

**Nursing and Midwifery Council
Fitness to Practise Committee**

**Substantive Order Review Hearing
Thursday, 3 September 2020**

Virtual Hearing

Name of registrant:	Deborah Margaret Reece	
NMC PIN:	06B1664E	
Part(s) of the register:	Registered Nurse – Sub-part 1 Adult Nursing – April 2006	
Area of Registered Address:	England	
Type of Case:	Misconduct	
Panel members:	Raymond Marley	(Chair, Lay member)
	Sally Glen	(Registrant member)
	Angela O'Neill	(Registrant member)
Legal Assessor:	Nicholas Levisaur	
Panel Secretary:	Philip Austin	
Nursing and Midwifery Council:	Represented by Susan Jean, Case Presenter	
Ms Reese:	Not present and not represented in absence	
Order being reviewed:	Conditions of practice order (18 months)	
Fitness to practise:	Currently Impaired	
Outcome:	Conditions of practice order to lapse upon expiry, namely, at the end of 11 October 2020, with no further action to be taken, in accordance with Article 30 (1)	

Decision and reasons on service of Notice of Hearing

The panel was informed at the start of this hearing that Ms Reece was not in attendance and that the notice of hearing had been sent in a secure and encrypted fashion to the email address that the Nursing and Midwifery Council (“NMC”) had on file for her on 28 July 2020. The panel further noted that the notice of hearing was also sent to Ms Reece’s representative at the Royal College of Nursing (“RCN”) on 29 July 2020 by email.

The panel took into account that the notice of hearing provided details of the substantive order being reviewed, the time, date and venue of the hearing and, amongst other things, information about Ms Reece’s right to attend, be represented and call evidence, as well as the panel’s power to proceed in her absence. The panel noted that the emergency statutory instrument in place allows for electronic service of the notice of hearing to be deemed reasonable in the current circumstances, involving Covid-19.

Ms Jean, on behalf of the NMC, submitted that it had complied with the requirements of Rules 11 and 34 of the Nursing and Midwifery Council (Fitness to Practise) Rules 2004, as amended (“the Rules”).

The panel accepted the advice of the legal assessor.

In the light of all of the information available, the panel was satisfied that Ms Jean has been served with notice of this hearing in accordance with the requirements of Rules 11A and 34 of the Rules.

Decision and reasons on proceeding in the absence of Ms Reece

The panel next considered whether it should proceed in the absence of Ms Reece.

The panel had regard to Rule 21 and heard the submissions of Ms Jean, who invited the panel to continue in the absence of Ms Reece.

Ms Jean referred the panel to the letter from the RCN dated 2 September 2020, which was sent to the NMC case officer. In this letter, the RCN states:

“Our member will not be attending the hearing nor will she be represented. No disrespect is intended by her non-attendance. [PRIVATE], and she respectfully asks that her absence therefore be excused.

The Panel can be assured that Ms Reece has received the notice of hearing and is happy for the hearing to proceed in her absence. She is keen to engage with the proceedings. The Registrant’s interim legal representative will be available by telephone should the Panel desire to hear from us. Our contact details can be found within this letter.”

Ms Jean submitted that the RCN has confirmed that Ms Reece is aware of today’s hearing and it has also provided a clear indication that she is happy for the panel to proceed in her absence. She invited the panel to have regard to the case of *GMC v Adeogba [2016] EWCA Civ 162*.

Ms Jean submitted that Ms Reece has voluntarily absented herself, and the RCN have asked the panel to take account of the written representations provided in considering this matter today.

Ms Jean submitted that an adjournment of this hearing has not been requested by Ms Reece, and it would be unlikely to secure her attendance on some future occasion. She further submitted that this is a mandatory review of a substantive order that is due to expire at the end of 11 October 2020 and there is a strong public interest in proceeding with this hearing today.

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

The panel has decided to proceed in the absence of Ms Reece. In reaching this decision, the panel has considered the submissions of Ms Jean, as well as the written representations of the RCN contained in the letter dated 2 September 2020.

The panel has had particular regard to any relevant case law and to the overall interests of justice and fairness to all parties. It noted that:

- The RCN has informed the NMC that Ms Reece has received the notice of hearing and is happy for the hearing to proceed in both her and her representative's absence;
- No application for an adjournment has been made by Ms Reece;
- There is no reason to suppose that adjourning would secure Ms Reece's attendance at some future date;
- The RCN has also provided written representations for the panel to take account of during its deliberations; and
- There is a strong public interest in expeditiously reviewing this matter before the substantive order expires at the end of 11 October 2020.

In these circumstances, the panel has decided that it is fair, appropriate and proportionate to proceed in the absence of Ms Reece.

Decision and reasons on application under Rule 19

Ms Jean drew the panel's attention to the letter from the RCN dated 2 September 2020.

The panel noted that the RCN made a request that parts of this hearing be held in private on the basis that aspects of this case involves reference to Ms Reece's health.

Ms Jean, on behalf of the NMC, supported the application made by the RCN.

The legal assessor reminded the panel that while Rule 19 (1) of The Nursing and Midwifery Council (Fitness to Practise) Rules 2004 ("the Rules") provides, as a starting point, that hearings shall be conducted in public, Rule 19 (3) states that the panel may hold hearings partly or wholly in private if it is satisfied that this is justified by the interests of any party or by the public interest.

The panel noted that Rule 19 states:

19. (1) Subject to paragraphs (2) and (3) below, hearings shall be conducted in public.

(2) Subject to paragraph (2A), a hearing before the Fitness to Practise Committee which relates solely to an allegation concerning the registrant's physical or mental health must be conducted in private.

(2A) All or part of the hearing referred to in paragraph (2) may be held in public where the Fitness to Practise Committee—

- (a) having given the parties, and any third party whom the Committee considers it appropriate to hear, an opportunity to make representations; and
- (b) having obtained the advice of the legal assessor, is satisfied that the public interest or the interests of any third party outweigh the need to protect the privacy or confidentiality of the registrant.

(3) Hearings other than those referred to in paragraph (2) above may be held, wholly or partly, in private if the Committee is satisfied—

- (a) having given the parties, and any third party from whom the Committee considers it appropriate to hear, an opportunity to make representations; and
- (b) having obtained the advice of the legal assessor, that this is justified (and outweighs any prejudice) by the interests of any party or of any third party (including a complainant, witness or patient) or by the public interest.

(4) In this rule, "in private" means conducted in the presence of every party and any person representing a party, but otherwise excluding the public.

The panel noted that as of Tuesday, 2 September 2020, it is possible for observers to attend virtual hearings.

Therefore, in having heard that there will be reference to Ms Reece's health, the panel determined to hold such parts of the hearing in private session. The panel determined to rule on whether or not to go into private session in connection with these matters as and when such issues are raised.

Decision and reasons on review of the substantive order

After finding current impairment, the panel decided to take no further action and let the order lapse upon expiry. This order will lapse at the end of 11 October 2020, in accordance with Article 30 (1) of the Nursing and Midwifery Order 2001 (as amended) ("the Order").

This is the second review of a substantive conditions of practice order originally imposed for a period of 24 months by a panel of the Conduct and Competence Committee ("CCC") on 10 March 2017. This was subsequently reviewed on 14 March 2019, where a panel of the Fitness to Practise Committee ("FtPC") imposed a new conditions of practice order for a period of 18 months. The current order is due to expire at the end of 11 October 2020.

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 and whilst employed as a Practice Nurse by East Lancashire Medical Services ("ELMS"):

1. *On 8 October 2013, did not offer Patient 27 a chaperone and/or did not document that you offered Patient 27 a chaperone*

2. *On 8 April 2014, took Patient 122's blood pressure while they were in a state of undress for a smear test*

3. *Administered a shingles vaccination outside of the Patient Group Directive:*
 - 3.1. *On 28 April 2014 in relation to Patient 123*
 - 3.2. *On 14 July 2014 in relation to Patient 124*

4. *On 19 November 2013 when performing a smear test for Patient B acted inappropriately in that you:*
 - 4.1. *Showed Patient B pictures of diseased cervixes which are used for clinical reference purposes*
 - 4.2. *When showing Patient B the speculum you stated:*
 - 4.2.1. *you "would only put it [speculum] a certain depth inside [Patient B]" or words to that effect*
 - 4.2.2. *"if your partner was only that big I feel sorry for you" or words to that effect*
 - 4.3. *When conducting the smear test stated "what a lovely pink cervix" or words to that effect*
 - 4.4. *[NMC offered no evidence]*

5. *Did not provide adequate clinical care to patients with diabetes on one or more of the occasions listed in Schedule 1*

6. *Did not provide adequate clinical care to patients with respiratory diseases on one or more of the occasions listed in Schedule 2*

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

SCHEDULE 1

5.1. *[NMC offered no evidence]*

- 5.2. *[NMC offered no evidence]*
- 5.3. *On 23 September 2013 in relation to Patient 4 set an unrealistic goal, in that you suggested that the patient 'try to achieve glycaemic control of 43 mmols as discussed.'*
- 5.4. *On 23 September 2013 in relation to Patient 4 did not set a date to review blood results*
- 5.5. *[NMC offered no evidence]*
- 5.6. *[NMC offered no evidence]*
- 5.7. *[NMC offered no evidence]*
- 5.8. *[NMC offered no evidence]*
- 5.9. *On 4 July 2013 in relation to Patient 12 did not arrange a date for the review of Patient 12's blood results*
- 5.10. *On 24 January 2014 in relation to Patient 14 did not rearrange an appointment to check Patient 14's foot*
- 5.11. *On 21 November 2013 in relation to Patient 18 did not document the discussion around Patient 18's diet*
- 5.12. *[NMC offered no evidence]*
- 5.13. *[NMC offered no evidence]*
- 5.14. *On 29 November 2013 incorrectly documented that Patient 38 had 'excellent' glycaemic control*

5.15. *On 6 March 2014 in relation to Patient 46 did not seek translation services*

5.16. *[NMC offered no evidence]*

5.17. *[NMC offered no evidence]*

5.18. *On 8 November 2013 in relation to Patient 67 incorrectly documented that Patient 67 had 'excellent' glycaemic control*

5.19. *On 22 November 2013 in relation to Patient 73 failed to arrange an appointment for Patient 73's blood results to be reviewed*

5.20. *On 20 March 2014 in relation to Patient 76 recorded a query that Patient 76 would have benefitted more from commencement of Metformin instead of insulin*

5.21. *Did not input diary dates for future reviews*

5.21.1. *On 27 January 2014 in respect of Patient 1*

5.21.2. *On 13 June 2014 in respect of Patient 3*

5.21.3. *On 23 September 2013 in respect Patient 4*

5.21.4. *On 7 January 2014 in respect of Patient 6*

5.21.5. *On 27 December 2013 in respect of Patient 7*

5.21.6. *On 19 November 2013 in respect of Patient 8*

5.21.7. *On 28 March 2014 in respect of Patient 9*

5.21.8. *On 1 May 2014 in respect of Patient 10*

5.21.9. *On 4 July 2013 in respect of Patient 12*

5.21.10. *On 24 January 2014 in respect of Patient 14*

5.21.11. *On 14 March 2014 in respect of Patient 15*

5.21.12. *On 13 January 2014 in respect of Patient 16*

5.21.13. *On 11 February 2014 in respect of Patient 17*

5.21.14. *On 21 November 2013 in respect of Patient 18*

5.21.15. *On 20 December 2013 in respect of Patient 20*

5.21.16. *On 16 January 2014 in respect of Patient 22*

5.21.17. *On 28 January 2014 in respect of Patient 23*

5.21.18. *On 26 April 2013 in respect of Patient 24*

- 5.21.19. *On 7 January 2014 in respect of Patient 26*
- 5.21.20. *On 8 October 2013 in respect of Patient 27*
- 5.21.21. *On 13 January 2014 in respect of Patient 28*
- 5.21.22. *On 8 August 2013 in respect of Patient 31*
- 5.21.23. *On 9 July 2013 in respect of Patient 32*
- 5.21.24. *On 16 January 2014 in respect of Patient 34*
- 5.21.25. *On 15 November 2013 and/or on 22 November 2013 in respect of Patient 35*
- 5.21.26. *On 26 November 2013 in respect of Patient 36*
- 5.21.27. *On 25 April 2014 in respect of Patient 37*
- 5.21.28. *On 29 November 2013 in respect of Patient 38*
- 5.21.29. *On 10 May 2013 in respect of Patient 40*
- 5.21.30. *On 25 April 2014 in respect of Patient 41*
- 5.21.31. *On 6 March 2014 in respect of Patient 42*
- 5.21.32. *On 11 November 2013 in respect of Patient 43*
- 5.21.33. *On 13 February 2014 in respect of Patient 44*
- 5.21.34. *On 12 September 2013 in respect of Patient 45*
- 5.21.35. *On 6 March 2014 in respect of Patient 46*
- 5.21.36. *On 3 April 2014 in respect of Patient 47*
- 5.21.37. *On 13 March 2014 in respect of Patient 48*
- 5.21.38. *On 13 September 2013 in respect of Patient 49*
- 5.21.39. *On 9 July 2013 in respect of Patient 50*
- 5.21.40. *On 13 May 2013 in respect of Patient 51*
- 5.21.41. *On 20 February 2014 in respect of Patient 52*
- 5.21.42. *On 4 April 2014 in respect of Patient 53*
- 5.21.43. *On 22 November 2013 in respect of Patient 54*
- 5.21.44. *On 7 March 2014 in respect of Patient 55*
- 5.21.45. *On 4 November 2013 in respect of Patient 56*
- 5.21.46. *On 26 September 2013 in respect of Patient 57*
- 5.21.47. *On 25 November 2013 in respect of Patient 58*
- 5.21.48. *On 30 August 2013 in respect of Patient 60*
- 5.21.49. *On 22 October 2013 in respect of Patient 61*
- 5.21.50. *On 27 January 2014 in respect of Patient 62*
- 5.21.51. *On 27 January 2014 in respect of Patient 63*

- 5.21.52. *On 5 November 2013 in respect of Patient 64*
- 5.21.53. *On 3 March 2014 in respect of Patient 65*
- 5.21.54. *On 29 November 2013 in respect of Patient 66*
- 5.21.55. *On 8 November 2013 in respect of Patient 67*
- 5.21.56. *On 1 April 2014 in respect of Patient 68*
- 5.21.57. *On 21 March 2013 in respect of Patient 70*
- 5.21.58. *On 13 February 2014 in respect of Patient 71*
- 5.21.59. *On 15 July 2013 in respect of Patient 72*
- 5.21.60. *On 1 November 2013 in respect of Patient 73*
- 5.21.61. *On 2 July 2013 in respect of Patient 75*
- 5.21.62. *On 3 March 2014 in respect of Patient 77*
- 5.21.63. *On 17 March 2014 in respect of Patient 79*
- 5.21.64. *On 6 September 2013 in respect of Patient 80*
- 5.21.65. *On 25 October 2013 in respect of Patient 81*
- 5.21.66. *On 19 November 2013 in respect of Patient 82*
- 5.21.67. *On 27 January 2014 in respect of Patient 83*

5.22. *[NMC offered no evidence]*

5.23. *[NMC offered no evidence]*

5.24. *[NMC offered no evidence]*

5.25. *[NMC offered no evidence]*

SCHEDULE 2

- 6.1. *On 11 April 2014 in relation to Patient 84 incorrectly documented that Patient 84 was at control step 0 when you had recorded that their asthma treatment compliance was unsatisfactory*

- 6.2. *On 31 January 2014 in relation to Patient 85 you documented that Patient 85 was at control step 0 when you had issued an inhaler used in control step 2*
- 6.3. *[NMC offered no evidence]*
- 6.4. *[NMC offered no evidence]*
- 6.5. *[NMC offered no evidence]*
- 6.6. *[NMC offered no evidence]*
- 6.7. *[NMC offered no evidence]*
- 6.8. *[NMC offered no evidence]*
- 6.9. *[NMC offered no evidence]*
- 6.10. *[NMC offered no evidence]*
- 6.11. *[NMC offered no evidence]*
- 6.12. *[NMC offered no evidence]*
- 6.13. *[NMC offered no evidence]*
- 6.14. *[NMC offered no evidence]*
- 6.15. *[NMC offered no evidence]*
- 6.16. *On 7 May 2013 in relation to Patient 108 stepped Patient 108 down from control step 3 to control step 1*
- 6.17. *[NMC offered no evidence]*

6.18. *[NMC offered no evidence]*

6.19. *[NMC offered no evidence]*

6.20. *[NMC offered no evidence]*

6.21. *[NMC offered no evidence]*

6.22. *[NMC offered no evidence]*

6.23. *On 17 January 2014 in relation to Patient 120 did not carry out reversibility testing and/or did not record carrying out reversibility testing*

6.24. *[NMC offered no evidence]”*

The first reviewing panel determined the following with regard to impairment:

“The original substantive panel found that there was a risk of repetition, and therefore a finding of current impairment of public protection and public interest grounds was required. Ms Reece has been unable to work due to her health, and therefore has not been able to comply with the conditions of practice order. This panel therefore had no new information before it from which it could conclude that the risk identified by the original substantive panel had reduced in any way.

This panel therefore concluded that a finding of current impairment remains necessary, both on public protection and public interest grounds, for the reasons identified by the original panel.”

The first reviewing panel 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 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.

The panel then considered whether to impose a caution order but concluded that this would also 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 impose a caution order.

The panel next considered the imposition of a conditions of practice order. The panel was of the view that a conditions of practice order is sufficient to protect patients and the wider public interest, noting as the original panel did that Ms Reece's misconduct relates to identifiable areas of her clinical and professional practice. Ms Reece has also engaged with the NMC throughout these proceedings and demonstrated a willingness to remediate her practice and return to the profession unrestricted. Although she has not complied with existing conditions of practice order, Ms Reece has provided good reasons for this, which are supported by medical evidence. The panel was satisfied that, if Ms Reece's health improves such that she can return to work, then the public would be adequately protected by the continuation of the existing conditions of practice.

Accordingly, the panel determined, pursuant to Article 30(1) (c) of the Nursing and Midwifery Order 2001, to make a conditions of practice order for a period of 18 months, which will come into effect on the expiry of the current order. The panel considered that this would allow Ms Reece sufficient time to recover and demonstrate compliance with the conditions of practice to a future reviewing panel.

The panel therefore imposed the following conditions:

- 1. Before you return to practice you must successfully complete and pass an NMC-approved Return to Practice Programme.*
- 2. You must confine your practice to working for the NHS.*
- 3. You must not carry out any medication administration unless directly supervised by a registered nurse. Such supervision must remain in place until:*

- a. *You have completed a medication administration and record keeping course, approved by your employer, and*
 - b. *You have been assessed as competent following a minimum of six supervised drug rounds.*
4. *At any time that you are employed or otherwise providing nursing services, you must place yourself and remain under the indirect supervision of a workplace line manager, mentor or supervisor nominated by your employer. Such supervision is to consist of working at all times on the same shift as another registered nurse of at least Band 6 who is physically present in or on the same ward, unit, floor or home that you are working in or on.*
5. *You must work with your line manager, mentor or supervisor (or their nominated deputy) to formulate a Personal Development Plan specifically designed to address the concerns in the following areas of your practice:*
 - a. *Medications management*
 - b. *Record keeping*
 - c. *Diabetes management*
 - d. *Respiratory care*
6. *You must meet with your line manager, mentor or supervisor (or their nominated deputy) at least every 4 weeks to discuss the standard of your performance and your progress towards achieving the aims set out in your Personal Development Plan.*
7. *You must send a report from your line manager, mentor or supervisor (or their nominated deputy) setting out the standard of your performance to the NMC at least 7 days prior to any NMC review hearing or meeting.*
8. *You must notify the NMC within 7 days of any nursing appointment (whether paid or unpaid) you accept within the UK or elsewhere, and provide the NMC with contact details of your employer.*

9. *You must inform the NMC of any professional investigation started against you and/or any professional disciplinary proceedings taken against you within 7 days of you receiving notice of them.*

10. *You must within 7 days of accepting any post or employment requiring registration with the NMC, or any course of study connected with nursing, provide the NMC with the name/contact details of the individual or organisation offering the post, employment or course of study.*

11. *You must immediately inform the following parties that you are subject to a conditions of practice order under the NMC's fitness to practise procedures, and disclose conditions 1 to 10 above to them:*
 - a. *Any organisation or person employing, contracting with, or using you to undertake nursing work.*
 - b. *Any prospective employer (at the time of application).*
 - c. *Any educational establishment at which you are undertaking a course of study connected with nursing or midwifery, or any such establishment to which you apply to take such a course (at the time of application)."*

Decision and reasons on current impairment

The panel has considered carefully whether Ms Reece'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 has carried out a comprehensive review of the order in light of the current circumstances. Whilst it has noted the decision of the last panel, this panel has exercised its own judgement as to current impairment.

The panel has had regard to all of the documentation before it, including the NMC bundle, and the bundle provided by the RCN on the day of the hearing. It has taken account of the

oral submissions made by Ms Jean, on behalf of the NMC, along with the written representations of the RCN, in support of Ms Reece's case.

Ms Jean took the panel through the background of this case. She submitted that the concerns relate to Ms Reece's clinical performance, as well as her conduct and behaviour. Ms Jean further submitted that the concerns involved a large number of patients and spanned a significant period of time, some 15 months.

Ms Jean submitted that at the time of the last review hearing on 14 March 2019, it had been Ms Reece's intention to undertake a Return to Practice ("RtP") course in order to continue her career as a registered nurse. However, she submitted that up until that point, Ms Reece's health had prevented her from doing so, and the panel decided to impose another conditions of practice order for a period of 18 months, in order to provide sufficient time for Ms Reece to address the concerns identified.

Ms Jean updated the panel as to the current position today. She informed the panel that due to a variety of health concerns, Ms Reece has not been in a position to comply with the two conditions of practice orders that have been imposed on her registration since the substantive hearing on 10 March 2017, some 42 months ago.

Ms Jean referred the panel to the recent letter dated 21 August 2020 [PRIVATE]:

"[PRIVATE]"

In taking account of the above, Ms Jean submitted that Ms Reece has not remediated her misconduct, and has not been able to demonstrate that her fitness to practise as a registered nurse is no longer impaired.

Therefore, in the absence of any evidence to the contrary, Ms Jean invited the panel to find that Ms Reece's fitness to practise as a registered nurse remains impaired on the grounds of public protection and it also being in the public interest.

Ms Jean submitted that it is a matter for the panel's judgment as to what sanction, if any, it should consider imposing. She submitted that the panel may consider a suspension order or a striking-off order to be disproportionate in the circumstances of this case.

Ms Jean submitted that it may be appropriate in the particular circumstances to let the current order lapse upon expiry, with a clear finding that Ms Reece's fitness to practise as a registered nurse is currently impaired. She invited the panel to have regard to the guidance on allowing orders to expire when a nurse or midwife's registration will lapse ("the Guidance") in considering this.

Ms Jean informed the panel that Ms Reece was permitted to work as a registered nurse with conditions until 30 April 2018, but her registration fees expired on this date. Therefore, she informed the panel that the only reason Ms Reece's registration remains live is due to the current conditions of practice order imposed on her nursing registration.

Ms Jean submitted that if the order was to expire, Ms Reece's registration with the NMC will lapse, and she will no longer remain on the NMC register, and this outcome will satisfy the public protection and public interest elements involved in this case. She submitted that should Ms Reece change her mind and seek to return to the nursing profession, she would have to reapply to the NMC register, the Assistant Registrar ("AR") can have regard to this panel's findings in considering whether to grant the application.

Ms Jean submitted that although there is no signed declaration from Ms Reece herself confirming that she does not intend to continue nursing in the future, the RCN have provided a rational explanation for this, as it was stated in an email dated 2 September 2020 that:

"DR [Ms Reece] sent the Declaration to the RCN Leeds office by post – however that office is closed. We have attempted to obtain an electronic copy today to no avail. It is intended this will follow."

Ms Jean submitted that whilst the signed declaration from Ms Reece is not before the panel today, the RCN's submissions appear to confirm that a signed declaration has been made by Ms Reece to this effect. Ms Jean submitted that the panel are able to rely on the

written representations of the RCN, and she concluded by saying that continuing an order may not serve any useful purpose.

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 panel considered whether Ms Reece's fitness to practise remains impaired.

The panel noted that since a conditions of practice order was first imposed on Ms Reece's nursing registration in 2017, she has not worked as a registered nurse and, as such, has not been in a position to fully comply with the conditions of practice order. It also noted that with this being the case, Ms Reece has not worked as a registered nurse in any capacity since 2014.

The panel had regard to the longstanding health concerns which may have prevented Ms Reece in returning to the nursing profession. It took account of the contents of the letter [PRIVATE].

In taking account of the above, the panel considered there to be no new material change of circumstances since the last review hearing on 14 March 2019. It had no new evidence before it to suggest that Ms Reece has addressed the deficiencies in her nursing practice, or developed her insight further. It appears that Ms Reece has not been of sufficient health to be able to undertake a RtP course.

In the absence of any evidence to the contrary, the panel could not be satisfied that Ms Reece no longer poses a risk to patient safety. It had no evidence before it to suggest that the risk of harm had reduced. Therefore, the panel considered there to be a real risk of repetition of the events and a risk of significant harm to patients in her care, should she be permitted to return to unrestricted nursing practice. The panel also decided that a finding of continuing impairment is necessary on the grounds of public protection.

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. As Ms Reece has not yet addressed the concerns identified by the previous panel, this panel determined that, in these circumstances, a finding of continuing impairment on public interest grounds is required. It was of the view that a fully informed member of the public, who was aware of all the evidence presented in this case, would be concerned by the actions of Ms Reece and would expect a panel to make a finding that her fitness to practise remains impaired, in absence of any new evidence to the contrary.

For these reasons, the panel finds that Ms Reece's fitness to practise remains impaired on the grounds of public protection and it is also in the public interest.

Determination on sanction

Having found Ms Reece'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 Article 30 of the Order. The panel has also taken into account the Guidance, as well as the NMC's Sanctions Guidance ("SG"). It has borne 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 further action, and to let the order lapse upon expiry.

The panel had regard to the detailed written representations from the RCN. It considered Ms Reece to have been engaging with the NMC process, through her representatives.

The panel noted the fact that Ms Reece's registration is only active because of the current conditions of practice order imposed on her registration, and that it had received a very clear indication from the RCN that Ms Reece does not wish to return to the nursing profession at any point in the future. It noted that whilst there is no signed declaration of intent from Ms Reece herself, the panel accepted the RCN's submission that this had been provided to them by Ms Reece, but it is not available to the panel today due to it having been sent to an office which is closed at the current time.

The panel noted that Ms Reece has not worked in the healthcare environment since 2014, and that she did not renew her subscription fees on 30 April 2018. As Ms Reece has not worked as a registered nurse in approximately six years, the panel was aware that she would not have met the criteria in order for her to revalidate and, in any event, she would have had to have completed an RtP course before she was permitted to work as a registered nurse, which she has not done.

The panel noted that if it was minded to let the current order lapse and in taking no further action, the public protection concerns would be met by the panel's findings on current impairment, and that this will be drawn to the attention of any future decision-maker if Ms Reece attempts to re-join the NMC register.

The panel also noted that if Ms Reece were to apply for readmission to the NMC register, the AR would have to be satisfied that Ms Reece was capable of safe and effective practice, before accepting any application for readmission. Ms Reece would have to prove these requirements, having been out of nursing practice for approximately six years, and having outstanding fitness to practise concerns, which had yet to be remediated. The panel considered that these factors would ensure that the public would be adequately protected if Ms Reece were to apply for readmission.

The panel had regard to the wider public interest and considered that this would be satisfied in knowing that a finding of impairment had been made in respect of Ms Reece, and that her name would be removed from the NMC register as a result of the panel's decision in letting the conditions of practice order lapse upon expiry, namely, at the end of 11 October 2020.

In light of all the above, the panel letting the order to lapse with no further action to be taken to be the most appropriate and proportionate response in this case.

The panel did consider whether to impose a caution order but determined that this would be inappropriate and disproportionate in the particular circumstances of this case. The panel determined that the need to protect the public and to satisfy the public interest would be adequately served by taking no further action, and in letting the order expire so that Ms Reece's registration will lapse, having marked Ms Reece's fitness to practise as a registered nurse currently impaired.

This decision will be confirmed to Ms Reece in writing.

That concludes this determination.