

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

**Substantive Order Review Meeting  
Wednesday, 20 August 2025**

Virtual Meeting

<b>Name of Registrant:</b>	<b>Diane Macdonald</b>
<b>NMC PIN:</b>	88E0102S
<b>Part(s) of the register:</b>	Registered Nurse Sub part 1 RN1: Adult nurse, level 1 – 23 September 1991  RM: Midwife – 30 May 1994
<b>Relevant Location:</b>	Isle of Lewis
<b>Type of case:</b>	Lack of competence
<b>Panel members:</b>	Michelle Lee (Chair, Registrant member) Deborah Ann Bennion (Registrant member) Karen Naya (Lay member)
<b>Legal Assessor:</b>	Brett Wilson
<b>Hearings Coordinator:</b>	Monowara Begum
<b>Order being reviewed:</b>	Suspension order (12 months)
<b>Fitness to practise:</b>	Impaired
<b>Outcome:</b>	<b>Suspension order (12 months) to come into effect on 3 October 2025 in accordance with Article 30 (1)</b>

## **Decision and reasons on service of Notice of Meeting**

The panel noted at the start of this meeting that the Notice of Meeting had been sent to Miss Macdonald's registered email address by secure email on 4 July 2025.

The panel took into account that the Notice of Meeting provided details of the review that the review meeting would be held no sooner than 18 August 2025 and inviting Miss Macdonald to provide any written evidence seven days before this date.

The panel accepted the advice of the legal assessor.

In the light of all of the information available, the panel was satisfied that Miss Macdonald has been served with notice of this meeting in accordance with the requirements of Rules 11A and 34 of the Nursing and Midwifery Council (Fitness to Practise) Rules 2004 (as amended) (the Rules).

## **Decision and reasons on review of the current order**

The panel decided to extend the suspension order for a period of 12 months. This order will come into effect at the end of 3 October 2025 in accordance with Article 30(1) of the Nursing and Midwifery Order 2001 (as amended) (the Order).

This is the first review of a substantive suspension order originally imposed for a period of 12 months by a Fitness to Practise Committee panel on 5 September 2024.

The current order is due to expire at the end of 3 October 2025.

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

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

1. '...
2. *On 4 April 2016, you:*

- 2.1 *Cut Patient A's umbilical cord underwater*
  - 2.2 *Asked if you could give Patient A opiates in the birthing pool*
  - 2.3 *Did not document clearly whether or not Syntometrine had been administered to Patient A*
3. *On an unknown date in or around 2016, did not use a CTG for monitoring when a Patient was being administered intravenous Syntocinon*
4. *On an unknown date in 2017, did not identify that a CTG trace was abnormal*
5. *On one or more occasions in 2017, while on a support improvement plan:*
  - 5.1 *Did not accurately record Patient details on blood samples*
  - 5.2 *Did not accurately record Patient details in Patient notes*
  - 5.3 *Did not record Patient details comprehensibly in Patient notes*
6. *On 13 July 2017, while on a supported improvement plan, you did not refer Patient C, a high risk patient, to a Consultant prior to sending them home.*
7. *On 14 July 2017, while on a Supported Improvement Plan, you delivered Baby D without calling for a second Midwife.*
8. *Your decision not to call a second midwife at charge 7 above was made because you were concerned that Colleague A, the second midwife, would have advised Patient D to come out of the birthing pool against their wishes, when it would have been clinically appropriate to give that advice*
9. *On an unknown date between 1 April and 31 May18, attempted to look for a Patient's womb level while the Patient was sat up*
10. *On one or more occasions between 1 April and 31 July 2018 recorded incorrect dates of birth for Patients on a blood transfusion form.*

*11. On 5 June 2018, while subject to a Capability Process, in relation to Patient B's induction of labour:*

*11.1 Your completion of medical notes was inadequate and/or inaccurate in that:*

*11.1.1 Your notes did not make clear whether or not use of opiates had been discussed with Patient B prior to induction*

*11.1.2 Yours notes did not record observing the signs of transition to second stage labour*

*11.1.3 There was a large gap in the notes*

*11.1.4 You made an entry concerning pain relief based on something you overheard rather than a discussion with the relevant doctor*

*11.1.5 As a result of your action at 11.1.4 above, your entry concerning pain relief did not record a direction from the doctor about Patient B*

*11.2 Your use of fresh eyes stickers was inadequate for CTG tracing*

*11.3 ...*

*11.4 Your CTG tracing included a gap of 1 hour and 15 minutes without a fresh eyes review and/or was otherwise poor*

*11.5 You escalated a syntocinon infusion without recording a clear rationale*

*11.6 You informed Colleague B that you were confident and competent in applying a foetal scalp electrode, when you had never used or applied one before*

*12. While on a Supported Practice Placement at Aberdeen Maternity Hospital between 21 October 2019 and 30 October 2019:*

- 12.1 On 21 October 2019, were unsure of what steps to take when a placenta was not delivered immediately after the delivery of a baby
- 12.2 On 21 October 2019 did not identify and/or escalate to Colleague D a change in a CTG trace
- 12.3 On 21 October 2019 and 22 October 2019 required prompting to apply Personal Protective Equipment
- 12.4 On 26 October 2019, when inserting a urinary catheter, did not adequately or at all employ a 'clean hand, dirty hand' aseptic technique
- 12.5 On 22 October 2019 and 29 October 2019, were unable to artificially rupture a membrane
- 12.6 On 28 October 2019, during an instrumental delivery, were unable to tell a doctor the strength or duration of a contraction from abdominal palpitations
- 12.7 On two occasions, when planning Second Stage care, were unable promptly to plan next steps of care without assistance from Colleague D
13. While on a Supported Improvement Plan, did not, between 10 May 2021 and 2 September 2021, complete one or more of the following objectives:
- 13.1 Documentation
- 13.2 Appropriate care planning according to Red/Green Pathway
- 13.3 Assessment of intrapartum care needs
- 13.4 Decision making
- 13.5 Management of patient requiring induction of labour

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

The original panel determined the following with regard to impairment:

*'The panel found that the first three limbs are engaged. Whilst no patients were harmed as a result of Miss Macdonald's lack of competence, the panel noted that this was only due to the level of supervision that she was subject to, her supervisors' guidance and intervention which ensured that no harm came to Miss Macdonald's patients. The panel took the view that patients were placed at unwarranted risk of harm due to her practice. Miss Macdonald's lack of competence had breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute.*

*Regarding insight, the panel noted that Miss Macdonald has not provided any reflective pieces for this hearing to demonstrate her insight into the wide-ranging areas of clinical concerns relating to her practice. She has provided limited engagement with the NMC, with the most recent contact being on 23 August 2024 in which she stated that she was not returning to work for the NHS and is waiting to remove herself from the NMC register.*

*The panel carefully considered Miss Macdonald's assertion that she felt she was treated unfairly and bullied. It had sight of the letters she provided during the period of her employment at the Hospital and in her response during the Capability Meetings. The panel has heard from all eight witnesses that they empathised with the pressure that Miss Macdonald must have felt whilst subject to the Capability Process. They described in detail during their oral evidence about how they wanted to support her, despite the pressures that they were also under in managing the ward. The panel found no support for the suggestion made by Miss Macdonald that she was treated unfairly and bullied.*

*The panel determined whether there were any indications of attitudinal issues. It had regard to Witness 5/Colleague A's evidence in which she*

*stated that Miss Macdonald admitted that she had not called her for the delivery of Patient D's baby because Witness 5/Colleague A may have told Patient D to come out of the birthing pool. Witness 5/Colleague A stated in her oral evidence:*

*"Yes, I was very surprised. At the same time, I'm running a ward with lots of other things going on, so I expect the midwife in the labour ward to cooperate fully with me as the coordinator, which she didn't. I think it's the fact that she even had the audacity to tell me that she didn't call me because I would have asked the woman to come out of the pool. I think that it's very unprofessional. And she's forgetting that this woman, above all else, needs to deliver safely. It's not about really what the midwife felt about the type of delivery she should have."*

*The panel also bore in mind Witness 7's statement to the NMC dated 11 October 2022:*

*'[...] Ms Macdonald said she has a thing about doctors. I do not know what she meant by this comment and we did not discuss what she meant. It is a daily requirement of midwives to communicate with doctors. It was her responsibility because she had assessed the patient and therefore should have communicated with the Doctor. I would not expect to hear this from a midwife who needs to work with Doctors regularly.*

*[...]*

*'[...] She slammed the forms down in front of me on the table and walked out after the shift to go home. There are no notes for this shift because she refused to write anything'*

*The panel were mindful that the Capability Process may have been overwhelming for a midwife who had been practising for almost 20 years, given that these charges date as far back to 2016. However, the panel took a view that patient safety is paramount, and Miss Macdonald's*

*defensiveness towards colleagues' feedback that was designed to improve her clinical practice may indicate attitudinal issues. As such, Miss Macdonald's defensive attitude to the concerns regarding her practice poses a significant and continuing risk of repeated errors.*

*The panel noted that there had been no evidence of Miss Macdonald taking steps to strengthen her practice. However, the panel took the view that whilst the charges found proved are capable of remediation had there been consistent engagement from Miss Macdonald, there had been none. In light of the lack of engagement, willingness to improve and evidence of strengthening of practice, the panel took the view that there is a risk of repetition. 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 are to protect, promote and maintain the health safety and well-being of the public and patients, and to uphold/protect the wider public interest, which includes promoting and maintaining public confidence in the nursing and midwifery professions and upholding the proper professional standards for members of those professions.*

*The panel determined that, in this case, a finding of current impairment on public interest grounds was required. A well-informed member of the public would be gravely concerned if no finding of impairment was made despite the repeated pattern of midwifery practice falling below the standards expected of a registered midwife.*

*Having regard to all of the above, the panel was satisfied that Miss Macdonald's fitness to practise is currently impaired.'*

The original panel determined the following with regard to sanction:

*'...The panel next considered whether placing conditions of practice on Miss Macdonald's 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;*
- 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 is therefore of the view that there are no practical or workable conditions that could be formulated, given that Miss Macdonald is not willing to engage with the regulatory process and there is evidence of a general lack of competence.*

*Furthermore, the panel concluded that the placing of conditions on Miss Macdonald's registration would not adequately address the seriousness of this case and would not protect the public. Miss Macdonald has provided a limited engagement into these proceedings, and as such, there remains a significant risk of harm to the public which cannot be addressed by the conditions. It also noted that her midwifery practice was made subject to restrictions at a local level whilst she was employed at the Hospital as part of the Capability Process. However, even then, there were still significant amounts of clinical errors and omissions and she demonstrated minimal improvement from her practice.*

*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:*

- *No evidence of harmful deep-seated personality or attitudinal problems;*
- *No evidence of repetition of behaviour since the incident;*
- *The Committee is satisfied that the nurse or midwife has insight and does not pose a significant risk of repeating behaviour;*
- *In cases where the only issue relates to the nurse or midwife's lack of competence, there is a risk to patient safety if they were allowed to continue to practise even with conditions.*

*Given that the first three of the factors above are not apparent in this case, the panel did go on to consider whether a striking-off order would be proportionate but, taking account of all the information before it, and the NMC guidance, the panel concluded that a striking off order is not available to them at this stage.*

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

*The panel noted the hardship such an order will inevitably cause Miss Macdonald. 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 midwife.*

*The panel determined that a suspension order for a period of 12 months was the most appropriate in this case.*

*The panel took into account Miss Macdonald's email dated 23 August 2024 in which she has asked to be removed from the register:*

*'I have consistently stated I would not be returning to work in NHS OR ANYOBE ELSE.i am waiting to remove myself from the register ASAP,*

*Pleased pass on info to relevant people.'*[sic]

*The panel is aware that under the NMC Guidance CMT-5, voluntary removal from the register is an option available to Miss Macdonald should she wish to make an application:*

*'If a nurse, midwife or nursing associate is subject to fitness to practise proceedings, they can apply to be removed from the register. Removal while there are ongoing fitness to practise proceedings is only allowed if the Assistant Registrar agrees. We call this the agreed removal process. An agreed removal will conclude the proceedings without consideration by the Fitness to Practise Committee. Agreed removal can support our aim to 'reach the outcome that best protects the public at the earliest opportunity'.*

*The panel is not aware of any application made by Miss Macdonald at this stage to be removed from the register.*

*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:*

- A reflective piece from Miss Macdonald addressing the charges found proved.*
- Evidence of professional development, including documentary evidence of training.'*

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

The panel has considered carefully whether Miss Macdonald's fitness to practise remains impaired. Whilst there is no statutory definition of fitness to practise, the NMC has defined fitness to practise as a registrant's suitability to remain on the register without restriction. In considering this case, the panel has carried out a comprehensive review of the order in light of the current circumstances. Whilst it has noted the decision of the last panel, this panel has exercised its own judgement as to current impairment.

The panel had regard to all of the documentation before it, including the NMC bundle.

The panel accepted the advice of the legal assessor.

In reaching its decision, the panel was mindful of the need to protect the public, maintain public confidence in the profession and to declare and uphold proper standards of conduct and performance.

The panel considered whether Miss Macdonald's fitness to practise remains impaired.

The panel noted that the original panel found that Miss Macdonald had insufficient insight. At this meeting the panel noted that Miss Macdonald has not provided any reflective piece to demonstrate any insight into her clinical failings. It noted that Miss Macdonald has not provided any evidence of any steps she has taken to strengthen her practice. It further noted that Miss Macdonald has not engaged with the NMC proceedings since the last hearing, except for the email she sent on 23 August 2024, stating that she is not returning to work for the NHS or anyone else, and is waiting to remove herself from the NMC register.

The original panel determined that Miss Macdonald was liable to repeat matters of the kind found proved.

Today's panel has received no new information to demonstrate that Miss Macdonald has taken steps to remediate the concerns. In light of the lack of evidence of engagement, insight, strengthening of practice and remediation, the panel determined that Miss

Macdonald is still liable to repeat matters of the kind found proved. The panel therefore decided that a finding of continuing impairment is necessary on the grounds of public protection, and the panel found that Miss Macdonald is currently impaired.

The panel has borne in mind that its primary function is to protect patients and the wider public interest which includes maintaining confidence in the nursing profession and upholding proper standards of conduct and performance. The panel determined that, in this case, a finding of continuing impairment on public interest grounds is also required.

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

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

Having found Miss Macdonald 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 the guidance in REV-2a and REV-2h, 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 make a new order. The panel then considered whether to take no action but concluded that this would be inappropriate in view of the seriousness of the concerns in this case. The panel decided that it would be neither proportionate nor in the public interest to take no further action.

It then considered the imposition of a caution order but again determined that, due to the seriousness of the case, and the public protection issues identified, an order that does not restrict Miss Macdonald's practice would not be appropriate in the circumstances. The SG states that a caution order may be appropriate where *'the case is at the lower end of the spectrum of impaired fitness to practise and the panel wishes to mark that the behaviour was unacceptable and must not happen again.'* The panel considered that Miss Macdonald's 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 replacing the suspension order with a conditions of practice order on Miss Macdonald's registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable. The panel bore in mind the seriousness of the facts found proved at the original hearing and concluded that a conditions of practice order would not adequately protect the public or satisfy the public interest. The panel was not able to formulate conditions of practice that would adequately address the concerns relating to Miss Macdonald's lack of competence, attitudinal concerns and lack of insight.

The panel considered the imposition of a further period of suspension. It was of the view that a suspension order would allow Miss Macdonald further time to fully reflect on her previous failings. The panel concluded that a further 12 months suspension order would be the appropriate and proportionate response and would afford Miss Macdonald adequate time to develop her insight and take steps to strengthen her practice.

The panel determined therefore that a suspension order is the appropriate sanction which would continue to both protect the public and satisfy the wider public interest. Accordingly, the panel determined to extend the existing suspension order for a period of 12 months. This would provide Miss Macdonald with an opportunity to engage with the NMC and provide any evidence of insight and strengthening of practice. It considered this to be the most appropriate and proportionate sanction available.

This suspension order will take effect upon the expiry of the current suspension order, namely the end of 3 October 2025 in accordance with Article 30(1).

Before 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:

- Miss Macdonald engaging with the NMC proceedings.
- A reflective piece from Miss Macdonald addressing the charges found proved.
- Evidence of professional developments, including documentary evidence of training.

This will be confirmed to Miss Macdonald in writing.

That concludes this determination.