

**Nursing and Midwifery Council**  
**Fitness to Practise Committee**  
**Substantive Order Review Meeting**  
**3 August 2020**  
Virtual Meeting

**Name of registrant:** Anthony James Troman

**NMC PIN:** 07F0846E

**Part(s) of the register:** Registered Nurse (Sub Part 1)  
Mental Health Nurse – November 2007

**Area of Registered Address:** County Durham

**Type of Case:** Lack of competence

**Panel Members:** Anthony Mole (Chair, Lay member)  
Deborah Hall (Registrant member)  
Suzanna Jacoby (Lay member)

**Legal Assessor:** Richard Ferry-Swainson

**Panel Secretary:** Caroline Pringle

**Order being reviewed:** Suspension order (6 months)

**Fitness to Practise:** Impaired

**Outcome:** Striking-off order to come into effect at the end  
of 16 September 2020 in accordance with  
Article 30(1)

### **Decision on proof of service**

The panel considered whether notice of this meeting has been served in accordance with Rules 11A and 34 of the Nursing and Midwifery Council (Fitness to Practise) Rules 2004 (“the Rules”).

The panel accepted the advice of the legal assessor. The panel noted that under the recent amendments made to the Rules during the Covid-19 emergency period, a notice of hearing or meeting can be sent to a registrant’s registered address by recorded delivery and first class post or to a suitable email address on the register.

The panel noted that notice of this substantive order review meeting was sent to Mr Troman by email to his address on the register on 16 June 2020. The notice informed Mr Troman that his suspension order would be reviewed at a meeting on or after 3 August 2020, unless he asked for the review to take place at a hearing. Mr Troman has not responded to the notice of meeting and has not requested that this review take place at a hearing.

In these circumstances, the panel was satisfied that the notice was sent more than 28 days in advance of this meeting and had been served in accordance with the Rules. The panel was also satisfied that it was appropriate to proceed with this review at a meeting as it had no reason to believe that referring this matter to a hearing would result in Mr Troman’s attendance.

### **Decision and reasons on review of the current order**

The panel decided to make a striking-off order. This order will come into effect at the end of 16 September 2020 in accordance with Article 30(1) of the Nursing and Midwifery Order 2001 (as amended) (the Order).

This is the third review of a substantive suspension order originally imposed for a period of 12 months by a Fitness to Practise Committee panel on 14 February 2018. This was extended for 12 months on 29 January 2019 and again for a further 6 months on 3 February 2020.

The current order is due to expire at the end of 16 September 2020.

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

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

*'That you, a registered nurse, whilst employed by Northumberland Tyne and Wear NHS Foundation Trust ("the Trust"):*

*1) Between April 2011 and 8 October 2012 failed to demonstrate the standards of knowledge, skill and judgement required to practise without supervision as a Band 5 Staff Nurse on the Leas unit at the Trust in the following areas:*

*a. Medication management in that you:*

- i. Were unable to explain the uses, side effects and normal dosage of some medications in a competency assessment on 5 September 2011.*
- ii. On an unknown date, were unable to successfully complete a medication competency assessment.*
- iii. Failed the e-learning medication management assessment around August 2011.*

*b. Service Improvement in that you:*

- i. Required a high level of support.*
- ii. Were unable to manage situations as they arose on shift.*
- iii. Would take an inappropriate length of time to update computer records.*

*c. Quality in that you:*

- i. Did not follow the correct procedure when police arrived on the ward.*
- ii. Were unable to relate to any other area of performance except for nursing process.*

*d. Equality and Diversity in that you:*

- i. Were unable to explain what diversity meant.*

*2) Between February 2014 and April 2014 failed to demonstrate the standards of knowledge, skill and judgement required to practise without supervision as a Band 5 Staff Nurse on the Bede ward at the Trust in the following areas:*

*a. Communication in that you:*

- i. Recorded incorrect information in relation to patient observations.*
- ii. On one or more occasion were asleep during part of the handover.*
- iii. On one or more occasion left the ward for a period of time without communicating to colleagues where you were going.*
- iv. Provided insufficient information on one or more occasion at handover.*
- v. On one or more occasion were unable to communicate when you had not completed a task.*
- vi. Took an inappropriate length of time to complete one or more care plan communications.*
- vii. On 11 February 2014 did not take strips for calibration despite being asked to do so.*

*b. Medication management in that you:*

- i. Tried to administer the wrong tablets of Migralve.*
- ii. Attempted to administer Amisulpiride at 400mg instead of the prescribed 200mg.*
- iii. Started to dispense ibuprofen without checking whether it was prescribed.*

- iv. Was unable to say what haloperidol was used for or what it's side effects were.*
- v. Almost administered the wrong dose of Clozapine.*
- vi. Gave conflicting answers as to what Sertaline was.*

*AND, in light of the above, your fitness to practise is impaired by reason of your lack of competence.'*

The substantive panel determined the following with regard to impairment:

*'The panel's decision regarding the risk of repetition in this case was informed by its consideration of the level of insight Mr Troman has demonstrated, by whether his lack of competence is capable of being remedied and, if so, whether it has been remediated.*

*The panel acknowledged that he had made admissions to some of the charges. However, it did not have any evidence of insight from Mr Troman, recognising his shortcomings, their wider implications, and the need for him to take remedial action. Due to Mr Troman's limited engagement in these proceedings, the panel was not given the opportunity to consider any such evidence during the hearing. It therefore found that Mr Troman has yet to demonstrate insight into his lack of competence.*

*In its consideration of Mr Troman's remediation, the panel took into account the reference that Mr Troman had provided from his current employer. It noted that he has been working in a care assistant role since leaving the Trust and that he continues to require supervision in his current role.*

*The panel recognised that the facts found proved relate to aspects of nursing care that are capable of remediation. It noted that it had no evidence before it regarding any steps Mr Troman may have taken to*

*remediate in terms of his knowledge, such as by completing e-learning courses or reading journals. It noted that Mr Troman has not practised as a nurse since 2015 and that his shortcomings in terms of his skills and judgment could not be addressed unless he is working as a nurse.*

*The panel took into account that Mr Troman had attempted to acquire and develop the knowledge, skills and judgment required during his preceptorship and that he was unable to do so, despite receiving intensive and significant support.*

*The panel found that, in the absence of evidence from Mr Troman regarding any remedial action that he has taken or intends to take, and given his lack of insight to date, there is a real risk of repetition if he is allowed to practise without restriction. Therefore, the panel concluded that a finding of impairment on the grounds of public protection is necessary.*

*The panel bore in mind that the overarching objectives of the NMC are to protect, promote and maintain the health safety and well-being of the public and patients, and to uphold/protect 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 determined that, in this case, a finding of impairment on public interest grounds was also required. A reasonable and informed member of the public would expect action to be taken in relation to Mr Troman's registration in the circumstances of this case.*

*Having regard to all of the above, the panel was satisfied that Mr Troman's fitness to practise is currently impaired.'*

The two subsequent reviewing panels both found that there had been no material change in circumstances since this decision of the substantive panel in

February 2018 and, therefore, Mr Troman's fitness to practise remained impaired for the same reasons.

The last reviewing panel in February 2020 determined the following with regard to sanction:

*'The panel first considered whether to take no action but concluded that this would be inappropriate in view of the seriousness of the case. The panel decided that it would be neither proportionate nor in the public interest to take no further action.*

*The panel then considered the imposition of a caution order but again determined that this would be inappropriate in view of the widespread clinical concerns identified and seriousness of the case. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order. Such an order would also not adequately protect the public.*

*The panel next considered whether a conditions of practice on Mr Troman's registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable. The panel bore in mind the seriousness of the facts found proved at the original hearing and Mr Troman's previous failings even when supervised on a one-on-one basis. It is also evident that Mr Troman has not engaged with the NMC and it is unlikely that he would comply with any conditions of practice that are imposed. The panel therefore concluded that a conditions of practice order would not adequately protect the public or 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 Mr Truman further time to fully reflect on his previous failings. The panel concluded that a further six month suspension order would be the appropriate and*

*proportionate response and would afford Mr Troman adequate time to further develop his insight and remediation. It considered this to be the most appropriate and proportionate sanction available.*

*A striking off order in respect of Mr Tuman's lack of competence was not available to this panel as less than two years have passed since the imposition of the original suspension order.*

*The panel determined therefore that a suspension order is the appropriate sanction which would continue to both protect the public and satisfy the wider public interest. Accordingly, the panel determined to impose a suspension order for the period of six months to provide registrant with an opportunity to re-engage with the NMC, to provide a future panel with a medical report, detailed reflective piece and testimonials.*

*This suspension order will take effect upon the expiry of the current suspension order, namely the end of 16 March 2020 in accordance with Article 30(1).*

*Before the end of the period of suspension, another panel will review the order. At the review hearing the panel may revoke the order, or it may confirm the order, or it may replace the order with another order. However, on the expiry of this suspension order put in place by this panel, any subsequent reviewing panel will have the power to strike off and may well consider this option.'*

### **Decision on current fitness to practise**

The panel considered carefully whether Mr Troman's fitness to practise remains impaired. Whilst there is no statutory definition of fitness to practise, the NMC has defined it 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 exercised its own judgment as to current impairment.

The panel had regard to all of the documentation before it, which included the decisions and reasons of the previous panels.

The only new information this panel had from Mr Troman was a written summary of a telephone call between him and the NMC, dated 11 February 2020. In this conversation, Mr Troman stated that he had no intention of returning to nursing as it had been so long since he had been on a ward and though he would “love to return to nursing” it was “no longer financially viable”. During this call, Mr Troman’s case officer informed him that, as his registration has lapsed, the panel would have the option of allowing the current order to lapse, meaning that he would be removed from the NMC register. Mr Troman’s case officer explained that the panel would only be able to do this if it was satisfied that he has no intention of returning to nursing. She advised Mr Troman that, if he would like the panel to take this course of action, then he should send in submissions detailing his reasons for leaving nursing and his future career plans.

Mr Troman confirmed that he would send these submissions to the case officer, along with a reference from his employer. However, no further communication or submissions have been received from Mr Troman.

The panel 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 panel considered whether Mr Troman’s fitness to practise remains impaired. The panel noted that Mr Troman qualified as a nurse in 2007 but, despite extensive support from his employer, was never able to reach a stage where he could practise safely as an independent practitioner without supervision. The substantive panel concluded that, in the absence of evidence of further remediation or insight, Mr Troman’s lack of

competence had the potential to place patients at risk of harm and therefore a finding of current impairment was required on both public protection and public interest grounds.

The two subsequent reviewing panels had no evidence of any further significant insight or remediation and therefore concluded that Mr Troman's fitness to practise remained impaired on the same grounds.

This reviewing panel was in the same position. The only new information from Mr Troman is the content of his telephone call from 11 February 2020. He has provided no evidence of any remediation or further insight and his stated intention to leave the nursing profession makes it unlikely that he will do so in the future. This panel also noted that not only has Mr Troman not remediated his original lack of competence, but he has also now been out of practice for approximately five years, meaning that his nursing skills and knowledge are likely to have deteriorated further.

For these reasons, the panel determined that the public would be placed at risk of harm if Mr Troman were allowed to practise unrestricted, and therefore a finding of current impairment continued to be required on public protection grounds.

The panel also determined that a finding of current impairment on public interest grounds continued to be required in order to maintain standards and uphold public confidence in the nursing profession.

For these reasons, the panel finds that Mr Troman's fitness to practise remains impaired.

### **Determination on sanction**

Having found Mr Troman's fitness to practise currently impaired, the panel then considered what, if any, sanction it should impose in this case. The panel noted that its powers are set out in Articles 29 and 30 of the Order. The panel also took account of the NMC's Sanctions Guidance 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. It noted that Mr Troman's registration is now only valid by virtue of these fitness to practise proceedings and, if the panel were to take no action, then his registration would lapse when the current order expires. However, despite guidance from his case officer, Mr Troman has not provided this panel with the information and assurances it would need regarding his future intentions, in order for it to take this course of action. The panel therefore concluded that taking no further action would not be an appropriate or proportionate course of action and could leave the public exposed to a risk of harm.

The panel then considered whether to impose a caution order but concluded that this would be inappropriate in view of the risk of repetition identified and seriousness of the case. A caution order would not restrict Mr Troman's practice and would therefore not protect the public. The panel also decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered the imposition of a conditions of practice order but decided that this would not be a practical, workable or appropriate sanction. The panel was of the view that it would not be possible to formulate practical or workable conditions, given the breadth of competency issues with Mr Troman's practice. It also bore in mind that Mr Troman received a significant level of additional support from his employers for several years but, despite this, was still unable to achieve the required level of competence. The panel could therefore not be satisfied that a conditions of practice order would be sufficient to protect the public. Furthermore, Mr Troman has indicated that he has left the nursing profession and would therefore be unable to comply with a conditions of practice order. For all of these reasons, the panel concluded that a conditions of practice order was not an appropriate sanction.

The panel then moved on to consider a further period of suspension. It noted that this would continue to protect the public. However, it also bore in mind that Mr Troman has now been suspended for approximately 2.5 years. During this time he has taken very limited steps to remedy his competence or improve his skills, and has demonstrated little insight. Since qualifying in 2007 Mr Troman has been unable to demonstrate the required level of competence, despite extensive additional support, and has now

indicated that he wishes to leave the nursing profession. In these circumstances, the panel considered that a further period of suspension would be highly unlikely to produce any new evidence of remediation or serve any other useful purpose.

In these circumstances the panel determined that the only remaining sanction which would adequately protect the public and satisfy the public interest was a striking-off order.

Accordingly, the panel determined to make a striking-off order. In accordance with Article 30(1), this striking-off order will come into effect upon the expiry of the existing suspension order, namely at the end of 16 September 2020.

This decision will be confirmed to Mr Troman in writing.

That concludes this determination.