

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

**Substantive Order Review Hearing
Monday, 26 February 2024**

Virtual Hearing

Name of Registrant: Veronica Margaret McDaid

NMC PIN 85J0072N

Part(s) of the register: Registered Midwife
Midwifery – August 1994

Relevant Location: County Antrim, Northern Ireland

Type of case: Misconduct

Panel members: Rachel Ellis (Chair, lay member)
Marcia Smikle (Registrant member)
Zoe Wernikowski (Registrant member)

Legal Assessor: Fiona Barnett

Hearings Coordinator: Eleanor Wills

Nursing and Midwifery Council: Represented by Simran Ghotra

Miss McDaid: Present and represented by Conor Leonard,
instructed by Thompsons Solicitors

Order being reviewed: Conditions of practice order (9 months)

Fitness to practise: Impaired

Outcome: **Varied conditions of practice order
to come into effect immediately in accordance
with Article 30(2) and 30(4)**

Decision and reasons on review of the substantive order

The panel decided to vary the current conditions of practice order.

This order will come into effect immediately in accordance with 30(2) of the 'Nursing and Midwifery Order 2001' (the Order).

This is an early review of the substantive order imposed on 20 October 2023. You are currently working as a Band 7 Midwifery sister in the Northern Health and Social Care Trust (the Trust). You requested for an early review of this order because you are finding condition 8 unworkable in its current form and are therefore asking the panel to vary it.

This is the first review of a substantive conditions of practice order originally imposed for a period of 9 months by a Fitness to Practise Committee panel on 20 October 2023.

The current order is due to expire at the end of 23 August 2024.

The panel is reviewing the order pursuant to 30(2) of the Order.

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

'That you, a registered midwife

1. On or around 19 July 2019, in relation to Patient A:

*a) Pressurised the patient into consenting to a vaginal examination
[FOUND PROVED]*

*b) Failed to stop the examination at the request of the patient
[FOUND PROVED]*

*d) Conducted an artificial rupturing of the membranes without gaining
the patient's consent [FOUND PROVED BY ADMISSION]*

e) *Following the examination, said to the patient “I’ve earned my money today”, or used words to that effect. [FOUND PROVED BY ADMISSION]*

f) *Recorded within the patient notes that the vaginal examination which included a membrane sweep and/or the artificial rupturing of the membranes was conducted with the consent of the patient when it was not. [FOUND PROVED]*

2. *And the action specified in charge 1. f. was dishonest and/or lacking in integrity in that you had deliberately and/or recklessly recorded that the patient had consented to a vaginal examination which included a membrane sweep and/or an artificial rupturing of the membranes, when she had not done so. [FOUND PROVED]*

3. *On or about 14 October 2018, in relation to Patient B:*

b) *Suggested to the patient that she wasn’t even trying to push and/or that she didn’t want this baby, or words to that effect. [FOUND PROVED]*

c) *Removed and/or withheld pain relief from the patient without clinical justification [FOUND PROVED]*

d) *Conducted a vaginal examination, at or around 5:55am, without gaining the patient’s consent [FOUND PROVED]*

e) *Conducted a membrane sweep without gaining the patient’s consent [FOUND PROVED]*

f) *Failed to document adequately the vaginal examination as specified in charge 3.d in that you failed to record observations required by the standard vaginal examination sticker. [FOUND PROVED]*

g) *Asked the patient what she was crying for, using a nasty tone of voice [FOUND PROVED]*

h) *Had encouraged the patient to push at a stage of being less than 9-10 cms dilated. [FOUND PROVED]*

4. On or about 30 January 2019, in relation to Patient C:

- a) Suggested to the patient that she wasn't pushing hard enough [FOUND PROVED]
- b) Insisted, without clinical justification, that the patient refrain from moving into a more comfortable position [FOUND PROVED]
- c) Pushed the patient's knees up towards her chest without gaining consent to do so [FOUND PROVED]
- d) Removed and/or withheld pain relief from the patient without clinical justification [FOUND PROVED]
- f) Failed to accept the patient's preference not to feel the baby's head during birth [FOUND PROVED]
- g) Uttered words to the effect that
 - (i) The patient should look at you when you were talking to her [FOUND PROVED]
 - (ii) If the patient spent as much effort pushing as making noise, she might get somewhere [FOUND PROVED]
 - (iii) It was the patient's fault that she needed an episiotomy because she wasn't pushing hard enough [FOUND PROVED]
- h) Told the patient "Well look what you got out of it", or words to that effect, using a nasty tone of voice [FOUND PROVED]

5. On or about 17 December 2019, in relation to Patient D:

- a) You placed the patient's legs into stirrups
 - (i) without consultation with the patient [FOUND PROVED]
 - (ii) without clinical justification [FOUND PROVED]
- b) Failed to stop applying traction to the umbilical cord when the patient was crying out in pain and/or asking you to stop [FOUND PROVED]
- c) Failed to guard the uterus of the patient when applying traction to the umbilical cord [FOUND PROVED BY ADMISSION]
- d) Failed to record, in the medical notes, the details of any discussion with the patient or an explanation for the lack of any

discussion during your involvement in her care [FOUND PROVED BY ADMISSION]

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

The original panel determined the following with regard to impairment:

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

The panel drew reference to the NMC Guidance entitled impairment referenced as 'DMA-1', last updated 27 March 2023.

Midwives occupy a position of privilege and trust in society and are expected at all times to be professional and to maintain professional boundaries. Patients and their families must be able to trust midwives with their lives and the lives of their loved ones. To justify that trust, midwives must be honest and open and act with integrity. They must make sure that their conduct at all times justifies both their patients' and the public's trust in the profession.

The panel had regard to the case of CHRE v NMC and Paula Grant [2011] EWHC 927 (Admin) 'test', 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

c) has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or

d) has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession'

e) [...]

The panel found that the first three limbs of grant are engaged by reason of your misconduct. It determined that patients were put at risk of unwarranted harm as a result of your actions. The panel found that your conduct breached the fundamental tenets of the midwifery profession and brought it into disrepute.

The panel then went on to consider the substantial amount of evidence provided by you in your bundle.

Evidence of further relevant training or supervision:

The panel is aware that you have undertaken a number of training courses in which you have reflected and addressed your communication skills, record keeping, ensuring a patient centred approach, being open and the duty of candour, legal and professional issues in midwifery, and managing patients in distress. The panel considered the content of your Action Plan in 2019, your Capability Plan in 2021; and the feedback from 2019, 2021 and 2023.

Information relating to reflection and understanding of the issues raised in the proven allegations and insight regarding the proven allegations:

The panel determined that your degree of insight has developed significantly as evidenced from your most recent reflection dated October

2023, which was both detailed and comprehensive. The panel noted that your understanding of the issues raised, the facts proved, and your insight into the impact on Patients A, B, C and D has developed significantly. You have put a substantial amount of work into improving your insight and have demonstrated remorse.

Details of steps taken to address the concerns raised by the proven allegations:

The panel acknowledge that in 2021 you observed Dr F's clinic and provided a reflection. It further acknowledged that you worked through the Capability Plan which was developed for you by the Trust, which included observations from and reflective pieces from the Birth Trauma Clinic and Family Planning Sexual Health Clinic. The panel also considered your in-depth review of the Trusts policy on Women in Labour and reviewing general guidelines. The panel were provided with numerous references from colleagues, which the panel also took into account and gave due consideration to. The panel acknowledge further the evidence and feedback from the women you had interacted with.

Evidence from others as to current skills and fitness to practise:

The panel acknowledge all of the work undertaken by yourself, and the fact that your line manager reports that are no concerns about your current midwifery practice. However, the panel did not have evidence as to how the development of your insight and your learning has been embedded in your current practice. You state in your latest reflective piece that you have completely changed how you manage the third stage of labour. However, you have not provided any direct evidence or examples of how you have changed your practice with regard to your clinical skills, your record keeping, and how you now take informed consent.

The panel heard that your records have been audited, however, it had not been provided with documentary evidence as to how they were audited, what areas of your record keeping were audited and what the findings were.

The panel heard that you are being supervised by a Band 7 midwife in conducting deliveries, particularly in the second and third stages of labour, and that there have been 'no concerns.' However, there is no documentary evidence from your supervisors regarding your clinical skills when caring for women, particularly, around management of the third stage and how you discuss and obtain informed consent. Likewise, there is no evidence about how you communicate with women and how show empathy, kindness and compassion.

The panel came to the view that there is no clear evidence of what was observed in regard to your improvements and strengthening of your practice; the panel noted there has only been general feedback provided. Therefore, the panel determined that you have put patients at significant risk in the past and you are still liable to put patients at risk in the future.

The panel considered that there is no documentation to evidence how your learning and reflections have been embedded into your clinical practice from you or your supervisors. The panel determined that it cannot be satisfied that you can currently practice kindly, safely and professionally as a midwife, without specific evidence of how your practice has changed, giving examples from the care you have provided to women.

The panel determined that as a result of the charges found proved, you have in the past and may in the future bring the midwifery profession into disrepute.

The panel further determined that as a result of your misconduct, you have in the past breached fundamental tenets of the midwifery profession. The charges admitted by you and found proved are serious and caused harm to patients. The panel has not received sufficient evidence of your current

clinical skills to be satisfied, that you will not breach the fundamental tenets of the profession in the future.

In conclusion, the panel determined that it received sufficient evidence of the following:

- 1) Evidence of further relevant training or supervision;*
- 2) Information relating to reflection and understanding of the issues raised in the proven allegations;*
- 3) Insight regarding the proven allegations;*
- 4) Details of steps taken to address the concerns raised by the proven allegations.*

However, the panel considered that the following must be addressed:

- 5) Evidence from others as to current skills and fitness to practise.*

The panel did not have sight of independent evidence from those observing or supervising your practice on improvements in your clinical skills, and clear evidence of how you have embedded your learning, and reflections, into your clinical practice giving specific examples. Further, it had no evidence of an independent audit of your record keeping, using an audit tool to demonstrate the areas of record keeping audited.

Given the serious nature of the charges which were either found proved or admitted by you, the panel also found that you are impaired on the grounds of public interest. In upholding proper professional standards and conduct, and to maintain public confidence in the profession, a fully informed member of the public would expect such a finding to mark the profound seriousness of the conduct which has taken place.

In view of the above, the panel determined that you are currently impaired on grounds of both public protection, and in the public interest.'

The original panel determined the following with regard to sanction:

'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 relevant, proportionate, measurable and workable. The panel took into account the SG, in particular:

- No evidence of harmful deep-seated personality or attitudinal problems;*
- Identifiable areas of the midwife's practice in need of assessment and/or retraining;*
- No evidence of general incompetence;*
- 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 are satisfied that they can impose conditions which are relevant, proportionate, workable, and measurable. 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 you would be willing to comply with conditions of practice.

The panel had regard to the fact that these incidents occurred some time ago and that, there have been no other incidents. The panel was of the view that it was in the public interest that, with appropriate safeguards, you should be able to return to practise as a midwife.

Balancing all of these factors, the panel determined that that the appropriate and proportionate sanction is 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. The panel noted that being suspended from working as a midwife would not enable you to strengthen your practice and demonstrate your fitness to practice.

Having regard to the matters it has identified, 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 midwife.

The panel determined that the following conditions 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 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.**

- 2. 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.**

- 3. 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.

4. 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.

5. 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.

6. You must send the NMC a report detailing your clinical development, seven days in advance of the next NMC hearing or meeting from;

a) Your clinical mentor or supervisor, who must be a Band 7 midwife, or above.

7. You must ensure that you are supervised by a Midwife of Band 7 or above any time you are working. Your supervision must consist of:

a) Working at all times on the same shift as, but not always directly supervised by Midwife of Band 7 or above, but directly supervised in the second and third stages of labour.

8. You must keep a personal clinical development log every time you undertake management of third stage of labour and every time you discuss and obtain informed consent. The log must:

- a) *Contain the dates that you carried out the care described above;*
- b) *Be signed by you and your mentor/supervisor;*
- c) *Contain reflection from you on how you have imbedded your learning into the clinical when obtaining informed consent and managing the third stage of labour;*
- d) *Contain feedback from your mentor/supervisor on how you obtained informed consent and how you manage the third stage of labour;*
- e) *Documented evidence of audits of 10 sets of your records that are completed using a record keeping audit tool.*

9. You must submit a short reflective piece that addresses how your misconduct affected your colleagues and the profession.

The period of this order is for 9 months. The panel was of the view, that 9 months would provide you with sufficient time to evidence your clinical skills, as set out in the conditions of practice. The panel noted that if your evidence is completed before 9 months, you can ask for an early review.'

Preliminary matters

During proceedings Ms Ghotra, on behalf of the NMC, raised an issue regarding what appears to be an administrative error in the previous substantive hearing determination dated 20 October 2023. Ms Ghotra directed the panel to the previous determination and highlighted the following:

- Under the heading '*Decision and reasons on a further application to amend the charges*', page 24:
 - The application to amend charge 3(f) was refused by the panel.
- Under the heading '*Details of charges as amended*', page 29:
 - Charge 3(f) appears written with the refused proposed amendments.
- Under the heading '*Decisions and reasons on facts*', charge 3(f), page 43:

Charge 3(f) appears written with the refused proposed amendments, this charge was found proved.

- Under the heading '*Decisions and reasons on misconduct*', charge 3(f), page 73: Charge 3(f) appears written in its original form (unamended), this found to constitute misconduct.

The panel heard submissions from both Ms Ghotra and Mr Leonard on your behalf regarding this matter. Ms Ghotra invited the panel to note this inconsistency in today's decision but submitted that it is a matter which should be considered and resolved by the panel, which heard the substantive case. Mr Leonard agreed that this is a matter which should be considered at another hearing by the panel which heard the substantive case.

The panel noted that the previous panel refused the proposed amendment to charge 3(f) in fairness to you. This panel was satisfied that there is confusion regarding what the intention of the previous panel was. However, the panel noted that whilst this is an issue which requires clarification, neither party has raised any issue of prejudice if the early review proceeds today. The panel therefore decided to proceed with the early review before it today and concluded that this matter is best to be revisited by the original panel for clarification.

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 NMC has defined fitness to practise as a registrant's suitability to remain on the register without restriction. The NMC has provided guidance to panels regarding the question of impairment and has said the essential question is '*can the nurse/midwife or nursing associate practice kindly, safely and professionally*'. 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.

The panel heard the background of the case as outlined by Ms Ghotra. It has taken account of the submissions made by Ms Ghotra. She submitted that the NMC is neutral on your request to vary condition 8. Ms Ghotra submitted that it is ultimately a matter for the panel to consider whether the variation is appropriate in the circumstance. Ms Ghotra referred the panel to a letter from the Interim Head of Maternity at the Trust, provided by your representative. Ms Ghotra outlined for the panel that the Interim Head of Maternity seeks clarity on the following two points in relation to the current conditions of practice order imposed:

‘Informed consent i.e., identify for which procedures requiring informed consent does Vera require to keep a log e.g. vaginal examination/pain relief.

Is it on the occasions during the second and third stages of labour if Vera gains informed consent that a Band 7 is required to provide feedback on?’

Ms Ghotra invited the panel to find that your fitness to practise is currently impaired. She submitted regarding a finding of impairment, that the allegations that have been found proved are serious involving a number of patients who were put at unwarranted harm due to your actions. Ms Ghotra submitted that there is nothing before the panel today to undermine the current finding of impairment. Ms Ghotra submitted that you remain a risk to the public and an order is therefore necessary on the ground of public protection and is in the wider public interest.

The panel also had regard to submissions from Mr Leonard on your behalf. Mr Leonard submitted that the finding of impairment is not being contested at this point. He submitted that the conditions as they stand are disproportionate, in that condition 8 is too restrictive. Mr Leonard highlighted to the panel that the sanction imposed must be proportionate, in that a fair balance must be struck between the midwife’s rights and the overarching objective of public protection. Mr Leonard referred the panel to condition 8 of the current interim conditions of practice order and highlighted the following excerpt:

‘You must keep a personal clinical development log every time you undertake management of third stage of labour and every time you discuss and obtain informed consent’.

Mr Leonard submitted that informed consent is something that is gained throughout the day and therefore it is disproportionate and overburdensome for it to be a requirement for which you to have to keep a log. Further Mr Leonard submitted that it is particularly disproportionate given that the charges found proved were in relation to your management of the second and third stages of labour and not your overall practice.

Mr Leonard referred the panel to the letter provided by the Interim Head of Maternity at the Trust. He highlighted that it is stated that there have been no issues or concerns with your practice. He submitted that you have followed the order but that it is causing you to have nearly double the amount of paperwork which is unnecessary. Mr Leonard directed the panel to paragraph 5 of the letter:

'In my opinion it is unclear if the mentor/supervisor/ is required to observe Vera at all times obtaining to informed consent, as direct supervision, as referred to in condition No 7 pertains to second and third stage of labour. The mentor/supervisor is the Band 7 that is providing direct supervision.'

Mr Leonard submitted that condition 7 only states that direct supervision is necessary at the second and third stages of labour. However, condition 8 requires feedback in relation to your management of the second and third stages of labour as well as in your practice of obtaining informed consent. Mr Leonard submitted that there is therefore a contradictory element to the drafting of the conditions as well.

Mr Leonard invited the panel to vary the conditions of practice order so that condition 8 requires you to keep a log, only on occasions where you have been in the room with a patient who has reached the second and third stages of labour as this would ensure that the appropriate areas of regulatory concern are being targeted. Further he submitted that this would not overburden you, allowing you to continue to practise, whilst still adequately addressing the public protection and public interest concerns.

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.

The panel has borne in mind the letter provided by the Interim Head of Maternity at the Trust, where you are employed. The panel noted that within this letter it is stated that there have been no issues or concerns in relation to your practice since January 2024. The panel however took into consideration that there is no evidence before it today to undermine the previous finding of impairment. The panel noted that there has been no evidence provided to them regarding how you have changed/developed your practice. The panel therefore determined that there has been no material change in the circumstances of the case, since the last hearing.

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

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 and nature 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 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 imposing a conditions of practice order 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 was of the view that a conditions of practice order is sufficient to protect patients and the wider public interest. In this case, there are conditions which could be formulated which would protect patients during the period they are in force.

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 your case.

The panel took into consideration the submissions from Mr Leonard regarding varying condition 8 of the current interim conditions of practice order. The panel was of the view that the current condition 7 and 8 are contradictory in their current form. The panel also determined that condition 8 in its current form is too onerous as it relates to obtaining informed consent in all areas of your clinical practice and is not limited to the areas of regulatory concern, which were your management of the second and third stages of labour.

The panel therefore decided to vary the current conditions of practice order to provide clarity and to ensure the conditions are appropriate and workable whilst still ensuring that they address the failings highlighted in this case. The panel have also amended the order of the conditions which means that conditions 7 and 8 are now conditions 1 and 2.

Accordingly, the panel determined, to impose the following varied 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 ensure that you are supervised by a Midwife of Band 7 or above any time you are working. Your supervision must consist of:

a) Working at all times on the same shift as, but not always directly supervised by Midwife of Band 7 or above, but directly supervised in the second and third stages of labour.

2. You must keep a personal clinical development log every time you undertake management of the second and third stages of labour.

The log must:

a) Contain the dates that you carried out the care described above;

b) Be signed by you and your mentor/supervisor;

c) Contain reflection from you including evidence on how you have embedded your learning in caring for women safely, kindly and effectively, this would also include how you have obtained informed consent.

d) Contain feedback from your mentor/supervisor on how you have cared for women safely, kindly and effectively this would also include how you have obtained informed consent;

e) Documented evidence of audits of 10 sets of your records that are completed using a record keeping audit tool.

3. You must send the NMC a report detailing your clinical development, seven days in advance of the next NMC hearing or meeting from;

a) Your clinical mentor or supervisor, who must be a Band 7 midwife, or above.

4. You must submit a short reflective piece that addresses how your misconduct affected your colleagues and the profession.
5. 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.
6. 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.
7. 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.
8. 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.
9. 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 the remaining period of the current order.

This conditions of practice order will replace the current conditions of practice order with immediate effect in accordance with Article 30(2).

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.

This will be confirmed to you in writing.

That concludes this determination.