Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Order Review Hearing
Thursday, 12 June 2025

Virtual Hearing

Name of Registrant:	Maureen Di Centa	
NMC PIN	08Y0036E	
Part(s) of the register:	Registered Nurse - Sub Part 1 Adult Nursing - 07 July 2009	
Relevant Location:	Immingham	
Type of case:	Misconduct	
Panel members:	Lucy Watson Richard Curtin Raj Chauhan	(Chair, Registrant member) (Registrant member) (Lay member)
Legal Assessor:	Ben Stephenson	
Hearings Coordinator:	Aisha Charway	
Nursing and Midwifery Council:	Represented by Nicola Kay, Case Presenter	
Mrs Di Centa:	Present but not represented	
Order being reviewed:	Conditions of practice order (12 months)	
Fitness to practise:	Impaired	
Outcome:	**Conditions of practice order varied (12 months) to come into effect immediately in accordance with Article 30(2) and (4)**	

Decision and reasons on review of the substantive order

The panel decided to vary the current conditions of practice order. This order will come into effect immediately in accordance with Article 30(2)(4) of the 'Nursing and Midwifery Order 2001' (the Order).

This is an early review of the substantive conditions of practice order imposed on 1 May 2025. This review is being held because you would like the panel to vary your conditions of practice to take account of the logistics of your current employment.

The current order is due to expire at the end of 2 June 2026.

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

'That you, a registered nurse:

1) In respect of Patient B:

a) On 24 March 2020 failed to,

i) Order medication in timely manner
ii) Ensure that a depot injection was administered.

b) In April 2020 failed to record whether you had administered a depot injection

c) On 16 June 2020 failed to,

i) Order medication in a timely manner
ii) Ensure that a depot injection was administered

d) Failed to escalate the medication errors in respect of failing to administer the depot injections on:
i) 24 March 2020

ii) 16 June 2020

e) …

f) …

2) In respect of Patient A, in July 2020, failed to escalate a 6-kilogram weight loss from the previous month to a dietician.

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

The original panel determined the following with regard to impairment:

'The panel found that patients were put at risk and could have been caused physical and emotional harm as a result of your misconduct. The panel noted that it was only as a result of the intervention of fellow professionals that these errors were identified and rectified. A safeguarding referral was made in relation to Patient A. Whilst actual harm did not occur, the panel judges this to be as a result of good fortune. Your misconduct had breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute.

Regarding insight, the panel had regard to 'FTP-15b – Has the concern been addressed?' of the NMC Guidance.

The panel considered the reflections you have provided. It noted the following:

'Upon reflection of the above I accept the failings within my practice and can now look at the allegations objectively and accept my responsibility within these. […]

Lessons learnt I am very much accountable for my actions, and I now actively seek to ensure my actions are robust and everything is triple checked. […]

Upon reflection if this event was to happen again, I would take it upon myself to detail in patient notes and the diary so this could be followed up as a failure in the system allowed this to go unnoticed.'

However, the panel noted that whilst you have shown some insight in this reflection and the other reflective pieces provided, it was concerned that there is limited evidence that you have taken a step back from the situation and looked at it objectively to understand the consequences of your actions, specifically what could have happened as a result of your actions and the impact this could have had on patients, did have on your colleagues and had on the reputation of the profession.

The panel has particular concerns that you deflected from your role and responsibilities, blaming systems instead which is evident from the following comments you made:

'I recognise that a missed depot injection for the resident in question could have led to seizures and blood loss, resulting in hospitalisation. It is important to note that this did not occur.'

[…]

'Upon reflection if this event was to happen again, I would take it upon myself to detail in patient notes and the diary so this could be followed up as a failure in the system allowed this to go unnoticed.

Due to a failure in the reporting system this was not identified at any level.'

[…]

'I have learnt that policies and procedures may not be as rigorous as intended leading results open to interpretation and not factual.'

The panel noted from the evidence that you have changed some elements of your working practices, however it considered that you demonstrated limited appreciation of what could and should have been done differently and how you would act differently in the future to avoid similar problems happening.

The panel noted that you have been in employment as a registered nurse since 2020 and so it would be possible for you to have clearly demonstrated how you have changed your current working practices to specifically address the concerns identified by the panel.

The panel was satisfied that the misconduct in this case is capable of being remediated because the errors relate directly to clinical practice. Therefore, the panel carefully considered the evidence before it in determining whether or not you have taken steps to strengthen your practice and determined that you have shown some strengthening of your practice.

The panel took into account the multiple training certificates you have provided. The panel could not place significant weight on the training certificates provided as there is no detail on what was required of you to obtain these training certificates and so it was unable to determine whether it would have improved your practice. Additionally, it noted your Continuing Professional Development (CPD) log which documents the courses you have attended. The panel could not see how the courses relate directly to the concerns outlined and so it did not assist the panel in determining whether you have strengthened your practice in the areas of concern.

The panel also considered the positive testimonials including one from your current manager who explains that you have shown evidence of escalating concerns effectively and speaks of your positive performance in the workplace. Additionally it noted the testimonial of Ms 1 who explained that you undertook responsibility for a new clinical system being implemented. The panel noted a number of testimonials reflected on your clinical practice and whilst they were positive the panel was not satisfied that they fully address the panels concerns regarding ongoing risk.

The panel determined that you have not shown sufficient strengthening of your practice. It determined that given there remain concerns about your practice that have not been addressed, there is a risk of repetition. 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 the charges relate to the breaching of a number of fundamental tenets of the nursing profession and given that the panel has found insufficient insight and strengthening of practice, this would impact the reputation of the profession and the regulator if a finding of impairment were not made.

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:

'The panel next considered whether placing conditions of practice on your registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable. The panel took into account the SG in relation to the circumstances in which a conditions of practice order may be appropriate:

- *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;*
- *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 gave careful consideration to whether your actions and your lack of full insight into them are indicative of attitudinal issues. It concluded that your attitude was not harmful or deep-seated but required further careful reflection due to your tendency to disregard policies and objective evidence in favour of your own judgement. The panel did identify areas of your practice that were in need of retraining and you have demonstrated some willingness to respond to retraining albeit that your training to date has not been targeted to address the specific concerns. It was satisfied that patients would not be put at risk by conditions and that it could formulate conditions targeted at the areas of concern that could be properly monitored.

The panel recognised that the conditions formulated are comprehensive and that you may need to change roles to fulfil them. However, it considered that the conditions were necessary to protect the public and that they were proportionate, as they would allow you to continue to practise as a registered nurse.

The panel gave very serious consideration to a suspension order. However, given the comprehensive conditions it has devised it was satisfied that the public would be adequately protected. Furthermore, the panel concluded that given these conditions will be imposed for a period of 12 months, this would also maintain public confidence in the nursing profession and the NMC as its regulator. Therefore, the panel decided a suspension order would be disproportionate.

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 not work for more than one substantive employer or agency at any time, to ensure adequate supervision and oversight.*

2. *You must not work as a unit manager or nurse in charge of a shift.*

3. *You must only work in a setting where you are indirectly supervised by a registered nurse senior to yourself, who is physically present on the same shift.*

4. *You must develop a Personal Development Plan (PDP) with your line manager or supervisor to address the concerns raised in this case. The PDP must include:*

    - *Medication ordering, administration, and associated record-keeping;*

    - *Identification and escalation of clinical concerns, including medication errors, and associated record-keeping;*

    - *Adherence to and implementation of organisational policies and procedures.*

5. *You must meet weekly with your line manager or supervisor to discuss progress on the PDP.*

6. *You must provide your NMC case officer with a copy of the updated PDP showing your progress and evidence of your compliance with it every three months.*

7. *You must undertake and successfully complete an accredited assessed and preferably face to face course in:*

- *Safe ordering and administration of medication;*
- *Record-keeping/Documentation.*

8. *You must provide your NMC case officer with copies of the content and outcome of any of the courses you have undertaken in condition 7.*

9. *You must maintain a reflective log with entries at least fortnightly, setting out:*
    - *Specific incidents where you have escalated clinical concerns in line with policy;*
    - *What action you took;*
    - *What you learned;*
    - *How your practice has changed as a result.*

    Each entry must be signed by your line manager or supervisor, who must provide comments on your understanding and application of the relevant policy and procedure,

10. *You must provide your NMC case officer with a copy of the reflective log and a signed supervisory report every three months.*

11. *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.*

12. *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.*

13. *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.*

14. *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.*

15. *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*

…

Any future panel reviewing this case would be assisted by:

- *Your engagement with the process.*
- *Any further testimonials or references from current employers regarding your clinical practice, particularly in the areas identified in condition 4.*
- *An updated reflection addressing the concerns raised by the panel.'*

Decision and reasons on current impairment

The panel considered carefully whether your fitness to practise remains impaired. Whilst there is no statutory definition of fitness to practise, the NMC has defined fitness to practise as a registrant's suitability to remain on the register without restriction. 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, Ms Kay's submissions, your submissions, and oral evidence from Mr A, called on your behalf.

Ms Kay, on behalf of the Nursing and Midwifery Council (NMC), outlined the background of this case and referred the panel to the relevant documentation. She submitted that the NMC would not oppose a variation of Condition 3, if it were to be reworded while still ensuring the required level of supervision by a more senior nurse. This would ensure the condition is currently met and that public protection is maintained.

Ms Kay also submitted that the NMC would oppose the removal of any condition. She submitted that the panel may need to consider Condition 2, as there may be a potential issue regarding its workability.

Furthermore, Ms Kay stated that although today's application does not directly concern impairment, the question of whether your fitness to practise remains impaired is a matter for the panel's professional judgment. She submitted that it is the NMC's position that you remain impaired for the reasons set out in the original panel's decision.

You provided evidence under affirmation. You explained that this situation has persisted for five years and that you have fully engaged with the process. Prior to the allegations, you were considered not impaired, and you believe there has been no impairment since you worked at the care home (Bradley Apartments). You said you are not impaired now but respect the previous panel's decision. You said you are willing to comply with workable conditions, though you believe the current conditions are not workable. You said that you accept the condition that you must not work as the nurse in charge, but there is always a manager present from 07:00 hours until 16:00 hours. This leaves four hours where you are working alone.

You expressed understanding of the panel's duty to protect the public. However, you said that you are not impaired and that you do have insight. You said you would escalate any problems and know your limitations. There is a physical health coordinator who undertakes all the weights and if you have concerns you would seek advice from a dietitian. You said there is always someone available by phone. Despite the hospital service on the floor below being separate from the care home you said that staff support each other cooperatively.

You asked the panel to make the conditions workable. You said you love your job and are competent at it. You said that without workable conditions, you would struggle to find employment elsewhere.

In response to Ms Kay's questions, you said you work four days in one week (Monday, Tuesday, Saturday and Sunday) and three in the next (Wednesday, Thursday and Friday) The deputy manager of the care home is a registered nurse and works Monday- Friday until 16:00 hours although there are plans being considered for him to work weekends. The care home manager works Monday to Friday, from 07:00 hours to 15:00 hours.

You said that there are between 16 and 20 patients in the hospital downstairs. Though the hospital is managed separately, nurses and support staff often cover shifts across both areas, assisting each other as needed. In emergencies, you would request support from the nurses in the hospital team. You clarified that the new hospital director would not permit anyone from the hospital downstairs to supervise you, as the floor you work on is separate from the hospital itself.

Regarding Condition 2, you explained that from 16:00 hours onwards, there is no senior staff member present with you. You stated that from that time, you cannot be indirectly supervised. However, you said the managers are only a phone call away but not physically supervising you. In emergency situations where you are the sole nurse, you said you would seek support from the hospital downstairs or call the manager, depending on the circumstances.

In response to the panel's questions, you said that in the care home there are five apartments each with three residents. Each resident has their own bedroom, along with a communal kitchen and lounge. The residents include people with learning disabilities or autism, with some being non-verbal.

You said that you have explored changing your shifts with your managers, but such changes impact other nurses, as nobody else is willing to work from 16:00 onwards. The hospital below is fully staffed with its own personnel, and the hospital director has indicated no need for additional staff. You also said that you used to work in the hospital but have not pursued other employment opportunities because you enjoy your current role and get along well with patients, their families, and other staff.

You stated that you do not believe you have ever been impaired. You said that although evidence was presented to the previous panel, the records you requested were archived and were not available.

Mr A, the Area Lead for Elysium Healthcare including Bradley Apartments, gave evidence under oath on your behalf. He explained that the site's history is that the hospital and the apartment used to be under the same management and hospital director. Several years ago, the organisation decided to split them, resulting in Bradley Complex Care being a registered hospital for people with learning disabilities and autism, with up to 20 beds, for detained patients subject to the Mental Health Act. Bradley Apartments is a separate registered care home with nursing, with different staffing and management structures.

Regarding the proposed change of your shift to a 08:00 hours –16:00 hours weekday shift, Mr A said that is not feasible as there is only one nurse per shift in the apartments.

Splitting shifts or changing hours would not work organisationally or for patients, as there would not be enough staff. Mr A stated he has not observed your practice directly, but no concerns have been raised to him.

In response to Ms Kay's questions, Mr A confirmed he has seen a copy of your conditions. He explained that there is no guarantee the deputy or even the manager will be present at all times. The deputy manager works Monday to Friday but has requested flexible hours, so that may change. The Home Manager currently works 07:00–15:00 but is not always on site. Mr A said that it is difficult for a nurse from the hospital to assist upstairs when needed, given the complex environment with residents whose needs vary throughout the day. In response to panel questions, Mr A said he has not read the full substantive panel's determination but has read the conditions.

Closing submissions

You submitted that Mr A was correct and that it cannot be foreseen when managers are out of the office. You said that you have been qualified for 16 years, and that you are not a danger to the public. You said that you have worked for five years without any issues.

Ms Kay submitted that the burden is on you to demonstrate that you are not currently impaired, but the NMC submits that this burden has not been discharged. She referred the panel to the original substantive decision. Regarding your evidence today, the panel may feel that some particular concerns from six weeks ago are still present. She submitted that there is no evidence of reflection, nor any indication of strengthened practice since then, and the NMC acknowledges that you have not been working due to difficulties related to Condition 3. She submitted that the position has not changed in six weeks, when the substantive panel found that your fitness to practise was impaired.

In relation to the application to vary the condition, Ms Kay submitted that the NMC would not oppose a variation to Condition 3. She opposed any application to remove the conditions altogether. She explained that for Condition 3 to be workable, it would need a variation to remove the requirement for a senior nurse to provide indirect supervision by being physically present on the same shift between 16:00 hours and 20:00 hours on weekdays. However, Mr A has stated in his evidence that there is no guarantee that a

nurse will be able to assist you, due to the nature of the hospital and its complex service needs.

Ms Kay submitted that the panel would need to consider whether a variation or removal of the supervision requirement, either entirely or for specific periods, would put patients at risk, either directly or indirectly. She submitted that NMC Guidance makes clear that conditions should be worded unambiguously, and if the panel considers that some supervision or oversight is necessary, it must specify the extent of that oversight.

Ms Kay also addressed condition 2. She asked whether, if you are working a shift between 16:00 hours and 20:00 hours, you are effectively the nurse in charge at that time, especially on weekends. She submitted that the current conditions are not workable at your current place of work. However, she noted that the substantive panel was aware that it might not be possible for you to remain in your current employment because of these conditions. Nonetheless, the panel decided the conditions were necessary to protect the public and are proportionate. She concluded that removing Conditions 2 and/or 3 would pose a risk of harm to the public.

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 this is an early review of the substantive hearing which took place recently in May 2025. The panel noted that this is an early review requested by you to amend Conditions 2 and 3 due to their unworkability in your current work. This panel acknowledged that there is a persuasive burden on you to demonstrate that you are no longer impaired.

The panel noted that, over the intervening six weeks, you have not produced any further evidence to support developed insight or strengthened practice. The panel noted that the recommendations made in the original substantive determination included evidence that would be helpful to a reviewing panel. However, no evidence was provided.

The panel understood that it is your view that not only are you currently not impaired, but you also disagree with the findings of the previous panel. Despite these views, you could have provided a more in-depth reflection demonstrating greater insight into the findings. The panel heard that you have not been able to work over the past six weeks due to the nature of the conditions, but this would not have prevented you from providing an updated reflection. The panel decided that you continue to provide limited evidence of insight and to deflect your roles and responsibilities onto failures of systems and processes.

The panel considered the substantive panel's decision on impairment, which states:

> "… *the panel noted that whilst you have shown some insight in this reflection and the other reflective pieces provided, it was concerned that there is limited evidence that you have taken a step back from the situation and looked at it objectively to understand the consequences of your actions, specifically what could have happened as a result of your actions and the impact this could have had on patients, did have on your colleagues and had on the reputation of the profession."*

The panel noted that, although you did give some consideration to the impact of your failings on patients, concerns from the previous panel remain, particularly regarding your deflection from your role and responsibilities. This included blaming systems and failing to consider the impact of your failings on the risk of harm to patients, in particular the comments you made:

> *"I recognise that a missed depot injection for the resident in question could have led to seizures and blood loss, resulting in hospitalisation. It is important to note that this did not occur.'*
>
> *'Upon reflection if this event was to happen again, I would take it upon myself to detail in patient notes and the diary so this could be followed up as a failure in the system allowed this to go unnoticed.*
> *Due to a failure in the reporting system this was not identified at any level.*

‘I have learnt that policies and procedures may not be as rigorous as intended leading results open to interpretation and not factual.’’

The panel noted that, at the time of the incidents that led to the facts found proved, you were the manager of the Pilgrim unit, with responsibilities for overseeing safe care to meet residents’ needs. To date, the panel has not seen a reflection indicating your learning in respect of your failings and your leadership role. 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 given your failure to take responsibility in your leadership role.

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. The panel decided that it would be neither proportionate nor in the public interest to take no further action.

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

was unacceptable and must not happen again.' The panel considered that your misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the issues identified. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

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

The panel did not accept the application to vary Conditions 2 and 3. The panel noted that these failings took place while you were the nurse in charge. It considered that the suggestions put forward for supervision in your current role are very limited and not sufficiently robust. The panel heard from Mr A, the deputy manager, who is a registered nurse working weekdays, is not always on site. The panel also noted the discussion about the support that may be available from the hospital service on the floor below but was informed of the hospital's complex nature and that the nursing staff would not be able to provide supervision or attend swiftly in the event of an emergency. Additionally, the panel observed that the hospital is a separate independent service, with your work being on the floor above.

In reaching its decision, the panel considered the previous panel's view, which states:

> *"The panel recognised that the conditions formulated are comprehensive and that you may need to change roles to fulfil them. However, it considered that the conditions were necessary to protect the public and that they were proportionate, as they would allow you to continue to practise as a registered nurse."*

The panel has however, decided to vary Condition 5 to include *"… and to review a selection of your patient case notes. The frequency of meeting can be reduced at your manager's discretion ."*

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

The panel decided to impose the following 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 more than one substantive employer or agency at any time, to ensure adequate supervision and oversight.

2. You must not work as a unit manager or nurse in charge of a shift.

3. You must only work in a setting where you are indirectly supervised by a registered nurse senior to yourself, who is physically present on the same shift.

4. You must develop a Personal Development Plan (PDP) with your line manager or supervisor to address the concerns raised in this case. The PDP must include:

    - Medication ordering, administration, and associated record-keeping;

    - Identification and escalation of clinical concerns, including medication errors, and associated record-keeping;

- Adherence to and implementation of organisational policies and procedures.

5. You must meet weekly with your line manager or supervisor to discuss progress on the PDP and to review a selection of your patient case notes. The frequency of meeting can be reduced at your manager's discretion.

6. You must provide your NMC case officer with a copy of the updated PDP showing your progress and evidence of your compliance with it every three months.

7. You must undertake and successfully complete an accredited assessed and preferably face to face course in:
   - Safe ordering and administration of medication;
   - Record-keeping/Documentation.

8. You must provide your NMC case officer with copies of the content and outcome of any of the courses you have undertaken in Condition 7.

9. You must maintain a reflective log with entries at least fortnightly, setting out:
   - Specific incidents where you have escalated clinical concerns in line with policy;
   - What action you took;
   - What you learned;
   - How your practice has changed as a result.

   Each entry must be signed by your line manager or supervisor, who must provide comments on your understanding and application of the relevant policy and procedure,

10. You must provide your NMC case officer with a copy of the reflective log and a signed supervisory report every three months.

11. 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.

12. 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.

13. 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.

14. 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.

15. 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 12 months.

This conditions of practice order will replace the current conditions of practice order with immediate effect in accordance with Article 30(2) and (4).

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:

- Your continued engagement with the process.
- Any further testimonials or references from current employers regarding your clinical practice, particularly in the areas identified in condition 4.
- An updated reflection addressing the concerns raised by the panel.

This will be confirmed to you in writing.

That concludes this determination.