Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Order Review Hearing
Wednesday 29 October 2025

Virtual Hearing

Name of Registrant:	Nicola Diamond
NMC PIN:	93J1180E
Part(s) of the register:	Community Practitioner Nurse Prescriber – (December 2010) Specialist Practitioner District Nursing – (November 2003) Registered Nurse – Sub Part 1 Adult Nursing – (October 1996)
Relevant Location:	Shropshire
Type of case:	Misconduct
Panel members:	Paul Fish (Chair – Lay member) Alison Bielby (Registrant member) Robert Marshall (Lay member)
Legal Assessor:	Dr Marian Gilmore KC
Hearings Coordinator:	Vicky Green
Nursing and Midwifery Council:	Represented by Alastair Kennedy, Case Presenter
Mrs Diamond:	Present and unrepresented
Order being reviewed:	Suspension order (12 months)
Fitness to practise:	Impaired

Outcome:	**Suspension order (6 months) to come into effect at the end of 14 November 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 Kennedy, on behalf of the Nursing and Midwifery Council (the NMC) made an application for parts of this hearing to be heard in private. He submitted that there may be reference to matters relating to your health during the hearing, and that these parts of the hearing should be heard in private to protect your right to privacy. This application was made pursuant to Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

You supported this 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.

Having heard that there may be reference to matters relating to your health, the panel decided to hold any such parts of the hearing in private to protect your right to privacy.

Decision and reasons on review of the substantive order

The panel decided to confirm the current suspension order for a period of 6 months.

This order will come into effect at the end of 14 November 2025 in accordance with Article 30(1) of the 'Nursing and Midwifery Order 2001' (the Order).

This is the first effective review of a substantive suspension order originally imposed for a period of 12 months by a Fitness to Practise Committee on 17 October 2024. A substantive order review hearing was listed to take place on 3 October 2025 and that panel decided to adjourn the hearing.

The current order is due to expire at the end of 14 November 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 are as follows:

'That you, a registered nurse:

1. *Between 2017 and 2018 whilst working as Head of Complex Care at Shropshire Clinical Commissioning Group ("SCCG"), abused your position in that you:*

    a. *Failed to disclose a potential conflict of interest in that you held a service agreement for work as a consultant with another company.*

    b. *Failed to disclose a potential conflict of interest in that you failed to declare that you had set up a business, NAD Healthcare limited.*

    c. *Coached and/or provided advice to external providers to assist them in applying for CCG contracts.*

    d. *Undertook personal work/tasks for NAD healthcare during SCCG working hours.*

2. *Between 2016 and July 2018, demonstrated poor record keeping and management of patient records in that you:*

    a. *Failed to ratify care packages in a timely manner which led to a backlog of assessments to be completed.*

    b. *Approved care packages for one or more patients who did not exist ("Ghost patients") on the Broadcare system ("Broadcare"), or in the alternative failed to update Broadcare to reflect assessments were carried out.*

c. *In respect of patient 9146, failed to add the patient and/or their healthcare package on to Broadcare until 9 August 2018, when the patient started receiving funding from 7 June 2018.*

d. *…*

e. *In July 2018, incorrectly inputted patient review assessment dates for one or more patients who had not had a review, or in the alternative you failed to upload any documentation to evidence an assessment had taken place.*

f. *…*

g. *In respect of Patient 3740:*
    i. *On 21/22 June 2018, refused to ratify a care package as CHC (full funding) without following the correct procedures or recording a clear rationale in Broadcare.*
    ii. *On 16 July 2018, ratified the care package without a new assessment or additional information being provided as requested by you on 21/22 June 2018.*
    iii. *Failed to provide a clear rationale for your actions as described above at g(ii) in Broadcare.*
    iv. *Backdated the date of the ratification of the care package to 23 March 2018, when you ratified the decision on 16 July 2018.*
    v. *Did not ratify the care package within the 28 calendar days in accordance with the Framework's guidance.*
    vi. *Amended the patient's records whilst on secondment to another role.*

h. *In respect of patient 809*
    i. *Failed to ratify the care package within 28 calendar days of 25 October 2017, or in the alternative did not update the records in Broadcare until 10 July 2018.*

ii. Did not attach any clinical documentation to support that a patient assessment was carried out on 25 October 2017.

i. In respect of patient 1575

i. Failed to ratify the care package within 28 calendar days of 11 April 2018, or in the alternative, did not update the records in Broadcare until 10 July 2018.

ii. Did not attach any clinical documentation to support that a patient assessment was carried out on 11 April 2018.

j. In respect of patient 357

i. Failed to ratify the care package within 28 calendar days of 18 December 2017, or in the alternative did not record the decision in Broadcare until 10 July 2018.

ii. Did not attach any clinical documentation to support that a patient assessment was carried out on 18 December 2017.

3. …

4. Failed to adhere to NHS/CCG policies and procedures in recruitment and termination of staff members in that you:

a. Employed staff without carrying out the necessary pre-employment checks.

b. Authorised pay increases for your personal assistant without following the prescribed processes of the NHS and/or CCG.

c. *Did not process the resignation of Colleague A in a timely manner which led to Colleague A receiving overpayments.'*

The substantive panel determined the following with regard to impairment:

‘The panel finds that patients were put at risk of physical and emotional harm as a result of Mrs Diamond’s misconduct. Mrs Diamond’s misconduct had breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute.

The panel considered that Mrs Diamond’s misconduct has not yet been remediated but could be remediated at some stage in the future. Therefore, it was satisfied that the misconduct in this case is capable of being addressed.

The panel carefully considered the evidence before it in determining whether or not Mrs Diamond has taken steps to strengthen her practice. The panel took into account Mrs Diamond’s submissions by email on 15 October 2024. In this she showed remorse, stating that:

> *‘I am extremely sorry for my conduct while working at Shropshire CCG and will in future ensure appropriate support is sourced. ‘*
>
> *‘I deeply regret the lapse in judgement and the issues it may have caused’*

Mrs Diamond has also focused on the matters surrounding the incidents she was involved in. There is no evidence that Mrs Diamond acknowledges, as Head of Complex Care, that she had a leadership role to ensure the quality of care provided by a complex care team was of expected standards. The panel further noted the email contains some limited reflection but that there is no recent independent evidence of safe practice since these incidents, nor is there any evidence of acknowledgement of Mrs Diamond’s actions and the impact it had on patients, the reputation of nursing, her colleagues, and public finances.

The panel determined that there is currently a risk of repetition based on Mrs Diamond’s lack of insight and remediation. The panel is also of the view that there remains a risk of harm to the public and to patients. 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 there has been a risk caused to patients and the public based Mrs Diamond's misconduct.

In addition, the panel 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 Mrs Diamond's fitness to practise impaired on the grounds of public interest.

Having regard to all of the above, the panel was satisfied that Mrs Diamond's fitness to practise is currently impaired.'

The substantive panel determined the following with regard to sanction:

'The panel took into account the following aggravating features:

- *Mrs Diamond's misconduct was wide-ranging in nature and related to a number of decisions relating to her leadership role; occurring over a period of time;*
- *Mrs Diamond's conduct had the potential to put patients at risk of harm;*
- *Mrs Diamond's actions contributed to a loss of public funds;*
- *Mrs Diamond was in a position of leadership;*

- *Mrs Diamond has presented a lack of insight into her failings until very recently when the panel noted the development of a limited amount of insight;*

The panel also took into account the following mitigating features:

- *[PRIVATE];*
- *Organisational factors appear to have contributed to Mrs Diamonds decision making during the time set out in the charges, where she was working within a difficult and challenging environment;*
- *The CCG was in disarray at the time of Mrs Diamond's misconduct;*

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 Mrs Diamond's practice would not be appropriate in the circumstances. The panel noted that the concerns in this case are both wide ranging in nature and occurred over a lengthy period of time. 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 Mrs Diamond's 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 Mrs Diamond's 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 is of the view that there are no practical or workable conditions that could be formulated, given the nature of the charges in this case. Furthermore, the panel concluded that the placing of conditions on Mrs Diamond's registration would not adequately address the seriousness of this case and would not protect the public.

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;*

- *In cases where the only issue relates to the nurse or midwife's health, there is a risk to patient safety if they were allowed to continue to practise even with conditions; and*
- *In cases where the only issue relates to the nurse or midwife's lack of competence, there is a risk to patient safety if they were allowed to continue to practise even with conditions.*

The panel was satisfied that in this case, the misconduct was not fundamentally incompatible with remaining on the register. It did go on to consider whether a striking-off order would be proportionate but, taking account of all the information before it, and of the mitigation provided, the panel concluded that it would be disproportionate. The panel determined that the misconduct was in relation to failings in Mrs Diamond's leadership. No clinical concerns have been identified in the case, and there is the need to balance the public interest in not striking off an otherwise competent clinical nurse. The panel heard from witnesses that Mrs Diamond had a poor understanding of systems and processes in place during the time scale of the charges. The panel also heard evidence of the pressure placed on Mrs Diamond to address ongoing problems within the CCG including financial elements. The panel noted that there is evidence that Mrs Diamond's clinical practice remained at a competent standard when practising at clinical level after the period of time covered by the charges. Whilst the panel acknowledges that a suspension may have a punitive effect, it would be unduly punitive in Mrs Diamond's case to impose a striking-off order.

The panel noted that the misconduct identified in this case falls short of the standards expected from a registered nurse and that there remains at present a risk of repetition of the concerns raised, if Mrs Diamond were to secure a leadership role. The panel noted that the misconduct in this case occurred when Mrs Diamond occupied a role for which she was not suited. There is commonality between the charges found proved, in that they all relate to her position as a senior leader, rather than her clinical competencies. Prior to her occupying this role, her clinical practice as a nurse had been highly regarded.

Nonetheless, the panel recognised that Mrs Diamonds failings in the role that she occupied, were serious. Mrs Diamond was working in an organisation that was in some difficulty and was experiencing personal stressors at the time, however, her actions had the potential to impact on both patients and the CCG as an organisation, causing the risk of financial loss and harm to patient safety. The panel noted that Mrs Diamond worked for a private contractor during the working hours of her employed role at the NHS. This was a serious error of judgement which Mrs Diamond has since acknowledged in a reflective piece. The panel determined that, Mrs Diamond having employed staff without ensuring that the correct employment checks had been completed, and approving payment rises for her staff which were outside NHS policy, was both inappropriate and irresponsible.

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

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

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 of Mr Brahimi in relation to the sanction that the NMC was seeking in this case. However, the panel considered that the misconduct in this case does not meet the required threshold for a striking-off order; it noted that this may be considered as disproportionate.

The panel determined that a suspension order for a period of 12 months was appropriate in this case to mark the seriousness of the misconduct.

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:

- *Mrs Diamond's attendance at the next hearing;*
- *A further reflective piece on the impact of Mrs Diamond's actions, and how they impacted patients, colleagues and the reputation of the nursing profession;*
- *Any up-to-date testimonials/references from any employment or voluntary work;*
- *Evidence of keeping up to date with nursing.'*

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 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 to documents which included the following:

- TQUK Level 5 Diploma in Leadership and Management for Adult Care (RQF) evidence of qualification dated 8 January 2025.
- A Meditation Awareness Certificate of Completion.
- Three reflective statements.
- A reference from Admin Team Lead and PA dated 20 August 2025.

- A reference from an Independent Management Consultant dated 24 August 2025.
- A character reference from a Registered Manager dated 28 October 2025.

You also provided the panel with an audio file of some feedback about your professional performance after the charges arose.

The panel also had regard to the submissions made by Mr Kennedy on behalf of the NMC and to your submissions.

Mr Kennedy provided the panel with a background and referred it to the decision of the substantive panel. He drew the panel's attention to the following recommendations set out by the substantive panel:

'Any future panel reviewing this case would be assisted by:

- *Mrs Diamond's attendance at the next hearing;*
- *A further reflective piece on the impact of Mrs Diamond's actions, and how they impacted patients, colleagues and the reputation of the nursing profession;*
- *Any up-to-date testimonials/references from any employment or voluntary work;*
- *Evidence of keeping up to date with nursing.'*

Mr Kennedy submitted that your reflective pieces do not address the impact of your actions on patients, colleagues and the nursing profession. He also submitted that whilst you have provided some testimonials, the authors have not indicated that they are aware of the NMC proceedings. Mr Kennedy therefore submitted that limited weight should be attached to these as the authors of the testimonials are unable to comment in a meaningful way without being aware of the NMC proceedings.

In respect of evidence of training, Mr Kennedy acknowledged that the two training certificates post-date the substantive hearing. He submitted that there has been no recent training.

Mr Kennedy addressed the panel on the information about a new referral that is contained within the NMC bundle. He submitted that this has been included for background only and the panel must not engage in any form of fact finding in relation to the new referral.

Mr Kennedy submitted that in the light of the deficiencies in your reflective statements and in the testimonials, and the lack of information about how you have kept your nursing knowledge up to date, your fitness to practise remains impaired on public protection and public interest grounds. He submitted that a further period of suspension would continue to protect the public and satisfy the public interest considerations of this case. Mr Kennedy submitted that the length of any order is a matter for the panel.

You provided submissions to the panel. You said that when the charges arose, you did not realise the extent of the issues and described the situation as being *"a mess"*. You told the panel that you were aligned to eight different managers and that staff were often recruited without your knowledge. You said that the CFO asked you to do things which you knew were wrong at the time, but you did not object due to their position of authority and your inexperience. You told the panel that you have reflected on the events and you now recognise the importance of autonomy and that regardless of what position someone is in, if they ask you to do something that you know is not right, you should raise your concerns and seek support. You said that you feel that you were used as a *"scapegoat"* because of your vulnerabilities and inexperience.

You told the panel that no concerns about your clinical practice have been raised and that you are very patient focussed. [PRIVATE].

You said that you accept Mr Kennedy's submissions in respect of training, however, you said that you have read journals and taken part in courses and training to develop both professionally and personally.

You told the panel that the suspension order has made you think about why you entered the nursing profession. You said that you care about people and wanted to make a difference. You told the panel that sometimes in leadership positions when dealing with budgets, there is often a conflict between patient care and finances. You said that you have reflected on taking accountability and being more self-aware. You told the panel that you have used this time to learn and grow. You said that you still have a passion for nursing and want the opportunity to make change and drive quality. You told the panel that you want to be able to show that you can continue to practise with integrity and that you are capable of providing compassionate, safe, ethical and empathetic care.

You said that this situation happened eight years ago, it has taught you so much and you are committed to continue to improve your practice. You told the panel that you reflect daily, and you said that you have learned a lot from the level 5 qualification you completed. You said that you have an aspiration to undertake a level 7 qualification to improve and demonstrate that you can be an effective leader in the nursing profession.

In response to questions from the panel, you said that the diploma focussed on leadership and management in nursing and residential homes. When asked about what dates you completed your reflective statements, you said that they had all been undertaken over the last six months. In respect of the testimonials, when asked about whether the authors were aware of the NMC proceedings, you said that two of them were aware of the proceedings and your suspension order.

Following questions from the panel, you said that you have approached your reflection generally rather than looking at each charge specifically. You said that you may take a different approach with your reflection in the future.

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 had regard to the findings of the substantive panel and noted the following:

> *'The panel finds that patients were put at risk of physical and emotional harm as a result of Mrs Diamond's misconduct. Mrs Diamond's misconduct had breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute.*
>
> *The panel considered that Mrs Diamond's misconduct has not yet been remediated but could be remediated at some stage in the future. Therefore, it was satisfied that the misconduct in this case is capable of being addressed.'*

The panel had regard to the case of *Cohen* and considered that the misconduct found is still capable of being remediated.

In considering what steps you have taken to remediate the concerns, the panel had regard to the following recommendations made by the substantive panel:

> *'Any future panel reviewing this case would be assisted by:*
>
> - *Mrs Diamond's attendance at the next hearing;*
> - *A further reflective piece on the impact of Mrs Diamond's actions, and how they impacted patients, colleagues and the reputation of the nursing profession;*
> - *Any up-to-date testimonials/references from any employment or voluntary work;*
> - *Evidence of keeping up to date with nursing.'*

The panel was encouraged by your attendance at this hearing and found your submissions, the documents and audio file you shared to be helpful. [PRIVATE]. The panel carefully considered your submissions and the three reflective statements

provided by you and found that, whilst you had demonstrated remorse for your actions and omissions, your reflection was *"generic"* and did not go to the specific findings. The panel noted that you yourself accepted this.

The panel was mindful of the findings of the substantive panel, namely, that your actions and omissions placed patients at a risk of psychological and physical harm. The panel noted that you have not focussed on this element of the substantive panel's findings and your reflective statement focussed on the personal impact of what you describe as a challenging situation in which the charges arose, as well as the personal impact of the NMC proceedings and the suspension order. The panel also considered that you have not sufficiently reflected on the impact of your misconduct on your colleagues and the reputation of the profession. In the absence of detailed reflection, the panel determined that your insight remains limited at this stage.

The panel had regard to the testimonials provided by you and it noted that it was unclear as to whether the authors were aware of the NMC proceedings and the findings made by the substantive panel. The panel also noted that it was unclear as to whether all of the authors of the testimonials were made aware that their testimonials had been requested for use at this hearing.

The panel noted that you had undertaken training in leadership and management and meditation. Whilst the panel was encouraged by your commitment to personal and professional development, the training courses that you have undertaken are not directly linked to your nursing practice and do not demonstrate how you have kept your nursing skills and knowledge up to date.

Having regard to all of the above, the panel was not satisfied that you have fully addressed the concerns identified by the substantive panel. In the absence of evidence of full insight and remediation, the panel found that there is a risk of repetition of the conduct and a consequent risk of harm to patients. The panel therefore found that a finding of impairment is required on the ground 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, given the risk of repetition identified, a finding of continuing impairment on public interest grounds is also required.

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

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 nature and the seriousness of the case and the outstanding public protection concerns. 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 a 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 there are no issues relating directly to your clinical practice, and in view of the nature and seriousness of the charges found proved, it was not able to formulate conditions of practice. The panel bore in mind the seriousness of the facts found proved at the substantive hearing and concluded that a conditions of practice order would neither adequately protect the public nor satisfy the public interest.

The panel considered the imposition of a further period of suspension. The panel determined therefore that a suspension order is the appropriate sanction which would continue to both protect the public and satisfy the wider public interest. Accordingly, the panel determined to impose a suspension order for a period of 6 months would provide you with an opportunity to reflect further and address the concerns identified by the substantive panel. It considered this to be the most appropriate and proportionate sanction available.

Whilst the panel noted that a striking off order is available, it considered that it would be disproportionate and unduly punitive at this stage.

This suspension order will take effect upon the expiry of the current suspension order, namely the end of 14 November 2025 in accordance with Article 30(1).

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 is likely to be assisted by:

- Your continued engagement and attendance at the next substantive order review hearing.
- A further reflective piece focussing on the specific findings of misconduct at the substantive hearing and the impact of your

actions, including how they impacted patients, colleagues and the reputation of the nursing profession. (You may use a recognised reflective model e.g. Gibbs).

- Any up-to-date testimonials/references from any employment or voluntary work. These should include confirmation that the author is aware of the purpose of their testimonial, the NMC proceedings and the findings of the substantive panel.
- Evidence of keeping up to date with nursing.

This will be confirmed to you in writing.

That concludes this determination.