

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

**Substantive Order Review Hearing  
Tuesday 4 January 2022**

Virtual Hearing

**Name of registrant:** Mr Paul Andrew Devine

**NMC PIN:** 98I1305S

**Part(s) of the register:** Registered Nurse – Sub Part 1  
Children’s Nursing – October 2001

**Area of registered address:** Scotland

**Type of case:** Lack of competence

**Panel members:** Florence Mitchell (Chair, Registrant member)  
Sarah Fleming (Registrant member)  
Matthew Burton (Lay member)

**Legal Assessor:** George Alliot

**Hearings Coordinator:** Jumu Ahmed

**Nursing and Midwifery Council:** Represented by Dr Raj Joshi, Case Presenter

**Mr Devine:** Present and represented by Jennifer McPhee,  
instructed by Thompson’s Solicitors

**Order being reviewed:** Suspension order (12 months)

**Fitness to practise:** Impaired

**Outcome:** **Conditions of practice order (2 years) to come into effect on 9 February 2022 in accordance with Article 30 (1)**

## **Decision and reasons on application for hearing to be held in private**

At the outset of the hearing, Ms McPhee made a request that part of this case be held in private on the basis that proper exploration of your case involves your health and private life. The application was made pursuant to Rule 19 of 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

Dr Joshi indicated that he supported the application.

The legal assessor reminded the panel 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 will be reference to your health and private life, the panel determined to hold the hearing partly in private as and when such issues are raised.

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

The panel decided to replace the current suspension order with a conditions of practice order.

This order will come into effect at the end of 9 February 2022 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 11 December 2020.

The current order is due to expire at the end of 9 February 2022.

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 failed to demonstrate the standards of knowledge, skill and judgment required to practise without supervision as a Band 5 nurse in that:*

*1. On 25 April 2017 in respect of baby C:*

- a. You switched off the red urgent alarm on baby C's heart rate/oxygen saturation monitor.*
- b. You failed to recognise that baby C's oxygen saturation levels had fallen and that this required urgent attention.*

*2. On 28 June 2017 in respect of baby D:*

- a. You removed baby D from the incubator without providing supplemental oxygen.*
- b. You failed to recognise that baby D's oxygen saturation levels had fallen and that this required urgent attention.*

*3. Between around 22 March 2017 and early August 2017 failed to successfully complete all of an extended stage 1 formal capability programme implemented to improve your practise in that you:*

- a. Failed to pass the objective requiring you to demonstrate attention to detail when undertaking clinical care of babies.*
- b. Failed to pass the objective requiring you to demonstrate an ability to plan, implement, evaluate, and document the nursing care needs of the baby working within unit guidelines.*
- c. Failed to pass the objective requiring you to provide safe, effective patient centred care.*

*4. On 15 August 2017 in respect of baby E:*

- a. *You removed baby E from the incubator without providing supplemental oxygen.*
  - b. *You failed to recognise that baby E's oxygen saturation levels had fallen and that this required urgent attention.*
5. *Between early August 2017 and late August 2017 failed to successfully complete a stage 2 continuing formal capability programme implemented to improve your practise in that you:*
- a. *Failed to pass the objective requiring you to demonstrate attention to detail when undertaking clinical care of babies.*
  - b. *Failed to pass the objective requiring you to demonstrate an ability to plan, implement, evaluate and document the nursing care needs of the baby working within unit guidelines.*
  - c. *Failed to pass the objective requiring you to provide safe, effective patient centred care.*

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

The original panel determined the following with regard to impairment:

*'The panel then went on to consider whether Mr Devine's fitness to practise is currently impaired. Whilst acknowledging the agreement between the NMC and Mr Devine, the panel has exercised its own independent judgement in reaching its decision on impairment.*

*In respect of lack of competence, the panel was of the view that Mr Devine's competence fell below the standards expected of a Band 5 nurse. The panel endorsed paragraphs 14 to 21 of the provisional CPD agreement.*

*The panel then considered whether Mr Devine's fitness to practise is currently impaired by reason of lack of competence. The panel determined that Mr Devine has in the past placed patients under his care at risk of unwarranted harm. His failure to provide basic nursing care has breached a fundamental tenet of the nursing profession, and he has consequently, brought the profession into disrepute.*

*The panel was of the view that Mr Devine's lack of competence is capable of being remedied, but to date, he has not provided evidence of remediation or demonstrated full insight into the impact of his lack of competence. The panel therefore determined that there remains a risk of repetition of lack of competence, a consequent risk of unwarranted harm to patients, and therefore potential damage to the reputation of the nursing profession if a finding of impairment were not made.*

*In this respect, the panel endorsed paragraphs 22 to 26 of the provisional CPD agreement in respect of lack of competence.'*

The original panel determined the following with regard to sanction:

*'Having found Mr Devine's fitness to practise currently impaired, the panel went on to consider what sanction, if any, it should impose in this case. The panel has borne in mind that any sanction imposed must be appropriate and proportionate and, although not intended to be punitive in its effect, may have such consequences. The panel had careful regard to the SG. The decision on sanction is a matter for the panel independently exercising its own judgement.*

*The panel took into account the following aggravating features:*

- Patients put at significant risk of serious harm.*
- Repeated Errors continued despite 6 years of supervised practice.*
- During the capability process the registrant showed a lack of insight into the clinical concerns raised.*

*The panel also took into account the following mitigating features:*

- *Registrant's willingness to engage with the capability process.*
- *Registrant has shown some insight by admitting the facts and impairment.*

*The panel first considered whether to take no action but concluded that this would be inappropriate in view of the seriousness and nature of the case and the risk of repetition of the lack of competence and consequent risk of harm to patients. 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, for the same reasons as outlined above, an order that does not restrict Mr Devine's practice would not be appropriate in the circumstances.*

*The panel next considered whether placing conditions of practice on Mr Devine'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 took into account the SG, and considered that a conditions of practice order would not be appropriate, in view of the length and extent of support already provided to Mr Devine. The panel is of the view that there are no practical or workable conditions that could be formulated at this stage. Furthermore, the panel concluded that the placing of conditions on Mr Devine's registration would not adequately address the seriousness of this case and would not protect the public.*

*The panel then went on to consider whether a suspension order would be an appropriate sanction. The panel determined that a suspension order would address any public protection concerns by restricting Mr Devine's practice. The panel determined that a suspension order would also address the public interest in maintaining public confidence in the profession and upholding proper standards of competency and behaviour.*

*The panel noted that a striking off order is not available in cases of lack of competence where a registrant has not been subject to a substantive order for at least two years.*

*Balancing all of these factors the panel agreed with the CPD that a 12 month suspension order with a review would be the appropriate and proportionate sanction.*

*The panel noted the hardship such an order may cause Mr Devine. However, the panel determined that Mr Devine's interests are outweighed by the public interest in this case.*

*The panel considered that this order is necessary to mark the importance of maintaining public confidence in the profession, and to send to the public and the profession a clear message about the competence required of a registered nurse.*

*The panel determined that a suspension order for a period of 12 months was appropriate in this case to mark the seriousness of the case and to allow sufficient time for Mr Devine to reflect and demonstrate some steps towards remediation, including full insight into his lack of competence.*

*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 reviewing this case would be assisted by:*

- *Evidence of further and detailed reflection on the impact of Mr Devine's lack of competence on patients, colleagues and the profession.*
- *Mr Devine's continued engagement with the NMC and his attendance at the review of this substantive order.*
- *Any up to date reference from any employment, whether paid or unpaid.*
- *Evidence of how Mr Devine has updated his nursing skills and knowledge.*
- *Any professional report or information that Mr Devine considers may be helpful to a future panel.'*

## **Decision and reasons on current impairment**

The panel has considered carefully whether your fitness to practise remains impaired. Whilst there is no statutory definition of fitness to practise, the Nursing and Midwifery Council (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 your bundle which included your reflective statement and a reference. It has taken account of the submissions made by Dr Joshi on behalf of the NMC, the submissions made by Ms McPhee on your behalf and your oral evidence.

Dr Joshi provided a detailed background of your case to the panel and referred the panel to the relevant documentation.

Dr Joshi invited the panel to extend the current suspension order. He submitted that that the first issue the panel should consider today is whether your fitness to practise remains impaired. He reminded the panel of its duty to protect the public, maintain public confidence in the profession, and to declare and uphold proper standards of conduct and performance.

You gave evidence under affirmation. You told the panel that since the CPD agreement in July 2020, you had been working in a care home specialising in dementia care. You told the panel that you look after the elderly residents with complex needs in the care home. You also told the panel that you work closely with the nurses to follow protocols set out by the healthcare profession to keep individual needs up to date and to assist the nurses with any care the residents require.

You told the panel that in the care home, there are three units, and each comprise of 20 to 25 residents. Each unit has a trained nurse or a healthcare professional who oversees the nursing care of the residents. You told the panel that each resident has a personalised

care plan which is updated. You told the panel that you keep yourself up to date with changes for each resident such as medication changes and the impact it may have on the resident. You told the panel that the residents in the care home are vulnerable in nature and require a high degree of support to maintain day to day living.

You informed the panel that since January 2021 you have been undertaking a master's degree which includes modules on clinical governance, human resource management and research. You told the panel that you study different aspects of health care which helped you to recognise your shortcomings on the regulatory concerns, reflect on the situations, view them differently and how to achieve competence in your profession.

After the suspension order was imposed, you became a delivery driver. You told the panel that you missed caring for people and that made you return to the caring sector. You told the panel that you've cared for people in the past 25 years, and this is what you always wanted to do. You told the panel that you applied to work as a clinical care worker in a nursing home so that you can care for people and get your confidence back. You felt that this would also address the shortfalls identified which led to your suspension. You told the panel that you chose the caring sector as you will be closely monitored by other care workers and nurses, and if you are able to return to practice, you are confident that these mistakes will never happen again.

When making your application for your employment, you notified your employer of the concerns raised by the NMC and the suspension order imposed. You told the panel that they accepted you were closely monitored for the first three months and colleagues and nurses reported back to the management team at least on a weekly basis. You told the panel that there were no concerns raised and they were happy with the level of care you gave to the residents.

You told the panel that you are registered with Scottish Social Services Council ('SSSC'). You said that their code of conduct is very similar to the NMC.

Since 2017 and 2018 to now, you told the panel that you recognise that the care you gave was "*extremely subpar*" and not what was expected of you as a registered nurse.

[PRIVATE]. You said that on reflection, you can see that you were not engaging properly

with the capability programme. [PRIVATE]. You told the panel that the suspension order helped you and without it, you could not address the issues. You gave an example of turning off an alarm. You told the panel that you now react to it in a timely and proper manner and make sure that the resident is safe. If so, you would turn off the alarm, and if they have fallen, you set off a separate alarm and follow the correct procedures to help that resident to get the care required.

You told the panel that your documentation in 2017 and 2018 was poor as there were gaps. You told the panel that you now document what happened and what treatment was given in the resident's notes and care plan notes adequately and in a timely manner.

You told the panel that you accept the seriousness of the concerns and the potential serious impact it could have had on the families and the children.

Reflecting upon your practice on documentation, you said that it is important to have adequate and robust documentation, so the resident can get proper care. If notes were missed out and something happened, something can go wrong.

You told the panel that if you were subject to a formal capability plan now within a local setting, you would work closely with members of staff carrying out the capability plan. You would listen and make the changes. You told the panel that you did not engage before but that you would fully engage now to provide optimum level of care.

You told the panel that working in the neonatal unit was not "*a good fit*" for you and "*it was not the right place*" for you at that time. You told the panel that working now in the caring sector, this is a better fit for you as you are able to give the care that is expected of you.

You told the panel that you have undertaken 13 online mandatory training courses in order to remediate the regulatory failings.

You told the panel that you agreed with the NMC in that a member of public would have viewed your practise as "*terrible*" and that you should not have been practising as a registered nurse at that time. However, your practice is better now and that members of the public would be very happy with your practice now. You said that families of the

residents in the care home are delighted with your care. You said that you always put residents first, and always make sure that you are giving the care that is expected of you. You said that you don't believe that there is a need to make a finding on public interest grounds as you are not a danger to the public. [PRIVATE]. You said that you do not believe that there would be a risk if you were to return to practice as a registered nurse following the completion of a return to practice course.

You told the panel that your next steps are to get the suspension order lifted, work in the care home that you are currently working now as a registered nurse, and you would like to become manager sometime in the future.

You told the panel that you fully accept that the suspension order imposed by the previous panel was the correct decision. You said through reflection, working as a carer in a care home, and undertaking a master's degree, you have worked hard to correct the mistakes that you had made. You said that it will never happen again. You said you would love to practise as a nurse again and you accept that you would need to do a return to practice course and there are likely to be restrictions placed on your practice. However, you are willing to do whatever it takes. You apologised to the panel for your shortfalls.

In response to Dr Joshi, you gave an example where you demonstrated attention to detail in your current role as a carer. You said that you write down everything consistently every time you care for the residents. You gave specific example such as when feeding a resident, you write down what the resident had eat in the charts with the time and it is signed by you. [PRIVATE].

You told the panel that you are in a different place from five years ago. You said you have pressure in your work every day and that you now react to it as you had done pre-2017.

You told the panel that you had discussed with your manager and deputy manager about returning to work as a registered nurse. You said that they are keen for you to work for them and that they would support you.

[PRIVATE].

In response to Ms McPhee, you said that you have no intention of working in a neonatal unit.

[PRIVATE].

[PRIVATE]. In response to Ms McPhee, you told the panel that the deputy manager emailed Ms McPhee asking what would need to be added to the reference. You said that Ms McPhee did not want to coach what needed to be said, so therefore the deputy manager was unable to give you a reference for today's hearing.

[PRIVATE].

In Ms McPhee's closing submission, she invited the panel to revoke the suspension order and to impose a conditions of practice order. She submitted that you had been subject to a suspension order (including interim orders) for nearly five years and the suspension order meant that you could not return to clinical duties.

In terms of remediation, she submitted that you took it as far as you can in your carer role and have tried to remediate the concerns. She submitted that you could not fully satisfy the concerns identified as you are not working in a neonatal environment. However, she submitted that you are working in a busy environment as a carer, and you have had experience as a staff nurse prior to the regulatory issues.

Ms McPhee submitted that before 2015, there were no regulatory concerns. She submitted that you have worked in a range of different positions in your career. [PRIVATE]. However, it was included today to set a narrative for you to explain why the neonatal unit was not a good place for you to work.

Ms McPhee submitted that during the suspension order, you had a long and arduous journey. [PRIVATE]. Ms McPhee submitted that you could have undertaken a range of jobs, but took the carer role, which is key to your character. She submitted that this defines who you are, a person who wants to care for people.

Ms McPhee submitted that you accept an element of impairment, and a condition of practice order would safeguard the public. She submitted that your position has substantially changed from when the concerns arose. She further submitted that you have tried to remediate as much as you could and a conditions of practice order would enable you to engage. She suggested conditions such as a PDP to focus on issues such as documentation, working for one employer and indirect supervision.

Ms McPhee submitted that continuing the suspension order would be a draconian sanction and would work off as a strike off measure. She submitted that it would not allow you an opportunity to demonstrate remediation in your practise.

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 your fitness to practise remains impaired.

In its consideration of whether you have remedied your practice, the panel took into account all the information before it. The panel noted your engagement with the NMC. The panel noted you accepted all of the areas of your practice which were of concern. It observed that through your reflective statement and your evidence given today that you have expressed your remorse and insight on the issues raised.

The panel also took into account all of the information it has been provided with today, including submissions from Dr Joshi, Ms McPhee and oral evidence from you.

The panel considered the judgment of Mrs Justice Cox in the case of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant* [2011] EWHC 927 (Admin) in reaching its decision. In paragraph 74, she said:

*'In determining whether a practitioner's fitness to practise is impaired by reason of misconduct, the relevant panel should generally consider not only*

*whether the practitioner continues to present a risk to members of the public in his or her current role, but also whether the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of impairment were not made in the particular circumstances.'*

In paragraph 76, Mrs Justice Cox referred to Dame Janet Smith's "test" which reads as follows:

*'Do our findings of fact in respect of the doctor's misconduct, deficient professional performance, adverse health, conviction, caution or determination show that his/her fitness to practise is impaired in the sense that s/he:*

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

The panel determined that limb (a), (b) and (c) were engaged.

It further considered that in your oral evidence today, you admitted that your practice is impaired, you understand where you went wrong, and you agree that you need time and opportunity to demonstrate that you can work safely. You have acknowledged your mistakes and explained how you have learnt from this experience.

The panel noted your desire to return to nursing practice and acknowledged the steps you have taken in this regard. The panel bore in mind that you have not worked as a registered

nurse for some years and as such you have not had an opportunity to remediate the clinical concerns in relation to your practice. It observed that you are yet to complete the return to practice course. The panel was of the view that concerns identified are remediable, but you need to show that you are able to address the regulatory concerns and practise safely for a period of time to reassure a reviewing panel that you have remedied your practice.

The panel therefore determined that you have not been able to address these concerns, the panel considered that a risk of repetition remains, and that patients would be placed at risk of harm if you were able to practise without restriction. The panel therefore determined that a finding of impairment remains necessary on the grounds of public protection.

The panel has borne in mind that its primary function is to protect patients and the wider public interest which includes maintaining confidence in the nursing and midwifery profession and upholding proper standards of conduct and performance. The panel determined that, in this case, a finding of continuing impairment on public interest grounds is also required.

For these reasons, the panel finds that your fitness to practise remains impaired.

### **Decision and reasons 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 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 your 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 the issues identified were not at the lower end of the spectrum and that a caution order would be inappropriate in view of the issues identified. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel considered substituting the current suspension order with a conditions of practice order. Despite the seriousness of concerns, you have continued to engage with the NMC, you have followed the recommendations provided of the previous panel, evidence was given by you today to show that you have good insight, you have demonstrated remorse, you have indicated that you wish to return to nursing, and you have stated that you are willing to comply with any conditions of practice imposed against your practice.

The panel was satisfied that it would be possible to formulate practicable, workable, and measurable conditions that, if complied with, may lead to your unrestricted return to practice in the future and would serve to protect the public and the reputation of the profession in the meantime.

The panel determined that a further suspension order would be disproportionate in the circumstances.

The panel decided that the public would be suitably protected as would the reputation of the profession by the implementation of the following conditions of 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 not carry out care in a neonatal unit.

2. You must limit your nursing practice to one substantive employer, which must not be an agency.
3. You must ensure that you are directly supervised at all times by another registered nurse of a band 6 or above until you are deemed competent by a registered nurse of band 6 or above on the following concerns:
  - a) Recognising and responding to deteriorating patients;
  - b) Delivering appropriate care in relation to patient's conditions;
  - c) Maintaining safe and effective care; and
  - d) Demonstrating the ability to work within the range of the nursing process (assessing, planning, implementing, and evaluating care).

Once deemed competent, you must at all times work on the same shift as, but not always directly supervised by another registered nurse.

#### 4. [PRIVATE]

5. You must work with your line manager, or their nominated deputy or supervisor to create a personal development plan (PDP). Your PDP must address the following concerns:
  - a) Recognising and responding to deteriorating patients;
  - b) Delivering appropriate care in relation to patient's conditions;
  - c) Maintaining safe and effective care; and
  - d) Demonstrating the ability to work within the range of the nursing process (assessing, planning, implementing and evaluating care).

You must:

- a) Send your case officer a copy of your PDP before the next review hearing or meeting.
- b) Meet with your manager or nominated deputy at least every fortnightly to discuss your progress towards achieving the aims set out in your PDP.

- c) Send your case officer a report from your manager or nominated deputy before the next review hearing or meeting. This report must show your progress towards achieving the aims set out in your PDP.

6. You must keep a reflective practice profile. The profile will:

- a) Detail cases that you have been involved with which demonstrates your ability to address the issues identified in paragraph 3.
- b) Set out the nature of the care given.
- c) Be signed by another registered nurse each time.
- d) Contain feedback from your supervisor on how you gave the care.

You must send your case officer a copy of the profile before the next review hearing or meeting.

7. 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.

8. 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.

9. You must immediately give a copy of these conditions to:

- a) Any organisation or person you work for.
- b) Any employers you apply to for work (at the time of application).
- c) Any establishment you apply to (at the time of application), or with which you are already enrolled, for a course of study.

10. 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.

11. 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 is for a period of 2 years. This will allow you time to gain employment, demonstrate compliance with the conditions, and prove that you can practise safely. Where there is a material change, you can request an early review.

This conditions of practice order will take effect upon the expiry of the current suspension order, namely the end of 9 February 2022 in accordance with Article 30(1).

Before the end of the period of the order, a panel will hold a review hearing to see how well you have complied with the order. At the review hearing the panel may revoke the order or any condition of it, it may confirm the order or vary any condition of it, or it may replace the order for another order.

Any future panel reviewing this case would be assisted by:

- Your continued engagement and attendance at any future hearing.
- Up to date testimonials from your line manager that details your current work practice as a registered nurse.
- Evidence of how you have updated your nursing skills and knowledge.

This will be confirmed to you in writing.

That concludes this determination.