

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

Restoration Hearing

Friday 19 May 2023

Virtual Hearing

Name of Applicant: Angela Elizabeth Evans

NMC PIN 0310455W

Part(s) of the register: Registered Nurse – RNMH –
Mental Health – October 2007

Relevant Location: Carmarthenshire

Panel members: Andrew Macnamara (Chair, Lay member)
Jacqueline Metcalfe (Registrant member)
Janine Green (Lay member)

Legal Assessor: Charles Apthorp

Hearings Coordinator: Monsur Ali

Nursing and Midwifery Council: Represented by Madeleine Semple, Case
Presenter

Miss Evans: Present but not represented

Outcome Application granted with a conditions of practice
order for 2 years

Determination of application for Restoration to the Register:

This is a hearing of your first application for restoration to the Nursing and Midwifery Council ("NMC") Register. A panel of the Conduct and Competence Committee directed on 24 October 2014 that your name be removed from the register based on its findings with regard to the facts of your case and your impairment. This application is made by you in accordance with Article 33 of the Nursing and Midwifery Order 2001 ("the Order"), as at least five years have now elapsed since the date of the striking-off order.

At this hearing, the panel may reject your application or it may grant your application unconditionally. It may grant your application subject to your satisfying the requirements of Article 19(3) and it may make a conditions of practice order.

The panel has considered your application for restoration to the NMC Register.

Background

You were referred to the NMC on 19 August 2013 by Hywel Dda Health Board ("the Board") with regards to allegations relating to a number of administration of medication errors and falsification of patient records in 2011 and again in 2013. In some of those instances you made retrospective records in your attempt to conceal those errors.

A substantive hearing was held between 23 and 24 October 2014 and at the commencement of the hearing you admitted the facts of all the charges and admitted that your fitness to practise was impaired. Accordingly, a panel of the Conduct and Competence Committee found the charges proved by way of admission.

The Conduct and Competence Committee panel made a finding of impairment and considered that your actions put patients at risk of harm and there was a risk of repetition of the conduct found proved. It also determined that you failed to fully acknowledge your failings and accept responsibility, and you failed to demonstrate sufficient insight into the charges.

The panel at the substantive hearing between 23 and 24 October 2014, considered the following charges:

- 1. On 22 February 2011, failed to record the administration of Lithium to Patient D.*
- 2. On 18 March 2011, administered to Patient E an intramuscular injection of Depixol when it was prescribed to be administered on 22 March 2011.*
- 3. On 26 March 2011, administered to Patient F a morning dose of Diazepam two days after the morning dose had been discontinued.*

- 4. On 12 March 2013 incorrectly administered 2 mg of Lorazepam to Patient A instead of 1 mg as prescribed.*

- 5. On or around 12 March 2013, retrospectively amended Patient A's records in respect of the administration described at charge 4 by changing the recorded administered dose from 2 mg to 1 mg.*

- 6. Your actions at charge 5 were dishonest in that you:*
 - a) Knew that the retrospective amendment was incorrect.*
 - b) Intended to conceal your error at charge 4.*

- 7. On 28 March 2013, failed to administer Patient B's prescribed evening dose of Clozapine.*

- 8. On or around 30 March 2013, retrospectively altered Patient B's records in relation to the administration of Clozapine due on 28 March 2013 by writing "pulse high not given."*

- 9. Your actions at charge 8 were dishonest in that you:*
 - a) Knew that the entry should have been marked as being retrospective.*
 - b) Intended to conceal your error at charge 7.*

- 10. On 28 March 2013, failed record the administration of Patient C's prescribed Risperidone.*

11. *On or around 30 March 2013, attempted to retrospectively sign for the administration of Risperidone due on 28 March 2013 in Patient C's records and:*

- a) Incorrectly signed for the administration due on 29 March 2013 instead.*
- b) Failed to indicate that your entry was retrospective.*

12. *Your actions at charge 11 were dishonest in that you:*

- a) Knew that your entry should have been marked as being retrospective.*
- b) Intended to conceal your error at charge 10.*

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

You attended the substantive hearing and made admissions to all the charges.

The substantive hearing panel, determined the following with regard to impairment:

'The panel was mindful that it was required to consider the protection of the public and the wider public interest, that is to say the need to maintain proper professional standards and public confidence in the profession, as well as confidence in the NMC as a regulatory body, and whether public confidence would be undermined if a finding of impairment were not made.

The panel was satisfied that you had breached the following requirements of the code:

The Preamble:

*The people in your care must be able to trust you with their health and wellbeing
To justify that trust, you must:*

- be open and honest, act with integrity and uphold the reputation of your profession.*

- *provide a high standard of practice and care at all times.*

32. You must act without delay if you believe that you, a colleague or anyone else may be putting someone at risk.

43. You must complete records as soon as possible after an event has occurred.

44. You must not tamper with original records in any way.

61. You must uphold the reputation of your profession at all times.

The panel accepted that breaches of the above do not automatically result in a finding of misconduct.

The panel noted that you were working with vulnerable patients who suffered from psychiatric illnesses and required medication in order to manage their illnesses. It considered that your actions in omitting to administer and incorrectly administering medication to Patients A, B, C, D, E and F put them at unwarranted risk of harm. The panel noted that your first errors were in 2011 and that you underwent a period of supervised practice. You subsequently made further medication errors in 2013 and attempted to conceal the errors. The panel was of the view that your actions fell below the standards expected of a registered nurse and that you failed to provide a high standard of practice and care at all times. The panel was mindful that accurate record keeping and medicines administration are fundamental requirements of the nursing profession. The panel noted your evidence that you were aware of the requirements in respect of record keeping. Having found the charges proved it considered that you had failed to meet these requirements.

The panel found that your actions in retrospectively amending patient records without indicating that the amendments were retrospective was dishonest in that there was an intention to conceal your errors. The panel was of the view that honesty and integrity go to the heart of practice as a registered nurse and as

such you had failed to be open and honest, act with integrity and uphold the reputation of your profession.

The panel concluded that individually and cumulatively your actions in relation to the charges “fell short of what would be proper in the circumstances” and amounted to misconduct which was serious.

Taking the facts found proved as a whole, in all the circumstances of this case, the panel considers that your conduct was a significant departure from the standards expected of a registered nurse.

The panel went on to consider whether your fitness to practise is currently impaired. The panel noted that you admitted that you are currently impaired. However, the panel bore in mind that impairment was a matter for its own professional judgement.

The panel had regard to the guidance set out in the judgment in Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant [2011] EWHC 927 (Admin), including the relevant parts of the principles formulated by Dame Janet Smith in the Fifth Shipman report which states;

“Do our findings of fact in respect of the [nurse]’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; and/or

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.

d. has in the past and/or is liable in the future to be dishonest.”

The panel took into account that you had admitted the charges. However, the panel also noted that it has not been provided with any evidence of remediation. Although the panel was mindful that there was no evidence before it that any patients came to actual harm, it was satisfied that your drug errors had put patients at unwarranted risk of harm. The panel considers that you have in the past acted so as to put patients at unwarranted risk of harm and considers that you are liable to do so in the future. The panel also considers your actions in the past brought the profession into disrepute and, without evidence of insight or remediation, considers you are liable to do so in the future.

The panel considered your reflective statements and noted that they were centred on your response to the charges in relation to your own needs. The panel was of the view that you had failed to demonstrate that you understood the impact of your actions on patients, your colleagues and on the nursing profession. The panel was of the view that you had not demonstrated insight into your acts and omissions.

The panel was aware that honesty, integrity, medicines administration and record keeping are fundamental aspects of nursing practice. You have admitted to acting dishonestly in charges 6, 9 and 12. The panel is of the view that dishonesty is attitudinal and accordingly, whilst capable of being remediated, it is not easy to do so. In any event the panel has not been provided with any evidence of insight into your failings or of any steps you may have taken to remediate these failings. For these reasons, the panel considers that you are liable in the future to be dishonest.

The panel has borne in mind that its primary function is to protect patients and the wider public interest, which includes maintaining public confidence in the nursing profession and upholding the proper standards and behaviour.

Furthermore, the panel is satisfied that public confidence in the nursing profession and in the regulatory process would be undermined were it not to make a finding of impairment in this case, bearing in mind the serious nature of the matters found proved, involving vulnerable patients and dishonesty over a period of time.

The panel has therefore determined that your fitness to practise is currently impaired by reason of your misconduct.'

The substantive panel went on to determine the following with regard to sanction:

'Under Article 29 of the Nursing and Midwifery Council Order 2001, the panel can take no action or impose any of the following actions in ascending order: make a caution order for one to five years; make a conditions of practice order for no more than three years; make a suspension order for a maximum of one year; or make a striking off order. The panel has borne in mind that the purpose of a sanction is not to be punitive, though it may have that effect.

The panel has applied the principles of fairness, reasonableness and proportionality, weighing the interests of patients and the public with your own interests and taking into account any mitigating and aggravating factors in the case. The panel has also taken account of the ISG and exercised its own professional judgment considering the particular facts of this case.

The panel considered your oral evidence and considered that it was very detailed. The panel noted that you have been through considerable adverse circumstances..... However, the panel was not convinced by your answers to questions that you fully appreciate the impact of your actions or take responsibility for them.

The panel identified the following mitigating factors in this case:

- You have engaged with the Health Board and with the NMC process.*

- *You made admissions at the outset.*
- *Your difficult personal circumstances.*
- *Perceived difficulties with workplace colleagues.*
- *At the time of the incidents you were undertaking a dissertation.*
- *You recognised that you were not ready to practise at present.*
- *You have a previously unblemished record.*
- *You have a positive reference from your current employer.*

The panel identified the following aggravating factors in this case:

- *You have not demonstrated insight into your actions.*
- *Your misconduct includes dishonesty.*
- *Following a period of supervised practice in 2011 you repeated the medicines administration errors in 2013, which you subsequently covered up.*

The panel was of the view that the aggravating circumstances of the case outweighed the mitigating circumstances.

The panel next considered the sanctions available to it, starting with the least restrictive.

The panel first considered taking no action. The panel decided that taking no action would be wholly inappropriate. The panel considered that in light of the facts found proved and its finding of impairment, to take no action would be

wholly insufficient to protect the public and uphold confidence in the profession, and in the NMC as its regulator.

The panel considered making a caution order. The panel took into account the ISG, which states that, 'a caution 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 your misconduct was not at the lower end of the spectrum. The panel has identified a risk of repetition which brings with it the potential for harm to patients in the future. The panel is conscious that a caution order would not restrict your practice or address the failings identified.

The panel considered a conditions of practice order. A conditions of practice order may be appropriate in cases where there are identifiable areas of nursing practice that require assessment and/or retraining. The panel considered that some of the areas of concern in your case are clinical in nature and that your drug administration errors are capable of being remedied. The panel noted that you underwent a period of supervised practice in 2011 and your misconduct was repeated in 2013. The panel had evidence before it that you do not wish to practise as a nurse for the next 12 to 24 months. You are currently working as a rehabilitation assistant. This employment does not require you to be registered as a nurse. The panel was of the view that the dishonest conduct was not easy to remediate and address with conditions of practice. In the circumstances the panel took the view that a conditions of practice order would not be an appropriate sanction.

The panel determined that it could not formulate relevant, proportionate, workable and measurable conditions of practice which would protect the public for the period they were in force.

The panel went on to consider the sanction of suspension. In doing so it had careful regard to the ISG and in particular the factors identified in that document.

The panel considered whether it could be said that the misconduct “71.1... 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.”

The panel recognised that your misconduct was not isolated. The panel considered that you had failed to demonstrate insight into the impact your actions have had on patients, colleagues and the nursing profession. The panel noted your evidence and was of the view that you had not fully accepted responsibility for your acts and omissions which have led to these proceedings. Furthermore, you failed to fully acknowledge your dishonest conduct by stating that “it looks as if I have tried to deceive.” As a result, the panel considered that this demonstrated that you had some concerning attitudinal issues.

The panel noted that you underwent a period of supervised practice in 2011. However, the misconduct was repeated in 2013 and was aggravated by the fact that you were dishonest in trying to cover up your errors. It had regard to the evidence before it and noted that over the past three years since the misconduct occurred you have not undertaken any retraining by your own initiative. The panel considers there has been a serious departure from the relevant standards as set out in the Code, and it has determined that, given your lack of insight, there is a continuing risk to the public. For the above reasons, the panel decided that your misconduct was fundamentally incompatible with you continuing to be a registered nurse and therefore a suspension order was not appropriate in this case.

The panel next considered the most severe sanction, that of a striking off order. The panel bore in mind that the acts and omissions found proved do not relate to an isolated incident of misconduct. The panel considered that your misconduct is properly described in paragraph 75 of the ISG, in particular the following paragraphs;

75.1 Serious departure from the relevant professional standards as set out in key standards, guidance and advice including (but not limited to):

75.1.1 The code: Standards of conduct, performance and ethics for nurses and midwives

75.1.3 Standards for medicines management

75.1.4 Record keeping: Guidance for nurses and midwives

75.2 Doing harm to others or behaving in such a way that could foreseeably result in harm to others...

75.6 Dishonesty...

75.7 Persistent lack of insight into seriousness of actions or consequences

The panel considered that you had failed to fully acknowledge your failings and accept responsibility. As a result, the panel considered that this demonstrated that you lacked insight and had attitudinal issues. The panel had regard to your failings in medicines management and your dishonest conduct. It was of the view that you behaved in such a way that could foreseeably result in harm to patients. In this case the patients you cared for were vulnerable.

Given the nature of the misconduct found proved, the panel has concluded that confidence in the profession and its regulator would be undermined if you were to remain on the Register.

The panel has therefore determined that a striking-off order is the only sufficient and proportionate sanction which will protect the public and address the wider public interest. The panel is of the view that your behaviour is fundamentally incompatible with continuing to be registered with the NMC. The panel thus imposes a striking-off order.

Your record on the NMC register will show that your name has been removed. You may not apply for restoration until five years after the date that this decision takes effect.'

Submissions and evidence

The panel took into account the documentary evidence, which included the contents of application for restoration which you submitted to the NMC including three written references.

The panel had regard to the submissions of Ms Semple, on behalf of the NMC, and those made by you.

Ms Semple, on behalf of the NMC, outlined the background of the case and the facts that led to the striking-off order. She referred this panel to the previous panel's decision which resulted in your removal from the NMC register.

Ms Semple informed the panel the striking-off order made by the panel of the Conduct and Competence Committee was on 24 October 2014 which resulted in your removal from the NMC register.

In considering this matter today, Ms Semple referred the panel to the test set out in Article 33(5) of the Order. She invited the panel to have regard to the comprehensive documents that you have submitted for the purposes of today's hearing.

Ms Semple submitted that it is a matter for the panel as to whether you are now a fit and proper person so as to return to the NMC register. She submitted that the panel should consider whether you have demonstrated sufficient insight into your conduct and consider whether you have remediated the concerns which led to your striking-off order.

You provided evidence under affirmation. You told the panel about your continued employment with the NHS in Pembrokeshire, and as a result of the appeal, it was

mutually agreed that there was no interruption in your service between July 2013 and January 2014.

In addition, you provided a comprehensive array of training certificates that exemplify your commitment to ongoing professional development and the pursuit of substantive courses aimed at fostering progression and motivation.

Furthermore, you disclosed to the panel that, subsequent to your dismissal from the nursing post in 2013, you initially failed to recognize the gravity of your actions. At that time, you primarily attributed your mistakes and errors to the demanding nature of the workplace and inadequate management. You experienced a sense of disappointment from your colleagues, perceiving it as a personal attack. However, you have since come to acknowledge that their actions were driven by the best interests of the vulnerable patients under the care of the Board.

Regarding the striking-off order for five years, you recall feeling that the severity of the sanction was harsh, and it took considerable time for you to genuinely realise and admit to your misgivings as a registered professional. You explicitly stated that your actions not only brought disrepute to the organisation but also posed potential harm and increased risk and safety concerns for all parties involved. In hindsight, you recognise that you should have managed your misdiagnoses and struggles in a more appropriate manner.

You acknowledged that carrying out a number of medication errors twice in a span of two years and engaging in dishonest and fraudulent actions raised legitimate concerns, leaving you with no means to reassure the previous panel that such behaviour would not recur. However, you had the opportunity to explore and reflect on ways to rectify this issue with additional and appropriate support.

Since the termination of your role as a registered nurse, you have not carried out the administration of medication. Nonetheless, as part of your responsibilities as a Band 3 healthcare support worker in mental health, you have been diligently monitoring medication concordance while reporting on its effectiveness and potential side effects.

You affirmed to the panel that, subsequent to the striking off order, you have maintained congruence and honesty in your practice. You have consistently communicated any difficulties that may increase risks to patients, families, and colleagues, demonstrating your commitment to ensuring their well-being.

You recounted your experience attending the British Association for Counselling and Psychotherapy (“BACP”) appeal process, which offered you an opportunity for reflection as a former health professional. By providing a reflective account of the medication errors and dishonest conduct you engaged in, the BACP panel expressed their satisfaction with your progress and increased self-awareness. Consequently, you were granted student membership and successfully completed the foundation degree in counselling in 2021.

You emphasised that you have not rushed your application for restoration, preferring instead to ensure that you are fully prepared and capable of representing yourself in a positive manner during the hearing.

Moreover, you communicated to the panel that you have come to realise the importance of taking a step back when necessary, as opposed to undertaking extra shifts. This newfound understanding underscores your recognition of the significance of maintaining a healthy work/life balance and practicing self-care, suggesting a heightened insight into preserving your overall well-being.

You told the panel that your personal and professional self-awareness has significantly increased, along with a notable boost in self-esteem. You expressed pride in the achievements made throughout this process and maintained a positive outlook regarding the changes and progress you have undergone.

Under questioning you told the panel that you are giving serious consideration to pursuing a Return to Practice course. This decision stems from your recognition that you have been absent from the nursing profession for nearly a decade and you believe

such a course would be instrumental in reinstating your confidence and competence in the field.

Furthermore, you acknowledged that you will always harbour remorse for your past misconduct, understanding that it cannot be undone, and acknowledging the justness and necessity of the actions taken by the NMC when the strike-off order was imposed.

Witness 1 gave evidence under affirmation. She told the panel that you dedicated considerable time and effort to thoughtful reflection on the events in question. Recognising the seriousness of the situation, you engaged in discussions with Witness 1 and your manager, with the shared goal of enhancing your practice and ensuring optimal outcomes for all patients involved.

Witness 1 attested to your exceptional qualities as a member of her team, highlighting your positive influence and valuable contributions. She acknowledged the immense effort you put into gathering evidence and presenting it to the panel, underscoring your seriousness and dedication throughout the process. Additionally, Witness 1 informed the panel that you are soon to join the mental health team and conveyed her best wishes for your future role. She said that you have shown integrity, honesty and have been a valuable member of the team.

In conclusion, Witness 1 expressed complete confidence in your ability and integrity to carry out the nursing role. She emphasised that you have consistently demonstrated a commitment to continual professional development.

The panel accepted the advice of the legal assessor.

The legal assessor referred the panel to the test provided in Article 33(5) of the Order. Firstly, you must satisfy the panel that you satisfy the requirements of Article 9(2)(a) (approved qualification and prescribed education, training and experience) and Article 9(2)(b) (capable of safe practice). Secondly, you must satisfy the panel whether, having regard in particular to the circumstances which led to the making of the striking-off order in 2014, you are a *“fit and proper person to practise as a registered nurse”*. The legal

assessor advised the panel that it is for you to satisfy the panel of these matters and it is for the panel to use its own independent judgment as to whether it is so satisfied.

Decision on the application for restoration

The panel has considered your application for restoration to the NMC register very carefully. It has decided to allow the application with a conditions of practice order.

In reaching its decision the panel recognised its statutory duty to protect the public as well as maintain public confidence in the reputation of the profession, which includes the declaring and upholding of proper professional standards. The panel bore in mind that the burden was upon you to satisfy it that you are a fit and proper person who is able to practise safely and effectively as a nurse.

Taking into account all the evidence presented in this hearing, the panel recognised your diligent efforts to develop insight and you demonstrated genuine commitment to remediation. It carefully considered your oral testimony, noting your transparency, honesty, and compelling demeanour as a witness. You demonstrated your remorse and shame regarding the conduct that resulted in your striking-off order, emphasising the potential detrimental impact on public perception of registered nurses.

The panel did not consider you to be evasive in any way during the answering of questions. To the contrary, it considered you to have reflected deeply on your behaviour to the extent that you were able to reassure it that you were not liable to repeat your previous behaviour in the future.

The panel considered that you have demonstrated a significant amount of insight into your behaviour. You were able to identify why your actions were inherently wrong, and how you are committed to behaving in a responsible manner. You said that you recognise how your actions brought the nursing profession into disrepute and how you brought shame upon your family.

The panel acknowledged your earnest efforts in developing insight, which were evident during this hearing. While it recognised the gravity of your misconduct, the panel was

satisfied that your level of insight and understanding had significantly improved since the incidents, as supported by your oral and documentary evidence.

The panel noted your passion for nursing and your genuine desire to help others. It noted your continued employment in the NHS, where you have built strong relationships with your employer, colleagues, and patients since your removal from the NMC register. Positive references attesting to your overall performance and character were also presented. Your current team regards you as a respected and valued member, poised to bring credit to the nursing profession if restored. The panel heard that there have been no concerns raised about your performance in your roles since being struck off the NMC register.

The panel acknowledged your proactive approach to maintaining clinical competence through relevant training and exploring the possibility of completing a Return to Practice course. It noted your successful completion of a counselling degree and registration with the BACP. The panel was impressed by your dedication, perceiving it as an indication of your passion and motivation to provide quality care to patients.

Furthermore, the panel recognised the considerable time that has elapsed since your striking-off order and appreciated your deliberate and gradual approach to returning to practice. Your careful reflection on past errors, rather than a "*Knee jerk*" reaction, was deemed commendable.

Today, the panel concluded that you did not attempt to downplay your actions, assuring it of the valuable lessons you have learned. You have taken full responsibility for your conduct and demonstrated a genuine commitment to working as a registered nurse. The panel recognised your significant personal growth since your removal from the NMC register.

In addition, the panel was assured that you had developed coping strategies required to be able to recognise situations that may cause you anxiety or stress and take proactive steps to ensure that you are equipped to deal with these.

Taking into account all the above factors, the panel determined that you are now a "*fit and proper person*" to be reinstated on the NMC Register. The panel found no substantial risk of the concerns identified in this case recurring in the future.

The panel also took into account the public interest considerations of this case and concluded that your return to the NMC register would now be in the public interest. It was satisfied that the passage of time since your original striking-off order adequately addressed any negative concerns. An informed member of the public would consider the sanction imposed in 2014 as sufficient to meet the public interest.

The panel accordingly directs the Registrar under Article 33(7) and in accordance with Article 33(6) of the Order, to restore your name to the NMC register subject to you fulfilling the specific conditions of practice as to additional education, training and experience as the Council has specified under Article 19(3) of the Order. For this to happen, the panel directs that you must successfully complete and pass a Return to Practice Programme and pay the prescribed fee.

Upon restoration of your name to the NMC register your registration will be subject to a conditions of practice order and the purpose of these conditions is to support you in your return to practise as a registered nurse, having been out of nursing for almost ten years. The conditions are as follows:

'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 meet with your line manager, supervisor or mentor fortnightly (until such time that your line manager feels a monthly meeting is sufficient) to discuss your clinical practice and workload, with particular reference to Medication administration and management.

2. You must work with your line manager, supervisor or mentor to develop a personal development plan (PDP) that demonstrates your learning and understanding of the importance of safe management of medicines and accurate record keeping.
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 in which you are involved.
 - 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 conditions of practice order is two years. The panel determined that such a period would satisfy the public interest and provide you with sufficient time to find employment as a registered nurse and demonstrate your safe practice.

This order will be reviewed before its expiry. 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.

The panel considered that any future reviewing panel may be assisted by:

- A report from your current employer commenting on your performance.
- A further reflective piece on the progress you have made since this hearing.
- A reflective piece reviewing your progress with the administration of medicines.
- Any certificates of further training.

You can apply for the order to be reviewed before the expiration of the order if you consider that it is appropriate in the circumstances.

This decision will be confirmed to you in writing.

That concludes this determination.