

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

**Substantive Order Review Meeting
Thursday, 28 January 2021**

Nursing and Midwifery Council
Virtual Meeting

Name of registrant: **Melissa Parkin**

NMC PIN: 04K0797E

Part(s) of the register: Registered Nurse – Sub Part 1
Level 1, Adult Nursing – July 2005

Area of registered address: Nottingham

Type of case: Misconduct

Panel Members: Melissa D’Mello (Chair, Lay member)
Terry Shipperley (Registrant member)
Hartness Samushonga (Registrant member)

Legal Assessor: Graeme Henderson

Panel Secretary: Xenia Menzl

Order being reviewed: Suspension order (12 Months)

Outcome: **Striking-off order to come into effect at the
end of 9 March 2021 in accordance with
Article 30 (1)**

Decision and reasons on service of Notice of Meeting

The panel noted at the start of this meeting that Ms Parkin was not in attendance and that the Notice of Meeting had been sent to Ms Parkin's registered e-mail address on 18 December 2020.

The panel took into account that the Notice of Meeting provided details of the substantive order being reviewed, the time, date and the fact that this would be a virtual meeting.

The panel accepted the advice of the legal assessor.

In the light of all of the information available, the panel was satisfied that Ms Parkin has been served with notice of this meeting in accordance with the requirements of Rules 11A and 34 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

Decision and reasons on review of the substantive order

The panel decided to replace the current suspension order with a striking off order.

This order will come into effect at the end of 9 March 2021 in accordance with Article 30(1) of the 'Nursing and Midwifery Order 2001' (the Order).

This is the first review of a substantive suspension order originally imposed for a period of 12 months by a Fitness to Practise Committee panel on 7 February 2020.

The current order is due to expire at the end of 9 March 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:

1. That you, whilst working as an agency Nurse at Nottingham University Hospital on 5 December 2017, you:
 - a. While administering insulin:
 - i. Did not have a 2nd checker nurse present; **Charge found proved**
 - ii. Administered insulin to patient A who did not require that medication; **Charge found proved**
 - b. Did not administer and/or did not sign Patient B's MAR chart to confirm administering Doxycycline to Patient B at 18:00; **Charge found proved**
 - c. Did not administer and/or did not sign Patient C's MAR chart to confirm administering Sandocol to Patient C at 18:00; **Charge found proved**
 - d. Did not administer and/or did not sign Patient D's MAR chart to confirm administering Enoxaparin to Patient D at 18:00; **Charge found proved**
 - e. Did not administer and/or did not sign Patient E's MAR chart to confirm administering Metformin to Patient E at 18:00 **Charge found proved**
 - f. Signed to say Enoxaparin was administered to Patient C when it was not; **Charge found proved**
 - g. Slept whilst on duty; **Charge found proved**

2. That you, whilst working as a registered Nurse at Chesterfield Royal Hospital on 28th March 2017, you:
 - a. Did not administer and/or did not sign the MAR chart to confirm Adcal D3, Isosorbide Mononitrate, Mebeverine, Codeine Phosphate and/or Paracetamol were administered at 12pm to Patient G; **Charge found proved**
 - b. Did not administer and/or did not sign the MAR chart to confirm Miconazole Oral gel was administered at 12pm to Patient H; **Charge found proved**
 - c. Did not administer and/or did not sign the MAR chart to confirm Paracetamol, Oxygen, Nystatin Suspension and/or Sando K were administered at 12pm to Patient I; **Charge found proved**
 - d. Did not administer and/or did not sign the MAR chart to confirm Betahistine and/or Adcal D3 were administered at 12pm to Patient J; **Charge found proved**
 - e. Slept whilst on duty; **Charge found proved**

3. You failed to co-operate with an Investigation by the Nursing and Midwifery Council regarding your fitness to practise in that you did not return completed medical consent forms when requested. **Charge found proved**

AND in light of the above, your fitness to practise is impaired by reason of your misconduct.¹

The original panel determined the following with regard to impairment:

‘The panel determined that the first three limbs of the test are engaged in Ms Parkin’s case. Specifically that Ms Parkin’s misconduct placed patients at an unwarranted risk of harm, brought the nursing profession into disrepute and breached a fundamental tenet of the profession.

With regard to insight, the panel had before it the documentation provided by Ms Parkin, including an email from her to the NMC, dated 22 January 2018, in which she states:

“I have never maliciously tried to harm any patients or put them in danger and I am mortified that after 12 years of an unblemished career my life has spiralled down into this. [PRIVATE]. I am asking for the NMC to have compassion at this time. I will not return to working as a nurse as it is not safe for me or patients whilst [PRIVATE]. I wholeheartedly apologise for the drug error I made which was a complete accident and I reported immediately following.” [sic]

The panel also had before it a reflective statement, dated 19 April 2017, in which Ms Parkin refers to a health condition as an explanation for her behaviour in March 2017.

Whilst Ms Parkin has expressed some remorse for her failings, the panel was of the view that much of her reflection and insight is strongly focused upon [PRIVATE], the incident involving the insulin and Patient A and the impact these proceedings have had upon her. The panel noted that no

reference is made by Ms Parkin as to the effect her serious failings have had upon patients in her care, their families, her colleagues and the wider nursing profession. The panel considered the fact that the documentary evidence before it was prepared and submitted in 2017. It did not have any recent reflection by Ms Parkin and no indication of any insight into the incidents which occurred in December 2017.

Further, despite the misconduct found proved being capable of remediation, the panel had no evidence to suggest that Ms Parkin had begun to remediate those concerns. The panel did not have any indication as to Ms Parkin's current health, her employment and/or her current intention to continue practising as a registered nurse, as the last communication from her was in her email dated 22 January 2018.

When considering all the information before it, particularly the lack of insight and remediation, the panel determined that there is a high risk of repetition in Ms Parkin's case. The panel therefore decided that a finding of impairment is necessary on the grounds of public protection.

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 was of the view that, in this case, a finding of impairment on public interest grounds was required. It determined that to do otherwise would seriously undermine public confidence in the profession and the NMC as a regulator.

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

The original panel determined the following with regard to sanction:

'The panel next considered whether placing conditions of practice on Ms Parkin's registration would be a sufficient and appropriate response. However, the panel is of the view that although Ms Parkin's fitness to practice could be remediated, there are no practical or workable conditions which could be formulated, given the extent of the misconduct and her failure to engage with the regulatory process. Moreover, the last communication to the NMC from Ms Parkin in January 2018, she stated that she did not feel she was fit to work. The panel therefore concluded that placing conditions on Ms Parkin's registration would not adequately address the seriousness of this case and would not meet the public interest.

The panel then went on to consider whether a suspension order would be an appropriate sanction. The SG indicates that a suspension order would be appropriate where (but not limited to):

- The seriousness of the case requires temporary removal from the register;*
- A period of suspension will be sufficient to protect patients and the public interest.*

This sanction may be appropriate where the misconduct is not fundamentally incompatible with continuing to be a registered nurse or midwife, in that the public interest can be satisfied by a less severe outcome than permanent removal from the register. This is more likely to be the case when some or all of the following factors are apparent:

- no evidence of harmful deep-seated personality or attitudinal problems;*
- no evidence of repetition of behaviour since the incident;*

The panel determined that Ms Parkin's misconduct had the potential for significant risk of harm. The panel bore in mind its findings in relation to the lack of remediation and the high risk of repetition. In these circumstances, the panel determined the only appropriate and proportionate sanction to

protect the public and the public interest was a suspension order for a period of 12 months.

The panel also considered that a period of temporary removal from the register was necessary to mark the seriousness of the case, declare and uphold the relevant professional standards expected of a registered nurse, and maintain trust and confidence in the professions and in the NMC as regulator. A period of suspension will provide Ms Parkin with the appropriate opportunity to engage with the NMC and to develop her insight into the seriousness of her actions and their effect on patients, patients' families, colleagues, the NMC, and the wider public.

The panel finally considered whether a striking-off order would be proportionate in Ms Parkin's case. Taking account of all the information before it, the panel concluded that this would be disproportionate. The panel determined that, although there had been a clear breach of fundamental tenets of the profession, her actions are not fundamentally incompatible with remaining on the register. It would be unduly punitive in this case to impose a striking off order.

Balancing all of these factors the panel has concluded that a suspension order for a period of 12 months would be the appropriate and proportionate sanction.'

Decision and reasons on current impairment

The panel has considered carefully whether Ms Parkin'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.

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 Parkin's fitness to practise remains impaired.

The panel noted that it had no new information before it, to be considered at this review. With the absence of any evidence to suggest that Ms Parkin has gained insight, is remorseful and has remediated her failings, the panel determined that there has been no material change in circumstances since the last hearing.

The panel therefore determined that for the same reasons as outlined above by the previous panel, Ms Parkin's fitness to practise remains impaired.

The panel determined that a finding of impairment was required both to protect the public and on public interest grounds.

Decision and reasons on sanction

Having found Ms Parkin'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 'NMC's Sanctions Guidance' (SG) and 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 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.

It then considered the imposition of a caution order but again determined that, due to the seriousness of the case, and the public protection issues identified, an order that does not restrict Ms Parkin's practice would not be appropriate in the circumstances. The SG states

that a caution order may be appropriate where *'the case is at the lower end of the spectrum of impaired fitness to practise and the panel wishes to mark that the behaviour was unacceptable and must not happen again.'* The panel considered that Ms Parkin's misconduct was not at the lower end of the spectrum and that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether a conditions of practice order on Ms Parkin'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 reasoning of the original panel that a conditions of practice order was not appropriate in this case due to the extent of the misconduct and Ms Parkin's failure to engage with the regulatory process. The panel noted that Ms Parkin has not engaged any further since the original hearing and concluded that a conditions of practice order would not be workable or measurable and would therefore not adequately protect the public or satisfy the public interest.

The panel next considered extending the current suspension order. It noted that Ms Parkin has not provided the panel with any evidence showing that she has developed further insight, remediated or had plans to remediate her practice or engaged with the NMC proceedings in any meaningful way. The panel was of the view that considerable evidence would be required to show that Ms Parkin no longer posed a risk to the public. The panel noted that the previous panel determined that:

'A period of suspension will provide Ms Parkin with the appropriate opportunity to engage with the NMC and to develop her insight into the seriousness of her actions and their effect on patients, patients' families, colleagues, the NMC, and the wider public.'

The panel noted that, despite various communications from the NMC, to date no response had been received from Ms Parkin. It noted from the substantive determination that the most recent communication from Ms Parkin to the NMC was made in January 2018, namely three years ago.

The panel determined that the failure to engage with the proceedings in a meaningful way raises fundamental questions about Ms Parkin's professionalism as a registered nurse, is

indicative of a lack of respect for the NMC as her regulator and shows a negative attitude towards the profession. It therefore determined, given Ms Parkin's non-engagement, that a further period of suspension would not serve any useful purpose in all of the circumstances.

The panel determined that the public interest will be best served by not prolonging proceedings with another period of suspension and concluded that the only sanction that would adequately protect the public and serve the public interest was a striking-off order. The panel determined that such an order was necessary to maintain public confidence in the profession.

This striking-off order will take effect upon the expiry of the current suspension order, namely the end of 9 March 2021 in accordance with Article 30(1).

This decision will be confirmed to Ms Parkin in writing.

That concludes this determination.