

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

**Substantive Order Review Hearing
Monday, 1 June 2026**

Virtual Hearing

Name of Registrant: Mrs Julie Ann Pollitt

NMC PIN: 90E0867E

Part(s) of the register: Registered Nurse - Sub Part 1
Recordable qualifications
RN1: Adult Nursing – September 1993
V300: Extended/Supplementary nursing
prescribing – September 2008

Relevant Location: Essex

Type of case: Misconduct

Panel members: Denford Chifamba (Chair, Registrant member)
Helen Reddy (Registrant member)
Ceri Edwards (Lay member)

Legal Assessor: Elisa Hopley

Hearings Coordinator: Anya Sharma

Nursing and Midwifery Council: Represented by Stephanie Stevens, Case Presenter

Mrs Pollitt: Present and represented by Tom Orpin-Massey,
Counsel

Order being reviewed: Conditions of practice order (12 months)

Fitness to practise: Impaired

Outcome: **Conditions of practice order (18 months) to come into effect on 8 July 2026 in accordance with Article 30 (1)**

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

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

Ms Stevens submitted that it is a matter for the panel to decide whether the hearing should be wholly in private. Ms Stevens indicated that she will not be making any detailed references to your personal matters and health issues within her submissions.

The legal assessor reminded the panel that while Rule 19(1) provides, as a starting point, that hearings shall be conducted in public, Rule 19(3) states that the panel may hold hearings partly or wholly in private if it is satisfied that this is justified by the interests of any party or by the public interest.

The panel determined to go into private session in connection with your personal matters and health issues as and when such issues are raised.

Decision and reasons on review of the substantive order

The panel decided to vary the current conditions of practice order.

This order will come into effect at the end of 8 July 2026 in accordance with Article 30(1) of the 'Nursing and Midwifery Order 2001' (the Order).

This is the second review of a substantive order originally imposed as a suspension order for a period of six months by a Fitness to Practise Committee panel on 10 December 2024. This was reviewed on 2 June 2025 where the suspension order was replaced with a conditions of practice order for a period of 12 months.

The current order is due to expire at the end of 8 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 nurse:

1) On 28 February 2020, or dates thereafter, in relation to Patient A:

a) ...;

b) Failed to immediately act on and/or manage concerns arising from the cosmetic procedure in charge 1 a) above.

2) ...

3) ...

4) Between 17 & 18 March 2020, in relation to medication you dispensed to Patient A:

a) ...;

b) Failed to take adequate medical and or medication history before dispensing the medication;

c) Failed to provide Patient A with any or adequate information about the medication and potential side effects;

d) Failed to write a prescription for the medication.

5) Between 2020 and 2021 offered to carry out surgical procedures namely thread lifting, without having the required CQC registration.

6) In 2020 made claims on social media which were not based on accepted scientific evidence and were misleading and/or exploitative in that you claimed high doses of Vitamins C,D,E & B12 would speed up protection against Coronavirus.

7) *On 20 July 2021 provided false and misleading information to the NMC in that you stated in a document 'The Judge threw out her money claim' in reference to a court claim taken by Patient A against you.*

8) ...

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

The panel noted that the panel at the substantive hearing had found that only breaches of the code for charges 4(b),(c), and (d) and charge 6 constituted serious misconduct, and it was these two discrete areas of practice for which your fitness to practise was found impaired.

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

'The panel considered whether your fitness to practise remains impaired. The panel took into account the two discrete areas identified by the original substantive panel; this being your ability to safely prescribe medicines and your use of social media.

In considering the regulatory concerns around your inappropriate and exploitative use of social media, the panel took into account that you have reflected on your use of social media, and explained to the panel today that your intention when using social media is to always use citations and evidence. You have demonstrated that you understand your mistakes, and you have shown this within your written reflection. The panel also acknowledged that you have undertaken a social media training course, and that you recognise that your conduct was inappropriate. It was satisfied that there is no risk of repetition in relation to this concern.

In considering the regulatory concerns relating to your ability to safely prescribe medicines, the panel took into account your written reflection. The panel was of

the view that you have not thoroughly reflected on the potential harm that your poor prescribing practice, and the incidents found proved, could have had on patients in your care. It noted that your reflection focusses more on the impact that your conduct had on yourself, rather than the impact that it could have on others. The panel was concerned that you did not reflect on the risk of harm and impact on patients.

When asked by the panel how you would undertake an assessment, you told the panel that you would undertake this in the normal way, following a systematic approach. The panel noted that you did not make mention of the importance of undertaking a full medical history and history of a patient's current medications, allergies, and consider relevant drug interactions, in order to make safe drug prescribing decisions.

The panel took into account that you did acknowledge your failures in dispensing medication and said that you would not repeat these in the future. You said that you would always leave dispensing to a pharmacist. You did explain the guidance that you had followed from Aesthetic Complications Expert (ACE) in making your prescribing decisions. However, you did not make it clear whether or not you were always prescribing within your sphere of clinical competence. In response to panel questions, you did demonstrate the correct information which should be provided to a patient to ensure that they take any prescribed medicines safely and appropriately.

The panel took into account that, in response to the previous panel recommendations, you have not provided a Personal Development Plan (PDP) or positive testimonials as previously requested, and while you provided evidence of some training, this training did not include prescribing practice. The panel noted that your reflection did not demonstrate how you would adhere to or meet the Royal Pharmaceutical Society's competency framework for all prescribers, which has been adopted by the NMC.

The panel was of the view that, although you demonstrated some developing insight in both your reflective piece and your answers to the panel today, you did not show full insight, or demonstrate how you will make safe prescribing decisions in the future and assess the risks in order to ensure safe treatment for patients in your care.

In light of all of the above, the panel determined that there is a risk of repetition of the conduct found proved. The panel therefore decided that a finding of continuing impairment is necessary on the grounds of public protection.

The panel has borne in mind that its primary function is to protect patients and the wider public interest which includes maintaining confidence in the nursing profession and upholding proper standards of conduct and performance. The panel determined that, in this case, a finding of continuing impairment on public interest grounds is also required. You demonstrated some insight into the impact on the profession but no insight into the expectations of the public that a nurse will be trustworthy and practise safely.

For these reasons, the panel finds that your fitness to practise remains impaired.'

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

'The panel considered substituting the current suspension order with a conditions of practice order. Despite the seriousness of your misconduct, there has been evidence produced to show that you have some developing insight and have started to remediate some of the concerns through further training. You have indicated that you wish to return to nursing. The previous panel had determined that there were no concerns with your clinical practice as an aesthetic nurse, and that the concerns related solely to your prescribing practice. The panel considered that imposing a further suspension order would be disproportionate at this time due to your developing insight and evidence of relevant training undertaken.

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

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

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

- 1. You must undertake a refresher course in prescribing practice.*
- 2. If you are working in a nurse prescribing role, you must have a mentor with whom you can develop a Personal Development Plan (PDP) to set out how you demonstrate the competencies for safe prescribing practice as set out by the Royal Pharmaceutical Society’s competency framework for all prescribers.*
- 3. Your practice as a nurse prescriber must be supervised by an experienced independent prescriber until you have demonstrated that you have met the above competencies.*
- 4. 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.*

- 5. 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.*

- 6. You must immediately give a copy of these conditions to:*
 - a) Any organisation or person you work for.*
 - b) Any employers you apply to for work (at the time of application).*
 - c) Any establishment you apply to (at the time of application), or with which you are already enrolled, for a course of study.*

- 7. 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.*

- 8. You must allow your case officer to share, as necessary, details about your performance, your compliance with and / or progress under these conditions with:*
 - a) Any current or future employer.*
 - b) Any educational establishment.*

- c) *Any other person(s) involved in your retraining and/or supervision required by these conditions*

The period of this order is for 12 months.

This conditions of practice order will take effect upon the expiry of the current suspension order, namely the end of 8 July 2025 in accordance with Article 30(1).

Before the end of the period of the order, a panel will hold a review hearing to see how well you have complied with the order. At the review hearing the panel may revoke the order or any condition of it, it may confirm the order or vary any condition of it, or it may replace the order for another order.

Any future panel reviewing this case would be assisted by:

- *A detailed reflection demonstrating an understanding of how your prescribing practice affected your patient and the potential risks of harm.*
- *Evidence of your progress in meeting the competencies identified in your PDP.*
- *Evidence of further training to refresh your prescribing practice.*
- *Testimonials from former or current colleagues or employers.'*

Decision and reasons on current impairment

The panel has considered carefully whether your fitness to practise remains impaired. Whilst there is no statutory definition of fitness to practise, the NMC has defined fitness to practise as the ability of a professional on our register to practise as a nurse, midwife or nursing associate safely and effectively without restriction. In considering this case, the panel has carried out a comprehensive review of the order in light of the current

circumstances. Whilst it has noted the decision of the last panel, this panel has exercised its own judgement as to current impairment.

The panel has had regard to all of the documentation before it, including the NMC bundle and the defence bundle. It has taken account of the submissions made by Ms Stevens on behalf of the NMC:

Ms Stevens provided the panel with a background to the case and referred it to the written decisions of the previous panels. She reminded the panel that all sanctions remain available at this review hearing.

Ms Stevens submitted that the central issue for this panel is whether your fitness to practise remains currently impaired, and that this is a matter solely for its professional judgment. She referred the panel to the case of *Abrahaem v General Medical Council [2008] EWHC 183 (Admin)* and submitted that at a review hearing the persuasive burden rests upon the registrant to demonstrate that they have acknowledged the concerns previously identified, developed sufficient insight, and taken adequate steps to remediate those concerns through reflection, education, supervision or other appropriate means.

Ms Stevens referred the panel to your reflective piece. She submitted that your insight remains insufficient, and that you have acknowledged that you have not provided an open and honest service in accordance with the duty of candour and had indicated that you understood the decision of the previous panel. Ms Stevens submitted that your reflection focused primarily on complaints procedures and patient record-keeping, but that the concerns in this case extended more broadly to prescribing practice and your reflection therefore does not demonstrate a genuine or fully embedded understanding of the concerns.

Ms Stevens submitted that your reflection fails to identify what you had done wrong, why your actions were wrong, the risks created by those actions, and the impact of your actions on the patient, the profession, and public confidence. She further submitted that

you have not provided evidence of further training in prescribing practice and have not supplied testimonials from current colleagues or employers.

Ms Stevens acknowledged [PRIVATE] referred to in the written submissions prepared by Mr Orpin-Massey. However, she submitted that there had been no meaningful progress since the last substantive review hearing. Ms Stevens submitted that you have not demonstrated compliance with the conditions of practice order, that your insight remains insufficient, and that you have not shown that you can safely practise as a prescriber.

Ms Stevens submitted that it is the NMC's position that there has been no meaningful progress since the previous review to demonstrate that you are fit to practise without restriction. She submitted that your fitness to practise therefore remains impaired on public protection grounds. In the absence of evidence of remediation, Ms Stevens submitted that the panel could not be satisfied that you were safe to prescribe and that the risk identified by the original substantive panel had not been reduced.

Ms Stevens further submitted that a finding of current impairment remains necessary in the wider public interest. She submitted that such a finding was required to uphold professional standards and maintain public confidence in the profession, and that public confidence would be undermined if, in such a case involving poor prescribing practice and an absence of evidence of remediation, no finding of impairment were made.

Ms Stevens then moved onto sanction. She invited the panel to consider the NMC's Sanction Guidance and reminded the panel that the previous reviewing panel had determined that neither taking no further action nor imposing a caution order would provide adequate public protection or satisfy the public interest. Ms Stevens submitted that this remains the case at this hearing.

Ms Stevens submitted that the previous reviewing panel had concluded that a conditions of practice order was the appropriate and proportionate sanction because there was no evidence of deep-seated attitudinal concerns or widespread incompetence. The misconduct, whilst serious, related to a single patient and occurred within the context of an otherwise long and unblemished nursing career. The previous

panel had also found that workable, measurable and proportionate conditions could be formulated.

Ms Stevens submitted that those considerations continued to apply, and whilst you had not complied with the conditions of practice order to date, the NMC acknowledged the personal difficulties you had experienced over the previous year. Ms Stevens submitted that it is apparent from the written submissions and your attendance at the hearing that you remain willing to engage with the regulatory process and comply with conditions of practice in the future. In all these circumstances, Ms Stevens submitted that a conditions of practice order remains both necessary and proportionate.

In relation to duration of the order, Ms Stevens noted that conditions of practice had been in place for approximately twelve months without any meaningful compliance. She submitted that should the panel determine to extend the order, a longer extension may be more appropriate than a shorter one to allow you sufficient time for meaningful engagement and compliance.

Ms Stevens further submitted that neither a suspension order nor a striking-off order would be proportionate at this stage. She submitted that although the misconduct had been serious, it did not reach the level where temporary or permanent removal from the register was required to protect the public or satisfy the public interest. Ms Stevens submitted that there is no evidence of deep-seated attitudinal concerns, deterioration in insight, or a complete unwillingness to comply with conditions.

The panel also had regard to Mr Orpin-Massey's written submissions. In addition, Mr Orpin-Massey made the following oral submissions:

Mr Orpin-Massey submitted that it is accepted by you that your fitness to practise remains impaired. He submitted that the conditions of practice order should continue for a further period to allow you to recover from your personal difficulties so that you can engage meaningfully with the conditions of practice order. Mr Orpin-Massey submitted that any more restrictive sanction would be disproportionate in all the circumstances of this case.

Mr Orpin-Massey referred the panel to his written submissions and summarised the background of the case. He reminded the panel that you are a nurse with significant experience whose most recent practice had been in aesthetic medicine, and prior to the findings made at the substantive hearing, you had no previous regulatory history.

Mr Orpin-Massey submitted that the misconduct findings were relatively narrow in scope, relating to failings in the treatment of a single patient, prescribing issues connected with that treatment, and social media posts made by your business concerning vitamin drips and their purported efficacy against COVID-19.

Mr Orpin-Massey submitted that the original substantive panel had not identified any harmful, deep-seated personality traits or attitudinal concerns. He further submitted that the previous reviewing panel had found evidence of developing insight and had considered there to be some progress, albeit recognising that further work remained necessary, which was reflected in the decision to replace the suspension order with a conditions of practice order.

Mr Orpin-Massey then addressed the panel in relation to your personal circumstances. He submitted that it is accepted that you had not complied with the conditions of practice order during the previous twelve months. [PRIVATE].

[PRIVATE]

[PRIVATE]

[PRIVATE]

[PRIVATE]

[PRIVATE]

Mr Orpin-Massey submitted that [PRIVATE], you have remained committed to returning to nursing practice, as nursing had been your profession throughout your adult life and one in which you had previously excelled. He submitted that you accept that there is a continued need for the conditions of practice order, and additional time is required in order for you to demonstrate remediation, insight and safe practice. Mr Orpin-Massey submitted that the panel have evidence before it that [PRIVATE], you have engaged with the regulatory process and made progress. He submitted that the lack of progress over the previous twelve months should be viewed in [PRIVATE], rather than as evidence of unwillingness to comply with the conditions of practice order.

Mr Orpin-Massey indicated that whilst you have no issues with complying with the current conditions of practice order, you wished to seek clarification on conditions 1, 2 and 3, namely as to whether the required prescribing refresher course could consist of continuing professional development courses or whether a more formal structured course was required, the mentor referred to within condition 2 needed to be a registered nurse, or whether another suitably qualified healthcare professional, such as a doctor with prescribing experience, could fulfil that role, the mentor and supervisor could be the same individual; and whether supervision could be provided remotely or from an off-site location.

Mr Orpin-Massey submitted that clarification of these matters would assist you in understanding exactly what was required of you and would support future compliance with the conditions of practice order.

In response to the points raised by Mr Orpin-Massey, Ms Stevens submitted that the refresher course required by the conditions of practice order should be more formal than a short CPD course. She submitted that given that you have been out of nursing practice for a significant period, a simple one-day CPD course would not be sufficient to demonstrate remediation or address the concerns identified in relation to prescribing practice.

In relation to the mentoring requirement, Ms Stevens submitted that the NMC had no objection to the mentor being a healthcare professional other than a registered nurse,

provided that the individual had sufficient expertise in prescribing practice to support you appropriately.

Ms Stevens also confirmed that the NMC had no objection in principle to the mentor and supervisor being the same individual.

In relation to the proposal for off-site supervision, Ms Stevens expressed concern as to how effective supervision would operate in practice, particularly given the length of time you had been out of practice. She invited the panel to consider whether remote supervision would provide sufficient oversight to ensure safe prescribing practice.

Ms Stevens submitted that this would ultimately be a matter for the panel's determination.

The panel heard and accepted the advice of the legal assessor.

In reaching its decision, the panel was mindful of the need to protect the public, maintain public confidence in the profession and to declare and uphold proper standards of conduct and performance.

The panel considered whether your fitness to practise remains impaired.

The panel noted that the last reviewing panel found that you had developing insight. At this hearing, the panel was of the view that there had been no meaningful progress since the last substantive review hearing. It took into account that you had not complied with the conditions of practice order and had not provided new evidence of remediation, training, strengthened practice, or compliance with the prescribing competencies previously identified. The panel also noted that the reflective piece before it was not a new reflection prepared for this review hearing, but was the same reflection provided to the previous reviewing panel. The panel considered that your insight therefore remained insufficient.

[PRIVATE]. However, the panel determined that those explanations did not reduce the underlying regulatory concerns. In the absence of any evidence of remediation, training,

or strengthened practice, the panel could not be satisfied that you are safe to practise without any restriction on your practice.

The panel concluded that there remained a risk of repetition, particularly in relation to prescribing practice. It considered that the concerns continued to give rise to a risk of harm to patients, including potential emotional harm. The panel therefore determined that your fitness to practise remained impaired on public protection grounds.

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. It considered that public confidence in the nursing profession, and in the NMC as its regulator, would be undermined if no finding of impairment were made in circumstances where there had been no meaningful remediation of serious prescribing concerns. The panel was therefore satisfied that a finding of impairment was necessary to uphold proper professional standards and maintain public confidence in the profession.

For these reasons, the panel finds that your fitness to practise remains impaired.

Decision and reasons on sanction

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

The panel first considered 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 your practice would not be appropriate in the circumstances. The SG states that a caution order may be appropriate where *'the case is at the lower end of the spectrum of impaired fitness to practise, but the Committee wants to mark that what happened was unacceptable and must not happen again.'* The panel considered that your misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the issues identified. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether imposing a further varied conditions of practice order on your 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 considered that the concerns in this case are capable of remediation and that there remained evidence of your willingness to engage with the regulatory process. It noted that you have continued to engage with the NMC and attended today's hearing, and that Mr Orpin-Massey had confirmed your commitment to returning to nursing practice. In this case, there are conditions could be formulated which would protect patients during the period they are in force.

The panel was of the view that to impose a suspension order or a striking-off order would be wholly disproportionate and would not be a reasonable response in the circumstances of your case because there is no evidence of deep-seated attitudinal concerns, nor evidence before this panel that you are unwilling to comply with conditions. The panel therefore concluded that a conditions of practice order remains the appropriate and proportionate sanction.

The panel carefully considered the appropriate duration of the order. It noted that Ms Stevens had invited the panel to impose a longer period of conditions of practice. The panel considered whether a further period of 12 months would be sufficient, but concluded that 18 months was more appropriate and fair in the circumstances [PRIVATE].

The panel considered that 18 months would provide a realistic opportunity for you to engage meaningfully with the conditions and demonstrate remediation, while continuing to protect the public and uphold the public interest.

Accordingly, the panel determined, pursuant to Article 30(1)(b) to make a conditions of practice order for a period of 18 months, which will come into effect on the expiry of the current order, namely at the end of 8 July 2026.

The panel considered the length of time you have been out of practice and the type of education and assessment required to ensure your safe return to prescribing practice.

The panel decided to impose the following varied 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 undertake and successfully complete a formal, accredited and assessed refresher course in prescribing practice before returning to prescribing practice.
2. If you are working in a nurse prescribing role, you must have a mentor with whom you can develop a personal development plan setting out how you will demonstrate the competencies for safe prescribing practice as set out in the Royal Pharmaceutical Society’s competency framework for all prescribers. The mentor must be a suitably qualified and experienced prescriber, which may include a registered medical practitioner, provided that they are competent to support your development against the Royal Pharmaceutical Society’s prescribing competency framework.

3. You must keep the NMC informed about anywhere you are working by:

- d) Telling your case officer within seven days of accepting or leaving any employment.
- e) Giving your case officer your employer's contact details.

4. You must keep the NMC informed about anywhere you are studying by:

- f) Telling your case officer within seven days of accepting any course of study.
- g) Giving your case officer the name and contact details of the organisation offering that course of study.

5. You must immediately give a copy of these conditions to:

- h) Any organisation or person you work for.
- i) Any employers you apply to for work (at the time of application).
- j) Any establishment you apply to (at the time of application), or with which you are already enrolled, for a course of study.

6. You must tell your case officer, within seven days of your becoming aware of:

- k) Any clinical incident you are involved in.
- l) Any investigation started against you.
- m) Any disciplinary proceedings taken against you.

7. You must allow your case officer to share, as necessary, details about your performance, your compliance with and / or progress under these conditions with:

- n) Any current or future employer.
- o) Any educational establishment.
- p) Any other person(s) involved in your retraining and/or supervision required by these conditions

The period of this order is for 18 months.

This conditions of practice order will take effect upon the expiry of the current conditions of practice order, namely the end of 8 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 you have complied with the order. At the review hearing the panel may revoke the order or any condition of it, it may confirm the order or vary any condition of it, or it may replace the order for another order.

Any future panel reviewing this case would be assisted by:

- Your continued engagement with the NMC and attendance at any future review hearings
- A detailed reflection demonstrating an understanding of how your prescribing practice affected your patient and the potential risks of harm.
- Evidence of your progress in meeting the competencies identified in your PDP.
- Evidence of further accredited training to refresh your prescribing practice.
- Testimonials from former or current colleagues or employers.

This will be confirmed to you in writing.

That concludes this determination.

