

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

**Substantive Order Review Hearing
Friday, 22 August 2025**

Virtual Hearing

Name of Registrant:	Corie Hoelters
NMC PIN:	09H00200
Part(s) of the register:	Registered Nurse Sub Part 1 - 13 August 2009
Relevant Location:	Brighton
Type of case:	Misconduct
Panel members:	James Lee (Chair, Registrant member) Anita Kaur Mobberley (Lay member) Victoria Elizabeth Head (Registrant member)
Legal Assessor:	Graeme Dalglish
Hearings Coordinator:	Ifeoma Okere
Nursing and Midwifery Council:	Represented by Andrew Molloy
Mrs Hoelters:	Present and unrepresented
Order being reviewed:	Conditions of practice order (3 years)
Fitness to practise:	Impaired
Outcome:	Varied conditions of practice order (for the remainder of the existing term) to come into effect immediately in accordance with Article 30 (2)

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 Article 30(2) of the 'Nursing and Midwifery Order 2001' (the Order).

This is an early review of the substantive conditions of practice order imposed on 25 August 2023. The review is being held at your request, because you asked for clarification of parts of the conditions of practice order.

This is the first review of a substantive conditions of practice order originally imposed for a period of 3 years by a Fitness to Practise Committee panel on 25 August 2023.

The current order is due to expire at the end of 26 September 2026.

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

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

'That you, a registered nurse:

1. *On 15 June 2017 failed to administer and/or ensure that Patient A was administered the correct dosage of morphine [PROVED BY WAY OF YOUR ADMISSION].*
2. ...
3. ...
4. *On 11 April 2020:*

- a) *Failed to administer and/or ensure that Patient B was administered the correct dosage of morphine*[**PROVED BY WAY OF YOUR ADMISSION**].;
- b) ...;
- c) *Failed to make an accurate record regarding the morphine dosage prescribed to Patient B on the datix* [**PROVED BY WAY OF YOUR ADMISSION**].

5. ...'

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.

Nurses occupy a position of privilege and trust in society and are expected at all times to be professional. Patients and their families must be able to trust nurses with their lives and the lives of their loved ones. 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) ...'*

The panel determined that limbs a, b and c of the Shipman test are engaged when looking to the past.

The panel next considered the Shipman test looking to the future. In this regard, the panel asked three questions which are formulated in Cohen. Firstly, the panel must ask itself whether the misconduct is easily remediable. Secondly, the panel must consider any evidence of remediation leading to strengthening of practice. In this regard, the panel carefully considered your remorse, insight into your failings and any relevant training that you have undertaken since the charges. Thirdly, in light of the evidence of remediation whether you are highly unlikely to repeat your misconduct.

The panel noted that the charges found proved relate to clinical shortcomings. These shortcomings relate to the administration of

medication and record keeping. As such, these clinical failings are easily remediable.

The panel next considered evidence of remorse. The panel carefully considered your extensive oral evidence and written reflective pieces. The panel was satisfied that your remorse was genuine and you did not seek to go behind your culpability. In these circumstances, the panel decided that your expression of remorse was complete.

The panel next considered whether your insight into your failings is fully developed. Again, the panel gave careful regard to your oral evidence, written reflective pieces and supporting documentation, which included several written references. The panel noted that you made full admissions to all charges that have been found proved at the outset of this hearing. In entering these admissions, the panel noted that you accepted your actions and thereby have some insight into what you have done. During the course of your oral evidence and in your written reflective pieces you have shown an understanding of how your actions put the patients at risk of harm and caused actual harm. It noted you have demonstrated insight into why your actions were wrong and how they have impacted negatively upon the reputation of the nursing profession. The panel also noted that you have apologised during the course of this hearing to the patients' families for your misconduct. Having carefully considered all of the evidence the panel determined that your insight is fully developed.

The panel next turned its attention to the training which you have undertaken since the incidents to address the clinical shortcomings and thereby strengthen your practice. The panel noted that you have successfully undertaken courses in relation to the administration of IV medication and the necessary mathematics to make accurate medication calculations. The panel also noted that you are not currently working in a role that involves drug administration. Consequently, you have not had an opportunity to put the theoretical training from the courses that you have successfully undertaken into practical effect. In these circumstances, the

panel is concerned that there is no evidence that you have strengthened your practice in a clinical setting in relation to your failings. Consequently, the panel decided that your fitness to practice is impaired as there is no evidence that the public would be safe in respect of you administering medications. The panel therefore determined that there is a real risk of repetition of the misconduct. The panel therefore decided that a finding of impairment is necessary on the ground 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 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. The panel took into consideration that a fully informed member of the public would be concerned if you were allowed to practise with no restriction.

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

The original panel determined the following with regard to 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:

- Your conduct and involvement in relation to the drug errors put vulnerable patients at risk of harm and caused actual harm. Your conduct caused concern and great distress to the patients' families.*
- You repeated your conduct from 2017 in 2020 and despite completing relevant training you did not demonstrate sustained improved practice and went on to make the second error in 2020.*
- You did not prioritise safety in relation to patients under your care by allowing your focus to be distracted by other manageable demands on you.*
- You did not adhere to drug protocol and procedures which resulted in a loss of risk prevention and reduced protection of patients.*
- At the material time you were an experienced senior nurse assisting a junior nurse (though the panel acknowledged that it was the joint responsibility of both nurses to ensure the correct drug calculation and administration).*

The panel also took into account the following mitigating features:

- Evidence of fully developed insight in that you have a good understanding of your wrongdoing, demonstrated full remorse and have apologised to the families affected by your conduct.*
- Your early admissions to the charges.*
- You have only had a limited chance to address the risks in your practice because your practise has been restricted by an interim order for the last 28 months.*
- Your completion of relevant training and detailed reflective pieces.*
- [PRIVATE].*
- You have worked successfully in a different role under supervision for which you have received several positive testimonials and supervision reports regarding your work.*

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, in particular in the panel’s judgement that there is an ongoing risk to the public. 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 (Reference: SAN-3c) and in particular the following factors which are apparent in your case:

- There is no evidence of you having harmful deep-seated personality or attitudinal problems;*
- There are identifiable areas of the nurse or midwife’s practice in need of assessment and/or retraining which in your case relate to drug calculations and the administration of intravenous drugs;*
- Your unblemished career prior to the 2017 incident and your safe practice since the 2020 incident evidenced by both supervision records and professional testimonies confirm that there is no evidence of general incompetence;*

- *You have demonstrated both a potential and willingness to respond positively to retraining;*

The panel accepted that you are willing to comply with a conditions of practice order. The panel determined that it would be possible to formulate appropriate and practical conditions which would address the failings highlighted in this case and ensure that:

- *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 had regard to the fact that you have had an unblemished career for a number of years as a nurse prior to these 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 nurse.

The panel noted that your employers have been supportive and have provided you with supervision in your current role. It noted the insight and remorse you have demonstrated in relation to your past failings.

Balancing all of these factors, the panel determined that that the appropriate and proportionate sanction is that of a conditions of practice order and that any risks to the public would be mitigated.

The panel did consider a suspension order in light of the public confidence issues identified, but determined that this would prevent you maintaining the good progress you have made in your steps to remediate and strengthen your practice in the defined area of misconduct. The panel was of the view that the public would remain protected by the conditions placed on your registration. The panel noted that there is no evidence of you having a harmful deep-seated personality or attitudinal problems. The panel also

noted in its determination at the impairment stage that your insight is now fully developed and that you do not pose a significant risk of repeating your misconduct.

The panel was of the view that to impose a suspension order or a striking-off order would be wholly disproportionate and unduly punitive. It determined that these sanctions would not be a reasonable response in the circumstances of your case because of your fully developed insight. The panel was of the view that any risks to the public would be addressed by a conditions of practice order.

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 nurse.

In reaching its decision to impose a condition of practice order, the panel carefully considered the sanctions guidance, SAN-1, in relation to proportionality when considering sanctions. In particular, the panel noted that “Being proportionate means finding a fair balance between the nurse, midwife or nursing associate’s rights and our overarching objective of public protection. We need to choose a sanction that doesn’t go further than we need to meet this objective. This reflects the idea of right-touch regulation, where the right amount of ‘regulatory force’ is applied to deal with the target risk, but no more... To be proportionate, and not go further than it needs to, the Committee should think about what action it needs to take to protect the public and address the reasons why the nurse, midwife or nursing associate is not currently fit to practise.”

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 only work for one substantive employer, which must not be an agency.

2. At any time you work as a registered nurse, you must not be the nurse in charge of a shift where medication is being administered.

3. In any role which involves the administration of intravenous medication, you must:

a) undertake theoretical and practical training in relation to IV medication administration.

b) not be involved in the administration of any medication intravenously unless directly supervised.

4. At any time you are working as a registered nurse in a setting involving intravenous drug administration, you must attend monthly supervision meetings with a nominated clinical supervisor, mentor or manager who must be a registered nurse or a registered medical practitioner. At these meetings you must discuss your ongoing competence in relation to medicines administration.

5. At any time you are working as a registered nurse you must provide a report to your case officer from your nominated clinical supervisor, mentor or manager, who must be a registered nurse or a registered medical practitioner, prior to any NMC review hearing or meeting, commenting on your medicines administration, your conduct and performance as a registered nurse and your compliance with these conditions.

6. 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.*
7. *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.*
8. *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.*
9. *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.*
10. *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 three years. The panel was of the view that this period would also serve the public interest given the serious nature of the facts found proved. The panel determined that this would allow you to

review your career choices and find relevant opportunities to complete the necessary training and practical experience to address the failings identified in your nursing practice in respect of IV drug administration. The panel carefully considered the effect the interim order over the last 28 months on the imposition of this sanction. The panel noted that there is no principle in regulatory law that time spent on an interim order must be deducted from a substantive order. The panel gave careful consideration to the principle of common fairness but determined, in your case, that the seriousness of the overdoses were such that the period on an interim order should not affect the making of or the length of the substantive order

Before the order expires, 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.'

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 ability to practise 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, including the NMC bundle, and additionally your oral evidence. It has taken account of the submissions made by Mr Molloy on behalf of the NMC. He submitted that the conditions of practice order was imposed by a Fitness to Practise Committee panel on 25 August 2023 for a period of 36 months, due to expire on 26 September 2026. He explained that this early review had been requested at your instigation in order to obtain clarification of certain conditions of practice. He noted that you are currently employed as a nurse, but not in a setting where intravenous medication is administered or used.

Mr Molloy reminded the panel that the order arose from incidents dating back to 2017 and 2020, in which you administered overdoses of morphine to very young patients. He referred the panel to the decision of the previous panel, which noted at page 12 of the bundle that any reviewing panel would be assisted by evidence of training or certification in the administration of IV medication. He submitted that to date there remains no such evidence.

Mr Molloy stated and emphasised that the previous panel had found your fitness to practise impaired on both public protection grounds and in the wider public interest. He submitted that those findings remain relevant, as there has been no material change in circumstances. He reminded the panel that, in accordance with the judgment in *Cohen v General Medical Council* [2008] EWHC 581 (Admin) and *Grant v Nursing and Midwifery Council* [2011] EWHC 927 (Admin), it must consider whether the concerns identified are remediable, whether they have been remedied, and whether they are highly unlikely to be repeated.

Mr Molloy further reminded the panel that although there is no statutory definition of impairment, guidance was provided in *Meadow v General Medical Council* [2006] EWCA Civ 1390, where the Court of Appeal stated that impairment must be linked to the practice of medicine or to conduct that would bring the profession into disrepute, and that it must be serious. He also referred to *Nandi v General Medical Council* [2012] EWHC 3573 (Admin), where the High Court described serious misconduct as conduct that would properly be regarded as “deplorable.”

Mr Molloy submitted that while you have undertaken theoretical work, there is no evidence of practical remediation of the deficiencies identified. In his submission, the absence of evidence of strengthened practice in a clinical setting means that the risk identified by the original panel remains unaddressed. He therefore invited the panel to find that your fitness to practise remains impaired and to continue the current conditions of practice order without variation.

You gave evidence to the panel under oath. You told the panel that the drug error which led to your referral to the NMC occurred in April 2020, with a similar incident in 2017. You explained that since 2021 you have been employed in the [PRIVATE], progressing from a

Band 4 healthcare assistant to a Band 7 paediatric liaison nurse. You said that this progression demonstrated your competency, dedication, and development as the nurse you had always aspired to be.

You told the panel that you remain extremely remorseful about the incident and continue to reflect on it regularly. You accepted that there were no excuses for what had occurred and said that you would change everything about that day if you could.

You explained that following the imposition of the order, you undertook theoretical training, including completion of the London IV Passport. However, you were unable to strengthen your practice in administering IV medication due to the limitations in your existing role and the restrictions within your current conditions of practice order (preventing unpaid work).

You explained that your current role in the community does not involve IV administration and that you have found it very difficult to identify opportunities to meet the competency requirements. You described your attempts to contact the NMC for advice, your unsuccessful efforts to obtain employment with local hospitals, and the practical barriers you face as a single parent. You said that the situation has caused you considerable stress, but that you wish to know what steps you can take to demonstrate remediation.

In response to a panel question, you explained that you had contacted your local community hospital, which no longer administers IVs, and had been referred to the [PRIVATE] who provide home infusions. You said that you have been permitted to shadow the team but cannot participate practically as it is a different NHS Trust.

In response to a question from the legal assessor, you clarified that the condition requiring you to work for only one employer, paid or voluntary, prevented you from gaining experience by shadowing the [PRIVATE] on a voluntary basis. You accepted that you did not wish to work for an agency but said that the restriction on voluntary work was a barrier to you demonstrating competency.

Finally, you drew the panel's attention to an email you had sent prior to the hearing, in which you had disclosed a clinical incident at the Trust you were working at (in accordance with your current conditions) involving a [PRIVATE]. You explained that you had reported

the incident yourself in advance of the hearing to be transparent with the NMC, and that it had since been downgraded from a critical issue. You explained that you had recognised the deterioration of the patient for which you were required to report this via the clinical incident process and the incident was not a reflection of your competence or practice.

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 noted that the original panel had found that you had demonstrated developing insight. In considering your insight at this review hearing, the panel took into account your oral evidence. The panel noted that you were open and transparent in describing the incidents of 2017 and 2020 and in acknowledging your responsibility. The panel also noted in your evidence that you continue to be extremely remorseful, that you reflect regularly on what occurred, and that you expressed clear regret for the impact of your actions. The panel considered that you demonstrated an understanding of how your actions had put patients at risk of harm, why what you did was wrong, and how your actions had the potential to undermine public confidence in the nursing profession.

The panel further noted your evidence that you have progressed in your career within the [PRIVATE], advancing from Band 4 to Band 7. The panel considered that this progression, and your ongoing clinical practice in a challenging [PRIVATE], was evidence of your commitment to professional development and of your ability to practise safely in your current field.

In its consideration of whether you had taken steps to strengthen your practice, the panel noted your completion of theoretical training, including the London IV Passport, and your attempts to secure opportunities to shadow the [PRIVATE]. The panel accepted that the restriction limiting you to one substantive employer had inadvertently prevented you from pursuing voluntary shadowing opportunities that might have assisted you in demonstrating

remediation. The panel considered that this reflected your willingness to comply with and complete the requirements, even though the practical element remained outstanding.

The panel considered your disclosure of the clinical incident in your current role, which you reported yourself and which was subsequently downgraded. The panel determined that your handling of this matter demonstrated openness, insight and an appropriate approach to safeguarding patient safety.

The original panel determined that you were not liable to repeat matters of the kind found proved if you could evidence strengthened practice in IV medication administration. Today's panel noted that you had not yet been able to demonstrate practical competence in that area. The panel therefore determined that there remains a risk of repetition if you were to return to a setting where IV administration formed part of your duties. In light of this, the panel 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 a finding of continuing impairment was required on public interest grounds. The panel considered that the seriousness of the original misconduct, which involved overdoses of morphine administered to very young patients, meant that a finding of no impairment would undermine public confidence in the profession and fail to uphold proper professional standards.

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

Decision and reasons on sanction

Having found your fitness to practise currently impaired, the panel then considered what, if any, sanction it should impose in this case. The panel noted that its powers are set out in Article 30 of the Order. The panel has also taken into account the 'NMC's Sanctions Guidance' (SG) and has borne in mind that the purpose of a sanction is not to be punitive, though any sanction imposed may have a punitive effect.

The panel first considered whether to take no action but concluded that this would be inappropriate in view of the seriousness of the case and the ongoing risk identified. The panel determined 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 a varied conditions of practice order would be sufficient and appropriate. The panel reminded itself that any conditions must be proportionate, measurable and workable. It noted that you have complied with the current conditions of practice order, and that you have shown willingness to comply with conditions and to undertake the necessary training.

The panel determined that appropriate and practical varied conditions could be formulated to address the outstanding concerns. It accepted that you have demonstrated genuine insight, reflection and remediation in many areas, and noted that your inability to complete IV training has been due to structural barriers rather than unwillingness on your part. In these circumstances, the panel concluded that a varied conditions of practice order remains the appropriate and proportionate sanction, as it would provide public protection whilst enabling you to continue practising safely in your current field and to remediate the concerns.

The panel considered but rejected the imposition of a suspension order or a striking-off order. It determined that such sanctions would be wholly disproportionate, given the absence of any evidence of general incompetence, attitudinal concerns, or repetition of the

misconduct. The panel was of the view that your progress in practice and your transparency throughout the regulatory process demonstrated that you are capable of safe and effective nursing practice within the confines of appropriately framed conditions.

Accordingly, the panel determined, pursuant to Article 30(2), to vary the existing conditions of practice order to run for the remainder of the period of the existing order. This order will therefore run until the end of 26 September 2026. It decided 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 not work for an agency.
2. At any time, you work as a registered nurse, you must not be the nurse in charge of a shift where medication is being administered, and you must not administer intravenous medication unless directly supervised.
3. You must successfully complete theoretical and practical training in relation to IV medication administration and provide your case officer with evidence of completion.
4. You must discuss your ongoing competence in relation to medicines administration with another NMC registrant in supervision meetings arranged by or with your line manager or clinical supervisor, and you must provide evidence of these discussions to the NMC.
5. You must provide a report to your case officer from your nominated clinical supervisor, mentor or manager, who must be a registered nurse or registered medical practitioner, prior to any NMC review hearing or meeting. This report must comment on your medicines

administration, your conduct and performance as a registered nurse, and your compliance with these conditions.

6. 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.
7. 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.
8. 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.
9. 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.
10. 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

For the avoidance of doubt, the panel wishes to make clear that these conditions do not prevent you from undertaking unpaid shadowing opportunities in order to strengthen your practice in relation to IV medication administration. The panel considered that such shadowing would assist you in evidencing remediation and should not be treated as “unpaid work” for the purposes of this order.

The period of this order will run for the remainder of the original term, expiring on 26 September 2026.

This conditions of practice order will vary the existing 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.

Any future panel reviewing this case would be assisted by:

- Evidence of completion of IV medication training and certification.
- Reflective accounts addressing your learning and application of that training.
- Testimonials from managers or supervisors commenting on your practice, conduct and compliance with these conditions.
- Documentary evidence of continuing professional development (CPD) undertaken during the period of this order.

This will be confirmed to you in writing.

That concludes this determination.