entitled breaks missed
- Pressure to work by manager & self due to financial needs
- Undermining culture / blame
- Bullied, harassed or abused by colleagues, service users or managers?
- Can they raise unsafe clinical practice or negative behaviour?
- Do they have social and management support / professional recognition and opportunities for development?
- 69% of midwives have caring responsibilities
- Perception of resource adequacy

The three domains of context

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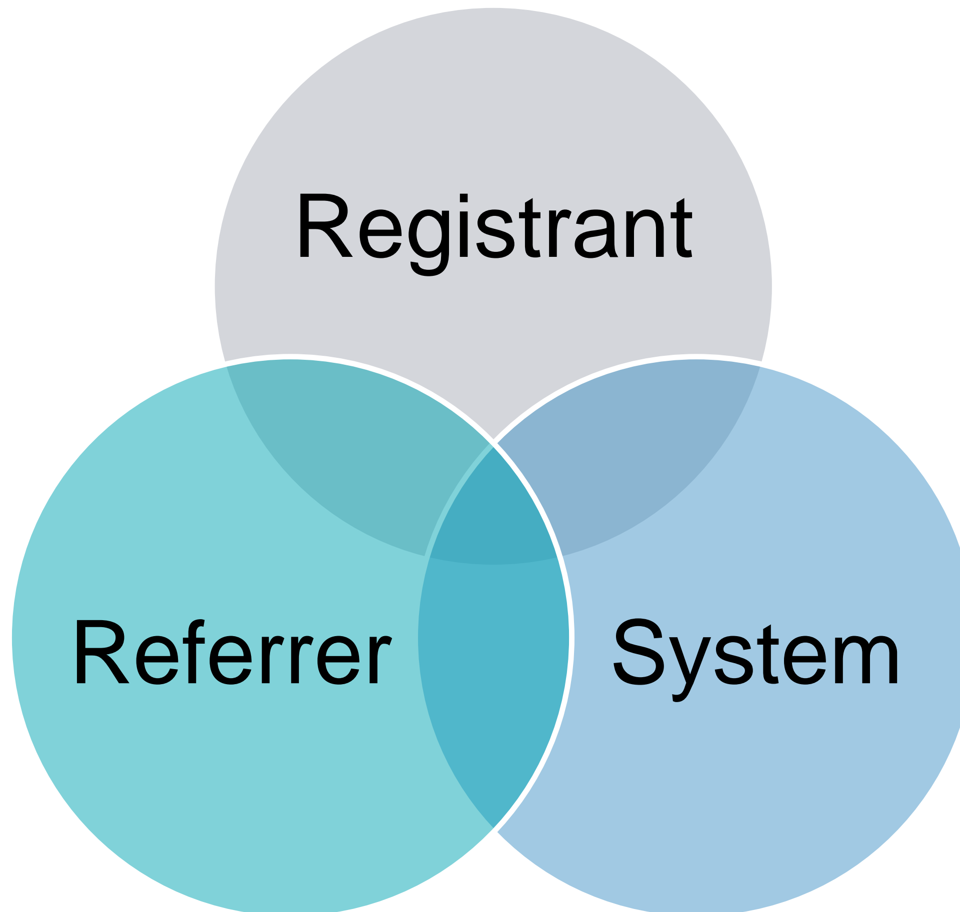

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The three principles

1. Everyone contributed
2. A person can have a really bad day with heart breaking consequences (99.8% of nurses & midwives practice safely)
3. The NMC is committed to protecting the public from harmful practice by nurses or midwives

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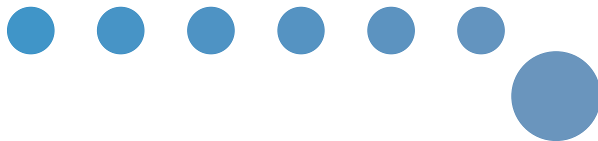
Establishing the intent

WOULD they do the right thing



SHOULD they do the right thing

COULD they do the right thing

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Impact of pilot

- Functionality of the tool
- Internal/external stakeholder feedback

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Thank you

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Story 4 – Summary

Nurse J - Nurse at a care home.

Concerns about a failure to monitor and escalate a deteriorating resident who later died.

Old process

Nurse J doesn’t respond to requests for information and her reflections on the incident. The NMC is left with a concern that there is ongoing practice which could put patients at risk of harm and there’s no indication the problem has been remediated. We refer the case for further investigation.

Story 4 – Our new approach

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New process

Both Nurse J and her employer returned completed context forms. These showed that:

- Nurse J had been working extra shifts to help the Home improve, and was covering for a colleague who'd called in sick at short notice.
- A number of temporary and inexperienced staff were on duty.
- Nurse J was the only member of staff on duty who could administer medication to the other residents. The new electronic medicines management system kept freezing and the medication round was taking much longer than normal.
- Nurse J did check on the resident and contacted 111 twice throughout the shift. The promised GP never arrived. She asked the care staff to alert her to any change in the resident's condition while she was carrying out the medication rounds.
- Nurse J was able to clearly explain what should have happened for the resident and there'd been no previous concerns of a similar nature.

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Story 4 – the outcome

The different outcome

We concluded that Nurse J knew what needed to happen for the resident, but was prevented from doing so because of the circumstances she found herself in. In light of the context we decide the concerns do not need further investigation.