

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

**Substantive Order Review Hearing  
Friday, 05 June 2026**

Virtual Hearing

**Name of Registrant:** Miriam Magdalene Charmaine Segarajasinghe

**NMC PIN:** 09G1278E

**Part(s) of the register:** RNMH: Registered Nurse  
Mental Health – Level 1  
21 September 2009

**Relevant Location:** Knowsley

**Type of case:** Misconduct

**Panel members:** Emma Moir (Chair, lay member)  
Anne Sharpe (Registrant member)  
Nicola Bryar KPM (Lay member)

**Legal Assessor:** Alice Robertson Rickard

**Hearings Coordinator:** Max Buadi

**Nursing and Midwifery Council:** Represented by Sophia Ewulo, Case presenter

**Ms Segarajasinghe:** Present and represented by Anna Deery, instructed by the Royal College of Nursing (the RCN)

**Order being reviewed:** Conditions of practice order (9 months)

**Fitness to practise:** Impaired

**Outcome:** **Conditions of practice order varied (6 months)**

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

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

Ms Ewulo indicated that she supported the application.

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

Having heard that there will be reference to your health, your personal family circumstances and your personal financial circumstances, the panel determined to hold those parts of the hearing in private.

## **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 9 July 2026 in accordance with Article 30(1) of the 'Nursing and Midwifery Order 2001' (the Order).

This is the third review of a substantive order originally imposed as a substantive conditions of practice order for a period of nine months by a Fitness to Practise Committee panel on 12 March 2024. This was reviewed on 3 December 2024 when the panel extended the conditions of practice order for a further period of nine months. This was reviewed on 27 August 2025 when the panel extended the conditions of practice order for a further period of nine months.

The current order is due to expire at the end of 9 July 2026.

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

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

1) *'On 12 July 2021:*

a) *Administered methadone to Patient A:*

i) *By giving them a bottle containing 15mls to drink from when they were prescribed 5mls.*

ii) *In the absence of a second checker.*

b) *Recorded in the controlled drug book that you had administered 5mg of methadone to Patient A when you did not know how much methadone Patient A had consumed.*

c) *Failed to record and/or report and/or escalate the medication error at charge 1a).*

d) *...*

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

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

*'The panel considered whether Ms Segarajasinghe's fitness to practise remains impaired.*

*The panel noted that the persuasive burden is on Ms Segarajasinghe to demonstrate that she is no longer impaired and were of the view that she has not discharged this burden.*

*The panel had regard to the written statements provided by Ms Segarajasinghe's representative. The panel noted that Ms Segarajasinghe has made a concerted effort to provide evidence to the panel of her training, despite not being currently employed. The panel noted that the previous panel found that the training undertaken did not demonstrate sufficient insight to remediate Ms Segarajasinghe's practice. The panel noted that whilst Ms Segarajasinghe has undertaken relevant additional training and has signed up to undertake further relevant training in administering controlled medication, in order to strengthen her practice and gain insight, it had insufficient new evidence before it to suggest that Ms Segarajasinghe had developed further insight into her actions.*

*The panel took into account that although Ms Segarajasinghe has undertaken some relevant training there is no evidence that she has been able to implement her learning in clinical nursing practice. Therefore, the panel was not satisfied that Ms Segarajasinghe has provided sufficient evidence to demonstrate that she has addressed the areas of regulatory concern and is able to practice safely and effectively, at this time.*

*The panel recognised however that this was not Ms Segarajasinghe's fault, and it had sympathy with the difficulties she has encountered in seeking employment. The panel noted that Ms Segarajasinghe has made extensive attempts to seek employment, and when she finally secured employment, she was unable to take it up. The administrative issues with her PIN have prevented her from commencing employment through no fault of her own.*

*The panel considered that whilst it was encouraging that Ms Segarajasinghe has demonstrated commitment to strengthening her practice and to seeking work in order to demonstrate her progress, she has not worked in a nursing role since the original charges took place in 2021. Whilst the panel acknowledged that this was an isolated episode against the specific and stressful context of the Covid-19*

*pandemic, the fact remains that Mrs Segarajasinghe has therefore not had the opportunity to demonstrate that she has strengthened her practice to the extent that she can return to practise safely, kindly and professionally, particularly when she returns to the pressures of a busy clinical nursing environment.*

*[PRIVATE].*

*In light of this, this panel determined that Ms Segarajasinghe currently remains liable to repeat matters of regulatory concern of the kind found proved, until she can demonstrate that she can successfully apply her training, insight and stress management strategies in a clinical environment in order to practise without further incident. 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. This is because members of the public would have their confidence in the profession and the NMC undermined in circumstances whereby a nurse who represented a risk of harm to the public were permitted to return to practice without restriction.*

*For these reasons, the panel finds that Ms Segarajasinghe's fitness to practise remains impaired on the grounds of both public protection and the wider public interest.'*

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

*'The panel next considered whether imposing a further conditions of practice order on Ms Segarajasinghe's registration continues to be a sufficient and appropriate response. The panel had regard to the nature of Ms Segarajasinghe's misconduct. The panel took into account that Ms Segarajasinghe has demonstrated developing insight and has demonstrated, through numerous certificates evidencing the training*

*that she has undertaken, to address past areas of concern and strengthen her practice. The real issue today is that Ms Segarajasinghe has not yet secured employment to demonstrate that the steps she has taken to strengthen her practice can be successfully applied in a clinical environment.*

*The panel had regard to the fact that Ms Segarajasinghe has been inhibited in commencing employment due to an administrative error relating to her NMC PIN. The panel accepted that Ms Segarajasinghe has been unable to comply with the previous conditions of practice due to her not being able to commence employment but continues to engage with the NMC and continues to be willing to comply with any new conditions of practice order imposed.*

*The panel therefore determined that a further conditions of practice order is sufficient to protect patients and to address the wider public interest, noting as the original panel did that there were no deep-seated attitudinal problems. In this case, there are conditions that could be formulated which would protect patients during the period they are in force.*

*Whilst the panel noted that Ms Segarajasinghe had requested a conditions of practice order of six months, the panel was of the view that, given the difficulties Mrs Segarajasinghe has encountered, till date, in securing employment, this would be unlikely to allow her sufficient time to find suitable employment and demonstrate remediation of her practice before the next review. The panel was keen to strike a fair balance between allowing sufficient time for Mrs Segarajasinghe to take the steps she needs to take and avoiding imposing potentially onerous conditions for too long a period. It determined that a conditions of practice order for a further period of nine months would strike a fair balance and would be the appropriate and proportionate outcome in the circumstances.*

*The panel recognised and was sympathetic to the fact that Ms Segarajasinghe has made considerable efforts to find employment but has been inhibited by both her health condition and the administrative error made by the NMC relating to her PIN. The panel was particularly mindful of Ms Segarajasinghe's current personal circumstances and reminds her that if her circumstances change and she is able to*

*take steps earlier than anticipated to secure employment and demonstrate safe practice, or in the event of any other change in her circumstances, it is open to her to contact the NMC to request an early review of this order.*

*Accordingly, the panel determined, pursuant to Article 30(1)(c) to make a conditions of practice order for a further period of nine months, which will come into effect on the expiry of the current order, namely at the end of 9 October 2025.*

*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 limit your practice to one substantive employer which may be an agency. If working via an agency or as bank staff, you must limit your nursing practice to contracts of a minimum of 3 months working in the same unit or on the same ward.*
- 2. When administering or managing controlled drugs, you must ensure that you are under the direct supervision of a registered nurse.*
- 3. You must send your case officer evidence that you have successfully completed training in the administering and handling of controlled drugs, at least 7 days before the review hearing or meeting.*
- 4. You must meet with your line manager, mentor or supervisor on a monthly basis as part of a personal development plan to*

*ensure that you are making progress towards meeting these conditions.*

5. *You must continue to develop your reflection. This reflection must cover the correct recording of the safe administration of controlled drugs, how you will manage any need to escalate concerns and how you will manage triggers of stress in the workplace.*
6. *You must keep monthly records of your reflections. The reflections will:*
  - *Reflect on your progress in safe administration of controlled drugs.*
  - *Reflect on your progress in recognising and managing stressors that have the potential to impact on your practice.*
7. *You must share your monthly reflections with your supervisor, line manager or mentor at your monthly meetings for discussion.*
8. *You must send copies of your monthly reflections to your case officer at least 7 days before the next review hearing or meeting.*
9. *You must provide a report from your line manager, mentor or supervisor at least 7 days before the next review hearing or meeting regarding:*
  - *your ability to manage and administer controlled drugs safely;*
  - *your ability to manage stressors that may have the potential to impact on your ability to practice safely.*
10. *You must immediately give a 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.*

- 11. You must tell your case officer, within seven days of your becoming aware of:*
- a. Any clinical incident you are involved in.*
  - b. Any investigation started against you.*
  - c. Any disciplinary proceedings taken against you.'*

*The period of this order is for nine months.*

*This conditions of practice order will take effect upon the expiry of the current conditions of practice order, namely the end of 9 October 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 Ms Segarajasinghe 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:*

- Demonstration of developing insight and strengthening of practice through providing written reflections and evidence of professional development or training on:
  - Safe administration and recording of controlled drugs.*
  - [PRIVATE].**
- If Ms Segarajasinghe has encountered difficulties in the workplace due to her health, recent medical evidence explaining those difficulties and any impact they have on her clinical work.'*

## **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 a registrant's suitability to remain on the register 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 your bundle containing your reflective statement, your CV, a list of nursing and non nursing job posts, replies from prospective employers, a list of online training courses completed with certificates and a testimonial. It has taken account of the submissions made by Ms Ewulo on behalf of the NMC.

Ms Ewulo submitted that the issue today is that you have yet to demonstrate that you have obtained work as a registered nurse, therefore have been unable to put into practice any medication administration training or strengthened practice in a clinical setting.

Ms Ewulo informed the panel that you have worked as a care assistant at Hillside Care Home (the Home) and referred the panel to the reference you provided from a colleague. She drew the panel's attention to the reference which confirmed that you have settled in well however the colleague confirmed they were not aware of the NMC allegations.

Ms Ewulo also informed the panel that you have had challenges obtaining nursing positions due to the current conditions of practice order [PRIVATE].

Ms Ewulo also referred the panel to the training completed while you were a healthcare assistant. She submitted that it is not clear which of those courses were undertaken or whether medication administration was part of the training. She also submitted that there is no evidence of practice in a nursing environment or medication management in your current care home.

Ms Ewulo submitted that there are still concerns and that your fitness to practice is still currently impaired. She submitted that medications administration is a fundamental role of any nurse and the risk of error could be catastrophic.

Ms Ewulo submitted that while you have reflected and demonstrated ongoing insight regarding medication errors, there is no independent information to demonstrate that the concerns have been fully remediated or addressed.

Ms Ewulo invited the panel to find that your fitness to practice remains impaired on public protection and public interest grounds.

The panel also had regard to submissions from Ms Deery made on your behalf. She invited the panel to impose a continuation of the conditions of practice order for a further period of six months. She also invited the panel to vary the current conditions of practice order that are currently imposed.

Ms Deery informed the panel that you secured a temporary support worker role on a bank contract in March 2025 with Eunoia Living limited but you did not start this role until 7 September 2025. She submitted that this role included resettling high risk patients with complex care and mental health needs back into the community. She also submitted that you worked one shift per week and sometimes worked more shifts than this working alongside one or two registered nurses. She informed the panel that you did not administer medication or any controlled drugs.

Ms Deery submitted that your shifts were cancelled in November 2025 and you stayed as a support worker for a few more months, but you have not worked in this role since December 2025.

Ms Deery submitted that you have worked at the Home since March 2026 in a temporary role. She submitted that you work three shifts, 33 hours per week working alongside healthcare assistants, senior care assistants and registered nurses. She submitted that you do not administer any medication or controlled drugs. Ms Deery submitted that there have been no issues with either employment since the last review hearing.

Ms Deery informed the panel that you have not worked as a registered nurse for the past few years but you have worked in some clinical environments. She submitted that you

have maintained patient contact and you have kept your knowledge and training up to date as a result of the support worker and healthcare assistant roles.

Ms Deery referred the panel to the training you have completed in your recent healthcare assistant role at the Home. She submitted that you do not have any certificates for these and while you did request them you did not receive them. She submitted that you completed all 16 modules between March 2026 to now. She submitted that this was online training with your current employer and that this was mandatory training.

Ms Deery informed the panel that the training included record keeping which is relevant to the charges but accepted that there was no training in relation to medications as this was not available to you in a healthcare assistant role. She submitted that there is reference to the registration for online administration and handling of controlled drugs and interactive workbook course. She submitted that there is an invoice for this within your bundle. Ms Deery submitted that you have yet to complete this course.

Ms Deery referred the panel to your reflective statement and submitted that you have developed your insight. She submitted that you have fully accepted responsibility, reflected upon your learning from your medication training and stated how you would apply the learning going forward in a clinical role or nursing role.

Ms Deery submitted that you continue to fully engage with the NMC and referred the panel to the testimonial from a colleague who is a registered nurse from your current employment at the Home. She submitted that the colleague is not fully aware of the NMC allegations, but the colleague did have a copy of the current conditions of practice order. She submitted that the colleague has stated that you work well alongside other care staff, you are quick to report any changes in patient conditions and you work independently in a very open way.

Ms Deery submitted that it has not been possible for you to fully comply with the conditions of practice order because you have been unable to successfully obtain nursing employment. She submitted that you have not breached any of the conditions of practice. She submitted that you have struggled to obtain any employment as a registered nurse due to the conditions of practise order currently on your practice.

Ms Deery submitted that some employers have told you that the condition that requires another registered nurse with you for controlled drugs administration is the biggest issue and there is difficulty with this being workable. She reminded the panel that you were due to start work as a registered nurse for an agency in June 2025 but due to an administrative error by the NMC, which stated that your NMC PIN had lapsed, prevented this. She submitted that by the time the issue was resolved the opportunity for the role was lost.

[PRIVATE].

[PRIVATE].

Ms Deery invited the panel to vary the conditions of practice as they are currently not proportionate. With regards to the first condition, Ms Deery submitted that the panel should consider a one-month placement working as bank or agency staff.

Ms Deery submitted that the panel should consider revoking the second condition as this would allow you to work alongside non-nursing staff who could be your second checker. She submitted that this would be standard practice and what is required for the administration of controlled drugs.

Ms Deery submitted that if the panel is not in agreement regarding revoking the second condition, then it could also consider providing you with a clear time frame for you to be assessed as competent with this condition namely five or ten shifts.

[PRIVATE].

Ms Deery submitted that you have made considerable progress with your fitness to practise without being able to obtain work as a registered nurse. She submitted that you want to rebuild your professional life, get back to the vocation of nursing, particularly mental health nursing that you love so much, in order to prove that incident was a one off and that you are no longer impaired.

The hearing adjourned briefly so Ms Deery could seek instructions with regards to panel questions.

With regard to why certain certificates were not available from the Home, Ms Deery informed the panel that you have not completed all the training. She confirmed that all the training courses listed in your bundle have been completed including the course in relation to record keeping, but you have been advised by the Home that you would need to pay £60 to obtain the certificates. She submitted that you plan to complete the remaining 10 courses and pay for all the certificates at the conclusion of all the mandatory courses.

With regard to medication training and the associated payment invoice in August 2025, Ms Deery informed the panel that you were caring for your mother during this time who subsequently passed away. She submitted that as a result of this circumstance and

applying for jobs, effectively delayed you completing the training. Ms Deery informed the panel that you contacted the company about resuming the course but were advised that it had timed out. She submitted that you intend to re-apply for this course.

With regard to why you have not provided a testimonial from the manager of the Home, Ms Deery informed the panel that the colleague who had provided a testimonial, is a registered nurse who is your line manager. She also informed the panel that the manager of the Home is not a registered nurse which is why she did not request a testimonial from them. Ms Deery submitted that a reference can be obtained by the next review hearing.

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 provided insufficient new evidence to suggest that you had developed further insight into your actions.

At this hearing, the panel considered the reflective account you provided, dated 4 June 2026, noting that it followed the NMC reflection template. The panel found your reflection to be honest and responsive to the concerns identified in this case. It noted that you accepted responsibility for your actions and had not sought to minimise your conduct. The panel was satisfied that you understood the seriousness of the incident, recognised that your actions were wrong, and had accepted accountability for them.

[PRIVATE].

The panel was of the view that your level of insight had developed since the previous review hearing.

The panel also considered the positive testimonial you provided from a colleague at the Home. It noted the comments that you work effectively both as part of a team and independently within a busy nursing unit, and that you are proactive in reporting changes in residents' conditions. While only one testimonial had been provided, the panel attached weight to the fact that it came from a registered nurse who was also your line manager. The panel noted that she was aware that you were subject to a conditions of practice order, although she was not aware of the underlying circumstances. The panel also accepted your explanation that you sought a testimonial from this colleague rather than the Home Manager because, as a registered nurse, she was better placed to comment on your professional practice.

In considering whether you had taken steps to strengthen your practice, the panel reviewed the information provided regarding the training courses you had completed. While it noted that certificates were not available for all of the courses undertaken, it acknowledged evidence that you had completed a course entitled "*Maintaining Best Practice in Record-Keeping and Documentation*" on 13 August 2025.

The panel also noted that you had enrolled in an "*Administering & Handling Controlled Drugs Online Interactive Workbook*" course and had provided an invoice confirming payment. However, it recognised that you had been unable to complete the course due to extenuating personal circumstances.

Whilst the panel was encouraged by the efforts you have made to maintain your skills and knowledge, it noted that it had not been provided with evidence of medication-specific training or any independent evidence demonstrating your competence in medication administration.

The panel further noted that you have not practised as a registered nurse for several years. It acknowledged the efforts you have made to secure nursing employment. It considered the evidence that you applied for a nursing role at the Home in February 2026 but were unsuccessful due to the conditions of practice order. It noted that the same reason was given when your applications for an agency nursing role with Eunoia Living Limited in March 2026 and the support worker role with Bright Horizons were unsuccessful. The panel also gave particular consideration to the fact that you had

secured a registered nurse position with an agency in June 2025, but that opportunity was lost as a result of an administrative error relating to your NMC registration.

Whilst the panel acknowledged your sustained efforts to obtain employment as a registered nurse, it noted that those efforts had not yet resulted in successful employment. Consequently, you have been unable to demonstrate competence in medication administration within a clinical setting.

The previous reviewing panel determined that there remained a risk of repetition of the misconduct found proved. The panel at this hearing noted that you have not yet been able to demonstrate competence in medication administration, either through completion of relevant training or within a clinical environment. In light of this, the panel concluded that there remains a risk of repetition of the misconduct found proved. It therefore determined that a finding of continuing impairment remains necessary on grounds of public protection.

The panel has borne in mind that its primary function is to protect patients and the wider public interest which includes maintaining confidence in the nursing profession and upholding proper standards of conduct and performance. The panel determined that, in this case, a finding of continuing impairment on public interest grounds is also required.

For 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 and the panel wishes to mark that the behaviour was unacceptable and must not happen again.'* The panel considered that your misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the issues identified. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether imposing a further 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 recognised that you have demonstrated developing insight and have made efforts to address the concerns identified through the completion of various training courses.

However, you have not yet secured nursing employment that would enable you to demonstrate that the steps taken to strengthen your practice can be effectively applied within a clinical setting. The panel reminded itself that your ability to commence employment had been adversely affected by an administrative error relating to your NMC PIN.

The panel was satisfied that appropriate, proportionate and workable conditions could be formulated to address the concerns identified in this case. It accepted that you have been unable to comply fully with the existing Conditions of Practice Order due to your employment circumstances. Nevertheless, the panel was satisfied that you have remained engaged with the NMC and demonstrated a willingness to comply with any conditions imposed.

Finally, the panel recognised the significant financial and emotional impact that the Conditions of Practice Order has had on you over the past 27 months.

The panel was of the view that a varied conditions of practice order is sufficient to protect patients and the wider public interest, noting as the original panel did that there were no deep-seated attitudinal problems. In this case, there are conditions which could be formulated to 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.

Accordingly, the panel determined, pursuant to Article 30(1)(c) to make a conditions of practice order for a period of six months, which will come into effect on the expiry of the current order, namely at the end of 9 July 2026. 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 limit your practice to one substantive employer which may be an agency. If working via an agency or as bank staff, you must limit your nursing practice to contracts of a minimum of 1 month working in the same unit or on the same ward.
2. When administering or managing controlled drugs, you must ensure that you are under the direct supervision of a registered nurse for a minimum of 3 complete drug rounds. You must provide evidence from the registered nurse supervising you that you are assessed as competent in medication administration.

Once you have been signed off as competent, you no longer require direct supervision in respect of medication administration.

3. You must send your case officer evidence that you have successfully completed training in the administering and handling of controlled drugs, at least 7 days before the review hearing or meeting.
4. You must meet with your line manager, mentor or supervisor on a monthly basis as part of a personal development plan to ensure that you are making progress towards meeting these conditions.
5. You must keep monthly records of your reflections. The reflections will:
  - Reflect on your progress in safe administration of controlled drugs.
  - Reflect on your progress in recognising and managing stressors that have the potential to impact on your practice.
6. You must share your monthly reflections with your supervisor, line manager or mentor at your monthly meetings for discussion.
7. You must send copies of your monthly reflections to your case officer at least 7 days before the next review hearing or meeting.
8. You must provide a report from your line manager, mentor or supervisor at least 7 days before the next review hearing or meeting regarding:
  - your ability to manage and administer controlled drugs safely;
  - your ability to manage stressors that may have the potential to impact on your ability to practice safely.
10. You must immediately give a 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.
11. You must tell your case officer, within seven days of your becoming aware of:
  - a. Any clinical incident you are involved in.

- b. Any investigation started against you.
- c. Any disciplinary proceedings taken against you.'

The period of this order is for six months.

This conditions of practice order will take effect upon the expiry of the current conditions of practice order, namely the end of 9 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.

This will be confirmed to you in writing.

That concludes this determination.