

Nursing and Midwifery Council

Fitness to Practise Committee

Restoration Hearing

**Nursing and Midwifery Council, Temple Court, 13a Cathedral Road, Cardiff,
CF11 9HA – 31 January 2020**

Virtual Hearing – 28 April 2020

Name of Applicant:	Carolann Willis
Former NMC PIN:	99C0284W
Former Part(s) of the register:	RN1 Registered Nurse – Adult nursing
Area of Registered Address:	Wales
Panel Members:	Ian Luder (Chair – Lay member) Carla Hartnell (Registrant member) Andrew Quested Harvey (Lay member)
Legal Assessor:	Lee Davies
Panel Secretary:	Vicky Green (31 January 2020) Melissa McLean (28 April 2020)
Ms Willis:	Present and not represented
Nursing and Midwifery Council:	Represented by Ayana Nelson, Case Presenter (31 January 2020) Samantha Forsyth (28 April 2020)
Outcome:	Application granted subject to completion of a return to practice course

Determination on your application for Restoration to the Register

This is a hearing of your first application for restoration to the Nursing and Midwifery Council (NMC) Register (the Register). On 7 June 2013 a panel of the Conduct and Competence Committee directed that your name be removed from the Register based on its findings with regard to the facts of your case and your impairment. This application is made by you, in accordance with Article 33 of the Nursing and Midwifery Order 2001 (the Order), as at least five years have now elapsed since the date of your strike-off.

At this hearing, the panel may reject your application or it may grant your application unconditionally. It may also grant your application subject to your satisfying the requirements of Article 19(3) of the Order, and it may make a conditions of practice order.

The panel considered your application for restoration to the NMC's register.

Background (as set out in the substantive hearing)

'The events that gave rise to the charges occurred whilst you were employed by Caerphilly Miners Hospital ("the hospital") as a staff nurse and a director of Avalon Beauty Clinic ("Avalon"), in which you also practised as a registered nurse.

On 30 January 2007, Witness A was admitted to the hospital with health problems. You were a nurse on the Bedwas Assessment Unit ("the unit") where Witness A was placed although he was not under your care. Witness A was admitted to the hospital as a patient but was a registered general practitioner who had previously been working in aesthetic medicine since 2002. At some time during his stay, in casual conversation, you expressed an interest in aesthetic medicine to Witness A, who offered you his advice and assistance in the field. Witness A was subsequently transferred to the University Hospital of Wales where there was deterioration in his health. Approximately one year later, during Witness A's recovery, you contacted him to ask for his help with your new

business venture- Avalon. Out of goodwill, Witness A provided you with clinic furniture, a micro dermabrasion machine and a veinwave machine. While there may have been discussions about financial compensation to Witness A, no payment was made.

You started Avalon in the summer of 2007 offering a variety of beauty treatments including 'botox', facial fillers and peels. Initially you sought medical supplies for treatments from Dr 2 at Dermis Deep Ltd in which you paid thirty five pounds per private prescription. Following discussions with Witness A, it was agreed that he would supply private prescriptions to your clients. You sourced Med-fx as a pharmacy outlet to supply future products.

In November 2009 Witness A received a telephone call from Med-fx pharmacy informing him that a prescription that had been apparently signed by him and faxed by you to them was incomplete. Witness A informed Med-fx that he had not signed the relevant prescription. Med-fx sent Witness A some twelve copy prescriptions in relation to Patient A, Patient B, Patient C, Patient D, Patient E, Patient F, Patient G, Patient H, Patient I, Patient J, Patient K and Patient L. Witness A asserted that he had not signed those prescriptions and had no knowledge of them.

It is the NMC's case that you knew that Witness A had not signed the prescriptions nor was he aware of those prescriptions.

Med-fx also made Witness A aware of a letter of authority dated 15 June 2008 and a consent form purporting to be from the prescribing physician, Witness A. Witness A asserts that he did not write the relevant letter of authority or complete the relevant consent form. It is alleged by the NMC that you knew that Witness A did not sign the letter of authority or the consent form.'

The amended charges considered by the substantive panel in June 2013 were as follows:

'That you, a registered nurse,

1. *On or around 2 June 2009 sent a private prescription to Medfx in the name of Patient A which purported to contain the signature of Witness A-*
 - (a) when you knew that Witness A had not signed the prescription*
 - (b) when you knew that Witness A was not aware of the prescription*
2. *On or around 15 July 2009 sent a private prescription to Medfx in the name of Patient B which purported to contain the signature of Witness A-*
 - (a) when you knew that Witness A had not signed the prescription*
 - (b) when you knew that Witness A was not aware of the prescription*
3. *On or around 18 August 2009 sent a private prescription to Medfx in the name of Patient C which purported to contain the signature of Witness A-*
 - (a) when you knew that Witness A had not signed the prescription*
 - (b) when you knew that Witness A was not aware of the prescription*
4. *On or around 18 August 2009 sent a private prescription to Medfx in the name of Patient D which purported to contain the signature of Witness A-*
 - (a) when you knew that Witness A had not signed the prescription*
 - (b) when you knew that Witness A was not aware of the prescription*
5. *On or around 1 September 2009 sent a private prescription to Medfx in the name of Patient E which purported to contain the signature of Witness A-*
 - (a) when you knew that Witness A had not signed the prescription*
 - (b) when you knew that Witness A was not aware of the prescription*
6. *On or around 7 September 2009 sent a private prescription to Medfx in the name of Patient F which purported to contain the signature of Witness A-*

(a) when you knew that Witness A had not signed the prescription

(b) when you knew that Witness A was not aware of the prescription

7. *On or around 16 September 2009 sent a private prescription to Medfx in the name of Patient G which purported to contain the signature of Witness A-*

(a) when you knew that Witness A had not signed the prescription

(b) when you knew that Witness A was not aware of the prescription

8. *On or around 16 September 2009 sent a private prescription to Medfx in the name of Patient H which purported to contain the signature of Witness A-*

(a) when you knew that Witness A had not signed the prescription

(b) when you knew that Witness A was not aware of the prescription

9. *On or around 29 September 2009 sent a private prescription to Medfx in the name of Patient I which purported to contain the signature of Witness A-*

(a) when you knew that Witness A had not signed the prescription

(b) when you knew that Witness A was not aware of the prescription

10. *On or around 20 October 2009 sent a private prescription to Medfx in the name of Patient J which purported to contain the signature of Witness A-*

(a) when you knew that Witness A had not signed the prescription

(b) when you knew that Witness A was not aware of the prescription

11. *On or around 16 November 2009 sent a private prescription to Medfx in the name of Patient K which purported to contain the signature of Witness A-*
 - (a) when you knew that Witness A had not signed the prescription*
 - (b) when you knew that Witness A was not aware of the prescription*
12. *On or around 24 November 2009 sent a private prescription to Medfx in the name of Patient L which purported to contain the signature of Witness A-*
 - (a) when you knew that Witness A had not signed the prescription*
 - (b) when you knew that Witness A was not aware of the prescription*
13. *On or around 15 June 2008 sent a letter of authorisation to Medfx which purported to contain the signature of Witness A when you knew that Witness A had not signed the letter.*
14. *On an unknown date, sent a consent form to Medfx which purported to contain the signature of Witness A when you knew that Witness A had not signed the form*
15. *Your conduct in relation to charge 1 and/ or 2 and/or 3 and/or 4 and/or 5 and/or 6 and/or 7 and/or 8 and/or 9 and/or 10 and/or 11 and/or 12 and/or 13 and/or 14 was dishonest.*

And, in relation to charges 1 to 15 your fitness to practise is impaired by reason of your misconduct.'

The substantive panel found all charges, with the exception of charges 13 and 14, proved on the facts.

The substantive panel made the following findings in respect of impairment:

'Throughout its deliberations the panel has had regard to the guidance in Dame Janet Smith's Fifth Shipman Report, quoted by Cox J in CHRE v NMC and Grant [2011] EWHC 927. That guidance urges panels considering impairment to ask themselves whether the registrant:

- a) has in the past acted and/or is liable in the future to act so as to put a patient(s) at unwarranted risk of harm; and/or*
- b) has in the past brought and / or is liable in the future to bring the profession into disrepute; and/or*
- c) has in the past breached and / or is liable in the future to breach one of the fundamental tenets of the profession; and/or*
- d) has in the past acted and / or is liable in the future to act dishonestly.*

The panel noted that the charges dated back to 2009. The panel considered that at this time you were effectively obtaining medicines without a legitimate prescription. You had previously adhered to good practice in your dealings with Dr 2 and then significantly deviated from such practice. The panel considered that your fitness to practise was impaired during that period.

The panel considered that your fitness to practise is currently impaired. The panel has found the charge pertaining to dishonesty proved. Such attitudinal issues are difficult to remedy. The panel accepted that you have learnt a valuable lesson throughout these proceedings. However, it was concerned that you sought to deny the charge of dishonesty throughout, thus not demonstrating any remorse in respect of your dishonest conduct.

The panel considered that by forging prescriptions, you had in the past acted so as to put a patient at an unwarranted risk of harm. Your priority was to obtain the prescription only medicine in an expedient time to facilitate the running of your business, you did not make patients your first

concern in this regard. Further you had brought the profession into disrepute and breached fundamental tenets of the code. Most significantly, you had in the past acted dishonestly over a lengthy period of time, failing to recognise the serious implication of such misconduct throughout these proceedings. In the absence of any insight, remorse or remediation, the panel considered that there remained a high risk of repetition of such future misconduct.

The panel considered that the nursing profession and the regulatory process would be undermined if the panel was not to make a finding of impairment in this case. The panel has therefore concluded that it is necessary for public protection and for the public interest to make a finding of impairment. Further, the need to uphold proper professional standards and public confidence in the profession indicates that your fitness to practise is currently impaired by reason of your misconduct.

Addition of further charge

Ms Fonyonga on behalf of the NMC, brought to the panel's attention a further charge to be adduced at this stage. Charge 16 reads as follows-

That you as a registered nurse,

16. On 5 May 2010 accepted a caution from Gwent Police for the following offence:

“between 1 May 2009 and 1 November 2009 at Caerphilly, in the county of Gwent made an article, namely private prescriptions, intending it to be used to commit, or assist in the commission of, fraud contrary to section 7 of the Fraud Act 2006.

As a result of Mr Green's disclosure, the panel was made aware of charge 16 earlier in these proceedings. Ms Fonyonga advised that charge 16 was found proved by way of your police caution, however it was the duty of the panel to consider whether as a result of your police caution your fitness to

practise is currently impaired. She referred the panel to paragraph 49 of the code which reads-

“49. you must adhere to the laws of the country in which you are practising”

Mr Green submitted that you admitted current impairment in respect of charges 1(a) - 12(a). You do not accept current impairment in respect of your police caution. You accepted this caution as you had used pre-signed prescriptions which you accept was illegal. Further, you accepted that your practice was unsafe which potentially could have put patients at a risk.

Mr Green submitted that section 7(1)(a) of the Fraud Act 2006 would not require an element of dishonesty.

The panel accepted the advice of the legal assessor who referred to his detailed advice outlined earlier in these proceedings.

The panel had regard to exhibit 16, your caution which reads

“Offence:

Make/ supply article for use in fraud- Fraud Act 2006

Between 01/05/2009 and 01/11/2009 at Caerphilly, in the county of Gwent made an article, namely Private prescriptions, intending it to be used to commit, or assist in the commission of, fraud CONTRARY TO SECTION 7 OF THE FRAUD ACT 2006”

The panel noted that, in accepting the caution under section 7(1)(b) of the Fraud Act 2006, you admitted your commission of the offence and that, in so doing, it inevitably follows that you acted dishonestly.

When determining whether your fitness to practise is currently impaired by reason of your caution, the panel again had regard to the public interest which includes maintenance of public confidence in the profession and the declaring and upholding of proper standards of conduct and behaviour.

The panel was of the view that your police caution was a serious departure from the standards expected of a registered nurse and amounted to a breach of the code specifically the sections of the preamble that reads-

“You must always act lawfully, whether those laws relate to your professional practice or personal life”.

The panel also considered you to be in breach of paragraph 49-

“49. you must adhere to the laws of the country in which you are practising”

Notwithstanding your acceptance of the caution the panel noted that you continued to fail to recognise that your actions were dishonest.

Accordingly, the panel was compelled to conclude that your fitness to practise is currently impaired by reason of your Police caution.’

The substantive panel made the following findings in respect of sanction:

As they had been advised, the panel considered the sanctions starting with the least restrictive. It had regard to public protection and the public interest. It applied the principles of proportionality whilst taking account the aggravating and mitigating factors in the case. The panel bore in mind that the principle aims of sanctions are to protect the public, to uphold the standards and reputation of the nursing profession and to maintain public confidence in the nursing profession.

The panel considered mitigating factors included the positive references you provided to the panel in which you were described as a competent, caring, compassionate, dedicated, conscientious and well liked nurse, and further, an asset to your team. The panel noted that you had fully engaged with this hearing process. The panel also had regard to your assertion that you had learnt from this process and would not seek to work in a context similar to that which had given rise to the charges again.

In terms of aggravating factors, the panel considered that despite having over three years in which to reflect on your misconduct, you maintained the stance that your actions did not amount to dishonesty. The panel was deeply troubled by your lack of insight and remorse in respect of this. The panel was concerned that you appeared to know what good practice was, having adhered to it previously, and yet your actions represented a serious departure from such good practice. You knew that as a registered nurse you were not qualified to prescribe medication yet you took it upon yourself to effectively do this, in order to expedite the process of obtaining medication and to gain income.

The panel first considered taking no further action. The panel considered that the charges are serious in their nature. As such, to take no further action would be a wholly disproportionate response and would have the effect of undermining public confidence in the profession. The panel determined that the imposition of a sanction is necessary.

The panel next considered imposing a caution order. A caution order is the least restrictive sanction that can be applied. It does not restrict the nurse's ability to practise but is recorded on the NMC Register and published on the NMC website for a period of between one and five years as the panel determines is appropriate.

The panel considered that as a caution order would have the effect of enabling you to practise freely, in light of the serious nature of the charges, it would not be appropriate in this case.

The panel next went on to consider a conditions of practice order. The panel determined that this is not an appropriate sanction in the circumstances of this case. Nor is a condition of practice order appropriate where, as here, no conditions could redress your dishonest acts or the risk of repetition and the harm you have caused to the reputation of the profession. In any event, the charges do not pertain to your clinical practice, so that a conditions of practice order would neither be practicable nor serve any useful purpose

The panel then considered imposing a suspension order for one year. The panel carefully considered whether the charges against you were fundamentally incompatible with remaining on the register. The panel concluded that you have not demonstrated a realisation that your conduct was dishonest. Honesty is the bedrock of the profession and the patients that you serve must have trust and confidence in the nursing profession. The panel further noted that the charges against you do not relate to a single incident and that, due to the extent of your dishonesty, which occurred over a long period of time and was connected to your clinical practice as a registered nurse, suspension would be an inappropriate response. The conduct is not easily remediable, and even if it were remediable, for the reasons the panel have previously given, the continued lack of insight means that, to date, the panel was unable to identify any evidence of remediation.

The panel is mindful that in terms of the indicative sanctions guidance, a striking off order may be the appropriate sanction where the Registrant's behaviour is fundamentally incompatible with being a registered professional, where there has been serious departure from relevant professional standards, serious dishonesty over a period of time, and where there has been a persistent lack of insight into the seriousness of actions. The panel is satisfied that these considerations are applicable in this case, particularly in the light of your lack of insight.

The panel noted that the charges are not in relation to your clinical practice as a registered nurse at the hospital but concluded it was in any event, necessary in the public interest to strike you off. The panel are saddened that such action does result in the loss to the profession of a nurse who has been a good clinical practitioner. However your dishonest actions which were connected to your clinical practice as a registered nurse, coupled with your persistent lack of insight, make a striking off order the proportionate sanction in this case.

If you were to remain on the register it would seriously undermine the trust and confidence that patients have in the profession and the NMC as its regulator.

Accordingly, the panel has determined to direct the Registrar to remove your name from the register.'

Submissions and evidence

This panel had regard to the submissions of Ms Nelson, on behalf of the NMC. It also took account of your oral evidence and the contents of your application for restoration which you submitted to the NMC containing the following:

- A reference from a Reverend at your Church dated 18 September 2019;
- A reference from a former colleague at Caerphilly District Miners' Hospital (the Hospital) and Ysbyty Ystrod Fawr dated 21 November 2019;
- A reference from a former colleague at the Hospital dated 28 November 2019;
- A further reference from a former colleague who is a staff nurse at the Hospital dated 27 November 2019.

Ms Nelson outlined the background and facts of the case, and referred this panel to the previous panel's decision which resulted in your removal from the Register. She referred the panel to the relevant NMC guidance on when it is appropriate to allow an applicant to be restored to the Register. She submitted that it is ultimately a matter for the panel.

You gave evidence under oath. You stated that you now recognise your failings and have insight into the charges found proved at the substantive hearing. You told the panel about the impact that being removed from the Register had on you. For about a year after your removal from the Register, you said that you grieved a job that you loved, and found it difficult to come to terms with. You said that your removal from the Register has enabled you to reflect on your actions and you can now see that your actions were wrong. You accepted full responsibility for your actions and expressed remorse.

Since the striking off order, you said that your life has completely changed. You have found your spiritual path and are a chair person at your Church. You are a member of a community centre and volunteer. You told the panel that you have continued to care for people and you have been working as a carer for Crusader Medical Care at a nursing home for 18 months.

Upon questions from the panel you accepted that your actions brought the profession into dispute and that a nurse is expected to uphold the trust and confidence in the profession.

You told the panel of your attempts to keep yourself professional updated and that if your application was granted today you expected to be able to start a return to practice course in April 2020. You said that you have attended an informative seminar ran by the course provider who has agreed to accept a late application from you today if your restoration application is successful.

The panel noted that there was no reference from your current employer. It asked whether you would be able to provide such a reference in support of your application.

After a short adjournment, the Director of Crusader Medical Care sent an email to the panel secretary which reads as follows:

'Carolann Willis has asked me to provide a reference for her in order to re-obtain her NMC pin.

I am aware of the circumstances surrounding why and how Carolann originally lost her pin (prescribing botox) but it was decided that this had no bearing on her being employed by the company as a Care Assistant.

Since being employed by the company in 28th august 2018, we have not been presented with any clinical issues regarding Carolann.

If you require more information, please let me know.'

Ms Nelson invited the panel to consider what weight to attach to this reference. It had not been obtained through the normal NMC process. She told the panel that for the purposes of restoration hearings, the NMC would contact individuals providing a

reference, and send them the transcript of the substantive hearing along with details of the charges and outcome.

You made no further submissions but thanked the panel for considering your application today.

The panel accepted the advice of the legal assessor.

Application to adjourn pursuant to Rule 32 of the Rules

The panel, of its own volition, advised both parties that it was minded to adjourn this hearing. Having had sight of all of the written and oral evidence before it, the panel was of the view that in order to reach a conclusion, it would be assisted by having an adjournment to enable the NMC, with the consent of you, to more complete references (from a line manager and, if you chose, a registered nurse with whom you currently work) which comment on your current fitness to be readmitted on to the Register. These references would be in the standard NMC format, any referees would be sent a copy of the transcript of the substantive hearing, the charges and outcome details, in accordance with the NMC guidance.

The panel invited submissions from both parties and made it clear that it had not reached a conclusion as to the merit of your application.

Ms Nelson remained neutral on the question. She submitted that it was a matter for the panel and reminded it of the NMC guidance on restoration hearings. She reminded the panel that, given the nature of the charges found proved, and that there were no concerns about your clinical practice as a registered nurse, it is primarily evidence of good character that the panel needs to consider.

You told the panel that you are disappointed about the possibility of adjourning today as you were hoping for a positive outcome. Your potential place on the return to practice course starting in April 2020 rests on your application being granted today. You submitted that it was not clear from the NMC's restoration application form that you needed references from your current employer. You remained neutral on the application to adjourn this hearing because you do not know what is in your best interests.

The panel accepted the advice of the legal assessor.

The panel acknowledged your concerns about losing your place on the upcoming return to practice course. The panel also acknowledged that it does not explicitly say in the NMC forms that you should provide a reference from your current employer, but as this hearing is to determine your current fitness to be readmitted to the Register and in the light of the NMC guidance, it is implied that such a reference would be of assistance to a panel in its determination.

Having considered the submissions made by Ms Nelson, and those made by you, the panel went on to consider whether there would be any injustice to either party in adjourning the hearing today. The panel noted that you are unrepresented at the hearing today and that you did not appreciate the nature of the evidential material which it would be appropriate for you to place before the panel considering your restoration application.

The panel considered the public interest in the expeditious disposal of cases. Due to the nature of the application, you are not on the Register, therefore the panel considered that the usual public interest in the expeditious disposal of this case.

The panel took into account the costs involved in scheduling and listing today's hearing and to the efforts made by you to attend. However, it set this against the fact that you are unrepresented and you attended today's hearing without evidence from your current employer which should be considered in determining your application. It had not been clear to you that such evidence would be useful. The panel also bore in mind that if your application were to be rejected, you would not have the possibility of requesting another hearing for 12 months.

Taking all of the above into account, the panel determined that it is in the interests of fairness and justice that the hearing today is adjourned. This is to provide you and the NMC with sufficient time to gather and provide the relevant supporting material and evidence to enable you properly to present your case at the resuming hearing. The panel determined that the interests of reaching a fair and reasonable decision outweighed the disadvantage of adjourning today's proceedings.

For all of the above reasons the panel decided to adjourn the hearing.

The resumed hearing on 28 April 2020 was held by GoToMeeting (virtual hearing) due to the current Covid-19 circumstances.

Decision on the application for restoration – 28 April 2020

Ms Forsyth told the panel that the NMC has received further references from your current Supervising Nurse and from the Director at Crusader Medical Care Ltd who employed you as a Care Assistant. Ms Forsyth submitted that it is a matter for the panel to determine if you are a fit and proper person to practise as a nurse.

You told the panel that you hope the two new references from your current clinical supervisor and director show that you are genuine and can practice safely as a registered nurse. You told the panel that you have a passion for nursing specifically mental health. You said that the Director of Crusader Medical Care Ltd would employ you as a nurse should you be restored to the register. You said that you had hoped to start a Return to Practise course this month but because of the Covid-19 restrictions it had not taken place. You said that you plan on starting a course in September of this year. You said you have kept yourself updated in the nursing profession by subscribing to the Nursing Times, and doing online research in acute medicine which you are interested in.

The panel heard and accepted the advice of the legal assessor.

The panel has considered your application for restoration to the NMC Register very carefully. The panel's decision is to allow the application subject to your successful completion of a return to practice course.

In reaching its decision the panel recognised its statutory duty to protect the public as well as maintain public confidence in the reputation of the profession, which includes the declaring and upholding of proper professional standards. The panel bore in mind that the burden was upon you to satisfy it that you are a fit and proper person who is able to practise safely and effectively as a nurse.

The panel considered whether you have demonstrated that you are now a fit and proper person. It considered the extent of your insight and remorse. It noted that you have been working as a care assistant for 18 months and considered whether you have kept yourself up to date with nursing practice and whether you have addressed the public interest.

The panel had regard to your oral evidence in January and at the resumed hearing and the employment related references provided by you. The panel bore in mind the original panel's decision in that it had determined that there had been a continuation of denial of dishonesty, absence of remorse and that it concluded that there was a high risk of repetition. The original panel noted that there were no clinical concerns identified in your practice at that time.

This panel found that you have demonstrated remorse and acceptance and noted in your oral evidence that you described how you felt and recognised that what you did was wrong and how you would work differently in the future. It determined that you have demonstrated a good level of insight. When questioned about how you have been keeping yourself updated in the nursing profession and what your future plans are, you were able to provide appropriate answers. The panel also noted that you have been working as a care assistant for 18 months with no further issues regarding your conduct.

In the panel's consideration of whether you have remedied your practice it took into account that there had not been any clinical concerns.

The panel had particular regard to the reference from the Director of Crusader Medical Care Ltd which states:

"From reading the transcripts of the hearing, I would like to add that I was somewhat surprised by it. From my understanding of Carolann, her work ethic, professionalism and clinical aptitude, I struggled to align the two. I assume this suggests that she is a reformed character and has learnt from the mistakes of her past".

"Carolann would be an asset to any employer and I would in fact, not hesitate in employing her as a qualified nurse in my company if the ban was lifted".

It also noted comments from your current supervisor dated 22 March 2020 which states:

“I find Carolann to be a supportive and caring member of the team. She works well with other colleagues, is sympathetic with patients and has good skills, and communicates their needs. I find Carolann to be an asset to the team”.

The panel determined that allowing you time to provide the references from your current employers has satisfied its remaining concerns. The panel determined that you have demonstrated suitability to be restored to the register and that you are a fit and proper person to be so restored.

The panel has carefully considered whether restoring you to the register would undermine public confidence in the profession and the NMC as its regulator. In the light of the evidence it heard from you and the positive testimonials it has received, and the lengthy passage of time since the imposition of the original sanction, the panel is satisfied that public confidence would not be undermined by your restoration to the register. It also considered that there could be public benefit in permitting a fully competent nurse to return to professional practice.

In determining to grant your application for restoration the panel bore in mind that you have not practised as a registered nurse since 2013 and that you no longer meet the requirements to be registered with the NMC. The panel determined to allow your application for restoration subject to your compliance with the NMC’s registration requirements, and paying the prescribed fee in accordance with the requirements of Article 19(3) and Article 33(7)(a).

That concludes this determination.

This decision will be confirmed to you in writing.