



Transcript of Voluntary or Agreed Removal Round Table discussion.

NMCWatch Podcast S2 Ep1, 9 May 2023

00:00:07 - 00:32:21

Cathryn

Okay. So thanks for joining us. We're having a roundtable today to discuss the new agreed removal policy that's come out by the Nursing and midwifery Council. The aim of today is to just get some insight from members of NMC. Watch on what we feel that our group will need from the agreed removal policy. Whether there's still any gaps in it that we feel or whether we feel it suffices what people in our group would need if they wanted to remove themselves from the register during fitness to practice.

00:34:05 - 01:10:11

Cathryn

We're going to discuss the implications of voluntary removal in a wider scale and also how we as a group can maybe educate our members on these proposed changes and how they might be appropriate so that for them, perhaps a good place to start would be just to have a brief introduction from each of you as to why you feel voluntary or agreed removal is important for somebody undergoing fitness to practice.

01:10:21 - 01:14:19

Cathryn

And I think I'll start with Pat Dwan, if that's okay.

01:15:15 - 01:41:23

Pat

Good morning, everybody. Yeah. Having looked at the document and I having spent some time with Cathryn at the meeting with the NMC some weeks ago. In theory it's a great idea, in practice it could become a very good idea and a very good tool to work with. It will probably hurry up the process for nurse for registrants who are waiting to be seen or be dealt with by the NMC.

01:42:12 - 02:05:19

Pat

It will help help with their anxiety and also help them get on with their lives to meet their three major pros. But there are also the cons public perception and not all cases will lead to sanctions or removal and a nurse may or a registrant may remove themselves and realize later in life that they shouldn't have because they wouldn't have had any.

02:05:19 - 02:08:16

Pat

Sanctions are being removed by the council anyway.

02:09:20 - 02:22:04

Cathryn

Absolutely. And I think that the things that we need to try and pick up on as we as we discuss further, thanks for that part. Simon, are you have you got any opinion at the moment? Are you able to.

02:22:17 - 03:07:11

Simon

I mean, my initial concerns would be around the fact that we still have to a certain extent an adversarial Fitness to Practice process. And my concern is that it's going to be more an emotional thing rather than a practical thing. But the decisions are made by the professional registrants on the basis of a level of their mental health, mental well-being, and the position that they find themselves in, rather than it being an objective, logical step, I have to have that concern.

03:07:20 - 03:33:09

Simon

I have concerns because from my point of view, it can be part of, it's an armoury of tactics that can be employed, or counter-employed. You know, it needs to be done for the right reason. It needs to be done because the person thinks, well, this is the best approach. The best reason. And my concern would be that it's not judged properly.

03:35:05 - 03:54:04

Cathryn

Yeah and I think and I think we see that quite a lot on the group, don't we? We see people initially saying, oh, I just want to come off the register. And a lot of what we do is, is counselling them almost to say, right, let's think long term rather than than short term. Because when we had the meeting with the NMC, you know, it is very definitive.

03:54:04 - 04:21

Cathryn

You know what, somebody does remove themselves. That is it. There is no come for them. No, no.

04:01:00 - 04:04:14

Pat

Yeah. That the part you are concerned.

04:04:19 - 04:34:18

Cathryn

Yeah. One of the parts and we'll probably go in and out and not follow the agenda but that's fine. One of the parts that I picked up on was a little bit concerned is they they towards the end of there was an article in Nursing Times last week talking about they agreed removal policy and it said that basically agreed removal is is pretty much the same as dry cough, which concerned me somewhat because that's not not really what the perception we had when we had the discussions with them.

04:35:01 - 04:57:09

Cathryn

It was more about let's stop elongating this process. Let's make sure that it's not reliant on people admitting charges. It is about looking at what the best outcome is for for everybody, whilst maintaining public confidence and safety. Also putting that person in the center really don't bother anybody who's got anything to say about that.

04:58:12 - 05:22:00

Pat

Yeah, I wrote that. I should never admit anything, but for the sake of allowing yourself to be removed from the register, I think would be very, very futile to admit something that you are prepared to face in the first place. And I totally agree that's not the way I saw it, you know, but I think we're very the embryonic stages at the moment.

05:22:07 - 05:23:14

Cathryn

Yes, I think I think.

05:23:14 - 05:23:22

Pat

That's.

05:24:17 - 05:48:22

Cathryn

Nothing. There's a lot of anxiety as well that this may be used by registrants to avoid or avoid process, which obviously is where the education part of it comes in to actually make sure people understand why this is an option and what it means. But yes, certainly it was not supposed to be dependent on agreeing on agreeing the charges.

05:49:04 - 06:06:18

Cathryn

And I think as well, the issue about how the charges are on perhaps they warn the as we know, the charges can change throughout the trajectory of someone's hearing and what somebody may be charged with at the beginning may well change quite a lot throughout the period of investigation.

06:08:12 - 06:43:20

Trish

Yeah, what I was going to say was, in my case, I'm quite open about it. It wasn't my thoughts at the very beginning of the process of the fitness to practice. As time went on and it became quite obvious that no matter what I did, said or proved, I wasn't going to get anywhere. I just said I would just prefer to resign off the register and that I attempted that three times and that all they wanted me to do was admit to the charges.

06:44:13 - 07:18:06

Trish

And then I could come off the register. Back then, I don't know for sure saying you could go back home after five years, or you could apply to go back home after five years. But it became so acrimonious and I just felt that no matter what I did or said, I was going to be put up there as a scapegoat, in my words, and a lot of other people's words, because I read the comments about my case from the general public and most people opinions were that I was a scapegoat.

07:18:07 - 07:54:05

Trish

And I'm the NMC, as far as I was concerned, was part of that scapegoating because of who the person was that I was accused of all these things. But I feel that it is I think is only fair to allow the registrant an option where they could resign from the register and come to an agreement, whether they are going to reapply or they don't want to reapply or they just want to just forget about nursing completely because that's what I've done.

07:54:05 - 08:17:17

Trish

They I was struck off and as far as I was concerned, that was the end of it. I was just totally devastated that my years of nursing have gone down the tube just because of this issue of, you know, fictitious complaints and all the other things that were said about me, which weren't true. And I couldn't I couldn't reply to.

08:18:12 - 08:42:05

Trish

And I just feel that a lot of nurses would prefer to resign from the register. It gives them time to take a breath and look at things. It gives you five years to within a time that you could get back on the register, you can actually look at your case yourself properly because I think the process does take a very long time.

08:42:12 - 09:06:00

Trish

You never know what the NCA are doing. They keep you waiting for years on end and you never know what they're really doing until you get lumps of paper through the post. And then you've got to find someone who can screen through all of that and then make a decision yourself. You can end up with a huge legal bill like myself and still not get anywhere.

09:07:04 - 09:36:04

Trish

And it's with the group like your group, the NMC watch group, where people understand exactly what nursing is all about, what's required, what's a professional code of conduct, and where people like Simon, who who's who understands the process and you, Catherine,

understanding the process, then you can do something about it. And the NMC need to work with you to achieve that.

09:36:18 - 09:58:01

Trish

I just feel and that's going by what I've seen, what I've heard, what other nurses have gone through and myself experience is that the NMC, they say they're there to protect the public, but we pay them a fee every year. And why do we pay them a fee? Are they there to protect us as well? And look, take care of us.

09:58:15 - 10:22:04

Trish

Where is a duty of care as far as I'm concerned and saying that, yes, okay, you can resign from the register, but they've got all these little attachments attached to why you should, you know, why you can resign from the register. And I don't think it should be like that at all. I'm totally in disagreement with them because of the way that they are.

10:22:04 - 10:22:14

Trish

Sorry.

10:23:01 - 10:52:01

Cathryn

No, no, that's that's you know, it's really valid what you're saying. And it's, you know, and that is the crux of it, isn't it? And it's how do we how do we make sure it's and, you know, talk about informed choice with our patients all the time, a truly informed choice. So how can we make sure that people undergoing fitness practice who are vulnerable already and suffering from in a second victim, all all those sort of aspects, how do we make sure that it's truly an informed choice?

10:52:09 - 11:15:02

Cathryn

So I guess for me it's about I personally feel this is a great first step, but it's got a long way to go. Jones Main And it's an it's an it's some it's what what we've spoken to them about for the last five or six years since NMC was started. It's about that mediation and having those conversations together.

11:15:12 - 11:40:02

Cathryn

And Simon and I have talked about that as well with them. You know, why can't we have a neutral standpoint rather than a adversarial standpoint? Why can't it be the two parties in the room saying, right, this is the problem, this is what we see you accused of having not informal discussions. I understand that can't happen. But but to actually look at like, what are we trying to achieve here?

11:40:02 - 12:12:08

Cathryn

What are we trying to do? Why are we trying to get to a particularly I mean, I've been Ben got in touch with another lady who's had 42 years in the NHS. She was three weeks from retirement and she raised concerns and she's now had a NMC referral. She, she's got no intention. She was literally about to retire and when she was going to retire, she was her, her pen was due to lapse within I think another month.

12:12:15 - 12:36:00

Cathryn

So she was going to let it lapse and then she was going to come off process, you know, come off the register. But now she's faced with an elongated potential investigation, which, again, you know, her pride is saying to her, I'm not going to leave on this sour note. You know, I'm going to show them that this is not accurate, but the impact of that is massive.

12:37:04 - 12:55:19

Cathryn

So it's about that situation, having somebody neutral to say, right, come on, what are we doing here? Why are we doing this? Don't know whether Pat or Simon have got anything more to add to that point, really? Because that's certainly I'm saying. I mean, I've had three people contact me about removal this week and that seems to be the theme.

12:55:19 - 13:10:10

Cathryn

I've got no intention, absolutely no intention. Even if there was another pandemic, even if there was something I do not want to nurse again, I just want to have the the choice myself to make that decision.

13:10:10 - 13:39:20

Simon

It's it's not it's the same. I agree. The worry is that it's it's done tactically because of the person's mental health and that they are going to want to come back and they are going to regret it and they'll have that feeling. Now, I'm free, had a chance to think about it, wish I'd argued. And it's because the system's adversarial and there are no checks and balances, no equality

13:39:20 - 13:56:13

Simon

on the other side. If we said we want to be removed, they say you have to accept all these charges and we will we will consider it. We don't I don't feel that the registrant gets an equal part in any consideration.

13:57:03 - 14:06:01

Cathryn

Although now with with with with the agreed removal policy, they are saying that you don't have to agree to all the charges. That is a change in the in the new policy.

14:07:02 - 14:09:09

Simon

And what are they saying that you have to agree to?

14:10:00 - 14:37:19

Cathryn

They they're not they saying you don't have to agree to the charges, but they will only consider it for for the least serious concerns. So they won't consider it for anything which would normally like the wording is that would would be expected to reach a strike-off order. So for example sexual misconduct, serious allegations of dishonesty. Now my kind of argument is, but that's about drafting of charges as well.

14:37:19 - 14:52:12

Cathryn

They all just charges at the beginning. They're not they're not proven at the beginning. So how do they assess the seriousness of those charges when they haven't actually tested them.

14:52:12 - 14:54:20

Simon

Well that's them assuming that they're right, isn't it?

14:55:18 - 14:57:10

Cathryn

Yeah, yeah.

14:57:22 - 15:01:05

Trish

So so in actual fact it's defeating the object really.

15:01:10 - 15:02:14

Simon

It is really.

15:02:17 - 15:29:04

Cathryn

Yeah. Okay. Yeah. So is this about advocacy, really, and about representation that you've got, you know, a large portion? Well, I don't know that. I don't know the statistic. I don't know how many people come to fitness practice without representation. But obviously those that come to us haven't because that's why they come to us, some of them. So is it about equity, equitable ability?

15:29:04 - 15:40:11

Cathryn

Is that the word of getting the right advice? You know, how does somebody who's not got support actually make that right decision over what student?

15:40:12 - 15:52:00

Simon

And you'd want to offer them the opportunity to take legal advice that's paid for them, if it saves them being removed from the register, wouldn't you really.

15:52:00 - 16:29:04

Trish

The thing is about legal advice. I mean, and not just going by my case, by I'm going by somebody else. I know a lot of lawyers don't understand the way the NMC work. This is why your group, Katherine is is really good because you know exactly where to point people. The other thing is that the cost of it, I tried to get myself a barrister and he wanted 1200 pounds upfront before he even turned the page.

16:29:17 - 16:51:07

Trish

And where do you get 1200 pounds out of where? To get someone who can who can see through what's going on, but they won't do it unless you pay them first. And a lot of nurses, as far as I know, don't have 1200 pounds just to pop out straight away, out of their pocket. So I lost out on a really good barrister.

16:52:02 - 17:19:14

Trish

My lawyer didn't have any experience with the NMC before, so he was dealing with it as it was a criminal case and it doesn't work that way as I found out. Yeah. So, you know, after three years you end up with a huge bill and it's just devastating because you try to you try to work with people and then you realize that it's a never ending bar.

17:19:14 - 17:39:23

Trish

You know, you need a wheelbarrow full of money to keep paying, you know, lawyers and people and barristers to represent you. So you're damned if you do and damned if you don't as far as that, you know, as far as that's concerned and a lot of nurses don't have that sort of money to defend themselves. They don't have you know, they don't have that.

17:39:23 - 18:02:12

Trish

And legal aid is non-existent now, so you can't get that either. So yeah. So it's really difficult. It's really difficult. So I think that's why the option for for resigning from the register should be the register. It's one unless there's a criminal case involved in your nursing, you know, your behavior or why you've been brought up in front of the NMC.

18:02:21 - 18:29:23

Trish

I think if it was a criminal case, it's different because when they get criminal representation they usually get quite good representation for criminal cases. And I've I don't know if I'm correct in believing that criminal case is still allowed to have legal aid, although I don't know if they are, but they must do because there's so many people who have been put on trial, they must have legal aid to help them get through it.

18:30:01 - 18:30:20

Trish

You know, so.

18:31:09 - 18:53:13

Cathryn

The difference is, is, you know, anybody faced with criminal C doings, will will have representation. You know, they'll they'll be given representation. Whereas with regulation that is, you know, it's expected that you're a member of a union. And if you're not a member of the union, which increasingly we're seeing more and more people not be a member of a union for whatever reason that is.

18:54:10 - 19:08:14

Cathryn

And then they find in themselves, yeah, they either have to face it on their own or they have to find some members of the family or somebody that can help them pay for private, private legal support. So pop, pop, Dwayne, you sounded like you were going to come in.

19:10:14 - 19:39:16

Pat

Just can I backtrack a little bit to the lady that you were talking about who just about to retire after 42 years, experience work in the NHS? I can go back about 20 years ago I was representing a senior night nurse who was accused of physically assaulting a patient. This patient was the father of the local, the editor of the local press, the Swansea Evening Post, which I used in defending this guy.

19:39:16 - 20:11:14

Pat

But that said the investigating officer was a tyrant, wouldn't listen, wouldn't take any advice and we lost the case and he was dismissed. You got 28 days to appeal? No, in the 28 day appeal and would have been retiring and finishing his long checkered current checkered career in the NHS. So I spoke to my then chief executive, which is a chap called Colin Campbell and my director of nursing was Liz.

20:11:22 - 20:40:18

Pat

Liz, I've heard him. Anyway, I went to them and said, Look, this guy has been dismissed. The appeal is going to take too long to get everything sorted out for him to come back and see you. So he's got to retire. He's leaving. Nursing gets out of it. So what they did and I always say my employer was a reasonable employer, they brought forward the appeal date and at the appeal they didn't allow me win the appeal, but they allowed.

20:40:18 - 21:06:00

Pat

And the reason. And then he would leave nursing and NMC never knew about this whole case. It has been reported this okay, there was no need to. He was getting out of nursing and I think it's a shame on the people or the whoever did a private company or an NHS area that this lady worked and that they didn't allow her the same thing to resign.

21:06:02 - 21:24:00

Pat

I no longer go to work again. I'm coming off the register in a matter of days and that's not the easy way out. I think that's the best way out and it's as much as good for the individual as well as good for the wellbeing, but as well as what everybody thinks along those lines.

21:24:11 - 21:51:21

Cathryn

And I think the symptom of it all is that, you know, often there's a lot of background behind a referral and quite, quite often we're seeing that it's the employers that are referring for other reason. Now the NMC are pushing back on that and they are insisting with the employer link service trying to ensure that the employers deal with things themselves first rather and then only continue with the referral if there's ongoing concern.

21:52:06 - 22:25:23

Cathryn

But the reality is, is that, you know, if an employer is good and follows good process and is supporting their staff, it's probably unlikely that they're going to refer unless there's, you know, criminal activity. So it's a bit of a catch 22 really. And whilst, you know, I really, really applaud the work that the NMC are doing with the employer link service, I think it's not necessarily addressing the issues around whistleblowers, people raising concerns, vexatious referrals, but yeah, thoughts.

22:25:23 - 22:38:11

Cathryn

And again, how do you unpick that when they're basing whether you can do agreed removal based on the level of how severe the the allegations are. So it's it's going to be interesting to watch. I think.

22:40:05 - 22:40:12

Pat

Yeah,

22:41:18 - 23:03

Cathryn

About, you know, our group, you know, how how do we start educating them about, you know, agreed removal and what that means and how to make that decision themselves really would be my question to the three of you.

23:03 - 23:33:15

Pat

I think I'd go first that there's probably a lot of creases that need to be ironed out, I think would probably mean sitting down with the NMC again or any other interested bodies with the unions and other professional bodies, because they're going to it's going to affect them as well. And the way they actually look after their members, I suppose again round a table will get into a room somewhere and sit down and say, look, these are the creases that's earned them all out before you actually go to print and say This is the final document.

23:34:18 - 23:47:06

Cathryn

Yeah, I think that'll be really useful. I mean, it's, you know, as ever it has gone out all that is. But I would hope that it was under constant review as well and we can feedback to that. So yeah, yeah, yeah.

23:48:01 - 24:17:19

Trish

Well I was going to ask Catherine because, because, because we focus on the NHS because I know the private sector in which I was working at the time, it's so, it's such a separate group isn't it. Is to even though a whistleblower as well. And then that was they they actually let the family know that whistleblower. So that's where the acrimony started.

24:17:19 - 24:49:16

Trish

I think, you know, back then. But the thing is the NHS is a huge is a huge I would say huge client is so you you would the private sector, I don't know how you would deal with a private sector as well as the NHS and then midwifery is a separate thing that they're all got, they've all got their own sort of special niches really haven't they.

24:49:16 - 25:07:04

Trish

Because I don't think that the I mean yeah, we all feel that we're being victimized, but how do you deal with the separate sectors of, of, of, of health care? You know, could be because like I said most of it's NHS isn't it. Most of it's NHS.

25:07:04 - 25:34:12

Cathryn

I guess the NMC will say that the process is the same regardless of where the person is working, whether it's NHS, private or other independence or midwifery or anything like that. They'll say the fitness practice and the investigation process is the same. My kickback to that would be the circumstances to which that person's come. So the to the NMC can be quite unique and can sometimes be impacted by the work.

25:34:17 - 26:01:22

Cathryn

We know where they've been working in it, particularly when we think about, you know, loan employees, you know, in nursing homes for example, you know, where it's one single nurse, you know, that brings up a whole heap of issues. But then that I guess to counteract that would be where the NMC work on context now comes in. You know, registrants can give that context in as part of their part of their case to explain what went on behind.

26:01:22 - 26:22:12

Cathryn

So so I guess for us it's about us trying to remind people about giving that context and, and explain in that context and what, what else went on. But ultimately, the assessment of it is the same. The risk assessment is done the same way regardless. And it's based on allegations, unfortunately.

26:23:16 - 26:53:05

Trish

Yeah. And then also, are there people in the NMC that sits at these hearings who have any clue of that sort of the context of where that person works? Because I feel that when I have my one and only hearing that I did attend the registrant that was there on the hearing, who was the medical representative was a midwife.

26:53:19 - 27:20:18

Trish

So I couldn't see how she could relate to my work. And I questioned it and I don't think that went down well because I questioned did and then all the other people at the hearing, as far as I know, I mean, I don't know them at all. Those people, but I don't think that they could understand the context of the work that I did.

27:21:21 - 27:50:00

Trish

And I feel that they they need to make sure that whoever is on that hearing totally understands the job of the registrant. And I felt that they I don't I felt that they don't do that. So, I mean, I don't know why they pluck this midwife out. I have nothing against her. She seemed really nice, but she wouldn't understand my job and I could understand her job more because I know what midwifery is all about.

27:50:11 - 27:52:21

Trish

But she wouldn't understand my job. She's never done.

27:52:21 - 27:58:22

Cathryn

That was there was there a register? Was there a nursing, a member of the panel as well?

28:08 - 28:27:07

Trish

No, it was just a midwifery. Yes. Wow. Yeah. But not like that's that's why I say, you know, not knowing what you're supposed to have or how you're supposed to represent it. I was totally oblivious to that. So I thought, oh, well, you know, she's a she's a nurse, she's a midwife. But then think, you know, as time has gone on being with you, I can see the flaws and that the things that went wrong.

28:27:13 - 28:28:06

Trish

Yeah. Yeah.

28:28:15 - 28:33:22

Cathryn

At the time you're not at the time you don't know any better basically. So yeah. Yeah.

28:34:10 - 28:38:16

Trish

I feel that a lot of nurses, if it's their first time, they don't have a clue.

28:38:19 - 28:39:03

Cathryn

Yeah.

28:39:16 - 28:53:15

Trish

Who's supposed to be sitting there. What supposed to be happening. Yeah. And you know, this is why your group is is a godsend, to be honest, you know? Yeah. Yeah. So I will say that I'm still here.

28:55:11 - 29:01:17

Cathryn

Pat, obviously. Pat down. You've obviously sat on panels and chaired panels, so would you have anything to come back on that?

29:02:17 - 29:33:18

Pat

Yeah, I'm very surprised to hear what Trish is saying, because when I sat on panel, it was for argument's sake, it was a registrant who had misbehaved, allegedly in a nursing home. If one of the panel members to be a part of. I was the chair for the registrant out of a registered with me also but we would also have a lay person who would probably be a care home owner who would be able to advise us on what actually happened in care homes.

29:33:18 - 29:57:19

Pat

And I they were a very, very valuable asset to the panel members. Okay. Some of us on the panel, as I did some work in private nursing homes to get extra cash from, is going to be a long haul rugby tour. Great ID and I had an idea what was actually happening in the private sector, but to have a care home owner on the panel with me was a godsend.

29:57:20 - 30:23

Pat

Yeah, because the advice they gave us is invaluable.

30:01:06 - 30:30:13

Cathryn

Yeah. And I think that's again, why I like come back on the point that Simon made in, you know, for for the registrant to not be on the back foot you know it is okay to actually ask or find out who your panel members are and you know, what their experiences, etc., and what you know. But there's this fear, you know, this real fear of challenging anything because we might upset the panel and we don't want to appear rude in front of the panel or disrespectful or we don't want it to go against us.

30:30:13 - 30:57:16

Cathryn

Whereas actually this is, you know, why is that information readily available? Pre-hearing Okay. This is your panel member, this is your chair, this is your layperson. They're an RGA mental health nurse. So that's, you know, why, why is it so secret, really? I guess the NMC would probably say, well, it's, it's not relevant. They're on the same level of the register to you and they're assessing the case based on the legislation and the code of conduct, etc..

30:58:23 - 31:07:01

Cathryn

But again, it's that communication isn't it? It's that working with rather than against that. SIMON Whether you've got anything to add to that.

31:07:14 - 31:29:21

Simon

I agree. I mean, the problem, of course, is that with all of these things, a judge is a judge. And so they've got some, you know, whether they're next or midwife or whatever they've got training. You know, we've got to be careful we're not shooting the ... the messenger, or trying to criticize the people in the system and make them to blame.

31:30:13 - 32:13:06

Simon

Yeah, of course you need an experienced panel. And I do think that the panel could, could, and the training, could be more clear. And we know that. But obviously you've got, as we said, members of the public are on the panel. So you do have a non-specialist member and they should be capable of making the decision. But it I think my concern is we're looking at a very limited situation where if the allegations of slight and they're not serious, then Voluntary Removal is okay.

32:13:06 - 32:40:14

Simon

Does the panel, can the panel risk assess? Who knows? Because the three lines that you get in a judgment about the risk assessment never tell you what their assessment is anyway. I think probably what's important would be to have them to not standardize, but at least put some points out as to what their so-called risk assessment on the level of seriousness of allegations is, because I never know what it is that they take into account either at interim

32:41:01 - 33:06:18

Simon

or final hearing. So I think we're almost been it's been turned into a very minimal thing. And by doing that, it kind of gets rid of the idea of anybody can just say, look, okay, I don't care what you say, I'm going to voluntarily remove myself and they're going to have to allow you to. I mean that from a human rights point of view,

33:07:19 - 33:19:00

Simon

I do wonder whether it's anybody's right to join or unjoin themselves from any group or society. So why can't people just say, look, I'm no longer part of this system?

33:20:06 - 33:39:18

Cathryn

Well, one comment I get back from another group that I share what's going on with our cohort is the Learn Not Blame group, which I represent doctors going through a similar process is and the argument there that they said is, you know, why don't the nurses just lapse? Why do they not just stop paying their membership and just step away?

33:41:00 - 33:52:01

Cathryn

Why is there this need to, you know, control control your pain, if you like, and control the narrative? I don't know whether anybody's got anything to say about that. You know, why why don't we want to just walk away?

33:53:13 - 34:11:16

Trish

I actually refused to pay my pin my my registration fees after they suspended me. I said, I'm not paying it anymore. So I said, you can you can do what you like because I was so frustrated for what am I paying them to have me in front of them and they're not even paying attention to what I'm saying.

34:12:17 - 34:41:20

Trish

So I refused to pay my pin and both showed I was still there even though I didn't pay it. You know, they didn't take let me take myself off the register. So I don't know whether paying the registration registration fee in in during this fitness to practice is is is great. The important is, I suppose, is the control of you not being allowed to resign from the register more than anything else.

34:43:04 - 35:06:07

Trish

Yeah. So I wasn't allowed to. And I just feel that people can I suppose. Yeah. You should be allowed to just go in and out if you don't want to be on the issue of human rights, you say it's human rights, it's your right to not want to. You know, I know that the doctors have to do the same as we do.

35:06:07 - 35:10:00

Trish

You know, whether they're allowed to resign from the register or not.

35:10:00 - 35:15:04

Cathryn

It's still it's the same is across all the all the regulators is the same I think. Yeah.

35:15:12 - 35:16:17

Trish

Oh, okay. Okay.

35:17:10 - 35:45:18

Pat

Okay. You know what, Chris, just said about not paying the fees? I think that I think it's great. It's the first I've heard of it. I think that's a great idea. But having said that, registrants would be too many registrants will be too scared to make that decision for fear of upsetting the NMC. And of course, then if you're a case for 2 to 3 or four years and you didn't get removed, then you've got to pay that money.

35:45:18 - 36:17:21

Cathryn

Oh I don't know. Yeah. I mean I think. Well they've what's changed. What's changed as well. I think since maybe since Tricia's case is, is that you can't, you can't revalidate whilst under investigation. So if you like, you go into neutral, if you like, until the investigation's finished. And then if you if you still retained your pay and you then apply to re restore, restore your payment if you like and revalidate it then so you can't revalidate whilst it's, whilst it's going through.

36:17:21 - 36:52:05

Cathryn

So that's probably the difference now. Okay. So I guess what we're saying, it sounds to me what we're saying is we want more information from the NMC about agreed removal, more kind of guidance about what hap what their assessment is and what that assessment looks like. The risk assessment associated with that and the piece around how to support people in making the right decision for them, recognizing that it is, you know, often a mental health impact, PTSD impacts issue as well, how you unpick that.

36:52:17 - 36:56:12

Cathryn

So I guess that's our next piece of work.

36:56:18 - 36:58:16

Pat

I that's.

36:59:08 - 37:02:05

Cathryn

Something that I.

37:02:05 - 37:14:19

Trish

I agree. Yeah, it's, it's it's a lot to actually it seems like a simple thing, but it is quite complicated isn't it.

37:15:20 - 37:36:09

Cathryn

I think it's when you, when you're talking about your registration, particularly for people who have nursed for a very long period of time, you know, who have been in it for 25 years plus, you know, it's your identity. We say this all the time, don't we? But it's your identity. It's about how others perceive you. It's about how you recognize yourself in the world.

37:36:10 - 37:59:06

Cathryn

All those sorts of things which, you know, to to some in the profession now may seem a bit odd, but that's that's just how it is, you know, that's how how we perceive ourselves. So when you're dealing with how people think about their identity, there's there's so many more things that come into it than whether it's a tick box, whether you've achieved this or you've achieved that.

37:59:06 - 38:24:00

Cathryn

It's it's about having that that interaction with that person, which sadly, I think at the moment is missing. But we're hoping to resolve at the end of the day, the fitness practice has to be quite a blunt tool because it's got to cover so many, so many different aspects. And, you know, it's not an easy job at all to to determine somebody's fitness, to practice, to unpick everything that's involved with it.

38:25:06 - 38:26:04

Cathryn

Yeah. Yes.

38:26:04 - 38:47:02

Trish

One question with the the with the strike. Strike business that's going on, how would the NMC look at that? Because does that affect the the professional conduct, conduct, conduct. No.

38:47:12 - 38:50:18

Cathryn

They put a statement out, didn't they, alongside the strikes recently.

38:51:15 - 38:52:06

Trish

How do they.

38:52:10 - 38:56:01

Cathryn

Yeah. A pat down one was going to say something that I think.

38:56:17 - 39:13:22

Pat

Yeah there's something came out there a few weeks back at the start of the first strikes for it does make quite clear that it didn't impact on your professional professional conduct. There would be no disciplinary action taken against you by the AMC should you choose to go on strike.

39:14:18 - 39:15:01

Trish

Right.

39:15:02 - 39:43:18

Cathryn

I think as long as you behave professionally throughout and haven't you know, haven't, you know, as long as you behaved as professionally as you would, you know, in any workplace or any, you know, out in the community or whatever, you know, as long as you've struck professionally, you like, yeah, okay, maintain your boundaries, etc.. Okay, well, that's really helpful.

39:43:18 - 40:05:09

Cathryn

So thank you so much. I think there's a lot of messages there that we can take back when we have our next meeting with the NMC as well. And also we can just start thinking about how we talk to, you know, our group, our support group about people that are considering removing them from the register. I think there's a lot of education that should be done on the impact of it.

40:05:09 - 40:32:13

Cathryn

And you know, how you actually get to that right decision for you at the right time. So. Okay, thank you so much.