

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

**Substantive Order Review Hearing
Wednesday, 25 June 2025**

Name of Registrant:	Christopher Hinch
NMC PIN:	01E0438E
Part(s) of the register:	Registered Nurse – Sub part 1 Adult Nursing – 8 May 2004
Relevant Location:	Registered Nurse – Sub part 1 Adult Nursing – 8 May 2004
Type of case:	Misconduct
Panel members:	Vanessa Rolfe (Chair, Lay member) Mitchell Parker (Lay member) Catherine McCarthy (Registrant member)
Legal Assessor:	Mark Ruffell
Hearings Coordinator:	Aisha Charway
Nursing and Midwifery Council:	Represented by Vanessa Mistry, Case Presenter
Christopher Hinch:	Present and represented by James Lloyd, instructed by Royal College of Nursing (RCN)
Order being reviewed:	Suspension order (9 Months)
Fitness to practise:	Impaired
Outcome:	Conditions of practice order (9 Months)

Decision and reasons on review of the substantive order

The panel decided to replace the current suspension order with a conditions of practice.

This order will come into effect immediately in accordance with Article 30(1) of the 'Nursing and Midwifery Order 2001' (the Order).

This is the first review of a substantive suspension order originally imposed for a period of 9 months by a Fitness to Practise Committee panel.

The current order is due to expire at the end of 7 August 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 the nightshift 07 - 08 June 2022, whilst working at '[PRIVATE]' you were abusive and/or rude and/or uncaring and/or dismissive towards one of more residents under your care in that you

a. Closed or threatened to close Resident B's bedroom door

b. Called Resident B 'a baby' or words to that effect

c. Told Resident B that Resident B was 'wasting your time' or words to that effect

d. Removed Resident B's call bell/buzzer from them and /or placed Resident B's call bell/buzzer such as it was not accessible to them

e. Pushed medication in to Resident B's mouth

- f. *Threatened to unplug one or more resident's call bell/buzzer(s)*
3. *On the nightshift 08-09 June 2022, whilst working at '[PRIVATE]', after Resident D had suffered a fall, you 'drag lifted' them from the floor*
- 4.*[By admission] On 09 June 2022 whilst working at '[PRIVATE]', recorded in medical notes in relation to Resident E 'seattled well. all care needs met' (sic) but Resident E had passed away on 08 June 2022*
5. *...*

The original panel determined the following with regard to impairment:

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

Registered nurses occupy a position of privilege and trust in society and are expected at all times to be professional and to maintain professional standards. Patients and their families must be able to trust nurses with their lives and the lives of their loved ones. To justify that trust, nurses must be honest and open and act with integrity. They must make sure that their conduct at all times justifies both their patients' and the public's trust in the profession.

The panel had regard to the NMC Guidance on Impairment especially the question which states:

'Can the nurse, midwife or nursing associate practise kindly, safely and professionally?'

In this regard the panel considered the judgment of Mrs Justice Cox in the case of CHRE v NMC and Grant in reaching its decision. In paragraph 74, she said:

'In determining whether a practitioner's fitness to practise is impaired by reason of misconduct, the relevant panel should generally consider not only whether the practitioner continues to present a risk to members of the public in his or her current role, but also whether the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of impairment were not made in the particular circumstances.'

In paragraph 76, Mrs Justice Cox referred to Dame Janet Smith's "test" which reads as follows:

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

- a) has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*
- b) has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*
- c) has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or*
- d)'*

The panel first considered whether any of the limbs of the Grant test were engaged in the past. The panel noted that, at the time of the incidents, your actions, as contained in charges 2a, 2b, 2c, 2d and 2f, caused apparent emotional and psychological distress to Resident B. The panel was of the view that the nature of your misconduct was such that it had the potential to discourage Resident B from further seeking/accessing appropriate clinical

care as he was reported to have been hesitant to return to Home 2 from the Day Centre on 9 June 2022. The panel therefore determined that your misconduct had placed Resident B at an unwarranted risk of harm and caused actual harm to him in terms of emotional and psychological distress.

The panel determined that your misconduct constituted a serious breach of the fundamental tenets of the nursing profession as you failed to uphold the standards and values of the nursing profession, thereby bringing the reputation of the nursing profession into disrepute.

The panel therefore concluded that limbs a, b and c of the Grant test were engaged in the past.

The panel next considered whether the limbs of the Grant test are engaged in the future. In this regard, the panel considered the case of Cohen v GMC where the court addressed the issue of impairment with regard to the following three considerations:

- a. 'Is the conduct that led to the charge easily remediable?*
- b. Has it in fact been remedied?*
- c. Is it highly unlikely to be repeated?'*

In this regard, the panel also considered the factors set out in the NMC Guidance on insight and strengthened practice (FTP-15).

The panel first considered whether your misconduct is capable of being addressed. The panel was of the view that your misconduct could be addressed through a process of insightful reflections, retraining in the areas of concern and evidence of recent good practice. Therefore, the panel determined that your misconduct is capable of remediation.

The panel then went on to consider whether the concerns has been addressed and remediated. It had regard to the NMC Guidance – Has the concern been addressed? (FTP-15b). The panel also considered the

context of the misconduct. It noted that, at the time of the incidents, you were an agency nurse working on a busy night shift and this may have affected your behaviour at that time. However, the panel was of the view that, given your experience as a registered nurse working within care home settings, you should have respected and upheld the dignity of Resident B and managed the issues professionally. The panel was of the view that your conduct did not arise from any unique circumstances. Care homes are generally busy given the vulnerable nature of their residents.

Regarding insight, the panel took into account your reflective statement and your oral evidence. The panel noted that you sought to provide justifications for some of your actions and at various times, blamed the Home's management system for your failings. The panel was concerned that you failed to demonstrate sufficient understanding of the seriousness of your misconduct and that you also failed to demonstrate any insight into the impact of your conduct on Resident B, the nursing profession and the wider public. The panel therefore determined that you failed to demonstrate sufficient insight into your misconduct.

The panel took into account the various positive testimonials made on your behalf and the several training courses you had completed. However, the panel attached limited weight to them as they were not particularly relevant to the areas of concern.

In light of this, the panel was not satisfied that any of the concerns had been remediated nor had you strengthened your nursing practice. Accordingly, the panel determined that your misconduct is highly likely to be repeated and limbs a, b and c of the Grant test are engaged in the future.

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

The panel bore in mind that the overarching objectives of the NMC to protect, promote and maintain the health, safety, and well-being of the

public and patients, and to uphold and protect the wider public interest. This includes promoting and maintaining public confidence in the nursing and midwifery professions and upholding the proper professional standards for members of those professions.

The panel had regard to the serious nature of your misconduct and the public protection issues it had identified. It determined that public confidence in the profession, particularly as the misconduct involved the emotional abuse of a vulnerable resident, would be undermined if a finding of impairment were not made in this case. For these reasons, the panel determined that a finding of current impairment on public interest grounds is required. It decided that this finding is necessary to mark the seriousness of the misconduct, the importance of maintaining public confidence in the nursing profession, and to uphold proper professional standards for members of the nursing profession.

Having regard to all of the above, the panel was satisfied that your fitness to practise is currently impaired on both public protection and public interest grounds.'

The original panel determined the following with regard to sanction:

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

The panel identified the following aggravating features:

- Your actions demonstrated an abuse of your position of trust as a registered nurse.*
- Your lack of insight into the impact of your misconduct on Resident B, the nursing profession and the wider public.*
- Your conduct placed Resident A at risk of physical harm and caused actual harm in terms of emotional and psychological distress.*
- Resident B was a very vulnerable person who was dependent on you for meeting his basic needs at the time of the incidents.*

The panel also identified the following mitigating features:

- Your actions were isolated incidents over an otherwise unblemished career as a registered nurse*
- Your previous good character and unblemished history*

The panel had regard to the NMC Guidance on Serious concerns which are more difficult to put right (FTP-3a). It also had regard to the NMC Guidance on Considering sanctions for serious cases (SAN-2), in particular, Abuse or neglect of children or vulnerable people. The panel considered the definition of vulnerable people in the footnote of the Guidance which states:

‘An adult is defined as vulnerable where they have care and support needs and, as a result of this, are unable to take care of themselves or protect themselves from abuse or neglect.’

The panel considered that Resident B falls under this definition of a vulnerable adult. It found that your misconduct amounted to emotional abuse of a vulnerable adult and such behaviour can have a particularly severe impact on public confidence, a professional’s ability to uphold the standards and values set out in the Code, and the safety of those who use their services.

The panel first considered whether to take no action but concluded that this would be inappropriate in view of the seriousness of the case. It had found that there remains a risk of repetition, that you had breached fundamental tenets of the nursing profession, and your misconduct would undermine the public's confidence in the nursing profession if you were allowed to practise without restriction. The panel therefore determined that it would neither protect the public nor be 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 nursing 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 decided that your misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the seriousness of the case. The panel therefore determined that a caution order would neither protect the public nor be in the public interest.

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 relevant, proportionate, measurable and workable. The panel took into account the SG (SAN-3c), in particular:

'Conditions may be appropriate when some or all of the following factors are apparent:

- 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 bore in mind that it had found that your misconduct is capable of remediation. However, the panel was of the view that your conduct towards Resident B is suggestive of attitudinal concerns albeit not deep-seated. It noted that your misconduct amounted to emotional abuse of Resident B and a failure to respect and uphold his dignity. The panel was also of the view that the nature of your misconduct was such that it could discourage members of the public from seeking/accessing appropriate care when required for themselves or their vulnerable relations. Family members might well be reluctant to place their vulnerable relations, with high care needs, in the care of healthcare providers if they felt that they might be exposed to emotional abuse or that their dignity might be compromised in some way.

The panel therefore determined that given the seriousness of the concerns, its attitudinal nature and your lack of sufficient insight into the severity and impact of your actions on Resident B, the nursing profession and the wider public, there were no relevant, proportionate, workable and measurable conditions that could be formulated. Accordingly, a conditions of practice order would not address the risk of repetition, and this poses a risk of harm to patients' safety and the public. Consequently, the panel decided that

a conditions of practice order would not protect the public nor be in the public interest.

The panel then went on to consider whether a suspension order would be an appropriate sanction. The SG (SAN-3d) states that suspension order may be appropriate where some of the following factors are apparent:

- 'A single instance of misconduct but where a lesser sanction is not sufficient;*
- No evidence of harmful deep-seated personality or attitudinal problems;*
- No evidence of repetition of behaviour since the incident;*
- The Committee is satisfied that the nurse or midwife has insight and does not pose a significant risk of repeating behaviour;*
-;*
-'*

The panel had found that your misconduct in terms of the emotional abuse of Resident B and your failure to respect and uphold his dignity amounted to a breach of fundamental standards of professional conduct and behaviour that a registered nurse is expected to maintain. It noted that you failed to demonstrate insight into the severity and impact of your misconduct on Resident B, the nursing profession and the wider public. The panel also found that your misconduct was a serious breach of the fundamental tenets of the nursing profession which brought the nursing profession into disrepute.

Notwithstanding this, the panel took into account that this was one episode of misconduct over the course of two shifts during a twenty-year career as a registered nurse, and that there is no evidence of repetition of behaviour since that episode. The panel was of the view that although the concerns are attitudinal in nature, there was no

evidence before it to indicate any harmful deep-seated attitudinal problems in this case.

The panel carefully considered the submissions of Ms Maqboul in relation to the imposition of a striking-off order in this case. It also considered following paragraphs of the SG (SAN-3e) with respect to imposing a striking-off order:

- Do the regulatory concerns about the nurse or midwife raise fundamental questions about their professionalism?*
- Can public confidence in nurses and midwives be maintained if the nurse or midwife is not removed from the register?*
- Is striking-off the only sanction which will be sufficient to protect patients, members of the public, or maintain professional standards?*

The panel bore in mind that the misconduct in this case is capable of remediation and that this was one episode of misconduct over the course of two shifts during a twenty-year career as a registered nurse. It was also of the view that the abuse in this case is at the lower end of that spectrum. Therefore, in taking account of all the evidence before it, the panel concluded that a striking-off order would be disproportionate.

Although your misconduct raises questions about your professionalism, it was, in the panel's view, not to the extent that required your removal from the register. There was evidence, since the incidents, of you practising safely and effectively such that the panel was content that a striking-off order would be unduly punitive and disproportionate, and therefore, not the appropriate sanction. Whilst the panel acknowledges that a suspension order may have a punitive effect, it would be unduly punitive in this case to impose a striking-off order. It was of the view that a striking-off order could deprive the public of a registered nurse who has the potential to

return to nursing practice in the future. Therefore, a striking-off order would not serve the public interest considerations in this case.

Consequently, the panel was satisfied that, in this case, the misconduct is not fundamentally incompatible with remaining on the register and that public confidence in the nursing profession could be maintained if you were not removed from the register.

Balancing all of these factors, the panel concluded that a suspension order would be the appropriate and proportionate sanction to protect the public and address the public interest in this case. It was satisfied that a suspension order for a period of nine months would provide you with an opportunity to demonstrate evidence of sufficient insight into your misconduct and that your fitness to practise is no longer impaired. The panel determined that this order is necessary to protect the public, mark the seriousness of the misconduct, maintain public confidence in the profession, and send to the public and the profession, a clear message about the standard of behaviour required of a registered nurse.

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

The panel decided that a review of this order should be held before the end of the period of the suspension order.

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 may be assisted by:

- An updated reflective statement demonstrating sufficient insight into the severity and impact of your misconduct on Resident*

B, the nursing profession and the wider public. Your reflective statement should also address the following areas, and where possible, describe how you have strengthened your practice in those areas:

a) Providing compassionate and dignified care to vulnerable persons especially those with mental health issues.

b) Your professionalism and impact of your conduct on your patients and colleagues.

c) Communication and working cooperatively with your colleagues.

- Any updated references or testimonials commenting on your general conduct and attitude, in whatever role, paid or unpaid, subsequent to this hearing.*

- Evidence of up-to-date relevant training courses undertaken in the areas of concern including in managing challenging behaviours, safeguarding of vulnerable adults and in respecting and upholding dignity of patients.*

- Your engagement and attendance at any future review hearing.).’*

Decision and reasons on current impairment

The panel has considered carefully whether your fitness to practise remains impaired. Whilst there is no statutory definition of fitness to practise, the NMC has defined fitness to practise as a registrant’s 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, and your oral evidence. It has taken into account the submissions made by Ms Mistry on behalf of the NMC. Ms Mistry referred the panel to the NMC bundle that you provided and

took the panel through the previous suspension order of 9 months and the misconduct that arose. She also referred the panel to the case of *Abrahaem v General Medical Council* [2008] EWHC 183 which imposes a persuasive burden on the registrant to satisfy the reviewing panel that they have addressed all the matters found and identified by the original panel. She submitted that the NMC invite the panel to consider all options that are available and in light of the remedial work that you completed, including your most recent employment in a health care setting. Ms Mistry referred the panel to the written submissions that you have provided ahead of today's hearing, Ms Mistry invited the panel to impose a conditions of practice order.

The panel also had regard to your oral evidence under oath and oral submissions from Mr Lloyd.

You told the panel that you wanted to address the concerns that NMC had with your practice and that you would like to show the remedial work you have done. You also told the panel that you are proud to be a nurse and the way you deal with patients provides you with a sense of self-worth and satisfaction due to the work you do. You informed the panel of the impact that the suspension order had on you and that it resulted **[PRIVATE]**. You told the panel that you have worked hard in your career and have worked in various settings such as A&E, palliative care and in a private setting. You informed the panel that whilst you deny the facts that were proved in 2024, you sought to demonstrate to the NMC that you are undertaking the remedial work. You told the panel that you have taken an e-learning course and have just received funding to begin a safeguarding course with mentorship provided by The Skills Network. You told the panel that you recognise your errors and that you acknowledge that you were being pulled in many directions in your previous employment and the dates and charges in question. You informed the panel that you were overwhelmed and that you could have handled yourself better. You highlighted to the panel that you are an empathetic person and that this incident is not a true reflection of your nursing care. You told the panel that you would deal with demands differently and referred the panel to your reflection. You also told the panel that you would have delegated more effectively by splitting the teams that you were overseeing into two and you would have floated between both teams checking on them. You informed the panel that you have learnt time management and team reflection and recognise the importance of it. You

referred to the patient that was referred to in the charges and acknowledged that you should have invited a carer who was familiar with the patient to assist you.

You told the panel that you volunteered at the Parachute Regiment Association (PRA) for veterans and coordinate care and access to mobility for them to attend events and ensure their medical needs are looked after whilst they attend the events. You also prompt them to take medication. You also told the panel you work with the PRA helping the members and maintaining their dignity when providing assistance to them. You told the panel that you work with Living Aid foodbank and assist them admin with safeguarding as well as helping with food distribution.

You told the panel that you reflected on the allegations against you, identifying the concerns that needed to be addressed.

Mr Lloyd questioned you in chief and referred to your reference provided by Ms Dorothy Mbulo. You informed the panel that you had worked closely with Ms Mbulo, who was formally a Nursing manager. Ms Mbulo provided a positive testimonial in support of your clinical practice.

You also informed the panel about your new role which you have just recently started and that you had disclosed your current sanction. You informed the panel that the company invited you to be an HCA instead of the original remote role you applied for. Despite your disclosure you were trusted to help two patients with muscular dystrophy whilst supervised by another colleague.

You confirmed to the panel that you informed your new employer AMG services that you were currently suspended from the NMC register. You referred the manager to the determination on the substantive hearing of 2024 and to the defence bundle ahead of today's hearing. You confirmed to the panel that you have been in contact with the RCN you confirmed that you will doing your e-learning course with them. You submitted to the panel that you have learnt from the mistakes that you have made as a nurse and that you have made positive changes to your practice.

The panel asked you about your course and how long it would take to complete you confirmed that this was for a year and that you have not started yet and just received the funding and that you will work at your own pace and confirmed you expect to finish it within a year.

The panel then asked you how returning to employment has helped you to reflect and understand the impact of your actions. You informed the panel that your current role has strengthened your practice and resilience, and you are managing your stress. Ensuring it does not overcome the situations you are in. You acknowledge and take steps back to take a minute and reevaluate before acting you stated that you are no longer driven by stress and reiterated the level of patience needed in your current role.

Mr Lloyd referred the panel to your submissions and oral evidence and identified that you acknowledge your heavy workload triggers and highlighted that you have reflected on your actions. He submitted that you understand the importance of maintaining dignity and referred to voluntary work you have done in your community and that you are still echoing your nursing values in the community work that you are doing. Mr Lloyd submitted to the panel that the suspension order should be concluded; its purpose is no longer needed due to the risk of repetition being lowered as you have shown an understanding and reflection on what occurred. Mr Lloyd invited the panel to replace the suspension order with a conditions of practice of order.

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

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

The panel considered whether your fitness to practise remains impaired.

The panel noted that the original panel found that you had insufficient insight.

The panel reviewed the evidence before it and considered your insight to be strengthening. As a result of this, the panel considered there to be a decreasing risk of repetition. The panel was mindful, however, that there remains scope to further strengthen

insight in relation to the impact of your previous actions and the impact this had on patients, to further minimise the risk of repetition.

In its consideration of whether you have taken steps to strengthen your practice, the panel took into account that there has been appropriate mandatory training taken relevant to the past issues. The panel also noted that you are about to start training to further develop your insight over the 12 months. The panel also referred to the voluntary work you have been doing and the testimonials that you have received in connection with that. The panel also noted your work in supporting veterans, older and vulnerable populations. The panel also highlighted that you told them about you informing your new employer of your current suspension. Whilst the panel did not receive any evidence to suggest that had been any concerns with your practice as a HCA, the panel was mindful that this period of employment had only been ongoing for a short period of time, and that there was no documentary evidence or testimonials provided to the panel from your employer in support of your practice to date.

In light of this, this panel determined that a finding of continued impairment would be of public interest and public protection and that even though there is continued strengthening of practice you are still 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 required.

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

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.

It then considered the imposition of a caution order but again determined that, due to the seriousness of the case, and the public protection issues identified, an order that does not restrict your practice would not be appropriate in the circumstances. The SG states that a caution order may be appropriate where *'the case is at the lower end of the spectrum of impaired fitness to practise and the panel wishes to mark that the behaviour was unacceptable and must not happen again.'* The panel considered that your misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the issues identified. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel considered substituting the current suspension order with a conditions of practice order. Despite the seriousness of your misconduct, there has been evidence produced to show that you have developing insight and of the steps taken to strengthen your practice. You have strongly indicated that you wish to return to nursing.

The panel considered the balance and found that the conditions of practice order to be most proportionate. The panel referred to the previous hearing and your previous employment and noted that you worked in relative isolation. In order to test your remediation under the new conditions you will be restricted to working under supervision and working under one substantive employer or agency to enable you to strengthen your practice in a supportive manner. The panel is aware that you have made significant progress and that you have learned from your experience. The panel determined that a suspension would be disproportionate, and that the current suspension has been effective

in your improvement and insight and strengthening practice. The panel noted that your concerns are remediable and can be addressed and that it would not be proportionate to give this sanction and under a condition of practice you can safely return to nursing practice.

The suspension has further served a useful purpose as it has upheld confidence in the profession and purpose of the NMC as a regulator.

In light of the evidence received by the panel it would be disproportionate to consider a strike off.

The panel has acknowledged that you have a willingness to respond positively to further training, self-reflection and development.

The panel was satisfied that it would be possible to formulate practicable and workable conditions that, if complied with, may lead to your unrestricted return to practice and would serve to protect the public and the reputation of the profession in the meantime.

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 nursing practice to one substantive employer.
 - a) If the substantive employer is an agency you must work in each clinical placement in a continuous period for no longer than three months
2. 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
3. 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.
4. 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.
5. 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.
 - e) Any current or prospective patients or clients you intend to see or care for on a private basis when you are working in a self-employed capacity
6. 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.
7. 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.
8. You must keep a Self-reflective practice profile
- a) The profile must include a reflection on the care you have provided to patient against the nature of the charges found proved. This should focus on the elements related to the code of practice in the previous panel's determination.

- b) Your ongoing training and development in supporting you in clinical practice.
- c) You must work with your line manager or supervisor to create a personal development plan (PDP). Your PDP must address your previous concerns about your behaviour and communication with patients.
- d) You must send it to the panel before the next review.

9. You must ensure that you are supervised when you are working.

a) Your supervision must consist of:

A registered nurse working at all times on the same shift , but not always directly observed by, a registered nurse.

10. You will send your case officer evidence of progress of the RCN safeguarding by the Skills Network Course

11. You must meet with your line manager/supervisor/mentor on a monthly basis to ensure that you are making progress towards aims set in your personal development plan (PDP), which include:

- a) Meeting with your line manager/supervisor/mentor at least every month to discuss your progress towards achieving the aims set out in your PDP.
- b) You must send a report from your line manager/supervisor/mentor setting out your progress towards achieving the aims set out in your PDP prior to any NMC review hearing or meeting.

The period of this order is for 9 months.

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

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

Any future panel reviewing this case would be assisted by:

- Evidence of professional development, including documentary evidence of progress of the RCN safeguarding by the skills network course, and testimonials from a line manager or supervisor that detail your current work practices
- Continued engagement with the NMC

This will be confirmed to you in writing.

That concludes this determination.