

CIS Obstetrics Forum
11th February 2014

Fitness to Practise
- Lessons for Midwives.

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Fitness to Practise complaints under Nurses Act, 1985 - Overview

- **80 – 100 complaints annually >>>>**
- **65 – 90 applications for Inquiry annually.**
- **40 – 60 % progress to Inquiry.**
- **Approximately 90% of Inquiries result in findings against the registrant.**

Source of complaints

- **Majority – employer.**
- **The Board.**
- **The public – usually when complaint to hospital not dealt with to their satisfaction.**

Categories of complaint.

- **1/3: Clinical.**
- **1/3: Behaviour.**
- **1/3: Unfitness.**
- **Combination of categories.**
- **Occasional: Breach of Conditions.**

Suspension of registration.

- **Section 44 (1985 Act) and section 58 (2011 Act).**
- **Application to the High Court.**
- **Immediate public protection concern.**

Complaints: Clinical

- **Incompetence: Repeated pattern of clinical practice issues – unresponsive to re-education, support & supervision. May be compounded by behaviour issues – denial, concealment, dishonesty.**
- **Single episode of care.**

Complaints: Clinical

- **Responsibility of manager for standard of care provided by others.**
- **Responsibility of manager for supporting the provision of a high standard of care – guidelines & policies; audit; incident and near-miss reporting and investigation.**

Complaints: Behaviour.

- **Assault of patients – physical, verbal & sexual.**
- **Fraud & Dishonesty.**
- **Inappropriate relationship with patient.**
- **Financial abuse – theft, loans.**
- **Inappropriate behaviour towards colleagues.**

Complaints: Unfitness.

- **Drug abuse.**
- **Alcohol abuse.**
- **Mental Health problems.**
- **Rarely – physical health problems.**

Complaints: Unfitness.

- **Usually not an issue for NMBI if health issue under control and individual compliant with medical advice.**
- **Complaints- Usually combined with behaviour issue, e.g. on duty in an unfit state or forgery of colleagues signatures in MDA Records.**

Clinical cases – Midwifery.

- **Most complaints against midwives relate to single episodes of care, especially care during labour.**

Midwifery cases – Complainants.

- **Director of Midwifery: Serious concerns about standard of care delivered by midwife.**
- **Woman: Midwife's lack of meaningful, respectful communication with her.
Woman may have PTSD.**

Clinical issues.

- **Failure to adequately monitor maternal and foetal condition.**
- **Failure to recognise deviations from normal.**
- **Failure to act or act appropriately on deviations from normal.**
- **Failure to escalate concerns at appropriate level – midwifery & medical.**

Clinical issues: Documentation.

- **Failure to document assessment comprehensively >>> was it carried out?**
- **Failure to document rationale for and response to interventions.**
- **Failure to document response to analgesia.**
- **Failure to document maternal emotional state.**
- **Failure to document communication with parents.**

Communication with woman/parents.

- **Discussion re birth plan; choices; need for & consent to intervention; progress in labour.**
- **Meaningful, respectful discussion.**
- **Document decisions taken.**

Communication – healthcare team.

- **Midwife-in-Charge & midwife providing care – need for two-way communication. Document it.**
- **Document consultation with other healthcare staff.**
- **Clear identification of others – name & grade.**
- **Introduce other members of healthcare team to woman & partner.**

Preventing a FTP complaint.

- **Maintain clinical competence – key areas.**
- **Familiarity with guidelines and policies.**
- **Participate in audit & review of practice – and learn from it.**
- **Communication skills.**
- **Documentation.**

Nurses and Midwives Act 2011 –changes.

- **Additional grounds for complaint – ‘poor professional performance’. May lead to increased number of complaints.**
- **Professional competence scheme - Part 11 – not yet commenced.**

New FTP processes

- ***Complaints against Nurses and Midwives – pull-out supplement in latest edition of Regulation Matters (NMBI, November 2013).***

