

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

**Substantive Order Review Hearing
Monday, 9 October 2023**

Virtual Hearing

Name of Registrant: Olivia Deboise

NMC PIN 16A0124E

Part(s) of the register: Registered Nurse – Sub Part 1
Childrens Nursing – April 2016

Relevant Location: Cambridgeshire

Type of case: Lack of competence

Panel members: Clara Cheetham (Chair, Lay member)
Lisa Punter (Registrant member)
Robert Fish (Lay member)

Legal Assessor: Christopher McKay

Hearings Coordinator: Sharmilla Nanan

Nursing and Midwifery Council: Represented by Rebecca Paterson, Case Presenter

Miss Deboise: Not present and unrepresented at the hearing

Order being reviewed: Conditions of practice order (2 years)

Fitness to practise: Impaired

Outcome: **Conditions of practice order (12 months) to come into effect on 15 November 2023 in accordance with Article 30 (1)**

Decision and reasons on service of Notice of Hearing

The panel was informed at the start of this hearing that Miss Deboise was not in attendance and that the Notice of Hearing had been sent to Miss Deboise's registered email address by secure email on 8 September 2023.

Further, the panel noted that the Notice of Hearing was also sent to Miss Deboise's representative at the Royal College of Nursing (RCN) on 8 September 2023.

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

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Hearing provided details of the substantive order being reviewed, the time, date and that the hearing was to be held virtually and, amongst other things, information about Miss Deboise's right to attend, be represented and call evidence, as well as the panel's power to proceed in her absence.

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

Decision and reasons on proceeding in the absence of Miss Deboise

The panel next considered whether it should proceed in the absence of Miss Deboise. The panel had regard to Rule 21 and heard the submissions of Ms Paterson who invited the panel to continue in the absence of Miss Deboise.

Ms Paterson referred the panel to the documentation from Miss Deboise's representative which included a letter dated 5 October 2023 which states:

“The Registrant will not be attending the hearing, nor will they be represented. No disrespect is intended by their non-attendance. The Registrant has received the notice of hearing and is happy for the hearing to proceed in their absence. She remains keen to engage with the proceedings.”

The panel accepted the advice of the legal assessor.

The panel has decided to proceed in the absence of Miss Deboise. In reaching this decision, the panel has considered the submissions of Ms Paterson, the representations from Miss Deboise’s representative, and the advice of the legal assessor. It has had particular regard to any relevant case law and to the overall interests of justice and fairness to all parties. It noted that:

- No application for an adjournment has been made by Miss Deboise or her representative;
- Miss Deboise’s representative has informed the NMC that she has received the Notice of Hearing and confirmed that she is content for the hearing to proceed in her absence;
- There is no reason to suppose that adjourning would secure her attendance at some future date; and
- There is a strong public interest in the expeditious review of the case.

In these circumstances, the panel has decided that it is fair to proceed in the absence of Miss Deboise.

Decision and reasons on review of the substantive order

The panel decided to confirm and continue the current conditions of practice order and to extend it for a further 12 months.

The new order will come into effect at the end of 15 November 2023 in accordance with Article 30(1) of the ‘Nursing and Midwifery Order 2001’ (the Order).

This is the first review of a substantive conditions of practice order originally imposed for a period of 2 years by a Fitness to Practise Committee panel on 15 October 2021.

The current order is due to expire at the end of 15 November 2023.

The panel is reviewing the order pursuant to Article 30(1) of the Order.

The charges found proved by admission, which resulted in the imposition of the substantive order were as follows:

'That you, a registered nurse, between 16 April 2018 and 16 November 2018,

- 1) failed to demonstrate the standards of knowledge, skill and judgement required to practise without supervision as a band 5 paediatric nurse in that:*
 - a) on 16 May 2018 you incorrectly recorded the measurement of a child's head circumference and the date in the patient's red book*
 - b) on 20 June 2018 you employed poor technique when trying to catch a urine sample*
 - c) on 25 June 2018 you failed to demonstrate a knowledge of the normal paediatric blood pressure ranges*
 - d) on 25 June 2018 you were unable to turn on the suction function of the resuscitation trolley*
 - e) on 27 June 2018 you employed incorrect technique when taking a length measurement of a baby*
 - f) on 10 July 2018 you failed to demonstrate an adequate understanding of nasogastric tube procedure*
 - g) on 25 July 2018 you did not adopt the "stretch" technique when taking the height measurement of a teenage patient*

- h) on 25 July 2018
 - i) ...*
 - ii) you failed to repeat the blood pressure reading of 103/44*
 - iii) you failed to document the status of the baby when the reading of 103/44 was taken**

- i) on 30 July 2018
 - i) you employed incorrect technique when taking a height measurement of a young patient*
 - ii) you failed to use the stadiometer correctly by not applying the brake release button**

- j) on 8 August 2018
 - i) ...*
 - ii) you failed to use the stadiometer correctly by not applying the brake release button*
 - iii) you struggled to calculate the normal range for blood pressure when assessing a 14 year old patient**

- k) on 16 August 2018 you employed incorrect technique when taking a patient's height measurement*

- l) on 23 August 2018
 - i) you employed incorrect technique when taking a baby's weight measurement*
 - ii) You did not document that the baby was wearing a nappy when weighed without prompting*
 - iii) you were unable to obtain an accurate blood pressure reading manually, using a stethoscope, in respect of a seventeen year old patient**

- m) on 4 October 2018 you failed to document the reason why you had properly weighed a patient with their shoes on*

- n) on 10 October 2018 you employed incorrect technique when taking a height measurement*

o) on 29 October 2018

i) ...

ii) you failed to repeat the blood pressure reading of 100/61

iii) you failed to document the status of the baby when the reading of 103/61 was taken

iv) you failed to measure the head circumference despite the patient's referral letter reporting an enlarged head circumference

p) on or around 7 November 2018

i) ...

ii) you failed to repeat the blood pressure reading of 98/54

iii) you failed to document the status of the baby when the reading of 98/54 was taken

iv) you failed to take and/or record a blood pressure reading for a patient who had a large atrial septal defect

v) you failed to take and/or record a length measurement for a patient who had a large atrial septal defect

vi) you failed to take and/or record a weight measurement for a patient who had a large atrial septal defect

vii) you demonstrated a poor understanding of the importance of conducting up-to-date observations

viii) you failed to adhere to infection control protocols by not wearing an apron when carrying out a clean-catch urine procedure

q) on 14 November 2018 you failed to recognise the necessity for respiratory observations when assessing a patient with cystic fibrosis

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

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

'The panel went on to decide, if as a result of your lack of competence, your fitness to practise is currently impaired.'

There is no statutory definition of fitness to practise, however, the panel noted that the NMC has defined fitness to practise as the suitability to remain on the register without restriction.

The panel noted the judgment of Mrs Justice Cox in the case of CHRE v NMC and Grant 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 of Grant, Mrs Justice Cox approved of Dame Janet Smith's formulation in the Fifth Shipman Report 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; and/or*
- b) has in the past brought and/or 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 noted that the Shipman test is both backward and forward looking.

The panel firstly looked to the past and applied the Shipman test. The panel noted that your short-comings in this case were in basic areas of nursing practice, occurred over a protracted period of time and despite a significant degree of intervention and support from the Hospital. Nevertheless, your lack of competence continued to be of concern. The panel noted that you were set structured plans by the Hospital with reasonable objectives and given time to improve and meet them. Despite having success in the short term, you then went on, in some case, to repeat these errors and your level of competence was again brought into question. In these circumstances, the panel decided that limbs a and c are engaged as to the past.

The panel applied the Shipman test and looked to your current position and the future. In this regard, the panel carefully considered your oral evidence, positive references, training certificates and your written reflective piece.

The panel had regard to whether your lack of competence is easily remediable, whether it had been remedied and whether it is likely to be repeated.

The panel took into account that your lack of competence does not relate to an isolated incident and involves repeated and similar short-comings over a wide-ranging set of basic nursing skills. Having carefully considered all of the evidence, the panel had concerns relating to your oral evidence and written reflective piece that have not shown sufficient and developed insight into your lack of competence and the consequences that this has in the context of public protection and the wider public interest. In this regard, the panel took into account your training certificates and the positive references.

The panel acknowledged that it is difficult to remediate lack of competence when you have been away from nursing in a clinical setting for approximately four years.

Whilst you have taken constructive steps towards remediating your lack of competence, the panel decided that you have not fully remediated and as a consequence there is a likelihood of repetition. The panel was of the view that when looking to the future limbs a and c of the Shipman test remain engaged.

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.

As a result, the panel determined that a finding of impairment on public interest grounds was also required.

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

The original substantive hearing panel determined the following with regard to sanction:

'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 your misconduct was 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 next considered whether placing conditions of practice on your 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 found the following factors when considering conditions of practice order engaged in your case:

- *No evidence of harmful deep-seated personality or attitudinal problems;*
- *Identifiable areas of the nurse or midwife's practice in need of assessment and/or retraining;*
- *Potential and willingness to respond positively to retraining;*
- *Patients will not be put in danger either directly or indirectly as a result of the conditions;*
- *The conditions will protect patients during the period they are in force; and*
- *Conditions can be created that can be monitored and assessed.*

The panel determined that it would be possible to formulate relevant, appropriate and workable conditions which would address your lack of competence highlighted in this case. The panel accepted that you would be willing to comply with conditions of practice.

Balancing all of these factors, the panel determined that that the appropriate and proportionate sanction is that of a conditions of practice order.

The panel was of the view that to impose a suspension order would be disproportionate and would not be a reasonable response in the circumstances of your case. Furthermore, it would not allow you to remediate the issues identified.

In formulating conditions of practice, the panel had to the forefront of its considerations that there an overarching duty to protect the public. The panel in this regard have formulated conditions which will adequately protect the public when you return to clinical duties. Additionally, with regard to the wider public interest, the panel has concluded that a conditions of practice order will mark the importance of maintaining public confidence in the profession,

and will send to the public and the profession a clear message about the standards of practice required of a registered nurse.

The panel determined that the following conditions are appropriate and proportionate in this case:

- 1. You must provide the NMC a report from your line manager signing you off as competent in respect of the areas of concern:*
 - Weighing and measuring paediatric patients*
 - Record-keeping*
 - Blood pressure monitoring*

- 2. In advance of any hearing, your line manager or supervisor should provide a report to the NMC that sets out their thoughts on your progress and in respect of the three areas of concern:*
 - Weighing and measuring paediatric patients*
 - Record-keeping*
 - Blood pressure monitoring*

- 3. You must work with your line manager to create a personal development plan which must address the concerns identified about weighing and measuring paediatric patients, record-keeping and blood pressure monitoring.*

- 4. You must keep us 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.*

- 5. You must keep us 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.*

6. *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.*
 - d) *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*

7. *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.*

8. *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 two years.

Before the order expires, a panel will hold a hearing to review your progress. 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.'

Decision and reasons on current impairment

Today's panel has considered carefully whether Miss Deboise'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. It has taken account of the submissions made by Ms Paterson on behalf of the NMC. She provided a background of the case and summarised the outcome of the substantive hearing. She referred the panel to the relevant pages in the NMC bundle. She submitted that there have been no substantive changes since the last hearing and that a conditions of practice order remains appropriate in the circumstances. She noted that whilst Miss Deboise has engaged with the NMC, she has not complied with the conditions of practice in place as she has been unable to secure employment as a nurse. Ms Paterson addressed the panel on the reflective statement and testimonials provided for this hearing. Whilst the reflective piece outlines what Miss Deboise has been doing professionally since the substantive hearing, she does not address the previously identified areas of concern. Ms Paterson submitted that as there has been no further developed insight from Ms Deboise, there remains a risk of repetition, in the areas of concern, on the grounds of public interest and public protection.

The panel also had regard to the responses from Miss Deboise's representative. It noted the written submissions which state:

"Since the imposition of the substantive conditions of practice order, the Registrant has been attempting to find work in line with this order. However, the Registrant has faced difficulties while job seeking in that she has been unable to find work as a Health Care Assistant ("HCA") role as she has a nursing degree. Following her applications to these positions, employers have provided feedback that they were concerned the Registrant would only be in the role for a short time due to her educational level, and they were

looking for long-term staff. In these circumstances, the Registrant has not yet had the opportunity to demonstrate compliance with her substantive order.

The Registrant has been working for the Cambridge University Hospitals Foundation Trust (“the Trust”) since April 2016. From December 2018 to August 2022, the Registrant worked in a reception and administration role at the Voluntary Services Team in Addenbrooke’s Hospital. The Registrant currently works as a Fertility Administrator at Cambridge IVF, part of the Trust, and has worked there since August 2022.

The Registrant has obtained a reference letter from her manager ... at Cambridge IVF. [The registrant’s manager] has commented on the Registrant’s approach to work:

“Olivia is a team worker and very mindful about her work, always trying to achieve her best. When Olivia has any concerns, Olivia raises them with myself in order to further develop and improve herself. Olivia is caring towards our patients and colleagues.

Olivia has been assisting our Nursing team with telephone queries, during periods of low staff and has always tried to go above and beyond when getting the answers to our patients.

I would recommend Olivia as an employee in any Trust.”

The Registrant has also provided a short statement detailing what she has been working on in the last two years (since the last review proceedings). This has been enclosed with these submissions.

We respectfully invite the Panel to extend the current conditions of practice order to allow the Registrant a further opportunity to seek a job in which she can demonstrate compliance with her substantive conditions of practice order.”

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 Miss Deboise's fitness to practise remains impaired.

The panel noted that the original panel found that Miss Deboise had a lack of full insight. At this hearing the panel, the panel had no information to indicate that this level of insight has changed. It therefore determined that Miss Deboise's insight remains the same as at the substantive hearing. It noted that the brief reflective statement provided by Miss Deboise did not address the concerns identified at the substantive hearing but provided an overview on what employment Miss Deboise has undertaken since the last hearing. The panel concluded that Miss Deboise has failed to demonstrate an understanding of how her actions put patients at a risk of harm, she has also failed to demonstrate an understanding of why her lack of competency would have impacted negatively on the reputation of the nursing profession. Nor has the panel had information to explain how Miss Deboise would handle similar clinical situations differently in the future. The panel therefore concluded that there is no new information in relation to Miss Deboise's level of insight.

In its consideration of whether Miss Deboise has taken steps to strengthen her practice. The panel took into account that Miss Deboise has not secured employment as a nurse to address the failings fully, by way of her clinical practice and as a result has not been able to comply with the current conditions of practice order imposed by the panel. However, it has been provided with no evidence of relevant activities or training which might go toward addressing the concerns which were identified at the substantive hearing.

The original panel determined that Miss Deboise was liable to repeat matters of the kind found proved. Today's panel took into account that it has been provided with a brief reflective account, as well as the two testimonials provided on Miss Deboise's behalf, whilst noting that they did not come from nursing colleagues who could speak to Miss Deboise's nursing and clinical practice. It concluded that it could not attach any weight to these testimonials. The panel bore mind that it has had no new information put before it

which addresses the concerns identified at the substantive hearing. In light of this, this panel determined that Miss Deboise remains liable to repeat matters of the kind found proved. The panel therefore decided that a finding of continuing impairment is 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 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. The panel was of the view that a fully informed member of the public would be concerned to learn that a registrant is permitted to practice with no restrictions on their NMC registration given these circumstances.

For these reasons, the panel finds that Miss Deboise's fitness to practise remains impaired.

Decision and reasons on sanction

Having found Miss Deboise'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 Miss Deboise'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 Miss Deboise's

lack of competence was 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 next considered whether imposing a further conditions of practice order on Miss Deboise's registration would still be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable.

The panel determined that it would be possible to formulate appropriate and practical conditions which would address the failings highlighted in this case. The panel accepted that Miss Deboise has been unable to comply with conditions of practice as she has not been able to secure employment as a nurse. The panel took into consideration that Miss Deboise is engaging with the NMC and is willing to comply with any conditions imposed.

The panel was of the view that a further conditions of practice order is sufficient to protect patients and the wider public interest, noting as the original panel did that Miss Deboise did not demonstrate any deep-seated attitudinal problems, that there are identifiable areas of Miss Deboise's practice which are in need of assessment and/or retraining, Miss Deboise has demonstrated a potential and willingness to respond positively to retraining, patients will not be put in danger either directly or indirectly as a result of the conditions, the conditions will protect patients during the period they are in force and conditions can be created that can be monitored and assessed.

The panel was of the view that to impose a suspension order or a striking-off order would be wholly disproportionate and would not be a reasonable response in the circumstances of Miss Deboise's case as she has not had an opportunity to secure work as a nurse to address the concerns identified in her nursing practice. It noted the submissions made on Miss Deboise's behalf to extend the current conditions of practice order.

Accordingly, the panel determined, pursuant to Article 30(1)(c) to make a conditions of practice order for a period of 12 months, which will come into effect on the expiry of the current order, namely at the end of 15 November 2023. It decided to continue the following conditions which it considered are appropriate and proportionate in this case:

'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 provide the NMC a report from your line manager signing you off as competent in respect of the areas of concern:
 - Weighing and measuring paediatric patients
 - Record-keeping
 - Blood pressure monitoring

2. In advance of any hearing, your line manager or supervisor should provide a report to the NMC that sets out their thoughts on your progress and in respect of the three areas of concern:
 - Weighing and measuring paediatric patients
 - Record-keeping
 - Blood pressure monitoring

3. You must work with your line manager to create a personal development plan which must address the concerns identified about weighing and measuring paediatric patients, record-keeping and blood pressure monitoring.

4. 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.

5. 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.
6. 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.
 - d) 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
7. 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.
8. 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 12 months.

This conditions of practice order will take effect upon the expiry of the current conditions of practice order, namely the end of 15 November 2023 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 Miss Deboise has 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:

- Continued engagement and attendance at any future hearing.
- A reflective piece specifically dealing with the identified areas of concern, including the impact on patient safety, colleagues, and public confidence in the profession.
- Evidence of any relevant activities or training that Miss Deboise might have undertaken by which to strengthen her practice.
- References or testimonials associated with any paid or unpaid employment.

This will be confirmed to Miss Deboise in writing.

That concludes this determination.