Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Order Review Hearing
Wednesday, 27 August 2025

Virtual Hearing

Name of Registrant:	Miriam Magdalene Charmaine Segarajasinghe
NMC PIN:	09G1278E
Part(s) of the register:	RNMH: Registered Nurse Mental Health – Level 1 21 September 2009
Relevant Location:	Knowsley
Type of case:	Misconduct
Panel members:	Shubhaa Krishnan (Chair, Lay member) Wendy Hope (Registrant member) Joanne Morgan (Lay member)
Legal Assessor:	Suzanne Palmer
Hearings Coordinator:	Emma Hotston
Nursing and Midwifery Council:	Represented by Giedrius Kabasinskas, Case Presenter
Ms Segarajasinghe:	Not present and represented by Brenda Laimiga, instructed by the Royal College of Nursing
Order being reviewed:	Conditions of practice order (9 months)
Fitness to practise:	Impaired
Outcome:	**Conditions of practice order (9 months) to come into effect at the end of 9 October 2025 in accordance with Article 30 (1)**

Decision and reasons on service of Notice of Hearing

The panel was informed at the start of this hearing that Ms Segarajasinghe was not in attendance and that the Notice of Hearing had been sent to Ms Segarajasinghe's registered email address by secure email on 18 July 2025.

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

The panel accepted the advice of the legal assessor.

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

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

Decision and reasons on proceeding in the absence of Ms Segarajasinghe

The panel next considered whether it should proceed in the absence of Ms Segarajasinghe. The panel had regard to Rule 21 and heard the submissions of Mr Kabasinskas who invited the panel to continue in the absence of Ms Segarajasinghe. He submitted that Ms Segarajasinghe had voluntarily absented herself.

Mr Kabasinskas referred the panel to the documentation from Ms Segarajasinghe's representative which stated that Ms Segarajasinghe was content for the hearing to proceed in her absence.

The panel accepted the advice of the legal assessor.

The panel decided to proceed in the absence of Ms Segarajasinghe. In reaching this decision, the panel has considered the submissions of Mr Kabasinskas, the representations made on Ms Segarajasinghe's behalf, and the advice of the legal assessor. It has had regard to the relevant case law and to the overall interests of justice and fairness to all parties. It noted that:

- No application for an adjournment has been made by Ms Segarajasinghe; on the contrary, she has indicated through her representative that she is content for the hearing to proceed in her absence;
- The panel noted that the absence is because of a compelling reason as Ms Segarajasinghe is [PRIVATE]. Nevertheless, there was nothing to an indicate that an adjournment would secure her attendance at a date in the near future;
- Ms Segarajasinghe has, through her representative, been able to provide updating information and submissions in relation to the hearing which the panel can take into account. This minimises any prejudice in proceeding in her absence; and
- There is a strong public interest in the expeditious review of the case, which has to take place before the expiry of the substantive order on 9 October 2025.

In these circumstances, the panel has decided that it is fair and in the interests of justice to proceed in the absence of Ms Segarajasinghe.

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

At the outset of the hearing, Mr Kabasinskas made a request that this case be held in private on the basis that proper exploration of Ms Segarajasinghe's case involves matters relating to [PRIVATE]. The application was made pursuant to Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

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 session in connection with [PRIVATE], as and when such issues are raised.

Decision and reasons on review of the substantive order

The panel decided to impose a conditions of practice order for a further period of nine months. This order will come into effect at the end of 9 October 2025 in accordance with Article 30(1) of the 'Nursing and Midwifery Order 2001' (the Order).

This is the second review of a substantive order originally imposed as a substantive conditions of practice order for a period of nine months by a Fitness to Practise Committee panel on 12 March 2024. This was reviewed on 9 January 2025 when the panel extended the conditions of practice order for a further period of nine months.

The current order is due to expire at the end of 9 October 2025.

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

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

1) *'On 12 July 2021:*

    a) *Administered methadone to Patient A:*

        i) *By giving them a bottle containing 15mls to drink from when they were prescribed 5mls.*

        ii) *In the absence of a second checker.*

b) Recorded in the controlled drug book that you had administered 5mg of methadone to Patient A when you did not know how much methadone Patient A had consumed.

c) Failed to record and/or report and/or escalate the medication error at charge 1a).

d) …

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

The first reviewing panel determined the following with regard to impairment:

'Firstly, while it is clear that you have not been able to comply with the majority of the conditions due to your inability to find employment, you have provided insufficient evidence for compliance with those conditions which you were able to address. The panel regarded the mandatory training you completed does not address any of the concerns found proved. The only training regarding medication is a short course designed for social workers. These do not demonstrate your increased awareness and ability to safely and responsibly administer medication, including controlled drugs, and maintain proper and accurate record of doing so. There is, in particular, no evidence of any controlled drug training, or of any steps to maintain knowledge and skill needed as a nursing professional. In light of the serious failings, even on one occasion, the panel deemed that there was insufficient evidence to show that you are no longer a risk to public safety.

Secondly, the panel noted that while there have been some documents before it in which [sic] attempted to demonstrate your insight, it determined that it was insufficient to show a clear understanding of your actions and the impact they may have had on the patient and the profession. The panel also noted the inadequacy of your reflective piece. The panel understood the piece to downplay the seriousness of the incident, noting the line "whilst

the overdose was small…", and a reference to the overdose being "2mg". The panel determined that this showed you do not have insight into the potential consequences of the incorrect dosage and the repercussion from the failure to keep a proper record of this.

Finally, the panel noted that although there has been a reported improvement in [PRIVATE]. While the panel appreciates that you have not been able to practise as a nurse due to difficulties you reported associated with having a conditions of practice order, it deems it possible to work in the health sector and demonstrate [PRIVATE] even while having a conditions of practice order against your name.

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

The panel has borne in mind that its primary function is to protect patients and the wider public interest which includes maintaining confidence in the nursing profession and upholding proper standards of conduct and performance. The panel determined that, in this case, a finding of impairment on public interest grounds is also necessary. Given the gravity of the original charges found proved, and the insufficient evidence to prove you are fit to practise, the panel was of the view that a well informed member of the public would not be satisfied without a finding of impairment.

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

The first reviewing panel determined the following with regard to sanction:

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

The panel determined that it would be possible to formulate appropriate and practical conditions which would address the failings highlighted in this case. The panel accepted that you have been unable to comply with conditions of practice due to your current employment status but are engaging with the NMC and you are willing to comply with any conditions imposed.

The panel concluded that a conditions of practice order is sufficient to protect patients and satisfy the wider public interest. In this case, there are conditions [sic] could be formulated which would protect patients during the period they are in force.

The panel determined that to impose a suspension order or a striking-off order would be wholly disproportionate and would not be a reasonable response in the circumstances of case.

Accordingly, the panel determined, pursuant to Article 30(1)(c) to make a conditions of practice order for a period of 9 months, which will come into effect on the expiry of the current order, namely at the end of 9 January 2025.

The panel gave consideration to Ms Howell's submission to vary condition 1 to reduce the minimum period of employment to 1 month. However, given the lack of reflection, the panel deemed that you need stability and support for at least 3 months, anything less than that period will not allow you to address the concerns. Employment where you would start a new role more frequently than once per three months would create a risk to the public, especially given that the original incident occurred on the first day.

The panel also gave consideration to Ms Howell's suggestion that condition 2 should be varied to have direct supervision of a qualified drug administrator and not necessarily another nurse. The panel considered how they could formulate a workable condition of practice that would protect the public and act in the wider public interest. They were unable to do so. This

reasoning applies to the further submission of Ms Howell to vary condition 6 to make enforcing the order more practicable for future employers. The panel, however, decided that this condition was an extra layer of protection and was necessary and proportionate.

The panel therefore decided to impose the following conditions:

1. *You must limit your practice to one substantive employer which may be an agency. If working via an agency or as bank staff, you must limit your nursing practice to contracts of a minimum of 3 months working in the same unit or on the same ward.*

2. *When administering or managing controlled drugs, you must ensure that you are under the direct supervision of a registered nurse.*

3. *You must send your case officer evidence that you have successfully completed training in the management and administration of controlled drugs, at least 7 days before the review hearing or meeting.*

4. *You must meet with your line manager, mentor or supervisor on a monthly basis to ensure you are making progress towards meeting these conditions.*

5. *You must continue to develop your reflection. This reflection must cover the correct recording of the safe administration of controlled drugs, the correct recording of the administration of controlled drugs, how you will manage any need to escalate concerns and how you will [PRIVATE].*

6. *You must keep monthly reflections. The reflections will:*
    - *Reflect on your progress in safe administration of controlled drugs*

- *Reflect on your progress in [PRIVATE].*
- *The recording of the safe administration of controlled drugs.*

7. *You must share your monthly reflections with your supervisor, line manager or mentor at your monthly meetings for discussion.*

8. *You must send copies of your monthly reflections to your case officer within 7 days of the next review hearing or meeting.*

9. *You must provide a report from your line manager, mentor or supervisor at least 7 days before the next review hearing or meeting regarding:*
   - *your ability to manage and administer controlled drugs safely;*
   - *[PRIVATE].*

10. *You must keep us informed about anywhere you are studying by:*
    a. *Telling your case officer within seven days of accepting any course of study.*
    b. *Giving your case officer the name and contact details of the organisation offering that course of study.*

11. *You must immediately give a copy of these conditions to:*
    a. *Any organisation or person you work for.*
    b. *Any agency you apply to or are registered with for work.*
    c. *Any employers you apply to for work (at the time of application).*
    d. *Any establishment you apply to (at the time of application), or with which you are already enrolled, for a course of study.*

12. *You must immediately give a copy of these conditions to:*
    a. *Any organisation or person you work for.*

b. Any agency you apply to or are registered with for work.
c. Any employers you apply to for work (at the time of application).
d. Any establishment you apply to (at the time of application), or with which you are already enrolled, for a course of study.

13. 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.'

Decision and reasons on current impairment

The panel has considered whether Ms Segarajasinghe's fitness to practise remains impaired.

The panel had regard to the NMC guidance 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 safely, kindly 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 written submissions from Ms Segarajasinghe's representative. It has taken account of the submissions made by Mr Kabasinskas. He reminded the panel that the persuasive burden is on Ms Segarajasinghe to demonstrate that her fitness to practise is no longer impaired. He submitted that Ms Segarajasinghe has not discharged this burden.

Mr Kabasinskas submitted that, since the previous order, there has been insufficient new evidence received from Ms Segarajasinghe to demonstrate strengthening of her practice, including the undertaking of sufficient relevant training or development. He submitted that

Ms Segarajasinghe has provided evidence of the training that she has undertaken, which included the following training and courses:

- RCNI - How to perform drug calculations for the safe administration of oral medications.
- Reducing medication errors in nursing practice.
- Maintaining best practice in record keeping and documentation.
- CES Online Training Certificate – 1 November 2024.
- [PRIVATE]
- Mandatory training on Learning Disability and Autism Tier 1 – 1 November 2024.

Mr Kabasinskas submitted that although some training has been undertaken since the last review, other training referred to by Ms Segarajasinghe was undertaken prior to the date of the previous review hearing in January 2025. Therefore, Mr Kabasinskas submitted that Ms Segarajasinghe has shown limited evidence that she has developed sufficient insight since the order was imposed and this training does not reduce the risk to the public.

Mr Kabasinskas noted however that Ms Segarajasinghe has registered on a training course for medication administration regarding controlled drugs and has yet to commence this course but plans to do so as soon as possible. He submitted that whilst undertaking this training course is a step in the right direction, Ms Segarajasinghe has not yet reduced the risk of repetition and a risk to public protection remains.

[PRIVATE].

Mr Kabasinskas submitted that Ms Segarajasinghe had an opportunity for employment but due to an administrative issue with her NMC personal identification number (PIN), she was unable to take this position. He submitted that although the conditions of practice order imposed by the previous panel stipulated that Ms Segarajasinghe must continue to strengthen her practice, this would only be applicable if she was working. Therefore, he submitted that Ms Segarajasinghe has been compliant with the conditions of practice. [PRIVATE].

Mr Kabasinskas submitted that, in the absence of sufficient new evidence of training from Ms Segarajasinghe and a continuing lack of insight and understanding into the concerns raised, the panel should find her fitness to practise currently impaired on both public protection grounds and in the wider public interest.

Mr Kabasinskas invited the panel to extend the current conditions of practice order by more than six months to provide Ms Segarajasinghe with sufficient time to secure employment and remediate the issues in her practice.

Mr Kabasinskas submitted that although the NMC recognised that Ms Segarajasinghe has had issues in seeking employment, she has had four years since the original order was imposed to find employment and demonstrate her continued commitment to the nursing profession. He submitted that the burden is on Ms Segarajasinghe to bring evidence to prove that she is no longer impaired, however due to the lack of evidence available to demonstrate that she has strengthened her practice, there is insufficient new evidence to prove that she is no longer impaired and the risk to public protection remains.

Therefore, due to the serious nature of the concerns, an extension of the current conditions of practice order is now the most appropriate and proportionate sanction to protect the public and satisfy the wider public interest and public confidence in the profession. This would provide Ms Segarajasinghe with adequate further time to find employment and address the concerns with her fitness to practice, in order to return to safe and unrestricted practice.

The panel took into account the written submissions provided by Ms Segarajasinghe's representative, which were accompanied by various pieces of documentary evidence. These explained that:

- Ms Segarajasinghe's situation has not changed since the last review;
- In particular, she has not yet had the opportunity to work as a nurse in order to demonstrate her compliance with the existing conditions;
- She made numerous applications for employment and secured offers of employment on two occasions. On the first, she was unable to take up the position due to [PRIVATE].

- On the second, she was due to start work through an agency in June 2025 but was prevented from doing so because of an administrative error by the NMC which meant that her PIN status was mistakenly recorded as having lapsed. By the time she was reinstated to the register, the opportunity of employment had been lost;
- She has completed training including online training related to drug calculations for the administration of medication, reducing medication errors, and maintaining best practice in record keeping and documentation.
- She is due to undertake training in the administration of controlled drugs in the near future.
- [PRIVATE].

Ms Segarajasinghe's representative invited the panel to continue the existing conditions of practice for a further period of six months to enable her to secure employment and comply with the conditions.

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 Ms Segarajasinghe's fitness to practise remains impaired.

The panel noted that the persuasive burden is on Ms Segarajasinghe to demonstrate that she is no longer impaired and were of the view that she has not discharged this burden.

The panel had regard to the written statements provided by Ms Segarajasinghe's representative. The panel noted that Ms Segarajasinghe has made a concerted effort to provide evidence to the panel of her training, despite not being currently employed. The panel noted that the previous panel found that the training undertaken did not demonstrate sufficient insight to remediate Ms Segarajasinghe's practice. The panel noted that whilst Ms Segarajasinghe has undertaken relevant additional training and has signed up to undertake further relevant training in administering controlled medication, in order to

strengthen her practice and gain insight, it had insufficient new evidence before it to suggest that Ms Segarajasinghe had developed further insight into her actions.

The panel took into account that although Ms Segarajasinghe has undertaken some relevant training there is no evidence that she has been able to implement her learning in clinical nursing practice. Therefore, the panel was not satisfied that Ms Segarajasinghe has provided sufficient evidence to demonstrate that she has addressed the areas of regulatory concern and is able to practice safely and effectively, at this time.

The panel recognised however that this was not Ms Segarajasinghe's fault, and it had sympathy with the difficulties she has encountered in seeking employment. The panel noted that Ms Segarajasinghe has made extensive attempts to seek employment, and when she finally secured employment, she was unable to take it up. The administrative issues with her PIN have prevented her from commencing employment through no fault of her own.

The panel considered that whilst it was encouraging that Ms Segarajasinghe has demonstrated commitment to strengthening her practice and to seeking work in order to demonstrate her progress, she has not worked in a nursing role since the original charges took place in 2021. Whilst the panel acknowledged that this was an isolated episode [PRIVATE], the fact remains that Mrs Segarajasinghe has therefore not had the opportunity to demonstrate that she has strengthened her practice to the extent that she can return to practise safely, kindly and professionally, particularly when she returns to [PRIVATE].

[PRIVATE]

In light of this, this panel determined that Ms Segarajasinghe currently remains liable to repeat matters of regulatory concern of the kind found proved, until she can demonstrate that she can successfully apply her training, insight and [PRIVATE] in a clinical environment in order to practise without further incident. The panel therefore decided that a finding of continuing impairment is necessary on the grounds of public protection.

The panel has borne in mind that its primary function is to protect patients and the wider public interest which includes maintaining confidence in the nursing profession and upholding proper standards of conduct and performance. The panel determined that, in this case, a finding of continuing impairment on public interest grounds is also required. This is because members of the public would have their confidence in the profession and the NMC undermined in circumstances whereby a nurse who represented a risk of harm to the public were permitted to return to practice without restriction.

For these reasons, the panel finds that Ms Segarajasinghe's fitness to practise remains impaired on the grounds of both public protection and the wider public interest.

Decision and reasons on sanction

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

The panel first considered whether to take no action but concluded that this would be inappropriate given the seriousness of the case nature. The panel decided that to take no action would not be sufficient to protect the public nor would it adequately address the public interest concerns previously identified.

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 Ms Segarajasinghe'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 Ms Segarajasinghe'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 a caution order would not be sufficient to protect the public from the risks associated with

any repetition of past failings, nor would it adequately address the public interest concerns previously identified.

The panel next considered whether imposing a further conditions of practice order on Ms Segarajasinghe's registration continues to be a sufficient and appropriate response. The panel had regard to the nature of Ms Segarajasinghe's misconduct. The panel took into account that Ms Segarajasinghe has demonstrated developing insight and has demonstrated, through numerous certificates evidencing the training that she has undertaken, to address past areas of concern and strengthen her practice. The real issue today is that Ms Segarajasinghe has not yet secured employment to demonstrate that the steps she has taken to strengthen her practice can be successfully applied in a clinical environment.

The panel had regard to the fact that Ms Segarajasinghe has been inhibited in commencing employment due to an administrative error relating to her NMC PIN. The panel accepted that Ms Segarajasinghe has been unable to comply with the previous conditions of practice due to her not being able to commence employment but continues to engage with the NMC and continues to be willing to comply with any new conditions of practice order imposed.

The panel therefore determined that a further conditions of practice order is sufficient to protect patients and to address the wider public interest, noting as the original panel did that there were no deep-seated attitudinal problems. In this case, there are conditions that could be formulated which would protect patients during the period they are in force.

Whilst the panel noted that Ms Segarajasinghe had requested a conditions of practice order of six months, the panel was of the view that, given the difficulties Mrs Segarajasinghe has encountered, till date, in securing employment, this would be unlikely to allow her sufficient time to find suitable employment and demonstrate remediation of her practice before the next review. The panel was keen to strike a fair balance between allowing sufficient time for Mrs Segarajasinghe to take the steps she needs to take and avoiding imposing potentially onerous conditions for too long a period. It determined that a conditions of practice order for a further period of nine months would strike a fair balance and would be the appropriate and proportionate outcome in the circumstances.

The panel recognised and was sympathetic to the fact that Ms Segarajasinghe has made considerable efforts to find employment but has been inhibited by [PRIVATE] and the administrative error made by the NMC relating to her PIN. The panel was particularly mindful of [PRIVATE] and reminds her that if her circumstances change and she is able to take steps earlier than anticipated to secure employment and demonstrate safe practice, or in the event of any other change in her circumstances, it is open to her to contact the NMC to request an early review of this order.

Accordingly, the panel determined, pursuant to Article 30(1)(c) to make a conditions of practice order for a further period of nine months, which will come into effect on the expiry of the current order, namely at the end of 9 October 2025.

The panel decided that the public would be suitably protected, as would the reputation of the profession, by the implementation of the following conditions of practice:

> *'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 limit your practice to one substantive employer which may be an agency. If working via an agency or as bank staff, you must limit your nursing practice to contracts of a minimum of 3 months working in the same unit or on the same ward.*
>
> 2. *When administering or managing controlled drugs, you must ensure that you are under the direct supervision of a registered nurse.*
>
> 3. *You must send your case officer evidence that you have successfully completed training in the administering and handling of controlled drugs, at least 7 days before the review hearing or meeting.*

4. *You must meet with your line manager, mentor or supervisor on a monthly basis as part of a personal development plan to ensure that you are making progress towards meeting these conditions.*

5. *You must continue to develop your reflection. This reflection must cover the correct recording of the safe administration of controlled drugs, how you will manage any need to escalate concerns and* [PRIVATE]

6. *You must keep monthly records of your reflections. The reflections will:*
   - *Reflect on your progress in safe administration of controlled drugs.*
   - [PRIVATE].

7. *You must share your monthly reflections with your supervisor, line manager or mentor at your monthly meetings for discussion.*

8. *You must send copies of your monthly reflections to your case officer at least 7 days before the next review hearing or meeting.*

9. *You must provide a report from your line manager, mentor or supervisor at least 7 days before the next review hearing or meeting regarding:*
   - *your ability to manage and administer controlled drugs safely;*
   - [PRIVATE]

10. *You must immediately give a copy of these conditions to:*
    a. *Any organisation or person you work for.*
    b. *Any agency you apply to or are registered with for work.*
    c. *Any employers you apply to for work (at the time of application).*
    d. *Any establishment you apply to (at the time of application), or with which you are already enrolled, for a course of study.*

11. *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.'

The period of this order is for nine months.

This conditions of practice order will take effect upon the expiry of the current conditions of practice order, namely the end of 9 October 2025 in accordance with Article 30(1).

Before the end of the period of the order, a panel will hold a review hearing to see how well Ms Segarajasinghe has complied with the order. At the review hearing the panel may revoke the order or any condition of it, it may confirm the order or vary any condition of it, or it may replace the order for another order.

Any future panel reviewing this case would be assisted by:

- Demonstration of developing insight and strengthening of practice through providing written reflections and evidence of professional development or training on:
  - Safe administration and recording of controlled drugs.
  - [PRIVATE]
- [PRIVATE].

This will be confirmed to Ms Segarajasinghe in writing.

That concludes this determination.