

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

**Substantive Order Review Hearing
Tuesday, 25 November 2025**

Virtual Hearing

Name of Registrant:	Morag Bethune		
NMC PIN:	95A0007S		
Part(s) of the register:	Nurses part of the register Sub part 1 RNC: Children's nurse, level 1 (02 February 2009)		
Relevant Location:	Edinburgh		
Type of case:	Lack of competence		
Panel members:	Paul Grant	(Chair, lay member)	
	Elisabeth Fairbairn	(Registrant member)	
	Bryan MacFarland	(Lay member)	
Legal Assessor:	Ben Stephenson		
Hearings Coordinator:	Catherine Blake		
Nursing and Midwifery Council:	Represented by Nair Maqboul, Case Presenter		
Mrs Bethune:	Not present but represented by Jane Pothan, instructed by Anderson Strathern		
Order being reviewed:	Conditions of practice order (18 months)		
Fitness to practise:	Impaired		
Outcome:	Order to lapse upon expiry in accordance with Article 30 (1), namely 29 December 2025		

Decision and reasons on review of the substantive order

The panel decided to allow the current conditions of practice order to lapse upon expiry.

This order will come into effect at the end of 29 December 2025 in accordance with Article 30(1) of the 'Nursing and Midwifery Order 2001' (the Order).

This is the eighth review of an order imposed by a panel of the Conduct and Competence Committee. The original order was one of suspension for a period of 12 months on 27 November 2014, extended for a further 12 months on 17 November 2015. This order was replaced by a conditions of practice order on 29 November 2016 for a period of 12 months, extended for a further 12 months on 8 December 2017 and 20 December 2018. This order was reviewed on 15 November 2019 and was extended for a period of 3 years. The order was next reviewed on 17 November 2022 and again on 17 May 2024 and the order extended for a period of 18 months both times.

The current order is due to expire at the end of 29 December 2025.

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

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

'That you, a Registered Nurse, whilst employed by NHS Lothian at the Royal Hospital for Sick Children, Edinburgh ("the Hospital"), whilst working on the Acute Receiving Unit on Ward 6 ("the Ward") between 9 May 2011 and 4 January 2013, failed to demonstrate the standard of knowledge, skill and judgement required for practise without supervision as a Registered Nurse in that you:

- 1. Failed to demonstrate the required skills in the administration of medication on, but not restricted to one or more of the occasions set out in Schedule 1 – proved by your admission*

2. *Failed to demonstrate the required skills in documenting the care given to patients on, but not restricted to one or more of the occasions set out in Schedule 2 – proved by your admission*
3. *Failed to demonstrate the required skills in communication on, but not restricted to one or more of the occasions set out in Schedule 3 – proved by your admission*
4. *Failed to demonstrate the required skills in delegating effectively tasks to colleagues on, but not restricted to one or more of the occasions set out in Schedule 4 – proved by your admission*
5. *Failed to demonstrate the required knowledge of medication practice on, but not restricted to one or more of the occasions set out in Schedule 5 – proved by your admission*
6. *Failed to demonstrate the required skills in clinical practise on, but not restricted to one or more of the occasions set out in Schedule 6 – proved by your admission*

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

Schedule 1

It is alleged that between 9 May 2011 and 4 January 2013, you failed to demonstrate the required skills in the administration of medication on, but not restricted to, one or more of the following occasions:

1. *On 21 June 2011 you administered an inhaler to an unnamed patient although the prescription had not been signed by a doctor*

2. *On 12 September 2011 you failed to administer an oral dose of prednisolone to an unnamed patient*

3. *On 30 September 2012 you failed to calculate the correct dose of azithromycin*

Schedule 2

It is alleged that between 9 May 2011 and 4 January 2013, you failed to demonstrate the required skills in documenting the care given to patients on, but not restricted to one or more of the following occasions:

1. *On 20 June 2011 you failed to record on the corresponding fluid balance chart that you had given breakfast to an unnamed patient*

2. *On 22 June 2011 you failed to record the correct early warning score for an unnamed patient*

3. *On 26 June 2012 you failed to record a full set of observations for an unnamed patient*

4. *On 30 September 2012 you failed to complete a pressure ulcer chart of an unnamed patient*

Schedule 3

It is alleged that between 9 May 2011 and 4 January 2013, you failed to demonstrate the required skills in communication on, but not restricted to one or more of the following occasions:

1. *On 13 September 2011 you failed to advise a senior colleague that an unnamed patient had an oxygen saturation level of 90%*
2. *On 6 January 2012 you failed to advise a senior colleague that an unnamed patient had a temperature of 39.5 degrees*
3. *On 14 June 2012 you failed to advise colleagues that an unnamed patient required a prescription for Vitamin K*
4. *On 18 June 2012 you failed to ask medical staff to review an unnamed patient*
5. *On 25 June 2012 you failed to correctly transcribe a prescribed dose of intravenous tobramycin for an unnamed patient*

Schedule 4

It is alleged that between 9 May 2011 and 4 January 2013, you failed to demonstrate the required skills in delegating effectively tasks to colleagues on, but not restricted to one or more of the following occasions:

1. *On 31 January 2012 you failed to give direction to an unnamed student nurse to allow her to assist in the administration of medication*

Schedule 5

It is alleged that between 9 May 2011 and 4 January 2013, you failed to demonstrate the required knowledge of medication practice on, but not restricted to one or more of the following occasions:

1. *You failed to demonstrate basic knowledge of intravenously administered medication on*
 - a) 31 January 2012
 - b) 26 June 2012
 - c) 9 October 2012
2. *On 30 July 2012 you failed to demonstrate knowledge of how to assist in the preparation of an intravenous bolus of fluids*
3. *On 17 January 2012 you failed to demonstrate knowledge of how to check and/or administer a suppository to a patient*

Schedule 6

It is alleged that between 9 May 2011 and 4 January 2013, you failed to demonstrate the required skills in clinical practise on, but not restricted to one or more of the following occasions:

1. *On 31 July 2012 you failed to realise a nasogastric tube had not passed into an unnamed patient's stomach.'*

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

'The panel noted that at the substantive hearing of this case, Mrs Bethune had made admissions at the outset of the hearing and acknowledged that she has remained engaged with the NMC and these proceedings. It took into account her reflective statement and was of the view that she has demonstrated full insight and remorse regarding her lack of competence. Further, the panel noted that Mrs Bethune continues to be in the same role since 2013. The panel has also noted that Mrs Bethune has undertaken various mandatory training and voluntary training

provided by the RCN. It noted that Mrs Bethune has, as far as practicable, complied with the conditions of practice order.

The panel further noted that since the last review of this order, there has been no material change as Mrs Bethune has been unable to secure a role as a registered nurse or undertake a return to practice course. It noted that Mrs Bethune has not worked in a nursing capacity since the imposition of the original substantive order. It was of the view that the failings in this case are remediable. However, the panel could not be satisfied that there would not be a repetition of the failings found proved at the substantive hearing as Mrs Bethune has not had the opportunity to address the concerns that were raised and there was no evidence that she has adequately strengthened her practice. The panel therefore determined that a finding of current 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.

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

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

'The panel first considered whether to take no action but concluded that this would be inappropriate due to the seriousness of the case, and the public protection issues identified. 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 this would be inappropriate for the same reasons. The panel was also of the view that the risks identified are not at the lower end of the spectrum of impaired fitness to practise.

The panel next considered whether imposing a further conditions of practice order on Mrs Bethune's 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, which are yet to be remedied. The panel accepted that Mrs Bethune has experienced difficulties in securing a registered nursing role. However, the panel took into consideration her continued engagement with the NMC and her willingness to comply with the conditions imposed.

The panel confirmed that the current conditions of practice order was sufficient to address the concerns identified and to protect patients and satisfy the wider public interest.

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 of Mrs Bethune's case as there has been no increase in the risks identified in this case since the date of her last review.

Accordingly, the panel determined, pursuant to Article 30(1)(c) to make a conditions of practice order for a period of 18 months, which will come into effect on the expiry of the current order, namely at the end of 29 June 2024. It 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. At any time that you are employed or otherwise providing nursing services, you must place yourself and remain under the supervision of a workplace line*

manager, mentor or supervisor nominated by your employer, such supervision to consist of working at all times on the same shift as, but not necessarily under the direct observation of, a registered nurse who is physically present in or on the same ward, unit, floor, or home that you are working in or on.

2. *You must not carry out medication administration unless directly supervised by another registered nurse until such time as you have been signed off as competent by your line manager who must also be a registered nurse. Any competency assessment must include the administration of medication and record keeping.*
3. *You must meet with your line manager, mentor or supervisor (or their nominated deputy) every week to review the adequacy of your clinical record keeping generally until such time as you are signed off as being competent.*
4. *You must work with your line manager, mentor or supervisor (or their nominated deputy) to create a personal development plan designed to address the concerns about the following areas of your practise*
 1. *Medication administration*
 2. *Record Keeping*
 3. *Communication skills*
 4. *Knowledge of clinical skills and procedures relevant to your role.*
5. *You must meet with your line manager, mentor or supervisor (or their nominated deputy) at least every month to discuss the standard of your performance and your progress towards achieving the aims set out in your personal development plan.*
6. *You must keep a personal log (at least weekly) about the development of your practice. This log is to be provided to the NMC before any NMC review hearing or meeting.*
7. *You must send a report from your line manager mentor or supervisor (or their nominated deputy) setting out the standard of your performance and your*

progress towards achieving the aims set out in your personal development plan to the NMC before any NMC review hearing or meeting.

8. *You must tell the NMC within 7 days of any nursing appointment (whether paid or unpaid) you accept within the UK or elsewhere, and provide the NMC with contact details of your employer.*
9. *You must tell the NMC about any professional investigation started against you and/or any professional disciplinary proceedings taken against you within 7 days of you receiving notice of them.*
10. a) *You must within 7 days of accepting any post of employment requiring registration with the NMC, or any course of study connected with nursing or midwifery, provide the NMC with the name/contact details of the individual or organisation offering the post, employment or course of study.*
b) *You must within 7 days of entering into any arrangements required by these conditions of practise provide the NMC with the name and contact details of the individual/organisation with whom you have entered into the arrangement.*
11. *You must immediately tell the following parties that you are subject to a conditions of practice order under the NMC's fitness to practise procedures and disclose the conditions listed at (1) to (10) above, to them*
 1. *Any organisation or person employing, contracting with or using you to undertake nursing or midwifery work*
 2. *Any agency you are registered with or apply to be registered with (at the time of application) to provide nursing or midwifery services#*
 3. *Any prospective employer (at the time of application) where you are applying for any nursing or midwifery appointment*

4. *Any educational establishment at which you are undertaking a course of study connected with nursing or midwifery, or any such establishment to which you apply to take a course (at the time of application).'*

Decision and reasons on current impairment

The panel has considered carefully whether Mrs Bethune's fitness to practise remains impaired. Whilst there is no statutory definition of fitness to practise, the NMC has defined fitness to practise as a registrant's ability to practise kindly, safely and professionally. In considering this case, the panel has carried out a comprehensive review of the order in light of the current circumstances. Whilst it has noted the decision of the last panel, this panel has exercised its own judgement as to current impairment.

The panel has had regard to all of the documentation before it, including the NMC bundle, and the responses from Mrs Bethune. It has taken account of the submissions made by Ms Maqboul on behalf of the NMC, and Ms Pothan on behalf of Mrs Bethune.

Ms Maqboul briefly summarised the background of this case, and noted that Mrs Bethune had admitted to all charges at the substantive hearing.

Ms Maqboul informed the panel that Mrs Bethune's fee expiry took place on 28 February 2014. She submitted that Mrs Bethune's registration is only active due to the substantive order currently in place.

Ms Maqboul submitted that the panel has the power to allow the order to lapse if it is satisfied that Mrs Bethune is highly unlikely to return to practise. She submitted that the panel must first consider if Mrs Bethune's fitness to practise is currently impaired.

Ms Maqboul noted that Mrs Bethune has been subject to a substantive order for over ten years and has been unable to demonstrate compliance with conditions of practice during this time. She submitted that an order remains necessary on public protection and public interest grounds.

The panel also had regard to the submissions of Ms Pothan, on behalf of Mrs Bethune.

Ms Pothan informed the panel of Mrs Bethune's work history since becoming a registered nurse in 2009, and that this has included working as a support worker since 2013 until June 2025 when she commenced working in retail.

Ms Pothan informed the panel that, since the substantive order was imposed, Mrs Bethune has made numerous attempts to return to nursing but was unable to due to her inability to secure a place on a return to nursing course. Mrs Bethune has not been able to secure a non-nursing role in an NHS clinical setting.

Ms Pothan informed the panel that Mrs Bethune cannot continue with the NMC process and no longer wishes to return to nursing practice after such a long period of time.

The panel has seen correspondence from Mrs Bethune dated 4 November 2025:

'... in terms of my conditions of practice I have found it near impossible to find a position that would help to remove them. I have since moved into retail positions so that I can move on with my life.'

Ms Pothan informed the panel that Mrs Bethune accepts that her fitness to practise is impaired, and has no desire to return to nursing.

Ms Pothan invited the panel to allow the order to lapse upon expiry on 29 December 2025 so that Mrs Bethune can be removed from the register.

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 Mrs Bethune's fitness to practise remains impaired.

The panel noted that the last reviewing panel found that Mrs Bethune had full insight. At this hearing the panel considered that it has not seen any evidence to suggest that her level of insight has diminished.

In its consideration of whether Mrs Bethune has taken steps to strengthen her practice, the panel took into account that Mrs Bethune is currently working in a retail position. The panel has seen no evidence that Mrs Bethune has maintained her nursing knowledge and skills either by working in a clinical environment, or undertaking additional training. The panel also noted that Mrs Bethune has expressed that she does not wish to return to nursing.

The last reviewing panel determined that Mrs Bethune was liable to repeat matters of the kind found proved. Today's panel has heard the joint submissions of the parties that Mrs Bethune's fitness to practise remains impaired. In light of this, this panel determined that there is no information to suggest Mrs Bethune is not liable to repeat matters of the kind found proved. The panel therefore decided that a finding of continuing impairment is necessary on the grounds of public protection.

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 bore in mind the charges found proved, and that Mrs Bethune has accepted that her fitness to practice remains impaired. The panel noted that the previous panel found a substantive order remained necessary on public interest grounds despite determining Mrs Bethune to have full insight into her lack of competence. There is no evidence of attitudinal concerns before today's panel, and no evidence that Mrs Bethune's insight has changed. The panel considered, in light of the previous panel's assessment, and the numerous substantive orders Mrs Bethune has already been subject to that, in this case, the public interest has been satisfied and this is a case that centres squarely on the issue of public protection. Therefore, a finding of continuing impairment on the ground of public interest is not required.

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

Decision and reasons on sanction

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

The panel had regard to its previous findings on impairment in coming to this decision. It bore in mind that its primary purpose is to protect the public and maintain public confidence in the nursing profession and the NMC as its regulator. In this case, while there is no evidence that Mrs Bethune has remediated the concerns with her practice such that she could practise unrestricted, the panel noted the significant barriers to Mrs Bethune's return to practise. It noted the determinations of previous panels identifying Mrs Bethune's many attempts to secure employment as a nurse subsequent to the substantive hearing as well as unsuccessful attempts to secure a place on a return to nursing course.

The panel first considered whether to take no action but concluded that this would be inappropriate. The panel decided that it would be neither proportionate nor in the public interest to take no further action.

Next, in considering whether a caution order would be appropriate in the circumstances, the panel took into account the SG, which 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.*' Given the continued risk of repetition the panel concluded that a caution order would not adequately protect the public.

The panel next considered whether imposing a further conditions of practice order on Mrs Bethune's 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 considered that conditions of practice should only be considered if the concerns with a registrant's practice are likely to be resolved in a reasonable period of time. The panel considered Mrs Bethune has indicated that she does not wish to return to nursing,

and that there is no realistic prospect that she will be able to return to practise under conditions within a reasonable time period. Accordingly, the panel determined that further conditions of practice would not be appropriate.

The panel was of the view that to impose a suspension order or a striking-off order would be unduly punitive given Mrs Bethune's continued engagement with the NMC process and numerous attempts to return to nursing. The panel noted the NMC Guidance REV-2h 'Removal from the register when there is a substantive order in place'. This guidance identifies circumstances where it may be appropriate to allow a substantive order to lapse with impairment. Issues to be considered in this regard include:

- the professional would no longer be on the register but for the order in place
- the panel can no longer conclude that the professional is likely to return to safe unrestricted practice within a reasonable period of time
- a striking off order isn't appropriate

The panel therefore decided to allow the order to lapse upon expiry.

The substantive conditions of practice order will be allowed to lapse at the end of the current period of imposition, namely the end of 29 December 2025 in accordance with Article 30(1).

This will be confirmed to Mrs Bethune in writing.

That concludes this determination.