Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Meeting
Wednesday, 15 July 2026 – Friday, 17 July 2026

Virtual Meeting

Name of Registrant:	**Miss Julie Harland**
NMC PIN:	06I0184S
Part(s) of the register:	Sub Part 1 Registered Nurse - Adult RNA: Adult nurse, level 1 (03 February 2012)
Relevant Location:	South Lanarkshire
Type of case:	Misconduct
Panel members:	David Hull (Chair, Lay member) Deborah Ann Bennion (Registrant member) Matthew Clarkson (Lay member)
Legal Assessor:	Paul Housego
Hearings Coordinator:	Petra Bernard
Facts proved by admission:	All charges
Facts not proved:	None
Fitness to practise:	Impaired (public interest only)
Sanction:	**Caution order (2 years)**
Interim order:	**N/A**

Decision and reasons on service of Notice of Meeting

The panel was informed at the start of this meeting that the Notice of Meeting had been sent to Miss Harland's registered email address by secure email on 26 May 2026. Further, the panel noted that the Notice of Meeting was also sent to Miss Harland's representative at Thompsons Scotland on the same date.

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Meeting provided details of the allegations and that this meeting will be conducted on or after 30 June 2026, and invited Miss Harland to submit any documentation in advance of the meeting.

In the light of all of the information available, the panel was satisfied that Miss Harland 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).

Details of charge

That you, a registered nurse,

And while employed as Deputy Manager and Clinical Lead at Acorn Park Care Home ('the Home'):

1. Between 22 May 2018 and 17 September 2018 failed to ensure the safety and/or
wellbeing and/or welfare of residents within the Home, in that you failed to ensure:
    a. The Home was adequately staffed.
    b. Staff were supported and/or supervised to provide safe and effective care.
    c. The Home was clean and/or hygienic.
    d. Residents' personal care needs were met.
    e. Residents' social care needs were met.

f. Residents' clinical care needs were met.
g. Residents were moved and handled appropriately.
h. Residents' documentation was complete and/or adequate.
i. Consistency and quality of care and/or support for those living with a diagnosis of dementia.
j. Safe and/or effective handovers.
k. Concerns were appropriately escalated.

2. Between 22 and 23 May 2018:
a. Ignored Resident C when they were distressed and/or crying and/or calling out and/or disorientated.
b. Spoke rudely to the Care Inspector when they suggested providing Resident C with a resource to reduced Resident C's stressed behaviour.
c. Failed to provide Resident C with a resource to reduce their stressed behaviour following the suggestion of the Care Inspector.

AND in light of the above, your fitness to practise is impaired by reason of your misconduct.

Background

The Nursing and Midwifery Council (NMC) received a referral on 25 September 2018 from the Care Inspectorate concerning Miss Harland, arising out of an inspection at Acorn Park Care Home (the Home) carried out on 22 and 23 May 2018. The charges arose whilst Miss Harland was employed as the deputy manager and clinical lead of the Home. The Care Inspectorate found that a number of areas required improvement in relation to care plans, risk assessments, continence care, moving and handling and dementia care. A further inspection was carried out in August 2018 and the Home was found to have made no progress and there had in fact been a decline in the standards of care.

The Home was subsequently closed in September 2018 due to the concerns in relation to the safety of residents; failures in the care provided related to seven residents and concerned pressure care and skin integrity, continence care, infection control and

management, nutrition, oral health, eating and swallowing, moving and handling, end of life care, medication management and treatment, mental health and sensory issues.

The Police also investigated the concerns raised at the Home but the NMC provided no evidence of any charge or conviction.

Miss Harland admitted all the charges in the Case Management Form (CMF) returned in March 2025, in which she also accepted the charges amounted to misconduct and that her fitness to practise was impaired.

Decision and reasons on facts

At the outset of the meeting, the panel noted that Miss Harland in her completed CMF has made admissions to all charges. The panel had regard to the advice of the legal assessor, who referred to paragraph 24(5) of the Rules, which states:

> *'Where facts have been admitted by the registrant, the Chair shall announce that such facts have been found proved*.'

The panel therefore finds all of the charges set out above proved by way of Miss Harland's admissions.

Fitness to practise

Having reached its determination on the facts of this case, the panel then moved on to consider, whether the facts found proved amount to misconduct and, if so, whether Miss Harland's fitness to practise is currently impaired. There is no statutory definition of fitness to practise. However, the NMC has defined fitness to practise as a registrant's ability to practise safely and effectively without restriction.

The panel in reaching its decision, has recognised its statutory duty to protect the public and maintain public confidence in the profession. Further, it bore in mind that there is no burden or standard of proof at this stage and it has therefore exercised its own professional judgement.

The panel adopted a two-stage process in its consideration. First, the panel must determine whether the facts found proved amount to misconduct. Secondly, only if the facts found proved amount to misconduct, the panel must decide whether, in all the circumstances, Miss Harland's fitness to practise is currently impaired as a result of that misconduct.

Representations on misconduct and impairment

The NMC invited the panel to take the view that the facts found proved amount to misconduct. The panel had regard to the terms of The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates (2015) (the Code) in making its decision.

The NMC identified the specific, relevant standards where it maintained that Miss Harland's actions amounted to misconduct: 1.1, 1.2, 1.3, 2, 2.1, 2.2, 2.3, 2.6, 3, 3.1, 3.2, 3.3, 3.4, 8, 8.4, 8.5, 8.6, 0, 10.1, 10.2, 13, 13.5, 16, 16.1, 16.4, 19, 19.1, 19.3, 19.4, 20, 20.1, 20.3 and 20.8.

In written representations provided to the panel, the NMC submitted that Miss Harland accepted that the failings set out above amount to a serious departure from the fundamental tenets of the nursing profession and from the standards expected of a registered nurse.

The NMC submitted that Miss Harland's conduct was a serious departure from the standards expected of a registered nurse. As deputy manager and clinical lead, Miss Harland held a position of trust and was responsible for vulnerable residents at the Home. Miss Harland failed to resolve or escalate concerns identified by the Care Inspectorate, adequately safeguard residents, or ensure satisfactory social, personal and clinical care. As a result, residents were exposed to an unwarranted risk of serious harm, due to the deteriorating standards in all areas within the Home which were not recognised and/or not acted upon by Miss Harland.

Impairment

The NMC submitted that Miss Harland's conduct placed residents at an unwarranted risk of harm, and that actual harm was caused to some of them. As deputy manager and clinical lead, she was responsible for ensuring that residents received safe and effective care, that staff were properly supported, and that concerns were escalated. Her failures affected staffing, hygiene, personal and clinical care, moving and handling, and the care of residents living with dementia.

The NMC accepted that the concerns are capable of remediation and are not indicative of an underlying attitudinal issue. Miss Harland has reflected on her conduct, undertaken relevant training, and continued to work as a nurse without further reported concerns. The NMC acknowledged that the positive references and training also indicate progress in Miss Harland's nursing practice.

However, the NMC submitted that her insight is stronger in relation to her nursing practice than in relation to her management failings. The NMC submitted that the management concerns have not been fully addressed. The NMC asserted that Miss Harland has not sufficiently reflected on how her managerial failings placed residents at risk, damaged public confidence, or fell far below professional standards.

The NMC submitted that while there is a low risk to the public from Miss Harland's role as a nurse, there remained a risk of repetition of the behaviour should Miss Harland undertake a management role. The NMC further submitted that Miss Harland breached fundamental tenets of the nursing profession by failing to prioritise people, practise safely and effectively, and promote professionalism and trust. Her conduct was also said to have brought the profession into disrepute, given the serious and widespread failings identified by the Care Inspectorate and the resulting risk to vulnerable residents.

The NMC reminded the panel of its overarching objectives of the NMC, which are to protect the public and the reputation of the profession as part of the wider public interest. This included the need to declare and maintain proper standards and maintain public confidence in the profession and in the NMC as a regulatory body.

The NMC invited the panel to find Miss Harland's fitness to practise impaired on the ground of public protection and in the public interest.

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments. These included: *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant* [2011] EWHC 927 (Admin) and Dame Janet Smith's test as set out in the Fifth Report from the Shipman Inquiry. He also referred the panel to *Cohen v GMC* [2008] EWHC 581 (Admin) and *Nandi v General Medical Council* [2004] EWHC 2317 (Admin), and to the NMC's suite of guidance notes on impairment and sanction.

Decision and reasons on misconduct

In coming to its decision, the panel had regard to the case of *Roylance v GMC (No. 2)* [2000] 1 AC 311 which defines misconduct as a '*word of general effect, involving some act or omission which falls short of what would be proper in the circumstances.*' The panel bore in mind that matters found to be misconduct must be considered seriously below professional standards to the extent that they can be regarded as deplorable.

When determining whether the facts found proved amount to misconduct, the panel had regard to the terms of the Code.

The panel was of the view that Miss Harland's actions did fall significantly short of the standards expected of a registered nurse, and that her actions amounted to numerous breaches of the Code.

The panel agreed with the NMC that the following specific parts of the Code were breached, as set out below:

> ***'1 Treat people as individuals and uphold their dignity***
> *To achieve this, you must:*
> ***1.1** treat people with kindness, respect and compassion*
> ***1.2** make sure you deliver the fundamentals of care effectively*
> ***1.3** avoid making assumptions and recognise diversity and individual choice*

2 Listen to people and respond to their preferences and concerns

To achieve this, you must:

***2.1** work in partnership with people to make sure you deliver care effectively*

***2.2** recognise and respect the contribution that people can make to their own health and wellbeing*

***2.3** encourage and empower people to share in decisions about their treatment and care*

***2.6** recognise when people are anxious or in distress and respond compassionately and politely*

3 Make sure that people's physical, social and psychological needs are assessed and responded to

To achieve this, you must:

***3.1** pay special attention to promoting wellbeing, preventing ill health and meeting the changing health and care needs of people during all life stages*

***3.2** recognise and respond compassionately to the needs of those who are in the last few days and hours of life*

***3.3** act in partnership with those receiving care, helping them to access relevant health and social care, information and support when they need it*

***3.4** act as an advocate for the vulnerable, challenging poor practice and discriminatory attitudes and behaviour relating to their care*

8 Work co-operatively

To achieve this, you must:

***8.4** work with colleagues to evaluate the quality of your work and that of the team*

***8.5** work with colleagues to preserve the safety of those receiving care*

***8.6** share information to identify and reduce risk*

10 Keep clear and accurate records relevant to your practice This applies to the records that are relevant to your scope of practice. It includes but is not limited to patient records.

To achieve this, you must:

10.1 *complete records at the time or as soon as possible after an event, recording if the notes are written some time after the event*
10.2 *identify any risks or problems that have arisen and the steps taken to deal with them, so that colleagues who use the records have all the information they need*

13 Recognise and work within the limits of your competence
To achieve this, you must, as appropriate:
13.5 *complete the necessary training before carrying out a new role*

16 Act without delay if you believe that there is a risk to patient safety or public protection
To achieve this, you must:
16.1 *raise and, if necessary, escalate any concerns you may have about patient or public safety, or the level of care people are receiving in your workplace or any other health and care setting and use the channels available to you in line with our guidance and your local working practice*
16.4 *acknowledge and act on all concerns raised to you, investigating, escalating or dealing with those concerns where it is appropriate for you to do so*

19 Be aware of, and reduce as far as possible, any potential for harm associated with your practice
To achieve this, you must:
19.1 *take measures to reduce as far as possible, the likelihood of mistakes, near miss*
19.3 *keep to and promote recommended practice in relation to controlling and preventing infection*
19.4 *take all reasonable personal precautions necessary to avoid any potential health risks to colleagues, people receiving care and the public*

20 Uphold the reputation of your profession at all times
To achieve this, you must:
20.1 *keep to and uphold the standards and values set out in the Code*

20.3 *be aware at all times of how your behaviour can affect and influence the behaviour of other people*
20.8 *act as a role model of professional behaviour for students and newly qualified nurses, midwives and nursing associates to aspire to'*

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. The panel acknowledged Miss Harland's extensive and detailed reflections over a number of years and that she accepts in detail the fact that her actions put residents at considerable risk of harm and that actual harm was caused. The panel determined that Miss Harland's actions had fallen seriously short of the standards expected of a registered nurse.

The panel had sight of the Care Inspectorate's inspection reports, which described extremely poor conditions at the Home. The panel noted that particularly vulnerable residents were not receiving care to an acceptable standard, including some residents with advanced dementia and others who were receiving end-of-life care. There were multiple instances of residents being left in appalling conditions and circumstances, and this had extended over a considerable period of time. The panel considered these failings to be serious and to amount to professional misconduct.

The panel acknowledged that Miss Harland had no managerial experience, and had been given no training or support. The panel also acknowledged that she had been placed in an invidious and difficult position as the owners and managers of the home did not provide the resources necessary and this was a failing service which eventually went into administration. However, Miss Harland was responsible for the residents who were in her care. Although the panel properly took account of the pressures she faced, the fact was that she failed the highly vulnerable residents whose care was entrusted to her.

The panel also noted that over the ensuing eight years Miss Harland has reflected deeply on her conduct and fully accepted that she had been professionally compromised at the time and has recognised, with her developed insight, that she should have acted differently. The panel accepted that her lack of experience allied with a complete lack of management training or support and naivety were relevant

background factors. The panel noted that Miss Harland did not attempt to excuse herself by reference to the circumstances, or seek to minimise the extent of her failings by blaming others. The panel noted that Miss Harland had subsequently undertaken relevant training relating to management of a nursing home, and had plainly learned a lot about good management through her role as a nurse in her current employment in a well-run home, continually since 2018.

However, this subsequent strengthening of practice did not reduce the extent of Miss Harland's management failings at the time. The panel observed that registered nurses working in care homes may often have limited supervision, and that this highlights the importance of recognising and escalating concerns when standards of care fall below required standards.

The panel recognised that care home settings can differ significantly from those of hospitals or large NHS Trusts, where there may be stronger support structures such as management, HR and clinical supervision. The panel accepted that nurses in care homes can work with limited support, particularly on night shifts, but considered that this did not remove Miss Harland's professional duty to protect residents and escalate serious concerns.

These concerns did not extend to Miss Harland's own nursing practice. When the Home was closed and residents were moved to others, some of the residents chose to transfer to the home where Miss Harland had obtained employment specifically to continue to receive care from her.

The panel noted that Miss Harland accepts that her failings as set out above were a serious departure from the fundamental tenets of the nursing profession and the standards expected of a registered nurse.

The panel therefore finds that Miss Harland's actions did fall seriously short of the conduct and standards expected of a nurse and amounted to misconduct.

Decision and reasons on impairment

The panel next went on to decide if as a result of Miss Harland's misconduct, her fitness to practise is currently impaired.

In coming to its decision, the panel had regard to the NMC Guidance on *'Impairment'* (Reference: DMA-1 Last Updated: 28/01/2026) in which the following is stated:

> *'Being fit to practise is not defined in our legislation but for us it means that a professional on our register can practise as a nurse midwife or nursing associate safely and effectively without restriction.'*

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 *CHRE v NMC and Grant* 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/their fitness to practise is impaired in the sense that S/He/They:

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) *...'*

The panel was of the view that limbs a), b) and c) of the above test were potentially engaged by reason of Miss Harland's past conduct.

The panel finds that residents were put at risk and some were caused actual harm as a result of Miss Harland's misconduct. Miss Harland's misconduct breached the fundamental tenets of the nursing profession and brought its reputation into disrepute.

The panel considered the following factors as set out in the case of *Cohen*:

- Is the behaviour easily remediable?
- Has it already been remedied?
- Is it highly unlikely to be repeated?

The panel was of the view that Miss Harland's failings were remediable. The panel had regard to the detailed reflections Miss Harland provided, which demonstrated full insight into her inaction and the impact of her failings, as well as relevant training undertaken over a number of years, including management training. The panel was satisfied that Miss Harland had successfully taken meaningful steps to address the concerns

identified. The panel further considered that Miss Harland had not sought to blame others and had accepted responsibility for what had happened. While Miss Harland had not sought to deflect responsibility for what had happened, or to offer any excuses, it was apparent that the circumstances did not indicate any attitudinal issues. Rather, she had been placed by unsupportive management in a role for which she had no experience or expertise in a failing institution.

The panel was satisfied that the misconduct in this case is capable of being addressed.

The panel therefore carefully considered the evidence before it in determining whether or not Miss Harland has taken steps to strengthen her practice.

The panel had sight of a considerable number of positive testimonials provided on Miss Harland's behalf. These included references from current employers, colleagues and the families of residents. The panel placed weight on the fact that she had continued to practise in a similar clinical setting for eight years without any repetition of the concerns.

The panel considered that although Miss Harland had not returned to a management role, she had gained full insight, completed extensive relevant training and experienced better standards of management and support in her current working environment. It found that these factors reduced the risk of repetition if she were to undertake management responsibilities in the future. The panel was also impressed by the depth of her insight into her past failings.

The panel therefore disagreed with the NMC's position that impairment is required on public protection grounds because of the possibility that she might seek to return to a management role. The panel concluded that, in light of Miss Harland's insight, remediation, training, positive effective nursing practice history, exposure to sound management practices over an extended period of time, the risk of repetition was highly unlikely.

The panel noted that the NMC accepted that there was no risk to patients from Miss Harland's personal nursing practice. This was the inevitable conclusion from the

undisputed fact that she had been in practice at the same home for the last eight years, the management of which provided glowing references about her nursing practice.

The panel was of the view that Miss Harland was not liable to place patients at unwarranted risk of harm or actual harm, to bring the profession into disrepute and to breach fundamental tenets of the profession in the future. For these reasons, the panel determined that a finding of impairment is not necessary on the grounds of public protection.

The panel bore in mind that 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 then considered whether a finding of current impairment was required on public interest grounds. The panel considered the vulnerability of the residents, the sustained and serious nature of the historic failings, actual and potential harm, safeguarding concerns, infection-control issues, medication concerns, and the wider regulatory involvement.

The panel was of the view that confidence in the profession and in the NMC as a regulator would be undermined if a finding of impairment were not made on public interest grounds, in order to mark the seriousness of the conduct in this case. The particular reasons why the public interest was a reason to find current impairment notwithstanding the panel's finding that Miss Harland's fitness to practise is not currently impaired looking forward were the range of failings in management, the vulnerability of many of the residents (end of life care and advanced dementia), and the duration of the failings.

Having regard to all of the above, the panel was satisfied that Miss Harland's fitness to practice is currently impaired, on public interest grounds alone.

Sanction

The panel considered this case very carefully and decided to make a caution order for a period of two years. The effect of this order is that Miss Harland's name on the NMC register will show that she is subject to a caution order and anyone who enquires about her registration will be informed of this order.

Representations on sanction

The panel noted that the NMC's statement of case indicates it would seek the imposition of a conditions of practice order for a period of 12 months, if the panel found Miss Harland's fitness to practise is currently impaired.

Decision and reasons on sanction

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 regard to the NMC Guidance on *'The sanctions available'* (Reference: SAN-2 Last Updated: 28/01/2026). The decision on sanction is a matter for the panel independently exercising its own judgement.

The panel took into account the following aggravating features:

- Conduct which deliberately or recklessly put people receiving care at risk of suffering harm and caused actual harm
- A pattern of misconduct over a period of time
- Vulnerability of persons receiving care
- Failure to lead or manage staff when the deputy manager and clinical lead of a twenty-eight bed home with highly vulnerable residents

The panel also took into account the following mitigating features:

- Early admissions of the facts

- Evidence of having worked safely and professionally in the same or similar role since the events which caused concern
- Relevant training courses undertaken including managerial content
- Reflective accounts which provided in-depth insight, focussing on her own failing and not seeking to deflect blame or evade responsibility
- Evidence of keeping up to date with her area of relevant training
- Shown remorse and identified significant areas of her own development
- Effective performance as a nurse over the past eight years
- Relative inexperience at the time having received no support
- Efforts undertaken to prevent a repeat of these events

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.

Next, in considering whether a caution order would be appropriate in the circumstances, the panel had regard to the NMC Guidance on 'Caution order' (Reference: SAN-2b) Last Updated: 28/01/2026) in which the following is set out:

> *'A caution is only appropriate if the Committee has decided there's no risk to the public or to people using services that requires the professional's practice to be restricted. This means 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 had decided that there was no risk to the public from Miss Harland continuing to practice. This was not at the lower end of the spectrum of seriousness. However, the panel was firmly of the view that a suspension or strike off order would be wholly disproportionate in the circumstances.

The panel also took note of the NMC's guidance note, which it considered applicable to this case:

‘A caution may be appropriate when any of the following factors are apparent (this list is not exhaustive):

- *significant evidence of re-training and reflection*
- *significant insight which makes repetition highly unlikely*
- *a sanction is necessary to uphold professional standards and public confidence in the profession, but the professional is able to practise safely and a more restrictive sanction would be disproportionate.’*

The panel noted the NMC’s own view clearly set out in its statement of case was that suspension or strike off was disproportionate.

The reasons it would be disproportionate to impose a suspension order (or a striking off order) are:

- that there is no current risk to the public from Miss Harland practising as a nurse;
- eight years have passed since these events;
- the circumstances at the time, set out above, show that the charges arose from very particular circumstances;
- Miss Harland is a very different nurse now compared to eight years ago;
- it would be unduly punitive to prevent Miss Harland from practising, even for a short time, after the subsequent eight years of sound nursing practice.

More widely, the panel noted that Miss Harland has shown full insight into her conduct. The panel took account that she has made admissions and apologised for her misconduct, demonstrating genuine remorse. Miss Harland has engaged with the NMC since referral. The panel has been told that there have been no adverse findings in relation to Miss Harland’s practice either before or since these events.

As the panel decided that Miss Harland’s fitness to practise was not currently impaired by reason of risk to the public there was (as the NMC’s guidance states) no possibility of formulating conditions of practice.

The panel has decided that a caution order for a period of two years would adequately address the public interest in this case. This period reflects the extent of the charges, but longer would be disproportionate as by the time the caution expires, ten years will have elapsed since the events described in the charges.

For the next two years, Miss Harland's employer - or any prospective employer - will be on notice that her fitness to practise had been found to be impaired on public interest grounds and that her practice is subject to this sanction.

Having considered the general principles above and looking at the totality of the findings on the evidence, the panel has determined that to impose a caution order for a period of two years is the appropriate and proportionate response. It marks not only the importance of maintaining public confidence in the profession, but also sends the public and the profession a clear message about the standards required of a registered nurse.

At the end of this period the note on Miss Harland's entry in the register will be removed. However, the NMC will keep a record of the panel's finding that her fitness to practise had been found impaired. If the NMC receives a further allegation that Miss Harland's fitness to practise is impaired, the record of this panel's finding and decision will be made available to any practice committee that considers the further allegation.

This will be confirmed to Miss Harland in writing.

That concludes this determination.