

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

**Substantive Order Review Hearing  
Monday 10 November 2025**

**Virtual Hearing**

<b>Name of Registrant:</b>	<b>Megan Patricia Lawrence</b>
<b>NMC PIN:</b>	83E0647S
<b>Part(s) of the register:</b>	Registered Nurse - Sub part 1 Adult Nursing RN1 (Level 1) - 30 January 1997  Registered Nurse - Sub part 2 General Nursing RN7 (Level 2) – 19 May 1986
<b>Relevant Location:</b>	Hampshire
<b>Type of case:</b>	Misconduct
<b>Panel members:</b>	Phil Lowe (Chair, Lay member) Victoria Head (Registrant member) John Marley (Lay member)
<b>Legal Assessor:</b>	Melissa Harrison
<b>Hearings Coordinator:</b>	Emma Norbury-Perrott
<b>Nursing and Midwifery Council:</b>	Represented by Sally Denholm, Case Presenter
<b>Mrs Lawrence:</b>	Present and unrepresented
<b>Order being reviewed:</b>	Conditions of practice order (12 months)
<b>Fitness to practise:</b>	Impaired
<b>Outcome:</b>	<b>Order to lapse upon expiry (end of 16 December 2025), with finding of impairment, in accordance with Article 30(1)</b>

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

At the outset of the hearing, Ms Denholm made a request that this case be held partly in private on the basis that proper exploration of your case involves reference to your health. The application was made pursuant to Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

You indicated that you 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 your health matters as and when such issues are raised in order to preserve your right to privacy.

## **Decision and reasons on review of the substantive order**

The panel decided to allow the order to lapse with a finding of impairment. This order will come into effect at the end of 16 December 2025 in accordance with Article 30(1) of the 'Nursing and Midwifery Order 2001' (the Order).

This is the first review of a substantive conditions of practice order originally imposed for a period of 12 months by a Fitness to Practise Committee panel on 18 November 2024.

The current order is due to expire at the end of 16 December 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, while working for the North Camp Surgery:*

1. *On an unknown date did not follow safe procedure for administering medication in that you: **[PROVED]***
  - a. *Altered the prescription label on a box of Haldol Decanoate prescribed to Patient A by:*
    - i. *Crossing through the name of Patient A; **[PROVED by admission]***
    - ii. *Overwriting the name of Patient B; **[PROVED by admission]***
    - iii. *Crossing through the prescribed dosage for Patient A; **[PROVED by admission]***
    - iv. *Overwriting a new dosage for Patient B. **[PROVED by admission]***
  - b. *Administered Haldol Decanoate prescribed for Patient A to Patient B. **[PROVED by admission]***
2. *On or around 26 November 2021 did not ensure Child A's immunisation record was updated. **[PROVED]***
3. *On 26 November 2021 administered Depo-Medrone to Patient C who was prescribed Depo-Provera. **[PROVED]***
4. *On 30 November 2021 administered Depo-Medrone to Patient D who was prescribed Depo-Provera. **[PROVED]***
5. *On 6 December 2021 incorrectly documented that Patient E had received a Vitamin B12 injection when they had not. **[PROVED by admission]***

*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 concluded that limbs a – c of the "test" are engaged in this case. The panel finds that patients A, C and D were put at risk of physical*

*and emotional harm as a result of your misconduct. The panel concluded that your misconduct had breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute.*

*Regarding insight, the panel noted that you made some initial admissions at the outset of the proceedings and, as the hearing progressed, it observed that you have further recognised the shortcomings in your nursing practice at the time. At the outset of the hearing, you focused on the cause of the allegations being the breakdown of your relationship with Witness 1. However, as the hearing has progressed, the panel noticed that you have shown some developing insight into the wrongfulness of your actions, particularly in terms of understanding of how your conduct did not align with proper and safe procedures. However, the panel found that there was insufficient evidence to demonstrate that you fully appreciate how your actions exposed patients to potential harm. Specifically, there was insufficient evidence to suggest that you fully recognised the physical and emotional risks your actions posed to the patients involved.*

*Additionally, the panel did not have evidence before it that you have understood the wider implications of your behaviour, particularly in terms of how your actions negatively affected the reputation of the nursing profession and the impact on your colleagues. The panel noted that you stated your errors were made whilst you were going through a stressful period at work. You reassured the panel of the steps that you would take if you found yourself in a similar situation, for example, reducing your workload and taking a step back etc. The panel, whilst acknowledging your developing insight, is not satisfied that you have developed the necessary full and comprehensive insight to demonstrate a clear understanding of the seriousness of your actions. The panel recognised that your insight is still in the early stages of development, and it appreciates that further time and reflection may be required for you to fully understand the full extent of the impact of your actions, both on patients and the wider nursing profession.*

*The panel was satisfied that the misconduct in this case is capable of being addressed. In light of this, it carefully considered the evidence before it to determine whether you have taken appropriate steps to strengthen your practice. The panel acknowledged the numerous training certificates you have provided which it found demonstrated your commitment to maintaining your registration and to keeping your nursing practice current and up to date. However, the panel was not satisfied that the courses you have undertaken directly address the specific concerns raised in this case. While the training you have completed is valuable, it did not appear to focus on the particular areas of practice that the panel found proved namely medication administration and record keeping.*

*In light of all of the circumstances, the panel concluded that there is a risk of repetition of the conduct found proved given that your insight remains in its early development stage and the learning undertaken by you to date is not specifically relevant to the charges. The panel's consideration at the impairment stage is whether it is satisfied that you can practise kindly, safely and professionally. The panel had no evidence before it to suggest that you are not able to practise kindly or professionally. However, it could not conclude, at this time, that you are able to practise safely in relation to medications administration and record keeping. The panel therefore decided that a finding of impairment is necessary on the grounds of public protection.*

*The panel bore in mind 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 public confidence in the profession would be undermined if a finding of impairment were not made in this case. It*

*therefore also finds your fitness to practise impaired on public interest grounds.*

*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 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 not address the risks identified and 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, in particular:*

- *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;*
- *The nurse or midwife has insight into any health problems and is prepared to agree to abide by conditions on medical condition, treatment and supervision;*
- *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 concluded that appropriate and practical conditions can be formulated to address the concerns raised in this case. The panel noted that there was no evidence of any harmful, deep-seated personality or attitudinal issues that would suggest a fundamental risk to patient safety. Instead, the panel identified specific areas of your practice that would benefit from targeted assessment and retraining. Additionally, there was no indication of general incompetence that would necessitate more severe action. The panel concluded that it could formulate conditions that allows for ongoing monitoring and assessment. It was satisfied that conditions can be put in place that will safeguard patients during the period they are in force.*

*The panel had regard to the fact that these incidents happened several years ago, and that, other than these incidents, you have had a long and unblemished career as a nurse. The panel was of the view that it was in the public interest that, with appropriate safeguards, you should be able to return to practise as a nurse.*

*Balancing all of these factors, the panel determined that that the appropriate and proportionate sanction is that of a conditions of practice order.*

*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 your case. The panel concluded that, whilst there are identifiable failings in your practice, these appear to be isolated rather than reflective of a general incompetence or incapacity to meet professional standards. The panel also took into account the steps you have already taken to improve, including voluntary retraining and demonstrated insight into the areas requiring improvement. The panel concluded that a suspension order or striking-off order would, therefore, be disproportionate, given the context of your case and the potential for remediation.*

*Having regard to the matters that the panel has identified, it concluded that a conditions of practice order will mark the importance of maintaining public confidence in the profession and will send to the public and the profession a clear message about the standards of practice required of a registered nurse.*

*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 limit your nursing practice to one substantive employer which must not be via an agency.*
  
2. *You must be supervised whenever administering medication. The supervision requirements are as follows:*
  - a) *For a minimum term of 4 weeks, you must be directly supervised by another registered nurse.*

- b) *After the initial 4-week period, and upon assessment of your medication administration practice, if deemed safe to do so by a registered nurse may transition to indirect supervision.*

*You must provide a report from the assessing nurse summarising the assessment and decision to transition to indirect supervision which must be submitted to your case officer.*

3. *You must be indirectly supervised by another registered nurse in relation to your record keeping.*
4. *You must have monthly meetings with your line manager, supervisor or mentor to discuss your clinical workload specifically in relation to your:*
  - a) *Record keeping*
  - b) *Medication administration*

*Prior to any review of this case, you must send your case officer a report from your line manager, supervisor or mentor which outlines your discussions in relation to these areas.*

5. *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.*
6. *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.*
7. *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.

8. *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.

9. *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. The panel concluded that this period of time would allow you sufficient time to secure employment and support your return to nursing practice.*

*Before the order expires, 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 attendance at any future hearing;*
- *An up-to-date written reflective account addressing your insight into the matters found proved;*

- *Any up-to-date training undertaken relevant to the charges in this case; and*
- *Any recent 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 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 original 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 written submissions. It also took account of the submissions made by Ms Denholm and the oral submissions made by you under oath.

Ms Denholm outlined the background of the case and the charges found proved, which subsequently resulted in a finding of impairment and the imposition of a 12 months conditions of practice order. She referred the panel to the conditions imposed by the original panel.

Ms Denholm directed the panel to your written statement, dated 6 November 2025, in which you highlight the issues you have faced in obtaining employment since the imposition of the conditions of practice order. She submitted that as you have not worked as a nurse since the order was imposed, you have been unable to demonstrate strengthened practice and therefore a real risk of significant harm to patients remains and an order is necessary on the ground of public protection. Ms Denholm also submitted that the public would be concerned if you were allowed to practice unrestricted at this time and therefore an order is otherwise in the public interest.

Ms Denholm invited the panel to confirm and extend the current conditions of practice order. She submitted that the conditions of practice order remains the proportionate sanction in this case to protect the public and meet the wider public interest.

The panel also had regard to your oral evidence under oath. You told the panel you feel that the NMC has failed in its duty of care towards you and due to delays in being assigned an NMC case worker, you missed your window of opportunity to appeal the substantive panel's decision last year.

You told the panel that the internal investigation at your previous workplace found no evidence to support the NMC's concerns in relation to the substantive hearing. You explained to the panel that you feel this was '*ignored*' by the substantive panel.

You explained that despite being allowed to practise under the conditions imposed, you have been unable to secure work due to not being able to work under an agency. You explained that you decided not to revalidate this year because you want to retire. You stated that you were told you could not retire due to still being under the Fitness to Practice process.

You told the panel that you have not been able to comply with the conditions due to not being able to secure employment as a registered nurse. You talked about the NMC's requirement for reflection into the matters found proved. You stated that you '*cannot admit guilt for something you did not do*'. You explained to the panel this has been a '*heartbreaking*' situation for you, particularly after 43 years of an unblemished career.

Ms Denholm referred to the charges which were found proved by way of your admission. She invited you to outline how you have reflected on these matters and what you would do differently in the future. You explained that in your view, the audit at your workplace was not completed fairly and General Practitioners (GPs) are '*notorious for coming into your room and drawing up medications and not documenting this*'. You told the panel that you feel that the NMC's position on reflection is to admit you are guilty, even when you are not, but how can you '*do things differently if you didn't do it in the first place*'.

In response to panel questions regarding your future career intentions, you explained that you wish to retire as '*you have no choice*'.

The panel asked you whether a potential change to the conditions would assist you in securing a role as a registered nurse, and would this change your view of retiring. You told the panel that after a long career of 43 years, it is not an easy decision to retire. You stated that you cannot revalidate as you have not worked enough hours to meet the requirements of revalidation and you feel that retirement is the only option you have left.

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 not demonstrated sufficient insight into matters found proved, that your reflection was noted to be limited and you had demonstrated limited accountability for your actions.

At this hearing, the panel firstly considered what evidence had been provided by you to demonstrate your ability to practise as a kind, safe, and professional nurse. In your evidence, you submitted that you were not responsible and took no accountability for the actions found proved by the original panel. The focus of your submissions centred upon the shortcomings of others and, what you considered to be, the unreliability of the evidence provided to the original panel. Considering these submissions, the panel determined that you have not demonstrated evidence of developing insight into matters found proved previously, or evidence of actions intended to strengthen your practice. The panel has been provided with no evidence of relevant activities or training which may address the concerns which were identified at the substantive hearing.

In its consideration of whether you have taken steps to strengthen your practice, the panel took into account that you have not worked as a registered nurse since the conditions of practice order was imposed and your assertions that you wish to retire from the profession.

With no new evidence before it to demonstrate meaningful insight or remediation, the panel determined that you have not acknowledged and/or accepted the original panel's finding of impairment and subsequently, you are not safe to practise without restriction at this time. The panel noted that when questioned during your oral evidence, you did not give a response to what you would do if faced with a similar situation which led to the facts found proved at charge 1. The panel determined that your insight remains insufficient. Therefore, the panel determined that the risk of repetition remains, and 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.

For these reasons, the panel finds that your fitness to practise remains impaired on both public protection and public interest grounds.

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 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 Sanction Guidance (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 a further period of 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 noted that you have not worked as a registered nurse since the imposition of the current conditions of practice order and your assertions that you wish to retire from the profession. The panel considered that any conditions of practice order would not be workable and would serve no useful purpose.

The panel next considered imposing a suspension order. The panel noted that you have demonstrated insufficient insight into matters found proved. The panel determined that considerable evidence would be required to show that you no longer pose a risk to the public. The panel determined that a period of suspension would not serve any useful purpose in all of the circumstances.

The panel had regard to its 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, the panel referred to the NMC guidance REV-3H, in particular, point 2:

***'Lapse with impairment'***

*Where the professional would no longer be on the register but for the order in place, a reviewing panel can allow the order to expire or, at an early review, revoke the order. Professionals in these*

*circumstances will automatically be removed from the register, or lapse, upon expiry or revocation of the order. The panel will record that the professional remains impaired.*

*A panel will allow a professional to lapse with impairment where:*

- *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.*

*Whilst the intentions or wishes of the professional do not determine whether they should be allowed to lapse, a professional who would no longer be on the register but for the order in place can themselves request an early review to ask that the order is removed.*

*Panels should be considering lapse with impairment even where the reason for a professional's lack of progress is outside their control. What matters is whether such issues are likely to be resolved in a reasonable period of time.*

*Circumstances where lapse with impairment is likely to be appropriate include where*

- *a professional has shown limited engagement and/or insight, but this is reasonably attributable to a health condition; or*
- *there has been insufficient progress*
  - *in cases involving health or English language; or*
  - *in other cases, where the lack of progress is attributable wholly or in significant part to matters outside the professional's control (e.g. health, immigration status, the ability to find work or other personal circumstances).*

The panel considered allowing the order to lapse with a finding of impairment which would see your removal from the register. It noted the submissions made by you under oath regarding you wishing to retire from the nursing profession. Having regard to all the circumstances of your case, the panel could not conclude that you are likely to return to safe unrestricted practice within a reasonable period of time.

The panel determined that it would be disproportionate to impose a striking-off order, and this sanction is not the only sanction which is sufficient to protect the public and meet the public interest.

Having considered its findings on impairment, the panel was satisfied that allowing the current order to lapse with a finding of impairment is proportionate and would protect the public and address public interest. In any application for readmission to the register, the decision maker will be aware of the concerns that led to the original substantive finding of impairment, and that you left the register with a finding of impairment.

The substantive conditions of practice order will be allowed to lapse, with a finding of impairment, at the end of the current period of imposition, namely the end of 16 December 2025 in accordance with Article 30(1).

This decision will be confirmed to you in writing.

That concludes this determination.