Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Order Review Meeting
Monday, 17 August 2026

Nursing and Midwifery Council
2 Stratford Place, Montfichet Road, London, E20 1EJ

Name of Registrant:	**Diane Macdonald**
NMC PIN:	88E0102S
Part(s) of the register:	Registered Nurse Sub part 1 RN1: Adult nurse, level 1 – 23 September 1991 RM: Midwife – 30 May 1994
Relevant Location:	Isle of Lewis
Type of case:	Lack of competence
Panel members:	Geraldine O'Hare (Chair, Lay member) Michelle Wells-Braithwaite (Registrant member) Raj Chauhan (Lay member)
Legal Assessor:	Nigel Ingram
Hearings Coordinator:	Priyam Jain
Order being reviewed:	Suspension order (12 months)
Fitness to practise:	Impaired
Outcome:	**Striking-Off order to come into effect on 3 October 2026 in accordance with Article 30 (1).**

Decision and reasons on service of Notice of Meeting

The panel noted at the start of this meeting that the Notice of Meeting had been sent to Miss Macdonald's registered email address by secure email on 16 July 2026.

The panel took into account that the Notice of Meeting provided details of the review And that the review meeting would be held no sooner than 17 August 2026 and inviting Miss Macdonald to provide any written evidence seven days before this date.

The panel accepted the advice of the legal assessor.

In the light of all of the information available, the panel was satisfied that Miss Macdonald has been served with notice of this meeting in accordance with the requirements of Rules 11A and 34 of the Nursing and Midwifery Council (Fitness to Practise) Rules 2004 (as amended) (the Rules).

Decision and reasons on review of the current order

The panel decided to impose a striking-off order. This order will come into effect at the end of 3 October 2026 in accordance with Article 30(1)of the Nursing and Midwifery Order 2001 (as amended) (the Order).

This is the second review of a substantive suspension order originally imposed for a period of 12 months by a Fitness to Practise Committee panel on 5 September 2024. This was reviewed on 20 August 2025, and the suspension order was extended for a period of 12 months.

The current order is due to expire at the end of 3 October 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. *'…*

2. *On 4 April 2016, you:*

   2.1 Cut Patient A's umbilical cord underwater
   2.2 Asked if you could give Patient A opiates in the birthing pool
   2.3 Did not document clearly whether or not Syntometrine had been administered to Patient A

3. *On an unknown date in or around 2016, did not use a CTG for monitoring when a Patient was being administered intravenous Syntocinon*

4. *On an unknown date in 2017, did not identify that a CTG trace was abnormal*

5. *On one or more occasions in 2017, while on a support improvement plan:*

   5.1 Did not accurately record Patient details on blood samples
   5.2 Did not accurately record Patient details in Patient notes
   5.3 Did not record Patient details comprehensibly in Patient notes

6. *On 13 July 2017, while on a supported improvement plan, you did not refer Patient C, a high risk patient, to a Consultant prior to sending them home.*

7. *On 14 July 2017, while on a Supported Improvement Plan, you delivered Baby D without calling for a second Midwife.*

8. *Your decision not to call a second midwife at charge 7 above was made because you were concerned that Colleague A, the second midwife, would have advised Patient D to come out of the birthing pool against*

their wishes, when it would have been clinically appropriate to give that advice

9. *On an unknown date between 1 April and 31 May18, attempted to look for a Patient's womb level while the Patient was sat up*

10. *On one or more occasions between 1 April and 31 July 2018 recorded incorrect dates of birth for Patients on a blood transfusion form.*

11. *On 5 June 2018, while subject to a Capability Process, in relation to Patient B's induction of labour:*

11.1 Your completion of medical notes was inadequate and/or inaccurate in that:

11.1.1 Your notes did not make clear whether or not use of opiates had been discussed with Patient B prior to induction

11.1.2 Yours notes did not record observing the signs of transition to second stage labour

11.1.3 There was a large gap in the notes

11.1.4 You made an entry concerning pain relief based on something you overheard rather than a discussion with the relevant doctor

11.1.5 As a result of your action at 11.1.4 above, your entry concerning pain relief did not record a direction from the doctor about Patient B

11.2 Your use of fresh eyes stickers was inadequate for CTG tracing

11.3 …

11.4 Your CTG tracing included a gap of 1 hour and 15 minutes without a fresh eyes review and/or was otherwise poor

11.5 You escalated a syntocinon infusion without recording a clear rationale

11.6 You informed Colleague B that you were confident and competent in applying a foetal scalp electrode, when you had never used or applied one before

12. *While on a Supported Practice Placement at Aberdeen Maternity Hospital between 21 October 2019 and 30 October 2019:*

12.1 On 21 October 2019, were unsure of what steps to take when a placenta was not delivered immediately after the delivery of a baby

12.2 On 21 October 2019 did not identify and/or escalate to Colleague D a change in a CTG trace

12.3 On 21 October 2019 and 22 October 2019 required prompting to apply Personal Protective Equipment

12.4 On 26 October 2019, when inserting a urinary catheter, did not adequately or at all employ a 'clean hand, dirty hand' aseptic technique

12.5 On 22 October 2019 and 29 October 2019, were unable to artificially rupture a membrane

12.6 On 28 October 2019, during an instrumental delivery, were unable to tell a doctor the strength or duration of a contraction from abdominal palpatations

12.7 On two occasions, when planning Second Stage care, were unable promptly to plan next steps of care without assistance from Colleague D

13. *While on a Supported Improvement Plan, did not, between 10 May 2021 and 2 September 2021, complete one or more of the following objectives:*

    13.1 Documentation
    13.2 Appropriate care planning according to Red/Green Pathway
    13.3 Assessment of intrapartum care needs
    13.4 Decision making
    13.5 Management of patient requiring induction of labour

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

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

'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 Miss Macdonald's fitness to practise remains impaired.

The panel noted that the original panel found that Miss Macdonald had insufficient insight. At this meeting the panel noted that Miss Macdonald has not provided any reflective piece to demonstrate any insight into her clinical failings. It noted that Miss Macdonald has not provided any evidence of any steps she has taken to strengthen her practice. It further noted that Miss Macdonald has not engaged with the NMC proceedings since the last hearing, except for the email she sent on 23 August 2024, stating that she is not returning to work for the NHS or anyone else, and is waiting to remove herself from the NMC register.

The original panel determined that Miss Macdonald was liable to repeat matters of the kind found proved.

Today's panel has received no new information to demonstrate that Miss Macdonald has taken steps to remediate the concerns. In light of the lack of evidence of engagement, insight, strengthening of practice and remediation, the panel determined that Miss Macdonald is still liable to repeat matters of the kind found proved. The panel therefore decided that a finding of continuing impairment is necessary on the grounds of public protection, and the panel found that Miss Macdonald is currently impaired.

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 Miss Macdonald's fitness to practise remains impaired.'

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

'The panel first considered whether to make a new order. The panel then considered whether to take no action but concluded that this would be inappropriate in view of the seriousness of the concerns in this 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 Miss Macdonald's 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 Miss Macdonald'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 replacing the suspension order with a conditions of practice order on Miss Macdonald'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 bore in mind the seriousness of the facts found proved at the original hearing and concluded that a conditions of practice order would not adequately protect the public or satisfy the public interest. The panel was not able to formulate conditions of practice that would adequately address the concerns relating to Miss Macdonald's lack of competence, attitudinal concerns and lack of insight.

The panel considered the imposition of a further period of suspension. It was of the view that a suspension order would allow Miss Macdonald further time to fully reflect on her previous failings. The panel concluded that a further 12 months suspension order would be the appropriate and proportionate response and would afford Miss Macdonald adequate time to develop her insight and take steps to strengthen her practice.

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 extend the existing suspension order for a period of 12 months. This would provide Miss Macdonald with an opportunity to engage with the NMC and provide any evidence of insight and strengthening of practice. It considered this to be the most appropriate and proportionate sanction available.

This suspension order will take effect upon the expiry of the current suspension order, namely the end of 3 October 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 would be assisted by:

- *Miss Macdonald engaging with the NMC proceedings.*
- *A reflective piece from Miss Macdonald addressing the charges found proved.*
- *Evidence of professional developments, including documentary evidence of training.'*

Decision and reasons on current impairment

The panel has considered carefully whether Miss Macdonald's 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.

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 Miss Macdonald's fitness to practise remains impaired.

The panel took into account the findings of the previous panels and considered whether there had been any material change in circumstances since the previous review. The panel noted that the concerns related to deficiencies in Miss Macdonald's clinical practice and that previous panels had determined that her fitness to practise was impaired on both public protection and public interest grounds.

The panel noted that the previous reviewing panel had identified a number of matters which would assist a future reviewing panel, including Miss Macdonald's engagement with the NMC, a reflective piece addressing the charges and the impact of her conduct on

patients and colleagues, evidence of professional development and documentary evidence of relevant training.

The panel considered the information before it at this review. The panel noted that Miss Macdonald had previously communicated with the NMC regarding her intentions in relation to nursing practice. However, the panel had received no new evidence demonstrating that Miss Macdonald had engaged with the NMC or complied with the concerns identified by the previous panels or the recommendations made at the previous review.

The panel determined that it had received no reflective piece demonstrating that Miss Macdonald had developed insight into the deficiencies identified in her practice or their potential impact upon patient safety. The panel also had no evidence of relevant training, continuing professional development or other steps taken by Miss Macdonald to strengthen her practice and address the concerns.

The panel had regard to the history of concerns regarding Miss Macdonald's practice and noted that she had previously been subject to performance improvement and support plans during her employment. The panel considered that she had been provided with opportunities to address the identified deficiencies but had been unable to demonstrate the required improvement. There was no new evidence before the panel at this review to demonstrate that those deficiencies had subsequently been remedied.

The panel considered that the concerns identified in Miss Macdonald's practice were capable of remediation. However, in the absence of evidence of reflection, relevant training, professional development or strengthening of practice, the panel was unable to conclude that the concerns had in fact been remedied.

The panel therefore considered that the risk of repetition remained. In the absence of evidence demonstrating that Miss Macdonald had addressed the deficiencies in her practice and was capable of practising safely and effectively, the panel determined that there remained a risk of repetition and a consequent risk of harm to patients were Miss Macdonald permitted to return to unrestricted practice.

The panel therefore determined that Miss Macdonald's fitness to practise remains impaired on public protection grounds.

The panel also considered the wider public interest. The panel considered that members of the public are entitled to expect registered midwives to practise safely and competently and to take appropriate steps to address identified deficiencies in their professional practice. The panel considered that there was no evidence before it demonstrating that Miss Macdonald had addressed the concerns which had resulted in the substantive order, notwithstanding the opportunities she had been afforded to do so.

The panel determined that, in these circumstances, a finding that Miss Macdonald's fitness to practise was no longer impaired would undermine public confidence in the nursing profession and the NMC as its regulator and would fail to declare and uphold proper professional standards.

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.

The panel therefore determined that Miss Macdonald's fitness to practise remains impaired on both public protection and public interest grounds.

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

Decision and reasons on sanction

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

The panel first considered taking no further action. The panel determined that this would be inappropriate given its finding of continuing impairment and the ongoing risk to public protection. The panel also considered that taking no further action would not satisfy the wider public interest.

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 Miss Macdonald's 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 Miss Macdonald'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 a conditions of practice on Miss Macdonald'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 bore in mind the seriousness of the facts found proved at the original hearing and concluded that a conditions of practice order would not adequately protect the public or satisfy the public interest. The panel also noted that there was no current evidence of meaningful engagement, remediation or strengthening of practice upon which workable and effective conditions could be formulated. The panel was not able to formulate conditions of practice that would adequately address the concerns relating to Miss Macdonald's lack of competence.

The panel next considered whether to extend the current suspension order. The panel noted that Miss Macdonald had already been afforded a significant period of time and opportunities through the substantive order and subsequent review process to address the concerns identified in her practice. The previous reviewing panel had identified specific material which would assist a future reviewing panel, including engagement with the NMC, a reflective piece, evidence of professional development and documentary evidence of relevant training.

The panel noted that no such material was before it at this review. There was no new evidence demonstrating that Miss Macdonald had developed sufficient insight, undertaken relevant training, strengthened her practice or otherwise addressed the deficiencies which had resulted in the substantive order. The panel considered that there was no evidence before it to indicate that a further period of suspension would result in Miss Macdonald addressing the outstanding concerns or enable her to return to safe and effective practice.

The panel determined that a further period of suspension would not serve any useful purpose in all of the circumstances. The panel determined that it was necessary to take action to prevent Miss Macdonald from practising in the future and concluded that the only sanction that would adequately protect the public and serve the public interest was a striking-off order.

The panel then considered a striking-off order. The panel had regard to the opportunities Miss Macdonald had already been afforded to address the concerns in her practice and the absence of evidence demonstrating that she had done so. The panel considered that the deficiencies remained unresolved and that there continued to be a risk to patient safety.

The panel determined that there was no evidence before it to demonstrate that Miss Macdonald was likely to be able to return to safe and unrestricted practice within a reasonable period of time. In all the circumstances, the panel determined that a striking-off order was the only appropriate and proportionate sanction and would ensure that the professional was removed from the register.

The panel therefore directs the registrar to strike Miss Macdonald’s name off the register upon the expiry of the current suspension order.

This striking-off order will take effect upon the expiry of the current suspension order, namely the end of 3 October 2026 in accordance with Article 30(1).

This decision will be confirmed to Miss Macdonald in writing.

That concludes this determination.