

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

**Substantive Hearing  
Thursday 16 – Monday 20 May 2024**

Virtual Hearing

**Name of Registrant:** Rejoice Gli

**NMC PIN** 03H10960

**Part(s) of the register:** Registered Nurse – Adult  
RN1 – August 2003

**Relevant Location:** Surrey and Sussex

**Type of case:** Misconduct

**Panel members:** Bryan Hume (Chair, Lay member)  
Claire Martin (Registrant member)  
Sophie Kane (Registrant member)

**Legal Assessor:** Neil Fielding

**Hearings Coordinator:** John Kennedy

**Nursing and Midwifery Council:** Represented by Amy Woolfson, Case Presenter

**Ms Gli:** Present and represented by Samantha Madden,  
(Royal College of Nursing)

**Facts proved:** Charges 1, 2, 3, 4

**Fitness to practise:** Impaired

**Sanction:** **Suspension order (9 months)**

**Interim order:** **Interim suspension order (18 months)**

## **Decision and reasons on application to amend the charge**

The panel heard an application made by Ms Woolfson, on behalf of the NMC, to amend the wording of charge 3.

The proposed amendment was to add further charges. It was submitted by Ms Woolfson that the proposed amendment would provide clarity, more accurately reflect the evidence, and ensure that the full scope of potential misconduct is captured in the charges.

- 3) On the night shift 3-4 February 2020 signed the following records in Colleague 1's name without Colleague 1's knowledge or permission.
  - a) Position change record for Resident B
  - b) Position change record for Resident C
  - c) Position Change record for Resident D
  - d) Elimination record for Resident A**
  - e) Elimination record for Resident B**

The application was not opposed by Miss Madden.

The panel accepted the advice of the legal assessor and had regard to Rule 28 of 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

The panel was of the view that such an amendment, as applied for, was in the interest of justice. The panel was satisfied that there would be no prejudice to you and no injustice would be caused to either party by the proposed amendment being allowed. It was therefore appropriate to allow the amendment, as applied for.

## Details of charge

That you a registered nurse;

- 1) On the night shift of 3-4 February 2020 completed patient records in advance of care being given to:
  - a) Resident A
  - b) Resident B
  - c) Resident C
  - d) Resident D
- 2) Your actions at Charge 1 above were dishonest in that you sought to represent that care had been given at a time when you knew it had not.
- 3) On the night shift 3-4 February 2020 signed the following records in Colleague 1's name without Colleague 1's knowledge or permission.
  - a) Position change record for Resident B
  - b) Position change record for Resident C
  - c) Position Change record for Resident D
  - d) Elimination record for Resident A
  - e) Elimination record for Resident B

4) Your actions at charge 3 above were dishonest in that you knew you were not entitled to sign patient records on Colleague 1's behalf but you did so anyway.

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

### **Background**

The charges arose whilst you were employed as a registered nurse by HC-One Group working at Oakhill House.

During the early hours of 4 February 2020, the Home Manager team carried out an unannounced inspection, during this visit it was discovered that resident care charts had been filled out and signed for in advance of the care being given. It was also discovered that the initials of a colleague had been added to some of the charts, without their knowledge.

Following this inspection a local investigation and disciplinary meeting was held.

### **Decision and reasons on application to admit hearsay evidence**

The panel heard an application made by Ms Woolfson under Rule 31 to allow the hearsay testimony of Colleague 1 into evidence. Despite numerous attempts, the NMC had not been able to obtain a signed, written statement from Colleague 1. While attempts have been made to obtain a signed written statement, this has not been possible as the witness has stated they no longer wish to engage with the NMC process having given the contemporaneous statement. Ms Woolfson submitted that the evidence is highly relevant and though not provided during the course of the NMC's investigation, was produced for the purpose of the internal investigations.

Miss Madden submitted that the application was not opposed.

The panel heard and accepted the legal assessor's advice on the issues it should take into consideration in respect of this application. This included that Rule 31 provides that, so far as it is 'fair and relevant', a panel may accept evidence in a range of forms and circumstances, whether or not it is admissible in civil proceedings.

The panel gave the application in regard to Colleague 1 serious consideration. The panel noted that Colleague 1's statement had been prepared in anticipation of being used in these proceedings and contained the paragraph, 'This statement ... is true to the best of my information, knowledge and belief' but not signed by them.

The panel considered that you had been provided with a copy of Colleague 1's statement. The panel considered that the evidence of Colleague 1 is not sole and decisive as to the charges as early admissions had been made to the facts, nor is there any dispute to the facts referred to in the statement, and there is no suggestion that it was a fabricated statement. The panel considered that the statement does speak to the seriousness of the charge but noted that since there has been a full admission of the charges and that the statement is not in dispute there is no unfairness to it being admitted. The panel considered that Colleague 1 made the statement at the time of the incident and engaged with the NMC to confirm the facts but was unwilling to sign the Colleague 1 statement and has since requested to not be contacted further. The panel considered that the NMC had made reasonable efforts to obtain the signature of Colleague 1 and has sight of email correspondence of a prolonged period of time in an effort to get the signature, but that Colleague 1 is unable to engage further as numerous years have passed since the statement was made. The panel noted that Miss Madden indicated the application to allow the statement is not opposed.

In these circumstances, the panel came to the view that it would be fair and relevant to accept into evidence the hearsay evidence of Colleague 1 but would give what it deemed appropriate weight once the panel had heard and evaluated all the evidence before it.

### **Decision and reasons on facts**

At the outset of the hearing, the panel heard from Miss Madden, who informed the panel that you made full admissions to charges 1 – 4.

The panel therefore finds charges 1 – 4 proved in their entirety, by way of your admissions.

### **Fitness to practise**

Having reached its determination on the facts of this case, the panel then moved on to consider, whether the facts found proved amount to misconduct and, if so, whether your fitness to practise is currently impaired. There is no statutory definition of fitness to practise. However, the NMC has defined fitness to practise as a registrant's ability to practise kindly, safely, and professionally.

The panel, in reaching its decision, has recognised its statutory duty to protect the public and maintain public confidence in the profession. Further, it bore in mind that there is no burden or standard of proof at this stage and it has therefore exercised its own professional judgement.

The panel adopted a two-stage process in its consideration. First, the panel must determine whether the facts found proved amount to misconduct. Secondly, only if the facts found proved amount to misconduct, the panel must decide whether, in all the circumstances, your fitness to practise is currently impaired as a result of that misconduct.

The panel also heard evidence from you under affirmation.

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

At this point in the hearing, Ms Woolfson made a request that this case be held partially in private on the basis that proper exploration of your case involves references to your

personal and private life. The application was made pursuant to Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

Miss Madden supported the application.

The legal assessor reminded the panel that while Rule 19(1) provides, as a starting point, that hearings shall be conducted in public, Rule 19(3) states that the panel may hold hearings partly or wholly in private if it is satisfied that this is justified by the interests of any party or by the public interest.

The panel determined to go into private when considering matters relating to your private and personal life.

### **Submissions on misconduct**

In coming to its decision, the panel had regard to the case of *Roylance v General Medical Council (No. 2)* [2000] 1 AC 311 which defines misconduct as a '*word of general effect, involving some act or omission which falls short of what would be proper in the circumstances.*'

Ms Woolfson invited the panel to take the view that the facts found proved amount to misconduct. The panel had regard to the terms of 'The Code: Professional standards of practice and behaviour for nurses and midwives (2015)' (the Code) in making its decision.

Ms Woolfson identified the specific, relevant standards where your actions amounted to misconduct. She submitted that the concerns raised are of a serious matter and that your actions were below the standard expected of a registered nurse.

Ms Woolfson directed the panel to sections 10.1, 10.3, 20.1, and 20.2 of the Code as specific examples of where your conduct amounts to misconduct. She submitted with reference to the case of *Nandi v GMC* [2004] EWHC 2317 that the standards you

displayed would be deplorable to another registered nurse. Ms Woolfson further submitted that falsely signing the initials of a junior colleague is an action that would shock your colleagues, and could have implicated the junior colleague in your dishonesty with serious implications for their career.

Ms Woolfson submitted that there is a real risk of harm to patients by filling out patient care records before the time they were given.

Miss Madden submitted that with reference to *R (on the application of Remedy UK Ltd) v GMC* [2010] DWHC 1245 that misconduct can be either conduct that is directly linked to the registrant's practice or conduct that is sufficiently poor to impact the reputation of the profession. She submitted that while your actions were below the standard expected of a registered nurse your actions did not fall below the necessary threshold to be serious misconduct.

Miss Madden submitted that the incident happened on a single day during the course of one night shift and therefore is an isolated incident among an otherwise unblemished career of nearly 40 years. She submitted that you have explained in your evidence that your action were not so serious to amount to misconduct but occurred in the context of exceptional circumstances that occurred on the night in question. These were that the Home had a new patient admitted who was in a critical condition which required your attention and that you had to leave early at the end of the shift due to a personal matter with your family. She further noted that you made an immediate admission of the error and have not denied that it was wrong. Therefore, Miss Madden submitted that due to the exceptional circumstances while you admit the conduct was wrong and not up to the standards expected of a registered nurse it does not meet the high threshold of being misconduct.

### **Submissions on impairment**



Ms Woolfson moved on to the issue of impairment and addressed the panel on the need to have regard to protecting the public and the wider public interest. This included the need to declare and maintain proper standards and maintain public confidence in the profession and in the NMC as a regulatory body. This included reference to the cases of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant* [2011] EWHC 927 (Admin).

Ms Woolfson submitted that the filling out of accurate care records at the time care was given is a fundamental tenet of nursing and that as a nurse with a long career this is something you would have known. Therefore, the failure to accurately record care, especially filling out care records ahead of time demonstrates that your practice is impaired.

Ms Woolfson submitted that there has been no reflective account submitted by you to address any insight you might have. She submitted that this lack of insight and reflection is an indication of impairment.

Ms Woolfson submitted that limbs b, c, and d of *Grant* are engaged and invited the panel to find impairment.

Miss Madden submitted that the role of the panel is to consider impairment from the moment of the hearing going forward not impairment at the time of the incident.

Miss Madden submitted that you have been working as a registered nurse since 2021 without restriction. She noted that while there was a concern raised in 2022 where in reviewing a care plan you copied the existing plan and signature sheet without rewriting it, you did that after reviewing the patient's care and noting that there had been no material change in their care since the previous plan. Apart from that small single incident there has been no further concerns about your practice in the nearly three years since the referral.

Miss Madden submitted that your current employer submitted a positive reference dated 10 May 2024 which stated that the manager of the home has no concerns with your work.

Miss Madden submitted that you have shown insight in that you immediately admitted your error and have done so multiple times during your evidence making sincere apologies for it on each occasion. She submitted that there has been no repetition of the error over the time you have continued to practice and therefore no attitudinal concerns.

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments. These included: *Roylance v General Medical Council (No 2)* [2000] 1 A.C. 311, *Nandi v General Medical Council* [2004] EWHC 2317 (Admin), *Mallon v GMC* [2007] CSIH 17, *R (on the application of Remedy UK Ltd) v GMC* [2010] DWHC 1245, *Spencer v General Osteopathic Council* [2013] 1 WLR 1307, *PSAHS v NMC* [2017] CSIH 29, and *PSA v GMV and Uppal* [2015] EWHC 1304.

### **Decision and reasons on misconduct**

When determining whether the facts found proved amount to misconduct, the panel had regard to the terms of the Code.

The panel was of the view that your actions did fall significantly short of the standards expected of a registered nurse, and that your actions amounted to a breach of the Code. Specifically:

*'1 Treat people as individuals and uphold their dignity*

*To achieve this, you must:*

*1.2 make sure you deliver the fundamentals of care effectively*

*2 Listen to people and respond to their preferences and concerns*

*To achieve this, you must:*

*2.1 work in partnership with people to make sure you deliver care effectively*

*8 Work co-operatively*

*To achieve this, you must:*

*8.2 maintain effective communication with colleagues*

*8.3 keep colleagues informed when you are sharing the care of individuals with other health and care professionals and staff*

*10 Keep clear and accurate records relevant to your practice*

*This applies to the records that are relevant to your scope of practice. It includes but is not limited to patient records.*

*To achieve this, you must:*

*10.1 complete records at the time or as soon as possible after an event, recording if the notes are written some time after the event*

*10.3 complete records accurately and without any falsification, taking immediate and appropriate action if you become aware that someone has not kept to these requirements*

*10.4 attribute any entries you make in any paper or electronic records to yourself, making sure they*

*are clearly written, dated and timed, and do not include unnecessary abbreviations, jargon or speculation*

*13 Recognise and work within the limits of your competence*

*To achieve this, you must, as appropriate:*

*13.1 accurately identify, observe and assess signs of normal or worsening physical and mental health in the person receiving care*

*19 Be aware of, and reduce as far as possible, any potential for harm associated with your practice*

*To achieve this, you must:*

*19.1 take measures to reduce as far as possible, the likelihood of mistakes, near misses, harm and the effect of harm if it takes place*

*20 Uphold the reputation of your profession at all times*

*To achieve this, you must:*

*20.1 keep to and uphold the standards and values set out in the Code*

*20.2 act with honesty and integrity at all times, ...*

*20.3 be aware at all times of how your behaviour can affect and influence the behaviour of other people*

*20.6 stay objective and have clear professional boundaries at all times with people in your care (including those who have been in your care in the past), their families and carers*

*20.8 act as a role model of professional behaviour for students and newly qualified nurses, midwives and nursing associates to aspire to*

*25 Provide leadership to make sure people's wellbeing is protected and to improve their experiences of the health and care system*

*To achieve this, you must:*

*25.1 identify priorities, manage time, staff and resources effectively and deal with risk to make sure that the quality of care or service you deliver is maintained and improved, putting the needs of those receiving care or services first'*

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. However, the panel was of the view that the facts found proved on admission in all 4 charges are so serious that they do amount to serious misconduct.

The panel considered that the findings concern both the falsification of records and the fraudulent signing of a colleague's signature. The panel considered that charge 3 represents a more serious misconduct than charge 1. The panel considered that the risk to colleague 1, who was a junior colleague, represents an increase in the degree of misconduct.

The panel considered that charges 2 and 4 are serious misconduct as dishonesty is a fundamental breach of the standards expected of registered nurses.

The panel found that your actions did fall seriously short of the conduct and standards expected of a nurse and amounted to serious misconduct.

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

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

In coming to its decision, the panel had regard to the Fitness to Practise Library, updated on 27 March 2023, which states:

*‘The question that will help decide whether a professional’s fitness to practise is impaired is:*

*“Can the nurse, midwife or nursing associate practise kindly, safely and professionally?”*

*If the answer to this question is yes, then the likelihood is that the professional’s fitness to practise is not impaired.’*

Nurses occupy a position of privilege and trust in society and are expected at all times to be professional and to act with honesty. Patients and their families must be able to trust nurses with their lives and the lives of their loved ones. To justify that trust, nurses 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.

In this regard the panel considered 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, Mrs Justice Cox referred to Dame Janet Smith's "test" which reads as follows:

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

- a) has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; 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; and/or*
- d) has in the past acted dishonestly and/or is liable to act dishonestly in the future.'*

The panel finds that patients were put at risk as a result of your misconduct. The panel considered that documentation is used as part of the clinical assessment process and

used to plan future care for a patient. Therefore, by filling this out ahead of care being given it creates an inaccurate record which places patients at risk of harm.

Your misconduct had breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute. It was satisfied that confidence in the nursing profession would be undermined if its regulator did not find charges relating to dishonesty extremely serious.

Regarding insight, the panel considered that while you have made early admissions that your actions were unacceptable you have not demonstrated any insight into the incident. The panel noted that during your witness evidence when asked if there was a risk to patient safety by you filling out the care notes ahead of time you responded that there was no risk. The panel considered that this demonstrated a lack of concern for the patient in your reflection and is a breach of the fundamental tenets of nursing practice.

The panel was satisfied that the misconduct in this case is capable of being addressed. Therefore, the panel carefully considered the evidence before it in determining whether or not you have taken steps to strengthen your practice. The panel took into account the length of time you have been practicing since the incident and the training courses you have done. However, the panel was not satisfied that you have been able to demonstrate a strengthening of practice and there is no insight into what you have learned and applied in practise from these training courses that would change the way you work in the future.

The panel considered that while the incidents did happen on a single night shift, since there were multiple patient records filled out in advance of care being given and that you also falsely included Colleague 1's signature it is therefore a series of events.

The panel therefore decided that a finding of impairment is necessary on the grounds of public protection.



The panel bore in mind that the overarching objectives of the NMC; to protect, promote and maintain the health, safety, and well-being of the public and patients, and to uphold and protect the wider public interest. This includes promoting and maintaining public confidence in the nursing and midwifery professions and upholding the proper professional standards for members of those professions.

The panel determined that a finding of impairment on public interest grounds is required because a well-informed member of the public would expect nurses to act in a way that is honest at all time. This holds even more when it comes to filling out care records where the public would expect a nurse to act with the highest degree of honesty and accuracy. Therefore, the public would be shocked at a nurse who filled in care records in advance of care being given and falsely signed a colleagues initials on the care records.

In addition, the panel concluded that public confidence in the profession would be undermined if a finding of impairment were not made in this case and therefore also finds your fitness to practise impaired on the grounds of public interest.

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

## **Sanction**

The panel has considered this case very carefully and has decided to make a suspension order for a period of nine months. The effect of this order is that the NMC register will show that your registration has been suspended.

In reaching this decision, the panel has had regard to all the evidence that has been adduced in this case and had careful regard to the Sanctions Guidance (SG) published by the NMC. The panel accepted the advice of the legal assessor.

## **Submissions on sanction**

Ms Woolfson informed the panel that in the Notice of Hearing, dated 16 April 2024, the NMC had advised you that it would seek the imposition of a striking-off order if it found your fitness to practise currently impaired. During the course of the hearing, the NMC revised its proposal and submits that a suspension may also be considered appropriate in light of the panel's findings.

Ms Woolfson submitted that the panel's finding of dishonesty suggest that an order at the lower end of the available sanctions would not be appropriate and that given the serious misconduct found a suspension order should be the least restrictive order, if not a striking-off order. She submitted that there has been no insight and therefore without that reflection there is a risk that the actions could be repeated and that while the incident happened on a single night the panel has found that it included multiple actions of dishonesty.

The panel also bore in mind Miss Madden's submissions that there are mitigating factors from the time of the incident and in reference to the NMC SG this case is not the most serious. She submitted that there was no personal gain from the dishonesty and that it was an abnormal incident that is outwith your character therefore could be considered at the lower end of the spectrum.

Miss Madden submitted that conditions could be put in place that are workable. She submitted conditions would be appropriate as there is no evidence of a deep-seated attitudinal concern, there is no evidence of general incompetence, and that you have indicated a willingness to complete training courses to remain on the register. She invited the panel to consider tailored conditions which would address these concerns suitably.

In response to questions from the panel about whether your current employer would be supportive of you working with a conditions of practice order; Miss Madden stated that you believed they would be.

The panel heard and accepted the advice of the legal assessor.

### **Decision and reasons on sanction**

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

The panel took into account the following aggravating features:

- Lack of insight
- Not a single action of dishonesty but a pattern across the shift
- Abuse of a position of trust
- Potential harm to a junior colleague in falsely signing their name
- Risk of harm to patients
- That you were an experienced nurse at the time
- Deliberate and planned action which was not done in haste

The panel also took into account the following mitigating features:

- You made an admission at the earliest opportunity
- You have been working as a registered nurse since the incident
- You have completed some relevant training courses
- There has been no personal gain from the dishonesty

The panel first considered whether to take no action but concluded that this would be inappropriate in view of the seriousness of the case. The panel decided that it would be neither proportionate nor in the public interest to take no further action.

It then considered the imposition of a caution order but again determined that, due to the seriousness of the case, and the public protection issues identified, an order that does not restrict your practice would not be appropriate in the circumstances. The SG states that a caution order may be appropriate where *'the case is at the lower end of the spectrum of impaired fitness to practise and the panel wishes to mark that the behaviour was unacceptable and must not happen again.'* The panel considered that 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, in particular:

- *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;*
- *No evidence of general incompetence;*
- *Potential and willingness to respond positively to retraining;*
- *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 is of the view that the placing of conditions on your registration would not adequately address the seriousness of this case and would not protect the public or the reputation of the profession.

The panel then went on to consider whether a suspension order would be an appropriate sanction. The SG states that suspension order may be appropriate where some of the following factors are apparent:

- *A single instance of misconduct but where a lesser sanction is not sufficient;*
- *No evidence of harmful deep-seated personality or attitudinal problems;*
- *No evidence of repetition of behaviour since the incident;*

The panel was satisfied that in this case, the misconduct was not fundamentally incompatible with remaining on the register. The panel considered that there had been no personal gain to yourself from the dishonesty and that it is therefore possible with further training and reflection for you to remediate your misconduct.

It did go on to consider whether a striking-off order would be proportionate but, taking account of all the information before it, and of the mitigation provided, the panel concluded that it would be disproportionate. Whilst the panel acknowledges that a suspension may have a punitive effect, it would be unduly punitive in your case to impose a striking-off order.

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

The panel noted the hardship such an order will inevitably cause you. However, this is outweighed by the public interest in this case.

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

In making this decision, the panel carefully considered the submissions of Ms Woolfson in relation to the sanction that the NMC was seeking in this case. However, the panel considered that while the sanction bid was for a striking-off order during her submissions Ms Woolfson indicated a suspension may also be appropriate.

The panel determined that a suspension order for a period of nine months was appropriate in this case to mark the seriousness of the misconduct.

At the end of the period of suspension, another panel will review the order. At the review hearing the panel may revoke the order, or it may confirm the order, or it may replace the order with another order.

Any future panel reviewing this case would be assisted by:

- Evidence of multiple reflective pieces by you using a recognised reflective model, which includes but is not limited to, how your actions have impacted patients and colleagues and your insight into what you have learned and applied from the training courses undertaken
- Discussions on the reflective pieces with another registered nurse colleague
- Up to date references from your employer
- Up to date training courses on record keeping and how this effects clinical decision making and patient care
- Your attendance at subsequent hearing

This will be confirmed to you in writing.

### **Interim order**

As the suspension order cannot take effect until the end of the 28-day appeal period, the panel has considered whether an interim order is required in the specific circumstances of this case. It may only make an interim order if it is satisfied that it is necessary for the protection of the public, is otherwise in the public interest or in your own interests until the suspension sanction takes effect. The panel heard and accepted the advice of the legal assessor.

### **Submissions on interim order**

The panel took account of the submissions made by Ms Woolfson. She submitted that an interim suspension order was necessary on the grounds of public protection and public interest for a period of 18 months to cover any potential appeal period.

Miss Madden made no submission on an interim order.

### **Decision and reasons on interim order**

The panel was satisfied that an interim order is necessary for the protection of the public and is otherwise in the public interest. The panel had regard to the seriousness of the facts found proved and the reasons set out in its decision for the substantive order in reaching the decision to impose an interim order.

The panel concluded that an interim conditions of practice order would not be appropriate or proportionate in this case, due to the reasons already identified in the panel's determination for imposing the substantive order. The panel therefore imposed an interim suspension order for a period of 18 months due to cover any potential appeal period.

If no appeal is made, then the interim suspension order will be replaced by the substantive suspension order 28 days after you are sent the decision of this hearing in writing.

That concludes this determination.