Name of registrant: Anne Susanne Mcdermott

NMC PIN: 73I1936E

Part(s) of the register: Registered Nurse – Sub part 1
                        Adult Nursing (February 2001)
                        Registered Nurse – Sub part 2
                        Adult Nursing (April 1977)

Area of Registered Address: England

Type of Case: Misconduct

Panel Members: Julia Thompson (Chair, Registrant member)
               Wendy Warren (Registrant member)
               Sylvia Dean (Lay member)

Legal Assessor: Iain Burnett

Panel Secretary: Jonathan Storey

Order being reviewed: Suspension order (6 months)

Outcome: Suspension order (6 months) to come into effect at the end of 3 November 2017 in accordance with Article 30 (1) of the Nursing and Midwifery Order 2001
Service of notice of meeting

The panel was informed that the notice of this meeting was sent to Mrs Mcdermott on 4 August 2017 by recorded delivery and first class post to her registered address. The panel noted that notice of this meeting was delivered to Mrs Mcdermott’s registered address on 5 August 2017.

The panel accepted the advice of the legal assessor.

In the light of the information available the panel was satisfied that notice had been served in accordance with Rules 11A and 34 of The Nursing and Midwifery Council (Fitness to Practise) Rules Order of Council 2004 (as amended February 2012) (the Rules).

Decision and reasons on review of the current order

The panel decided to impose a suspension order for six months. This order will come into effect at the end of 3 November 2017 in accordance with Article 30 (1) of the Nursing and Midwifery Order 2001 (as amended) (the Order).

This is the first review of a suspension order, originally imposed by a panel of the Conduct and Competence Committee on 31 March 2017 for six months. The current order is due to expire at the end of 3 November 2017.

The panel is reviewing the order pursuant to Article 30 (1) of the Order.

The charges found proved, by way of admission, which resulted in the imposition of the substantive order were as follows:

That you, a registered nurse, on 23 July 2015:

1. At an unknown time between 09:00 and 11:30, administered 500mg of Nitrofurantoin to Patient A when 50mg was prescribed.
2. Did not record that the administration of Nitrofurantoin to Patient A set out at charge 1 was late.

3. At approximately 12:15, administered 500mg of Nitrofurantoin to Patient A when 50mg was prescribed.

4. Did not seek advice from a doctor before undertaking the administration set out at charge 3 despite its proximity to the administration set out at charge 1.

And, in light of the above, your fitness to practise is impaired by reason of your misconduct.

The original panel determined the following with regard to impairment:

The panel finds that Mrs Mcdermott has in the past acted in such a way as to place patients at unwarranted risk of harm. It noted that Mrs Mcdermott’s actions caused actual patient harm. The panel determined that Mrs Mcdermott has in the past brought the profession into disrepute and breached a fundamental tenet of the profession.

In considering whether Mrs Mcdermott was liable to act this way in the future, the panel had regard to her level of insight, any remorse she has shown and any steps she has taken to remedy the deficiencies in her practice.

The panel noted Mrs Mcdermott’s response to the NMC dated 08 March 2016, which states “I would also like to state that the error made was totally unintentional and out of character having worked in Nursing since the age of 18. Since retiring in September 2015, I have fully ceased being a member on the NMC register and have no intention to return to any form of nursing work”.

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The panel also noted the email from Mrs Mcdermott’s daughter dated 14 February 2017, which states: “My mother is retired from work and has not taken up another position of employment”.

The panel also noted that Mrs Mcdermott requested voluntary removal from the NMC’s register.

In the absence of any other evidence from Mrs Mcdermott, the panel concluded that her insight was limited. Whilst she has admitted all of the factual charges against her, she has not demonstrated that she has any understanding of the impact of her medication errors on Patient A, Patient A’s family, her colleagues, or the reputation of the nursing profession. The panel noted that Mrs Mcdermott has not expressed any remorse for her errors. It had regard to the statement of Mrs 2 which states “Anne didn’t really show any emotion or apologise for her error…by the time I got out of the office, Anne had gone. She hadn’t offered to stay behind, speak to Patient A’s family or help me to deal with her error”.

The panel had before it no evidence that Mrs Mcdermott has taken steps to remedy the deficiencies in her practice. It noted that she has retired from nursing. In the absence of this, the panel concluded that the deficiencies in Mrs Mcdermott’s practice remain and therefore concluded that there is a risk of repetition should Mrs Mcdermott be permitted to practise unrestricted.

The panel bore in mind the overarching objective of the NMC: to protect, promote and maintain the health safety and well-being of the public and patients and the wider public interest which includes promoting and maintaining public confidence in the nursing and midwifery professions and upholding the proper professional standards for members of those professions. The panel was of the view that the medication errors caused by Mrs Mcdermott are so serious as to require a finding of impaired fitness to practise in order to maintain and uphold public confidence in the profession.
The original panel determined the following with regard to sanction:

The panel therefore went onto consider imposing a suspension order. The panel was of the view that a suspension order was the least restrictive sanction that would suitably protect the public from the risk of harm identified. It also considered that a suspension order would satisfy the public interest given that the deficiencies in Mrs Mcdermott’s practice are remediable.

The panel did go on to consider a striking off order. However, the deficiencies in Mrs Mcdermott’s practice are remediable with engagement, training, reflection and insight and so a striking off order would be disproportionate at this time.

The panel considered that a suspension order for a period of 6 months was sufficient to mark the public interest in this case and at the same time give Mrs Mcdermott an opportunity to reflect on the impact of her actions should she wish to re-engage.

**Decision on current fitness to practise**

This panel considered carefully whether Mrs Mcdermott’s fitness to practise remains impaired. Whilst there is no statutory definition of fitness to practise, the NMC has defined fitness to practise as a registrant’s suitability to remain on the register without restriction. In considering this case, the panel carried out a comprehensive review of the order in light of the current circumstances. It noted the decision of the last panel. However, it has exercised its own judgment as to current impairment.

The panel had regard to all of the documentation before it. The panel heard and accepted the advice of the legal assessor. In reaching its decision, the panel was mindful of the need to protect the public, maintain public confidence in the profession and to declare and uphold proper standards of conduct and performance.
The original panel determined that Mrs Mcdermott remained liable to repeat matters of the kind found proved. This panel has received no new information as to Mrs Mcdermott’s current circumstances, and has not received any information indicating her level of insight, remorse or remediation into the misconduct found proved. In light of this, the panel determined that Mrs Mcdermott still remains liable to repeat matters of the kind found proved. The panel therefore decided that a finding of continuing impairment is necessary on the grounds of public protection.

The panel had borne in mind that its primary function was to protect patients and the wider public interest which includes maintaining confidence in the nursing profession and upholding proper standards of conduct and performance. The panel determined that, in this case, a finding of continuing impairment on public interest grounds is also required.

For these reasons, the panel finds that Mrs Mcdermott’s fitness to practise remains impaired.

**Determination on sanction**

Having found Mrs Mcdermott’s fitness to practise currently impaired, the panel then considered what, if any, sanction it should impose in this case. The panel took into account the NMC’s Sanctions Guidance (SG) and bore in mind that the purpose of a sanction is not to be punitive, though any sanction imposed may have a punitive effect.

The panel first considered whether to take no action or impose a caution order, but concluded that either option would be inappropriate in view of the risk of repetition identified and seriousness of the case. The panel decided that it would be neither proportionate nor in the public interest to take no further action or impose a caution order.

The panel next considered imposing a conditions of practice order. Given that Mrs Mcdermott indicated to the original panel that she has retired from nursing, this panel considered that, in the absence of any new information, conditions would not be
appropriate, workable or practicable. In addition, and in light of Mrs Mcdermott’s limited insight into the impact of her actions, the panel determined that a conditions of practice order would not sufficiently satisfy the public interest.

The panel considered the imposition of a further period of suspension. It was of the view that a suspension order would allow Mrs Mcdermott further time to fully reflect on her previous failings. The panel concluded that a further six-month suspension order would be the appropriate and proportionate response and would afford Mrs Mcdermott adequate time to further develop her insight and remediation. The panel also considered that such a time would provide Mrs Mcdermott with the opportunity to inform the NMC about her future career intentions or commitment to her retirement.

The panel considered imposing a striking-off order, but concluded that such a sanction would be unduly punitive and disproportionate at this time, given the misconduct found proved. However, the panel wishes to stress that, at the next review hearing, all available options (including a striking-off order) will be available to a reviewing panel.

The panel considered that a future reviewing panel would be assisted by:

- A full written reflective piece detailing the impact of Mrs Mcdermott’s actions on Patient A, Patient A’s family, her colleagues and the reputation of the profession.
- Any evidence of up to date training in medication administration.
- Evidence of Mrs Mcdermott’s future career intentions or commitment to her retirement.

This decision will be confirmed to Mrs Mcdermott in writing.

That concludes this determination.