Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Order Review Hearing
Wednesday, 22 April 2026

Virtual Hearing

Name of Registrant:	Alison Linda Kerr
NMC PIN:	07I1129S
Part(s) of the register:	Registered Nurse – sub part 1 Adult Nursing – level 1 February 2011
Relevant Location:	East Ayrshire
Type of case:	Misconduct
Panel members:	Robert Pragnell (Chair, Lay member) Penelope Howard (Registrant member) David Propert (Lay member)
Legal Assessor:	Nigel Ingram
Hearings Coordinator:	Max Buadi
Nursing and Midwifery Council:	Represented by Emily Timcke, Case Presenter
Mrs Kerr:	Present and represented by Ms McPhee, instructed by Anderson Strathern
Order being reviewed:	Suspension order (6 months)
Fitness to practise:	Impaired
Outcome:	**Conditions of practice order (12 months) to come into effect on 30 April 2026 in accordance with Article 30(1)**

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

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

Ms Timcke indicated that she 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.

Having heard that there will be reference to your health and personal private matters, the panel determined to hold those parts of the hearing in private as and when such issues are raised.

Decision and reasons on review of the substantive order

The panel decided to replace the current suspension order with a conditions of practice order for a period of 12 months.

This order will come into effect at the end of 30 April 2026 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. That hearing was heard from 29 September to 1 October 2025.

The current order is due to expire at the end of 30 April 2026.

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

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

'1. On 11 September 2020:

a. In respect of Patient A, recorded details of purported NEWS observations which did not take place:
i. At 12.45 pm;
ii. At 2.45 pm;
iii. At 4.45 pm.

b. In Respect of Patient B, Recorded details of purported NEWS observations which did not take place:
i. At 1.50 pm;
ii. At 3.50 pm.

2. Your actions as specified in charges 1a and/or 1b were dishonest in that:
a. You knew that you had not undertaken the NEWs observations set out in charges 1a and 1b .
b. You intended that anyone reading Patient A's records for 11 September 2020 would believe you had undertaken the NEWS observations in respect of Patient A as you had recorded.
c. You intended that anyone reading Patient B's records for 11 September 2020 would believe you had undertaken the NEWS observations in respect of Patient B as you had recorded.

3. On 11 September 2020, during a conversation with Colleague A, asserted that you had carried out the purported NEWS observations specified in charges 1a and 1b, and had recorded them retrospectively, when this was not the case.

4. On 16 September 2020, during an interview with Colleague B, asserted that you had carried out the purported NEWS observations specified in charges 1a and 1b, and had recorded them retrospectively, when this was not the case.

5. On 29 October 2020 and 18 November 2020, during an interview with Colleagues C and D, asserted that you had carried out the purported NEWS observations specified in charges 1a and 1b, and had recorded them retrospectively, when this was not the case.

6. Your actions as specified in charges 3 and/or 4 and/or 5 were dishonest in that: a. You knew that you had not undertaken the NEWS observations set out in charges 1a and 1b. b. You intended that Colleague A and/or Colleague B and/or Colleague C and/or Colleague D would believe you had undertaken the NEWS observations specified in charges 1a and 1b as you had recorded.

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

In coming to its decision, the panel had regard to the Fitness to Practise Library, updated on 27 March 2023, which states:

'The question that will help decide whether a professional's fitness to practise is impaired is: "Can the nurse, midwife or nursing associate practise kindly, safely and professionally?" If the answer to this question is yes, then the likelihood is that the professional's fitness to practise is not impaired.'

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

In this regard the panel considered the judgment of Mrs Justice Cox in the case of Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant [2011] EWHC 927 (Admin) in reaching its decision. In paragraph 74, she said:

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

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

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

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

d) has in the past acted dishonestly and/or is liable to act dishonestly in the future.'

The panel determined that parts a), b), c) and d) of the above test to be engaged.

The panel finds that patients were put at risk of serious harm as a result of your misconduct. Your misconduct had breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute. It was satisfied that confidence in the nursing profession would be undermined if its regulator did not find charges relating to dishonesty extremely serious.

The panel was of the view that this was not a one-off error. The panel considered there were multiple omissions of fundamental elements of clinical care when recognised these were covered up. The panel was of the view that you failed to do the required observations for two patients a number of times over a period of four hours. These two patients were on an acute ward where observations are of crucial importance. One patient was recovering from serious craniotomy surgery. This was significant and you were not able to prioritise this patient effectively. The panel determined that both these patients were fragile and at risk of deteriorating at any moment.

The panel considered that you fabricated a cover up of your failings and declined the offer of help. The panel determined that this was a protracted deception in that you made an error and thought how to get out of it. In so doing, you decided to make up figures and enter them into the documentation having claimed to have memorised them. You declined the chance to avert the risk to patients by immediately telling the truth.

Later, when asked during the interview, you said that you did not press the button hard enough on the machine and persisted with the deception. The panel noted the language you used in your oral evidence in relation to the impact on the risk of harm to the patients, you said "I was lucky..." and "I never want to be here again...". The panel determined that you made self-interested decisions with no regard for patients or colleagues. You had ample opportunity to not continue with your lie given the series of meetings which took place with colleagues about this incident over months. When you recognised that you had made a mistake you failed in your duty of candour and continued for the next two months with a continuing series of breaches, only admitting the dishonesty when you were challenged with hard evidence which meant that the lie could not be sustained.

The panel determined that you created a very serious risk of harm to patients. While your written reflective piece shows some evidence of insight, the panel concluded that this was not well supported by your oral testimony. The panel considered that there is a risk to patients in the future as there remains limited evidence of insight and you continue to minimise your actions and blame others, including a newly qualified nurse (who you had not worked with before), and the context and personal circumstances for what happened on that day. During your oral evidence, you provided the panel with a detailed description of the multiple competing demands during this shift upon your time/concentration. You stated that this shift was particularly busy and this was the reason you had failed to undertake vital observations. The panel determined what you were describing was not unusual for the type of clinical environment in which you were practising and should not constitute a reason for your failure to undertake vital observations. In fact, the panel found this demonstrated a failure to effectively prioritise clinically. The panel was therefore not satisfied that you

have sufficiently remediated in order for it to be assured you could practise kindly, safely and professionally.

The panel acknowledged that you have admitted to dishonesty. However, the panel considered your dishonesty to be at the upper end of the scale. It was of the view that you made conscious active decisions to be dishonest on repeated occasions. You had multiple opportunities over a period of two months to be honest in a number of ways in a number of different settings. The panel determined that the only reason you were eventually honest was that you were confronted with hard evidence which meant that the lie could not be sustained. The panel was of the view that although you may have initially panicked, there was time thereafter to retract the lie and as you did not do so, if found that you had been deceitful on multiple occasions.

The panel acknowledged that the misconduct in this case, given that it involves dishonesty, is not easily remediable. Furthermore, it had concerns that the deceit in question, having continued over a period of months was indicative of deep-seated attitudinal issues which are difficult to remedy. The panel was of the view that even during your oral testimony in this hearing, it was your intention to have it believed that you had ultimately confessed during your second interview out of remorse, as opposed to the incontrovertible evidence that was presented to you.

The panel carefully considered the evidence before it in terms of remediation to determine whether or not you have taken steps to strengthen your practice. The panel took into account your recent duty of candour training. However, it noted that this training was only carried out shortly before the hearing and that no validated certificate for it was available. Further when probed by the panel about it during your evidence, it became clear that you lacked an understanding of the value and importance of candour within your

professional practice. Further, much of the training you have undertaken is mandatory for any practising nurse. The panel was of the view that the crux of this case is about falsifying records and dishonesty and that you have taken limited steps over the course of five years to address this.

The panel was of the view that there is a risk of repetition. On the basis of the evidence before it, there is emerging insight however it is limited as there continues to be evidence of attitudinal issues as demonstrated by some of your responses to questions and aspects of your reflective piece. The panel took account that when questioned you focussed on the impact on yourself, not on the risk to patients, colleagues and public perception of nursing. While you have worked since the incident and have testimonials in support. The panel was aware that this work has been in a lower pressure environment in a nursing home and that you yourself conceded that you would not wish to work in a hospital again. However, it was mindful that nurses are registered to work without restriction in all environments and as such it did not have sufficient evidence before it to be satisfied that you could cope with a similar stressful situation again without repeating the conduct displayed in this incident. The testimonials provided, while positive, are limited in number, do not cover the full duration of the past five years, and do not show how you would cope under similarly stressful circumstances in future and whether you have been able to change any deep-seated attitudinal issues which may have affected your conduct. The panel therefore concluded that there is a risk of repetition.

In light of the above, the panel therefore decided that a finding of impairment is necessary on the ground 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 had regard to the serious nature of your misconduct and determined that public confidence in the profession would be undermined if a finding of impairment were not made in this case which give rise to the public interest in this case.

The panel took into consideration your reflective piece provided as part of your documentation. However, on day one of the hearing, the panel heard your oral evidence and came to the assessment that you do not fully acknowledge the impact of the risk of death that could have resulted by your actions to Patient A and Patient B. The panel was of the view that these are deep-seated issues that are attitudinal in nature.

The panel was of the view that a fully informed member of the public knowing the seriousness of this case would be concerned if you were permitted to practise as a registered nurse without restrictions. For this reason, the panel determined that a finding of current impairment on public interest grounds is also required. It determined that this finding is necessary to mark the seriousness of the misconduct, the importance of maintaining public confidence in the nursing profession, and to uphold the proper professional standards for members of the nursing profession.

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 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:

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

The panel took into account the following aggravating features:

• Your serious dishonesty
• Your limited insight into failings
• Your failure to be a role model to a junior colleague
• You posing a serious risk to highly vulnerable patients by falsifying records and maintaining dishonesty

The panel also took into account the following mitigating features:

• Your attempts to address the issues of dishonesty including through training and reflection
• You admitted all of the charges
• Your previous good character

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.

The panel then considered the imposition of a caution order but again determined that, due to the seriousness of the case, and the public

protection issues identified, an order that does not restrict your 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 was of the view that there are no practical or workable conditions that could be formulated, given the nature of the charges in this case. The panel was of the view that the misconduct identified in this case was not something that can be addressed through retraining. Whilst the panel noted Ms McPhee's recommended conditions of practice, it was cognisant of SAN-2 regarding misconduct and impairment. The panel agreed that it was very difficult to remediate what it had observed as attitudinal issues, through conditions of practice. The panel concluded that the placing of conditions on your 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 considered these factors carefully and acknowledged that not all the factors listed above fit squarely in that there is some evidence of deep-seated or attitudinal problems and limited insight. The panel determined that there remains a risk of repetition.

The panel determined that the following factors applied to this case:

• The dishonesty while protracted stems from one single occasion where omissions were made in making observations followed by efforts to cover up the omission
• There is no evidence of repetition

Furthermore, the panel took into account proportionality, the efforts made to remediate in terms of reflection and training, the emerging insight, your previous good character and your engagement with the NMC.

The panel therefore determined that a suspension order would be the most appropriate sanction which would mark the seriousness of the dishonesty. Your dishonesty continued to put patients at risk and it is

therefore necessary to protect the public for a period of time while you continue to strengthen your practice and develop further insight in relation to your duty of candour and dealing with stressful events in clinical practice.

The panel determined that the public interest in this case would be significant not least because of the increased risk to highly vulnerable patients. The panel decided that only a significant period of suspension would be appropriate to mark the gravity of the misconduct.

The panel 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, it concluded that it would be disproportionate. 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 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.

The panel determined that a suspension order for a period of six months with review 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:
• Evidence of professional development, including documentary evidence of completion of courses related to duty of candour
• Testimonials from a line manager or supervisor that detail your current work practices in the area of duty of candour
• Evidence of you working with a mentor
• References / testimonials from colleagues who you work with
• Your attendance at a hearing'

Decision and reasons on current impairment

The panel has considered carefully whether your fitness to practise remains impaired. Whilst there is no statutory definition of fitness to practise, the NMC has defined fitness to practise as the ability of a professional on our register to practise as a nurse, midwife or nursing associate safely and effectively 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. It also took into account a reflection piece and several training certificates you provided. It has taken into account the submissions made by Ms Timcke on behalf of the NMC and Ms McPhee on your behalf.

Ms Timcke took the panel through the background of the case. She referred the panel to the recommendations made by the original panel. She informed the panel that you had provided evidence of professional development, including documentary evidence of completion of courses related to duty of candour. She submitted that you had not provided testimonials from a line manager or supervisor that detail current work practices in the area of duty of candour. She also submitted that you had not provided evidence of working with a mentor nor have you provided references and testimonials from colleagues with whom you work.

Ms Timcke submitted that despite the progress you have made, you have not been able to comply with all the recommendations made by the original panel. She also submitted that you are not currently able to demonstrate the training that you have undertaken in a practising role.

Ms Timcke submitted the panel cannot be satisfied that the impairment found by the original panel has been fully addressed. She submitted that the panel therefore cannot be satisfied the impairment is no more. She invited the panel to find that your fitness to practice is currently impaired.

You gave evidence under affirmation.

You accepted the original panel's decision and took full responsibility for your actions, expressing total regret and acknowledging that you let your colleagues down.

You demonstrated insight into the importance of carrying out observations on time, explaining that delays or false recordings could mislead colleagues and doctors, prevent accurate assessment of blood pressure, pulse, temperature, and GCS, and stop appropriate treatment. In relation to Patients A and B, you recognised that observations should have been completed every two hours in line with protocol, and that failing to do so placed them at risk of rapid deterioration and potentially serious harm.

You also reflected on your previous comment that you were "lucky" the patients did not deteriorate, accepting that this was self-centred and failed to appreciate the real risks to patients.

Regarding the falsification on 11 September 2020, you admitted that you panicked after realising observations had not been completed. You acknowledged that your fear at the time was focused on personal consequences rather than the impact on patients, colleagues, and the wider public. You accepted there was no justification, especially as it was not an unusually busy day.

You further admitted that you lied to cover up the matter for self-protection, without considering the serious consequences for the patient, their family, colleagues, and medical staff. You expressed remorse for also blaming a junior colleague, recognising that as the senior nurse it was your responsibility to support them rather than shift blame.

You stated that if faced with a similar situation again, you would immediately seek support from colleagues, inform others if you were struggling, and report any missed observations to the patient and medical team straight away.

Your reflections demonstrated an understanding of the professional duty of candour, recognising the ethical, professional, and legal obligation to be open and honest when things go wrong. You acknowledged that your misconduct stemmed from prioritising yourself over patients and colleagues, and that honesty and accountability must come first.

You said you had undertaken reflective work and CPD to address the concerns raised, and hoped this demonstrated remediation and how you would act differently in future.

Since the hearing, you stated that you have worked as a support worker on night shifts with your current employer for around a year. You said you had been open and honest with the employer about the allegations before interview and later shared the outcome of the substantive hearing.

Submissions

Ms Timcke invited the panel to impose a conditions of practice order for a period of 12 months. She submitted that this would give you a further opportunity to address the issues that have been raised in a practicing setting whereby you are the nurse but under supervision.

Ms Timcke proposed conditions for the panel’s consideration.

Ms Timcke submitted that despite your oral evidence, your fitness to practice is still impaired. She submitted that you have been unable to apply any of the training or reflection as a nurse where you would have more substantial duties. She submitted that you would benefit from supervision.

Ms Timcke submitted that it is fair to say that there has been some development in your skills and knowledge, but maintained that your fitness to practice remains impaired.

Ms McPhee submitted that although you accepted that your fitness to practice is currently impaired, this was a matter for the panel.

Ms McPhee submitted that you fully accepted the findings of the previous panel. She submitted that you accepting impairment reflects the seriousness of the original findings in October 2025. She also submitted that it also reflects the fact that while you have made very significant progress in terms of insight, remediation and reflective learning, you recognised that there remains a need for a short period of structured oversight in practice in order to consolidate that progress and demonstrate it in a live clinical setting.

Ms McPhee submitted that your current position is that a suspension order is no longer necessary. She submitted that in light of the progress evidenced within the bundle and in your oral evidence, the panel is invited to replace the current suspension order with a conditions of practice order for a short period with a review.

Ms McPhee reminded today's panel that the original panel decided to impose a reviewable suspension rather than a striking off order. She submitted that the evidence before the panel today vindicates the original panel's decision to provide that opportunity. She submitted that the evidence before the panel demonstrates meaningful and sustained progress across each of the areas of concern identified.

Ms McPhee submitted that you have demonstrated that your insight is materially different than what was before the previous panel. She submitted that your reflective

statement and your oral evidence addresses each of the criticisms made by the original panel.

Ms McPhee submitted that since 1 October 2025 you have completed eight pieces of voluntary CPD each with a valid validated certificate. She submitted that these were completed whilst you were on a suspension order and were voluntarily undertaken. She submitted that the CPD activities directly address each of the original panel's concerns identified as needing to be remediated.

Ms McPhee submitted that your conduct in your current employment is highly material to the finding of attitudinal concerns. She submitted that you disclosed these NMC proceedings to your current employer before commencing work. She submitted that you were kept on and redeployed within your current role demonstrating that you are a valued colleague. She submitted that you are currently working with your line manager who is aware of the suspension order and there have been no concerns raised about your honesty, record keeping or candour in the period since the original misconduct.

Ms McPhee submitted that a fully informed member of the public, knowing the original misconduct, the subsequent regulatory history and the remediation undertaken, would recognise that the original conduct has been taken seriously at every stage. She submitted that a conditions of practice order remains the most appropriate order and proposed some conditions for the panel's consideration.

Ms McPhee submitted that it would ensure that you returned to practice within a defined framework of supervision and support. She also submitted that it would maintain public confidence, by demonstrating that the concerns are being actively managed.

Ms McPhee submitted that a period of 12 months for a conditions of practice order was disproportionate given the suspension order imposed by the original panel. She submitted that a short review period would allow you to return to practice safely, comply with all the conditions, and provide evidence to any reviewing panel. She submitted that this could be done within a three to six month period.

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 view of the previous panel that the issue at the heart of the case was your decision to falsify records and subsequent dishonesty in attempting to conceal what you had done. It found that despite five years having elapsed since the incident there was limited evidence of you taking steps to address the concerns that your actions raised as to your suitability to work as a registered nurse. Further, the original panel were not satisfied that you had demonstrated sufficient insight into the seriousness or wider implications of your actions, giving rise to a risk of repetition.

In considering the position today, the panel noted that you accept and acknowledge your past misconduct and the findings of the original panel. It also recognised that you have shown remorse. In addition, the panel noted your willingness to engage in remediation and that you have completed several CPD activities to strengthen your practice.

The panel took into account your detailed reflective statement. However, it deemed there to be a number of omissions, particularly in relation to teamwork, professional interaction with colleagues and the distinction between making an honest mistake and taking steps to rectify it, as opposed to concealing or attempting to conceal it.

The panel accepted that you have made progress in understanding what you did and why it was wrong. It also noted that you were able to explain what you would do differently in the future if faced with similar circumstances.

However, the panel remained concerned about the depth of your insight and your ability to demonstrate what you have learned in a pressured working environment.

In your oral evidence, you demonstrated increased insight and reflection on your past behaviour. Nevertheless, the panel considered that your insight remained limited in terms of recognising the seriousness of your past misconduct and its wider implications. It noted that during your evidence, your focus remained largely on the consequences on yourself, rather than on the effect your actions had on patients, colleagues, and the wider nursing profession. It noted that you had demonstrated some insight into the seriousness of the potential harm and risk to the patients of your decisions.

The panel also took into account your statement that you find it difficult to be self-critical. However, it was mindful that all professional medical practitioners must be capable of holding themselves accountable including accepting and learning from any mistakes or near misses. While it acknowledged that you are now examining your practice more closely, it viewed this as an ongoing process.

The panel further noted that the concerns first arose in 2020, and that there was little evidence of the current level of insight prior to the imposition of a suspension order in 2025, giving rise to the conclusion that your insight has been driven more by the personal consequences of your actions than from an earlier recognition of what was in patients' best interests.

In light of all the above, the panel concluded that your level of insight remains limited.

In light of this, this panel determined that there remained a risk of repetition of similar conduct to that 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 for the reasons set out above.

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 taking 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, but the Committee wants to mark that what happened 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, evidence was provided demonstrating that you had made significant progress in your practice and your development of

further insight. It considered that imposing a further suspension order would be disproportionate in the circumstances and would prevent you from demonstrating the necessary professional development required.

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

The panel decided that the public would be suitably protected as would the reputation of the profession by the implementation of the following conditions of practice:

> ‘For the purposes of these conditions, ‘employment’ and ‘work’ mean any paid or unpaid post in a nursing, midwifery or nursing associate role. Also, ‘course of study’ and ‘course’ mean any course of educational study connected to nursing, midwifery or nursing associates.
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> 1. You must limit your nursing practice to a single substantive employer that must not be an agency
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> 2. You must ensure that you are supervised any time you are working as a registered nurse. Your supervision must consist of working at all times under the direct supervision of a registered nurse.
>
> 3. You must not be the nurse in charge of any shift or must not be the most senior nurse on any shift.
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> 4. You must keep a reflective practice portfolio to consist of weekly reflective summaries specifically including the following, but not limited to:
>
>   - Observations;

- Communication;
- Escalation;
- Patient Care;
- Record Keeping;
- Duty of Candour;
- Working Collegiately;
- Role Modelling;

5. You must create, and share with your manager, a personal development plan to further enhance your understanding and insight into:

    - Observations;
    - Communication;
    - Escalation;
    - Patient Care;
    - Record Keeping;
    - Duty of Candour;
    - Working Collegiately;
    - Role Modelling;

6. You must meet with your line manager or supervisor on a monthly basis to review your reflective summaries and personal development plan.

7. You must provide the NMC with a report from your line manager or supervisor or mentor (who must be a registered nurse) seven days prior to the next substantive review in relation to the areas in Conditions 4 and 5.

8. You must keep us 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.

9. You must keep us 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.

10. 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.

11. 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.

12. 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 30 April 2026 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:

- Evidence of completion of weekly reflective summaries and evidence of your meetings with your line manager or supervisor reviewing your weekly reflective summaries;
- Testimonials from a line manager or supervisor that detail your current work practices in the area of duty of candour;
- Evidence of you working with a mentor;
- References / testimonials from colleagues who you work with; and
- Your attendance at a hearing.

This will be confirmed to you in writing.

That concludes this determination.