

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

**Substantive Order Review Hearing
Thursday, 11 June 2026**

Virtual Hearing

Name of Registrant: Theola A. Marshall-Bernard

NMC PIN: 98F1115O

Part(s) of the register: Registered Midwife RM – December 2000
Registered Nurse RN1 – June 1998

Relevant Location: Birmingham

Type of case: Lack of competence

Panel members: Phil Lowe (Chair, Lay member)
Susan Quayle (Registrant member)
Yusuf Deerow (Lay member)

Legal Assessor: Alain Gogerty

Hearings Coordinator: Teige Gardner

Nursing and Midwifery Council: Represented by Joanna Le Bert-Francis, case presenter

Mrs Marshall-Bernard: Not present and unrepresented

Order being reviewed: Conditions of practice order (18 months)

Fitness to practise: Impaired

Outcome: **Conditions of practice order (12 months)**

Decision and reasons on service of Notice of Hearing

The panel was informed at the start of this hearing that Mrs Marshall-Bernard was not in attendance and that the Notice of Hearing had been sent to Mrs Marshall-Bernard's registered email address by secure email on 8 May 2026.

Ms Le Bert-Francis, on behalf of the Nursing and Midwifery Council (NMC), submitted that it had complied with the requirements of Rules 11 and 34 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Hearing provided details of the substantive order being reviewed, the time, date and that the hearing was to be held virtually, including instructions on how to join and, amongst other things, information about Mrs Marshall-Bernard's right to attend, be represented and call evidence, as well as the panel's power to proceed in her absence.

In the light of all of the information available, the panel was satisfied that Mrs Marshall-Bernard has been served with notice of this hearing in accordance with the requirements of Rules 11 and 34.

Decision and reasons on proceeding in the absence of Mrs Marshall-Bernard

The panel next considered whether it should proceed in the absence of Mrs Marshall-Bernard. The panel had regard to Rule 21 and heard the submissions of Ms Le Bert-Francis who invited the panel to continue in the absence of Mrs Marshall-Bernard. She submitted that Mrs Marshall-Bernard had voluntarily absented herself.

Ms Le Bert-Francis submitted that there had been no engagement at all by Mrs Marshall-Bernard with the NMC in relation to these proceedings and, as a consequence, there was no reason to believe that an adjournment would secure her attendance on some future occasion.

The panel accepted the advice of the legal assessor.

The panel has decided to proceed in the absence of Mrs Marshall-Bernard. In reaching this decision, the panel has considered the submissions of Ms Le Bert-Francis and the advice of the legal assessor. It has had particular regard to the relevant case law and to the overall interests of justice and fairness to all parties. It noted that:

- No application for an adjournment has been made by Mrs Marshall-Bernard;
- Mrs Marshall-Bernard has not engaged with the NMC and has not responded to any of the letters sent to her about this hearing;
- There is no reason to suppose that adjourning would secure her attendance at some future date; and
- There is a strong public interest in the expeditious review of the case.

In these circumstances, the panel has decided that it is fair to proceed in the absence of Mrs Marshall-Bernard.

Decision and reasons on review of the substantive order

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

This order will come into effect at the end of 13 July 2026 in accordance with Article 30(1) of the 'Nursing and Midwifery Order 2001' (the Order).

This is the first review of a substantive conditions of practice order originally imposed for a period of 18 months by a Fitness to Practise Committee panel on 11 December 2024.

The current order is due to expire at the end of 13 July 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:

'That you, a registered midwife:

"1) Between May 2022 and December 2022 failed to demonstrate the standards of knowledge, skill and judgment required to practise without supervision as a Midwife in that:

a) On an unknown date in May 2022, failed to complete observations and/or take blood tests for one or more patient on the postnatal unit;

b) Between 22 August 2022 and 30 September 2022:

i) failed to administer Clexane to a patient despite recognising that there was a high venous thromboembolism (VTE)

ii) failed to take a blood glucose test for a newborn baby;

iii) failed to provide key information during a SBAR handover;

iv) on one or more occasion, failed to correctly categorise CTG's

c) On 7 October 2022:

i) incorrectly interpreted an intrapartum CTG;

ii) did not know the correct dose of Vitamin K required for a newborn baby;

d) On 12 October 2022 failed to recognise that a newborn baby had a low

temperature:

e) On or before 13 October 2022 did not recognise and/or escalate a fetal

bradycardia;

f) On or before 23 October 2022 did not have an adequate understanding

around the correct dose/rate of antenatal and/or postnatal syntocinon

infusions;

g) On 21 October 2022 failed to act appropriately and/or in a timely manner

during an emergency in that you:

- i. did not get the patient ready for theatre as quickly as required;*
- ii. did not understand the immediate need for a CTG to be done when arriving in theatre for a category one caesarean;*
- iii. did not get ready for the catheter insertion;*
- iv. did not check the resuscitaire;*
- v. did not bleep for the paediatrician;*
- vi. was not adequately prepared to receive a newborn baby following surgery;*
- vii. did not manage the situation appropriately when the patient became tachycardic;*
- viii. had to be prompted to complete observations;*

h. On 21 October 2022 did not ask for a full handover in relation to a patient you were caring for:

i. On 4 November 2022:

- i) incorrectly categorised high variability of the fetal heart rate on a CTG as a bradycardia;*
- ii) Having made an inaccurate assessment at (i), failed to escalate the CTG result appropriately;*
- iii) Slept during your shift;*

j. On 6 November 2022:

- i. failed to make decisions in a timely manner in that you did not respond appropriately when a CTG showed reduced variability;*
- ii. failed to put up intravenous fluids for the patient in response to the reduced variability;*

- iii. failed to carry out hourly CTG reviews;*
- iv. failed to include key information during handover;*

k. On 10 November 2022:

- i. failed to undertake hourly labour assessment;*
- ii. failed to complete adequately or at all, the necessary care records/and or paperwork;*
- iii. required support when providing handovers;*
- iv. whilst assisting a patient in labour, failed to correctly protect the perineum;*
- v. required prompting to administer intravenous antibiotics to a patient;*
- vi. requested to take a break whilst caring for a patient whose placenta was still in situ;*
- vii. discontinued a patient's CTG when it was abnormal, without any clinical justification;*
- viii. did not escalate your concerns about an abnormal CTG;*
- ix. failed to identify and/or escalate when a patient had high blood pressure;*
- x. failed to provide key information during handover for a patient you had cared for;*

l. On 24 November 2022:

- i. failed to complete basic tasks in a timely manner;*
- ii. was unable to cannulate a patient safely and/or appropriately;*
- iii. was unable to perform ARM safely and/or using the correct technique;*
- iv. did not know how to administer Oxytocin;*
- v. did not know or understand why a patient required perineal repair following delivery;*
- vi. was unable to perform perineal suturing;*

m. On 23 December 2022:

- i. Made inappropriate comments and/or used abusive language in the presence of one or more patient;*
- ii. performed a vaginal examination on a patient and did not explain the procedure;*
- iii. did not obtain consent from the patient before performing the procedure at (ii) above;*
- iv. required prompting to listen to fetal heart monitoring every 15 minutes;*
- v. did not listen to the fetal heart for a full 1 minute as required;*

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

The original panel determined the following with regard to impairment:

‘The panel determined that Mrs Marshall-Bernard’s actions have placed patients at risk of harm. It found that her actions breached fundamental tenets of the profession as set out in the Code, and so also brought the profession into disrepute.

The panel considered the case of Cohen, in particular the three matters which are described as being ‘highly relevant’ to the determination of the question of current impairment:

- i. Whether the conduct that led to the charge(s) is easily remediable.*
- ii. Whether it has been remedied.*
- iii. Whether it is highly unlikely to be repeated.*

Regarding whether Mrs Marshall-Bernard’s deficiencies are remediable, the panel considered that the shortcomings identified pertain to technical midwifery skills. Accordingly, these failings are capable of remediation. However, the panel noted that, while there is evidence of some progress—such as a satisfactory SBAR

handover reported towards the end of the relevant period— Mrs Marshall-Bernard has not remedied the deficiencies overall.

The panel noted that there is limited evidence before it demonstrating Mrs Marshall-Bernard's insight into her failings. In her last email to the NMC dated 25 September 2024 she said:

'I never hurt any patients or administered wrong medication during my tenure at Birmingham Women's Hospital. I did my best to cope under constant intense scrutiny in a busy and often chaotic clinical environment. However, I found the constant scrutiny unbearable as it caused increasing nervousness which eroded my confidence. I had a spotless clinical performance record of over 20 years prior to working at Birmingham Women's Hospital.'

Furthermore, while some local documentation suggests a degree of insight, it is insufficient to provide assurance that she fully understands the nature and extent of her deficiencies, or the steps required to address them. In addition, the panel has not been provided with evidence from Mrs Marshall-Bernard of any reflection or remediation, and in her 25 September 2024 email she said that she had:

'... no intention of EVER practicing as a midwife again and as such I want to be removed from the midwifery register. I did not revalidate midwifery as a result.' [sic]

Since the incidents in 2022, Mrs Marshall-Bernard has not practised midwifery and, as such, she has not been able to demonstrate any practical improvement or addressed the concerns raised through her practice. In the absence of evidence of insight or remediation, the panel is satisfied that there is a risk of repetition of the failings should she be permitted to practise without restriction. The panel has therefore determined that Mrs Marshall-Bernard's fitness to practice is impaired on the grounds of public protection.

The panel bore in mind that the overarching objectives of the NMC are to protect, promote and maintain the health safety and well-being of the public and patients, and to uphold/protect the wider public interest, which 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 considered that a well-informed member of the public would reasonably expect a finding of current impairment, given the wide-ranging nature of the deficiencies found proved. Failure to find impairment would undermine public confidence in the profession and its regulatory processes. Consequently, the panel finds Mrs Marshall-Bernard's fitness to practice impaired on the grounds of public interest as well as public protection.

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

The original panel determined the following with regard to sanction:

'It then considered the imposition of a caution order but again determined that, due to the seriousness of the case, and the public protection issues identified, an order that does not restrict Mrs Marshall-Bernard's practice would not be appropriate in the circumstances. 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 a conditions of practice order on Mrs Marshall-Bernard's registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable.

The panel took into account the SG, in particular the following guidance for when conditions of practice could be appropriate:

- *No evidence of harmful deep-seated personality or attitudinal problems;*
- *Identifiable areas of the nurse or midwife's practice in need of assessment and/or retraining;*
- *No evidence of general incompetence;*
- *Potential and willingness to respond positively to retraining;*
- *Patients will not be put in danger either directly or indirectly as a result of the conditions;*
- *The conditions will protect patients during the period they are in force; and*
- *Conditions can be created that can be monitored and assessed.*

In considering this guidance, the panel carefully reviewed the matter and found no evidence of harmful deep-seated personality or attitudinal problems.

The panel noted that there are numerous identifiable areas of Mrs Marshall-Bernard's practice requiring assessment and retraining, but did not consider that these amounted to 'general incompetence' in the context of Mrs Marshall-Bernard's long prior career as a midwife. The panel determined that appropriate conditions could be devised, implemented, and monitored effectively to ensure patient safety during the period in which the conditions are in force. These conditions, the panel decided, would adequately protect patients from harm.

The panel also acknowledged concerns regarding the breadth of the areas requiring improvement and strengthening. However, it took into account that Mrs Marshall-Bernard's employer had continued to support her until her resignation, and the evidence presented indicated limited but discernible improvements in her practice.

The panel noted Mrs Marshall-Bernard's email stating that she did not intend to practise as a midwife again, but decided it would be unfair at this stage not to give her the option to remediate her practice.

The panel determined that imposing a suspension order would be disproportionate, as it would prevent Mrs Marshall-Bernard from having the opportunity to strengthen her practice and would result in her being entirely out of practice during the suspension period. The panel further noted that suspension would also apply to Mrs

Marshall-Bernard's role as a nurse because the register covers both professions indivisibly.

Balancing all of these factors, the panel determined that that the appropriate and proportionate sanction is that of a conditions of practice order. It concluded that this order will adequately protect the public, mark the importance of maintaining public confidence in the profession, and will send to the public and the profession a clear message about the standards of practice required of a registered midwife.

The panel decided that the following conditions should be imposed in this case:

'For the purposes of these conditions, 'employment' and 'work' mean any paid or unpaid post in a nursing, midwifery or nursing associate role. Also, 'course of study' and 'course' mean any course of educational study connected to nursing, midwifery or nursing associates.'

- 1. You must keep the NMC informed about anywhere you are working by:
 - a) Telling your case officer within seven days of accepting or leaving any employment.*
 - b) Giving your case officer your employer's contact details.**

- 2. You must keep the NMC informed about anywhere you are studying by:
 - a) Telling your case officer within seven days of accepting any course of study.*
 - b) Giving your case officer the name and contact details of the organisation offering that course of study.**

- 3. You must immediately give a written copy of these conditions to:*

- a) *Any organisation or person you work for.*
- b) *Any agency you apply to or are registered with for work.*
- c) *Any employers you apply to for work (at the time of application).*
- d) *Any establishment you apply to (at the time of application), or with which you are already enrolled, for a course of study.*
- e) *Any current or prospective patients or clients you intend to see or care for on a private basis when you are working in a self-employed capacity*

4. *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.*

5. *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.*

6. *You must send the NMC a report two weeks in advance of your next NMC hearing or meeting, detailing your general performance within the areas 7a-g below, from your:*

- *Ward or unit manager*
- *Deputy ward or unit manager*

- *Practice development midwife*

7. You must not:

- a) *Monitor and review CTG traces independently until such time as you are assessed as competent by a supervisor and your employer to categorise and respond to CTG traces.*
- b) *Cannulate patients unsupervised until you have been confirmed as competent by a supervising midwife and your employer.*
- c) *Deliver a baby through the second or third stage of labour without a supervising midwife continually present until you have been confirmed as competent by a supervising midwife and your employer.*
- d) *Attempt to assess and suture the perineum without prior learning, planning and direct instruction from a supervising midwife until you have been confirmed as competent by a supervising midwife and your employer to do so.*
- e) *Commence Oxytocin or Syntocinon administration without a supervising midwife checking the details and observing the commencement of treatment until you have been confirmed as competent by a supervising midwife and your employer to do so.*
- f) *Perform ARM without direct supervision until you have been confirmed as competent by a supervising midwife and your employer to carry out this procedure.*
- g) *Provide SBAR handovers without the oversight of a supervising midwife until you have been confirmed as competent to do so by a supervising midwife and your employer.*

8. *Until you are signed off as competent, you must ensure that you are supervised by a midwife who is identified as a learning mentor anytime that you are working.*

Your supervision must consist of:

a) Working under direct supervision and in the same room as the supervising midwife when working on:

- Delivery suite*
- Induction area*
- Theatres*

b) Work on the same shift as and under indirect supervision when working on:

- Antenatal clinic or ward*
- Post natal ward*

9. *You must send your case officer evidence that you have been assessed as competent by your employer to carry out each of the following interventions independently. This maybe in the form of an assessment sheet, letter or email from the assessor that includes the details of the assessment, the date of assessment, their signature, email address and telephone number:*

a) Monitoring and reviewing CTG

b) Intravenous cannulation of adult

c) Delivering a baby through the second and third stage of labour following the local & national procedure / guidelines

d) Assessment and suturing of the perineum following the local & national procedure / guidelines

e) Commencing Oxytocin or Syntocinon administration and maintaining aftercare and monitoring following the local and national procedure / guidelines

f) Performing ARM following the local and national procedure / guidelines

g) Provide handovers using the SBAR tool to provide all relevant information in a logical sequence

10. You must keep a personal development log that provides the details of each time you observe, participate and/or undertake one of the processes in condition 7) above. The details to record are:

Date & time, brief description and feed back obtained from your supervisor. These records should link to your personal reflective profile.

11. The reflective profile must contain the same detail as the personal development log, but you must add your own reflections on the event. You should note your achievements, points for improvement and things that you would do differently next time. A summary, deduced from this profile, should be sent to your case manager two weeks before the next hearing/meeting demonstrating your developing insight and learning.

12. You must work with your line manager/unit manager or deputy/supervising midwife/development midwife or equivalent to develop your PDP and this must reflect the concerns listed at condition 7a-g above. It must document the learning processes and interventions needed to enable your achievement and remediation of each of the concerns listed at condition 7a-g.

13) You must meet with your line manager/unit manager or deputy/supervising midwife/ development midwife or equivalent every 6 weeks to review progress towards the aims of the PDP.

You must send your case officer your PDP within three months of commencing your employment and at 6-month intervals after your reviews showing the progress being made towards the aims.'

Decision and reasons on current impairment

The panel has considered carefully whether Mrs Marshall-Bernard'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. It has taken account of the submissions made by Ms Le Bert-Francis on behalf of the NMC. She submitted that Mrs Marshall-Bernard has not engaged with the NMC for some time and has therefore not evidenced her insight or strengthened practice at this hearing. She informed the panel that Ms Marshall-Bernard sent an email to the NMC stating that she will not be returning to be a midwife. However, she has not made any formal application to be removed from the register. She told the panel that Mrs Marshall-Bernard has not worked as a registered midwife since the incidents occurred.

Ms Le Bert-Francis submitted that the charges found proved are serious, as they relate to wide-ranging clinical concerns that relate to fundamental areas of midwifery practice. She submitted that Mrs Marshall-Bernard's lack of competence put patients at a real risk of harm. She submitted that Mrs Marshall-Bernard has failed to evidence any insight into the charges found proved nor has she strengthened her practice in the areas of concerns identified. She submitted that, in these circumstances, there remains a real risk of repetition in this case and a finding of impairment is necessary on the ground of public protection.

Ms Le Bert-Francis submitted that the reputation of the profession and the NMC would be seriously damaged if Ms Marshall-Bernard is not found impaired, considering the serious and wide-ranging concerns in this case. She invited the panel to find impairment in the wider public interest.

Ms Le Bert-Francis invited the panel to continue the current conditions of practice order.

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 Mrs Marshall-Bernard's fitness to practise remains impaired.

The panel noted that Mrs Marshall-Bernard has not engaged with the NMC process for some time and has therefore not provided any evidence of her insight into the charges found proved nor her strengthened practice. The panel also noted that Mrs Marshall-Bernard has not worked as a registered midwife since the incidents occurred, therefore she has not demonstrated a period of safe practice. In addition, the panel noted that Mrs Marshall-Bernard told the NMC that she does not want to continue working as a registered midwife, however she has not made a formal application to be removed from the register.

The panel was of the view that the charges found proved are serious and wide-ranging, relating to fundamental midwifery practices. The panel found that Mrs Marshall-Bernard's actions did put patients under her care at an unwarranted risk of harm. As Mrs Marshall-Bernard has not engaged with the NMC process, there was no evidence before the panel that she has shown insight or remorse for her lack of competence. Further, the panel noted that Mrs Marshall-Bernard has not worked as a midwife since the incidents occurred, therefore she has not shown a sustained period of safe practice, nor has she evidenced ways in which she has strengthened her practice. Therefore, the panel determined that there is a real risk of repetition in this case and a finding of impairment is necessary on the ground of public protection.

The panel was of the view that the reputation of the profession and the NMC would be seriously damaged if Ms Marshall-Bernard is not found impaired at this hearing, considering the wide-ranging and serious nature of the concerns in this case. 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 Mrs Marshall-Bernard's fitness to practise remains impaired.

Decision and reasons on sanction

Having found Mrs Marshall-Bernard'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 whether to take no action but concluded that this would be inappropriate in view of the seriousness of the case. The panel decided that it would be neither proportionate nor in the public interest to take no further action.

It then considered the imposition of a caution order but again determined that, due to the seriousness of the case, and the public protection issues identified, an order that does not restrict Mrs Marshall-Bernard'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 Mrs Marshall-Bernard'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 imposing a further conditions of practice order on Mrs Marshall-Bernard's registration would still be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable.

The panel determined that it would be possible to formulate appropriate and practical conditions which would address the failings highlighted in this case. The panel accepted that Mrs Marshall-Bernard's conduct is remediable and there are conditions that could be formulated that can adequately protect the public and uphold the public interest.

The panel was of the view that a further conditions of practice order is sufficient to protect patients and the wider public interest, noting as the original panel did that there was no evidence of general incompetence. In this case, there are conditions that could be formulated which would protect patients during the period they are in force.

Accordingly, the panel determined, pursuant to Article 30(1)(c) to make a conditions of practice order for a period of 12 months, which will come into effect on the expiry of the current order, namely at the end of 13 July 2026. It noted that the conditions of practice order might cause Mrs Marshall-Bernard person hardship, however her needs are outweighed by the need to protect the public and uphold the public interest in this case.

It decided to impose the following conditions which it considered are appropriate and proportionate in this case:

'For the purposes of these conditions, 'employment' and 'work' mean any paid or unpaid post in a nursing, midwifery or nursing associate role. Also, 'course of study' and 'course' mean any course of educational study connected to nursing, midwifery or nursing associates.'

1. You must keep the NMC informed about anywhere you are working by:
 - a) Telling your case officer within seven days of accepting or leaving any employment.
 - b) Giving your case officer your employer's contact details.

2. You must keep the NMC informed about anywhere you are studying by:
 - a) Telling your case officer within seven days of accepting any course of study.

- b) Giving your case officer the name and contact details of the organisation offering that course of study.
3. You must immediately give a written copy of these conditions to:
 - a) Any organisation or person you work for.
 - b) Any agency you apply to or are registered with for work.
 - c) Any employers you apply to for work (at the time of application).
 - d) Any establishment you apply to (at the time of application), or with which you are already enrolled, for a course of study.
 - e) Any current or prospective patients or clients you intend to see or care for on a private basis when you are working in a self-employed capacity
4. 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.
5. 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.
6. You must send the NMC a report two weeks in advance of your next NMC hearing or meeting, detailing your general performance within the areas 7a-g below, from your:
 - Ward or unit manager

- Deputy ward or unit manager
- Practice development midwife

7. You must not:

- a) Monitor and review CTG traces independently until such time as you are assessed as competent by a supervisor and your employer to categorise and respond to CTG traces.
- b) Cannulate patients unsupervised until you have been confirmed as competent by a supervising midwife and your employer.
- c) Deliver a baby through the second or third stage of labour without a supervising midwife continually present until you have been confirmed as competent by a supervising midwife and your employer.
- d) Attempt to assess and suture the perineum without prior learning, planning and direct instruction from a supervising midwife until you have been confirmed as competent by a supervising midwife and your employer to do so.
- e) Commence Oxytocin or Syntocinon administration without a supervising midwife checking the details and observing the commencement of treatment until you have been confirmed as competent by a supervising midwife and your employer to do so.
- f) Perform ARM without direct supervision until you have been confirmed as competent by a supervising midwife and your employer to carry out this procedure.
- g) Provide SBAR handovers without the oversight of a supervising midwife until you have been confirmed as competent to do so by a supervising midwife and your employer.

8. Until you are signed off as competent, you must ensure that you are supervised by a midwife who is identified as a learning mentor anytime that you are working.

Your supervision must consist of:

a) Working under direct supervision and in the same room as the supervising midwife when working on:

- Delivery suite
- Induction area
- Theatres

b) Work on the same shift as and under indirect supervision when working on:

- Antenatal clinic or ward
- Post natal ward

9. You must send your case officer evidence that you have been assessed as competent by your employer to carry out each of the following interventions independently. This may be in the form of an assessment sheet, letter or email from the assessor that includes the details of the assessment, the date of assessment, their signature, email address and telephone number:

- a) Monitoring and reviewing CTG
- b) Intravenous cannulation of adult
- c) Delivering a baby through the second and third stage of labour following the local & national procedure / guidelines
- d) Assessment and suturing of the perineum following the local & national procedure / guidelines
- e) Commencing Oxytocin or Syntocinon administration and maintaining aftercare and monitoring following the local and national procedure / guidelines
- f) Performing ARM following the local and national procedure / guidelines
- g) Provide handovers using the SBAR tool to provide all relevant information in a logical sequence

10. You must keep a personal development log that provides the details of each time you observe, participate and/or undertake one of the processes in condition 7) above. The details to record are:

Date & time, brief description and feedback obtained from your supervisor. These records should link to your personal reflective profile.

11. The reflective profile must contain the same detail as the personal development log, but you must add your own reflections on the event. You should note your achievements, points for improvement and things that you would do differently next time. A summary, deduced from this profile, should be sent to your case manager two weeks before the next hearing/meeting demonstrating your developing insight and learning.

12. You must work with your line manager/unit manager or deputy/supervising midwife/development midwife or equivalent to develop your PDP and this must reflect the concerns listed at condition 7a-g above. It must document the learning processes and interventions needed to enable your achievement and remediation of each of the concerns listed at condition 7a-g.

13) You must meet with your line manager/unit manager or deputy/supervising midwife/ development midwife or equivalent every 6 weeks to review progress towards the aims of the PDP.

You must send your case officer your PDP within three months of commencing your employment and at 6-month intervals after your reviews showing the progress being made towards the aims.

The period of this conditions of practice order is for 12 months.

This conditions of practice order will take effect upon the expiry of the current conditions of practice order, namely the end of 13 July 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 Mrs Marshall-Bernard has 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:

- Mrs Marshall-Bernard's attendance at the next review of this hearing
- Mrs Marshall-Bernard's engagement with the NMC in the meantime
- A reflective piece indicating insight into the areas of concern identified
- Evidence of strengthened practice in the areas of concern identified

This will be confirmed to Mrs Marshall-Bernard in writing.

That concludes this determination.