

Commitment 1: We'll approach cases on the basis that most people referred to us are normally safe

Reference: FTP-12a Last Updated: 29/03/2021

Unless evidence shows that someone deliberately caused harm or acted recklessly, our starting position will be to assume the nurse, midwife or nursing associate is usually a safe and competent professional, but something got in the way of them being able to deliver safe care. Examples of things that might get in someone's way include:

- gaps in their knowledge or training
- widespread practices or cultures
- issues in the working environment
- someone's personal context such as health issues or personal circumstances.

Our initial enquiries and investigations will seek to understand what got in the way of someone delivering safe care. To do this we'll routinely make enquiries about the [contextual factors](#) identified in our research to see if these could have played a part in what went wrong.

We'll take an objective approach to the cases we look into, and our decisions in respect of what action is required will be evidence based. This may mean taking action against the individual referred to us if the evidence suggests that there's a serious concern regarding their fitness to practise. However, the evidence may suggest that some other action is required instead of, or in addition to action against the individual, in order to protect the public.

Where there's evidence of deliberate harm or recklessness, we'll follow the approach in our list of ['serious concerns which may be more difficult to put right'](#). We'll need to ask questions about the culture of the team or setting, and what other people knew and did. However, causing deliberate harm or acting recklessly is more likely to call into question fundamental aspects of the individual's practice and require us to take regulatory action.