

**Nursing and Midwifery Council  
Fitness to Practise Committee  
Substantive Order Review Hearing**

**9 September 2020**

Virtual Hearing

<b>Name of registrant:</b>	Michele Anne Teker
<b>NMC PIN:</b>	97H0051E
<b>Part(s) of the register:</b>	Registered Nurse (Sub Part 1) Children's Nurse – August 2000
<b>Area of Registered Address:</b>	Lancashire
<b>Type of Case:</b>	Misconduct
<b>Panel Members:</b>	Gail Mortimer (Chair, lay member) Susan Foster (Registrant member) Mary Golden (Lay member)
<b>Legal Assessor:</b>	Nigel Mitchell
<b>Panel Secretary:</b>	Caroline Pringle
<b>Mrs Teker:</b>	Present but not represented
<b>Nursing and Midwifery Council:</b>	Represented by Alastair Kennedy, NMC Case Presenter
<b>Order being reviewed:</b>	Suspension order (6 months)
<b>Fitness to Practise:</b>	Impaired
<b>Outcome:</b>	Conditions of practice order (9 months) to come into effect at the end of 15 October 2020 in accordance with Article 30(1)

### **Decision and reasons to hold parts of the hearing in private**

At the outset of the hearing, Mr Kennedy informed the panel that it may be necessary to refer to aspects of your health during the hearing. He made an application for these parts of the hearing to be held in private under Rule 19(3).

The panel was aware that while Rule 19(1) 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.

Having heard that there may be reference to your health, the panel determined that it would be appropriate to hold any parts of the hearing which referred to your health in private, so as to protect your right to privacy and confidentiality in respect of these matters.

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

The panel decided to make a 9 month conditions of practice order. This order will come into effect at the end of 15 October 2020 in accordance with Article 30(1) of the Nursing and Midwifery Order 2001 (as amended) (the Order).

This is the first review of a 6 month suspension order imposed by a Fitness to Practise panel on 17 March 2020. The current order is due to expire at the end of 15 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 on or around 6 August 2017,*

1. *In relation to Patient A,*

- a) *Prepared IV antibiotics without asking for another member of staff to provide a secondary check;*
- b) *Administered IV antibiotics to Patient A without a second checker having checked the medication;*
- c) *Entered Colleague B's name in Patient A's electronic records as the second checker.*

2. *Your actions as set out in charge 1(c) were dishonest in that you sought to create the impression that you had both prepared and/or administered IV antibiotics to Patient A in the presence of Colleague B as the second checker when you knew that this was not the case.*

*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 found that all four limbs of Grant were engaged. Although the panel acknowledged that no actual harm was caused by your actions, preparing and administering IV antibiotics without a second checker placed Patient A at an unwarranted risk of harm. The panel also considered that failing to adhere to medicines management and administration policies, and your associated dishonesty, breached fundamental tenets of the nursing profession and brought the profession into disrepute.*

*The panel then moved on to consider whether you were likely to repeat such misconduct in the future.*

*The panel considered that you had shown a good level of insight into the potential impact and consequences of your misconduct on patients, their families and your colleagues, as well as on the reputation of the nursing profession as a whole and the Trust.*

*The panel also considered that you demonstrated good insight into your health, [PRIVATE].*

*The panel also noted that, when questioned, you were able to provide a comprehensive account of how you should administer medications, including the role of the second checker, when medication should be signed for, and by whom.*

*However, the panel noted that you have not worked as a registered nurse since August 2017, and have not worked in a clinical setting since September 2018, on account of your physical health. The panel therefore considered that, while you have demonstrated a good theoretical knowledge of safe medicines administration, you have not had an opportunity to put this into practice in a clinical setting.*

*Furthermore, although you made early admissions to the charges, and have demonstrated good insight into the potential consequences of your misconduct and the role of your health in these events, the panel considered that your insight into why you entered Colleague B's name as the second checker was less developed. Whilst the panel accepted that your health may have played a role in your actions it considered that your insight into your reasons and motivations for entering her name when she had not acted as the second checker needed further reflection.*

*Taking all of the above into account, the panel concluded that there remained a risk of repetition, should you be allowed to practise unrestricted. The panel therefore determined that a finding of current impairment on public protection grounds was required.*

*The panel also 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 and protect the wider public*

*interest. This 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 public confidence in the nursing profession would be undermined if a finding of current impairment were not made in a case where a nurse had failed to follow appropriate medicines administration guidelines and had acted dishonestly. The panel therefore determined that a finding of impairment on public interest grounds was also required.*

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

The original panel determined the following with regard to sanction:

*'The panel first considered whether to take no action but concluded that this would be inappropriate. Taking no further action would not restrict your practice and therefore would not protect the public from the identified risk of harm. It would also not mark the seriousness of your misconduct. The panel decided that it would be neither proportionate nor in the public interest to take no further action.*

*The panel also decided that a caution order would be inappropriate for the same reasons.*

*The panel next considered whether placing conditions of practice on your registration would be a sufficient and appropriate response. It noted that the charges in this case relate to your conduct and honesty, rather than your competence. It decided that it would not be possible to formulate conditions which would address the issue of your dishonesty. In these circumstances, the panel determined that a conditions of practice order was not appropriate and would be insufficient to mark the public interest at this time.*

*The panel then went on to consider whether a suspension order would be an appropriate sanction...*

*The panel noted that honesty and integrity are core values of the nursing profession. It considered that your dishonesty required temporary removal from the register, in order to maintain public confidence and uphold proper standards of conduct in the nursing profession.*

*However, it also bore in mind that there were a number of mitigating factors in your case. The dishonesty itself was an isolated event which occurred on a single shift, in relation to one patient, in the context of a 17 year career. The panel had no evidence that your actions on 6 August 2017 were the result of a harmful deep-seated personality or attitudinal problem.*

*You were experiencing significant health issues at that time and have demonstrated good insight into the impact this had on your actions and how you would avoid repetition of this in the future. Although the panel has found that your insight into your dishonesty requires further development, you made early admissions and have accepted the panel's findings. You have also expressed a commitment to engaging with this process and returning to safe practice.*

*For these reasons, the panel decided that a suspension order was the appropriate and proportionate sanction which would protect the public, satisfy the public interest, and send to the public and the profession a clear message about the standard of behaviour required of a registered nurse. The panel determined, for all of the reasons set out above, that a striking-off order would be disproportionate. It considered that your misconduct, while serious, was not fundamentally incompatible with remaining on the NMC register and it was not in the public interest to strike-off an otherwise competent nurse who is engaging with her regulator and demonstrating a commitment to the profession.*

*The panel agreed with the NMC's submission that a suspension order for 6 months was the appropriate length of time. It considered that this period of time appropriately reflected the seriousness of your misconduct.*

*The panel also agreed that this suspension order should be reviewed before it expires. Therefore, at 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. Any future panel may be assisted by:*

- *your attendance at the hearing;*
- *a written reflective piece as to how these findings impact upon your standing as a nurse and the reputation of the profession;*
- *evidence of keeping your skills and knowledge up to date e.g. reading, online courses;*
- *references / testimonials from any paid or unpaid work you are undertaking, from individuals with knowledge of these proceedings.'*

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

The panel considered carefully whether your 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, including the decision of the substantive panel in March 2020 and a number of character references provided by you. It took account of the submissions made by Mr Kennedy, on behalf of the NMC, and the representations that you made to the panel.

You told the panel that, since the substantive hearing, you have been working as a carer for an elderly woman suffering from multiple sclerosis. As part of this role you liaise with her doctor and chemist and handle all of her hospital appointments.

You told the panel that your health has improved considerably since [PRIVATE].

You described the purpose of a second checker when administering medication and expressed your guilt and remorse for the impact that your actions could have had on your patient. You told the panel that you recognised that the public places a great deal of trust in the nursing profession and that people would be “mortified” by your actions.

You told the panel that you wanted to return to working as a registered nurse, ideally in a community child protection role. You told the panel that you felt that you were fit to practise without restriction, but would undertake any competency assessments that your employer required. You said that you would initially want to return to work on a part-time basis, with a view to increasing to full-time hours.

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 your fitness to practise remains impaired.

The panel noted that the substantive panel in March 2020 was of the view that you had shown a good level of insight into the potential impact of your misconduct on patients and the public and a good level of insight into the impact that your health could have on your practice. The substantive panel had also identified that there were no concerns about your general competence, and that you had displayed a good theoretical knowledge of safe medicines administration. However, you had not had an opportunity to put this theoretical knowledge into practice in a clinical setting.

This reviewing panel was in much the same position. Since the substantive hearing you have continued to work within a healthcare sector, which is to your credit. However, you have been working in carer roles and therefore have still not had an opportunity to demonstrate your theoretical knowledge in clinical practice. The panel was also of the view that, although you state that you feel you are fit to practise without restriction, you have been out of practice for approximately two years and therefore some level of de-skilling is to be expected.

The panel therefore concluded that, until you have had an opportunity to demonstrate remediation in a clinical setting as a registered nurse, there remains a risk of repetition and therefore a finding of current impairment continued to be required on public protection grounds.

The panel then moved on to consider whether a finding of current impairment continued to be required on public interest grounds. It noted that the substantive panel had determined that a finding of impairment was required in light of your dishonesty. Your dishonesty also formed part of that panel's reasons for imposing the 6 month suspension order.

This panel took the view that the public interest considerations in this case have been met by the 6 month suspension order, and that a finding of current impairment on public interest grounds is no longer required.

For these reasons, the panel finds that your fitness to practise remains impaired on public protection grounds only.

### **Determination on sanction**

Having found your 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 but concluded that this would be inappropriate. Taking no further action would not restrict your practice and therefore would not protect the public from the identified risk of harm.

The panel also decided that a caution order would be inappropriate for the same reasons.

The panel next considered a conditions of practice order. It noted that the substantive panel had dismissed this sanction as being inappropriate because it would not be possible to formulate conditions to address your dishonesty. However, this panel was satisfied that your dishonesty has now been marked by the 6 month suspension order. The only remaining concerns relate to public protection. The panel considered that it would be possible to formulate practical and workable conditions which would protect the public.

The panel considered the imposition of a suspension order but decided that this would be disproportionate, punitive, and would serve no useful purpose. The current suspension order has been sufficient to mark your misconduct and extending it further would only hinder your ability to remediate and demonstrate safe and effective practice in a clinical setting.

The panel therefore decided that a conditions of practice order was the appropriate and proportionate sanction. In formulating the conditions, the panel bore in mind that there are no concerns about your theoretical knowledge of medicines administration; what you need is an opportunity to demonstrate this in practice. However, you have been out of nursing practice for approximately two years, which in itself presents an inherent risk to patients. The panel therefore decided that the following conditions would protect the public and support your safe return to practice:

For the purposes of these conditions, 'employment' and 'work' mean any paid or unpaid post in a nursing, midwifery or nursing associate role. Also, 'course of study' and

'course' mean any course of educational study connected to nursing, midwifery or nursing associates.

1. You must limit your nursing practice to a single employer. If this employer is an agency then you may only work in one location via that agency.
2. You must work with your clinical supervisor and/or mentor to create a personal development plan (PDP). This PDP should include the completion of any documentation relating to your workplace induction programme and your adherence to medicines management and administration policies. You must:
  - a. Provide a copy of this PDP (and any supporting documentation) to the panel at your next review hearing.
  - b. Meet with your clinical supervisor and/or mentor at least once a month to discuss your progress towards achieving the aims set out in your PDP.
3. You must keep the NMC informed about anywhere you are working by:
  - a. Telling your case officer within seven days of accepting or leaving any employment.
  - b. Giving your case officer your employer's contact details.
4. You must keep the NMC informed about anywhere you are studying by:
  - a. Telling your case officer within seven days of accepting any course of study.
  - b. Giving your case officer the name and contact details of the organisation offering that course of study.
5. You must immediately give a copy of these conditions to:
  - a. Any organisation or person you work for.
  - b. Any agency you apply to or are registered with for work.
  - c. Any employers you apply to for work (at the time of application).
  - d. Any establishment you apply to (at the time of application), or with which you are already enrolled, for a course of study.

- e. Any current or prospective patients or clients you intend to see or care for on a private basis when you are working in a self-employed capacity
6. You must tell your case officer, within seven days of your becoming aware of:
    - a. Any clinical incident you are involved in.
    - b. Any investigation started against you.
    - c. Any disciplinary proceedings taken against you.
  7. You must allow your case officer to share, as necessary, details about your performance, your compliance with and / or progress under these conditions with:
    - a. Any current or future employer.
    - b. Any educational establishment.
    - c. Any other person(s) involved in your retraining and/or supervision required by these conditions

The period of this order will be for 9 months. The panel considered that this length of time would give you sufficient opportunity to secure employment as a registered nurse and demonstrate compliance with the conditions of practice.

Before this conditions of practice order expires, it will be reviewed by another panel. At the review hearing the panel may revoke the order, or it may confirm the order, it may vary any condition of the order, or it may replace the order with another order. Any future panel may be assisted by:

- your attendance at the hearing;
- evidence of how you have complied with the conditions of practice order;
- a written reflective piece on how you have adjusted to being back in a clinical environment as a registered nurse;
- a report from your clinical supervisor and/or mentor as to the standard of your performance and your progress towards achieving the aims set out in your PDP;
- evidence of keeping your skills and knowledge up to date e.g. reading, training courses;

- references/testimonials from any paid or unpaid work you are undertaking, from individuals with knowledge of these proceedings.

This decision will be confirmed to you in writing.

That concludes this determination.