

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

**Substantive Order Review Hearing
Monday, 2 June 2025**

Virtual Hearing

Name of Registrant:	Julie Ann Pollitt
NMC PIN:	90E0867E
Part(s) of the register:	Registered Nurse – RN1, Adult nurse, level 1 (September 1993) & V300, Nurse independent / supplementary prescriber (September 2008)
Relevant Location:	Essex
Type of case:	Misconduct
Panel members:	Lucy Watson (Chair, registrant member) Linda Holloway (Registrant member) Robert Cawley (Lay member)
Legal Assessor:	Michael Bell
Hearings Coordinator:	Samara Baboolal
Nursing and Midwifery Council:	Represented by Tom Hamilton, Case Presenter
Ms Pollitt:	Present and represented by Tom Orpin-Massey, Counsel.
Order being reviewed:	Suspension order (6 months)
Fitness to practise:	Impaired
Outcome:	Conditions of practice order (12 months) to come into effect on 8 July 2025 in accordance with Article 30 (1)

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

At the outset of the hearing, Mr Hamilton, on behalf of the Nursing and Midwifery Council (NMC) made a request that this case be held partly in private on the basis that [PRIVATE]. The application was made pursuant to Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

Mr Orpin-Massey, on your behalf, indicated that he supported the application.

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 in order to protect your privacy.

Decision and reasons on review of the substantive order

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

This order will come into effect at the end of 8 July 2025 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 6 months by a Fitness to Practise Committee panel on 10 December 2024.

The current order is due to expire at the end of 8 July 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:

‘That you, a registered nurse:

1) On 28 February 2020, or dates thereafter, in relation to Patient A:

- a) ...;*
- b) Failed to immediately act on and/or manage concerns arising from the cosmetic procedure in charge 1 a) above.*

2) ...

3) ...

4) Between 17 & 18 March 2020, in relation to medication you dispensed to Patient A:

- a) ...;*
- b) Failed to take adequate medical and or medication history before dispensing the medication;*
- c) Failed to provide Patient A with any or adequate information about the medication and potential side effects;*
- d) Failed to write a prescription for the medication.*

5) Between 2020 and 2021 offered to carry out surgical procedures namely thread lifting, without having the required CQC registration.

6) In 2020 made claims on social media which were not based on accepted scientific evidence and were misleading and/or exploitative in that you claimed high doses of Vitamins C,D,E & B12 would speed up protection against Coronavirus.

7) On 20 July 2021 provided false and misleading information to the NMC in that you stated in a document ‘The Judge threw out her money claim’ in reference to a court claim taken by Patient A against you.

8) ...

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

The panel noted that previous panel had found that only breaches of the code for charges 4(b),(c), and (d) and charge 6 constituted serious misconduct, and it was these two discrete areas of practice for which your fitness to practise was found impaired.

The original panel determined the following with regard to impairment:

'The panel finds the first three limbs of the Dame Janet Smith test above engaged in this matter. The panel finds that Patient A was put at risk and was caused emotional harm as a result of your misconduct. Your misconduct had breached the fundamental tenets of the nursing profession. By putting Patient A at unwarranted risk of harm and allowing false and misleading information to be shared with others on your behalf, you brought your own reputation and that of your profession into disrepute.

Regarding insight, the panel considered that you have not provided it with evidence that you fully appreciate what went wrong and the gravity of these matters. In relation to medications management, your answers to the panel were unclear, and you did not appear to acknowledge the risks to Patient A. You did not explain what you would do differently in the future if the same problem was to arise. The panel also noted that you had taken limited responsibility for your actions, and at times placed the blame on others, instead of understanding where your responsibility was as a professional. The panel appreciated that you admitted to charges 5 and 6 throughout the course of the hearing, but decided that your insight is only just developing.

The panel was satisfied that the misconduct in this case is capable of being addressed. Therefore, the panel carefully considered the evidence before it in determining whether or not you have taken steps to strengthen your practice. The panel took into account that you had provided it with evidence of courses you had been on, but had no evidence of any certificates from the courses. It considered these courses were relevant to your practice as an aesthetic nurse, but did not address the failings in the charges found proved. Therefore, the panel determined that you had not yet strengthened your practice.

The panel determined that there is a risk of repetition based on your lack of insight into your failings, and that you have not strengthened your practice. The panel therefore decided that a finding of impairment is necessary on the grounds of public protection.

The panel bore in mind that the overarching objectives of the NMC; 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. It concluded that public confidence in the profession would be undermined if a finding of impairment were not made in this case and therefore also finds your fitness to practise impaired on the grounds of public interest.

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 took into account the following aggravating features:

- *The risk of harm to Patient A*
- *The seriousness of the posts on social media in that there were unverified claims made at a time when people were vulnerable to misinformation in relation to COVID-19*
- *Limited insight and reflection*
- *Insufficient evidence of strengthening practice*

The panel also took into account the following mitigating features:

- *Your personal circumstances at the time of the incidents*

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 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, including the factors which are likely to be relevant where such an order is appropriate.

The panel decided that there would have to be conditions which included a refresher course in prescribing, and a period of supervised practice in relation to prescribing and dispensing medication, which you would not be able to complete as you do not intend to work in the UK as a nurse currently. The panel considered your submissions that the failings in relation to prescribing and dispensing could be remedied without any supervised practice, but that this demonstrated a lack of insight into the risks to the public and the wider public interest.

Furthermore, the panel concluded that the placing of conditions on your registration would not adequately address the seriousness of this case. The panel did not have any reflections from you which demonstrated your insight into the seriousness of allowing misinformation about COVID-19 to be shared on your behalf as a registered nurse, or what you would do differently in the future. This lack of insight caused concern to the panel as to whether conditions of practice would be enough to mark the seriousness of the case in relation to upholding professional standards. Therefore, the panel determined that not imposing a more serious sanction would undermine the public's trust in the profession and the role of the regulator in upholding standards.

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

- 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 determined there were two discrete failings in this case. The panel did not find evidence of harmful deep seated personality or attitudinal problems, but it was concerned you have shown insufficient insight into the seriousness of your failings. There is no evidence of the repetition of the behaviour.

The panel was satisfied that in this case, the misconduct was not fundamentally incompatible with remaining on the register. However, the panel decided that a significant amount of strengthening practice and reflection would be required to enable you to return to safe practice. The panel was of the view that you had not sufficiently demonstrated remorse or insight into your failings or adequately taken steps to strengthen your practice.

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

The panel considered that this order is necessary to mark the importance of maintaining public confidence in the profession, and to send to the public and the profession a clear message about the standard of behaviour required of a registered nurse.

In making this decision, the panel carefully considered the submissions in relation to the sanction that the NMC was seeking in this case. However, the panel concluded that it would be disproportionate, taking account of all the information before it. Whilst

the panel acknowledges that a suspension may have a punitive effect, it would be unduly punitive in your case to impose a striking-off order.

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 determined that a suspension order for a period of 6 months with a review was appropriate in this case to mark the seriousness of the misconduct, and this would be sufficient time for you to develop your insight as detailed above.

At the end of the period of suspension, another panel will review the order. At the review hearing the panel may revoke the order, or it may confirm the order, or it may replace the order with another order.

Any future panel reviewing this case would be assisted by:

- *A reflective piece addressing the failings found proved in this case and setting out what you would do differently in the future*
- *Evidence of relevant training courses and Continuing Professional Development (CPD) addressing the failings in this case*
- *A PDP which focuses on areas including prescribing and social media usage*
- *Relevant references and testimonials'*

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 a defence bundle provided by you. It has taken account of the submissions made by Mr Hamilton on behalf of the NMC.

Mr Hamilton submitted that the NMC's position is that you appear to have made some progress and some remediation efforts, and that it is a matter for the panel to consider whether you remain impaired and whether a substantive order remains necessary.

Mr Hamilton submitted that there has been a degree of compliance with the recommendations of the original panel in that you provided a reflective piece, which contains some reflection on social media usage and prescribing. He submitted that you have provided evidence of several training courses which have been completed within the last week.

Mr Orpin-Massey informed the panel that you are motivated to engage with these proceedings and the NMC.

Mr Orpin-Massey submitted that you are a nurse prescriber of considerable experience over 30 years. He submitted that you have worked in a number of different roles, but in recent years, have dedicated your practice to cosmetic clinical work.

Mr Orpin-Massey submitted that the matters in this case relate to a single patient. He submitted that the facts found proved occurred during the Covid-19 pandemic, [PRIVATE], and informed the panel of [PRIVATE] at that time.

Mr Orpin-Massey submitted that the previous substantive panel identified two discrete matters – the issue of the prescription of medication on one occasion to a patient and the use of social media at the time. He submitted that the panel did not find evidence of deep-seated personality or attitudinal problems, but was concerned that there was insufficient insight into the failings.

Mr Orpin-Massey submitted that you have used the past six months to acknowledge the original panel's determination, and submitted that you freely admit in your reflective statement that this was difficult at first. You have also taken the time to develop insight and undertake remediation. Mr Orpin-Massey submitted that evidence of this has been provided to the panel.

Mr Orpin-Massey submitted that you have been clear that you did not provide an open and honest service, and that you understand that every health professional may have been impacted by the determination against you. He submitted that you are accepting the panel's findings and accepting the wider impact that your actions may have had on nursing.

Mr Orpin-Massey submitted that you have regained confidence in your abilities and love of nursing and that you are committed to return to nursing. He referred the panel to CPD courses that you have undertaken and completed.

Mr Orpin-Massey informed the panel that you have undertaken a social media course, which has assisted you in not losing sight of regulatory obligations when using social media.

Mr Orpin-Massey informed the panel that you are still managing [PRIVATE]. He informed the panel that you are currently living in Italy but would like the option to work as a nurse in Britain in the future.

The panel accepted the advice of the legal assessor.

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

The panel considered whether your fitness to practise remains impaired. The panel took into account the two discrete areas identified by the original substantive panel; this being your ability to safely prescribe medicines and your use of social media.

In considering the regulatory concerns around your inappropriate and exploitative use of social media, the panel took into account that you have reflected on your use of social media, and explained to the panel today that your intention when using social media is to always use citations and evidence. You have demonstrated that you understand your mistakes, and you have shown this within your written reflection. The panel also acknowledged that you have undertaken a social media training course, and that you recognise that your conduct was inappropriate. It was satisfied that there is no risk of repetition in relation to this concern.

In considering the regulatory concerns relating to your ability to safely prescribe medicines, the panel took into account your written reflection. The panel was of the view that you have not thoroughly reflected on the potential harm that your poor prescribing practice and the incidents found proved could have had on patients in your care. It noted that your reflection focusses more on the impact that your conduct had on yourself, rather than the impact that it could have on others. The panel was concerned that you did not reflect on the risk of harm and impact on patients.

When asked by the panel how you would undertake an assessment, you told the panel that you would undertake this in the normal way, following a systematic approach. The panel noted that you did not make mention of the importance of undertaking a full medical history and history of a patient's current medications, allergies, and consider relevant drug interactions, in order to make safe drug prescribing decisions.

The panel took into account that you did acknowledge your failures in dispensing medication and said that you would not repeat these in the future. You said that you would always leave dispensing to a pharmacist. You did explain the guidance that you had followed from Aesthetic Complications Expert (ACE) in making your prescribing decisions. However, you did not make it clear whether or not you were always prescribing within your sphere of clinical competence. In response to panel questions, you did demonstrate the correct information which should be provided to a patient to ensure that they take any prescribed medicines safely and appropriately.

The panel took into account that, in response to the previous panel recommendations, you have not provided a Personal Development Plan (PDP) or positive testimonials as

previously requested, and while you provided evidence of some training, this training did not include prescribing practice. The panel noted that your reflection did not demonstrate how you would adhere to or meet the Royal Pharmaceutical Society's competency framework for all prescribers, which has been adopted by the NMC.

The panel was of the view that, although you demonstrated some developing insight in both your reflective piece and your answers to the panel today, you did not show full insight, or demonstrate how you will make safe prescribing decisions in the future and assess the risks in order to ensure safe treatment for patients in your care.

In light of all of the above, the panel determined that there is a risk of repetition of the conduct found proved. 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. You demonstrated some insight onto the impact on the profession but no insight into the expectations of the public that a nurse will be trustworthy and practise safely.

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.

It then considered the imposition of a caution order but again determined that, due to 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 some developing insight and started to remediate some of the concerns through further training. You have indicated that you wish to return to nursing. The previous panel had determined that there were no concerns with your clinical practice as an aesthetic nurse, and that the concerns related solely to your prescribing practice. The panel considered that imposing a further suspension order would be disproportionate at this time due to your developing insight and evidence of relevant training undertaken.

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 prescribing practice in the future, 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 undertake a refresher course in prescribing practice.
2. If you are working in a nurse prescribing role, you must have a mentor with whom you can develop a Personal Development Plan (PDP) to set out how you demonstrate the competencies for safe prescribing practice as set out by the Royal Pharmaceutical Society's competency framework for all prescribers.
3. Your practice as a nurse prescriber must be supervised by an experienced independent prescriber until you have demonstrated that you have met the above competencies.
4. 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.
5. 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.
6. 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.

7. 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.

8. 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 take effect upon the expiry of the current suspension order, namely the end of 8 July 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 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:

- A detailed reflection demonstrating an understanding of how your prescribing practice affected your patient and the potential risks of harm.
- Evidence of your progress in meeting the competencies identified in your PDP.
- Evidence of further training to refresh your prescribing practice.
- Testimonials from former or current colleagues or employers.

This will be confirmed to you in writing.

That concludes this determination.