

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

**Substantive Order Review Hearing
Thursday 26 March 2026**

Virtual Hearing

Name of Registrant: Laura Jane Gilmore

NMC PIN: 1711055E

Part(s) of the register: Registered Midwife – 16 September 2017

Relevant Location: Surrey and Sussex

Type of case: Lack of competence

Panel members: Paul Grant (Chair, Lay member)
Elaine Whitton (Registrant member)
Louise Emmett (Registrant member)

Legal Assessor: Nigel Ingram

Hearings Coordinator: Jumu Ahmed

Nursing and Midwifery Council: Represented by Emily Timcke, Case Presenter

Miss Gilmore: Present and represented by Zoe Wilson, instructed by National Employees Union (NEU)

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

Fitness to practise: Impaired

Outcome: **Conditions of practice order (12 months) to come into effect on 8 April 2026 in accordance with Article 30 (1)**

Decision and reasons on review of the substantive order

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

This order will come into effect at the end of 8 April 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 12 months by a Fitness to Practise Committee panel.

The current order is due to expire at the end of 8 April 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 was as follows:

'1. Whilst subject to preceptorship between 16 October 2017 and 15 October 2018 failed to meet the following objectives:

- a. recognition and escalation of a deteriorating patient*
- b. prioritisation of patient care over workload*
- c. accurate CTG interpretation*
- d. effective communication*
- e. application of fetal scalp electrode (FSE)*
- f. accurate record keeping and care planning*
- g. safe medication administration*
- h. accurate vaginal assessments*
- i. competency with IV preparation and/or administration*
- j. cannulation competency*

2. On or around 13 February 2019 failed to provide care to Patient C in that you,

- a. misinterpreted a deteriorating cardiotocography*
- b. did not apply fetal scalp electrode (FSE) monitoring*
- c. recognition and escalation of a deteriorating patient*

- d. failed to document a clear plan of care*
- e. did not prioritise patient care over workload*

3. On or around 19 April 2019 failed to provide adequate care to Patient A in that you:

- a. inserted a catheter without clinical justification*
- b. did not communicate with the Patient A as to the care being provided and/or offer reassurance in that you,
 - i. did not explain what was occurring during the delivery or what to expect*
 - ii. did not explain delays with the placenta delivery**
- c. used a rotating cord action as opposed to controlled cord traction when attempting to deliver the placenta*
- d. placed Patient A in an incorrect position to suture a perineum tear*
- e. sutured the perineum tear incorrectly*
- f. did not escalate the need for second midwife's assistance when the vertex was visible*

4. On or around 29 April 2019 failed to provide adequate care to Patient B in that you:

- a. did not accurately assess labour by vaginal examination*
- b. were unable to attach FSE*
- c. did not properly monitor uterine activity*
- d. did not record a plan of care*
- e. did not use effective communication*
- f. were unable to identify risk factors such as meconium-stained liquor in a timely manner and escalate appropriately*

5. Whilst subject to a formal capability process between 21 May 2019 and 3 February 2021 failed to accurately and consistently meet the following objectives:

- a. accurate vaginal examinations*
- b. recognition and escalation of a deteriorating patient*
- c. prioritisation of patient care over workload*
- d. accurate CTG interpretation*

- e. effective communication*
- f. foetal monitoring*
- g. record keeping and care planning*
- h. perineal suturing*
- i. safe administration of medication*
- j. IV cannulation\additives*
- k. artificial rupture of membranes*

6. Breached your undertakings that took effect on 2 February 2023, in that you did not complete your undertakings within the time given for compliance

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 then considered whether Miss Gilmore's fitness to practise is currently impaired by reason of lack of competence.

In coming to its decision, the panel had regard to the Fitness to Practise Library, updated on 27 March 2023, which states:

'The question that will help decide whether a professional's fitness to practise is impaired is:

"Can the nurse, midwife or nursing associate practise kindly, safely and professionally?"

If the answer to this question is yes, then the likelihood is that the professional's fitness to practise is not impaired.'

The panel determined that Miss Gilmore's fitness to practise is currently impaired. In this respect the panel endorsed paragraphs 43 to 65 of the provisional CPD agreement with the exception of paragraph 53. The panel was of the view that actual harm was caused in some situations, specifically in the insertion of a catheter to a patient who did not require this, and when sutures had to be redone causing

pain both in the initial procedure and in the subsequent procedure to re-do the suturing.

The panel noted [the representative's] email of 5 March 2025 which stated:

'The Registrant's responses and documentation are provided by way of demonstrating to the Registrar her strengthened practise and that she has taken some steps to remediate, as well as her developing insight. That said, the Registrant is aware and accepts that this requires further work, hence her acceptance of the allegations in full, impairment and agreement to CPD.'

The panel recognised the significant insight, remorse and remediation that Miss Gilmore has undertaken and her acceptance of a lack of consistency in her practice, and so the panel considers there is an ongoing risk. The panel also noted the significant supervision and support that was previously put in place and that full remediation has not yet taken place in practice. The panel noted the impressive insight and remorse demonstrated by Miss Gilmore but, due to the number of charges which include basic failings and the recent concerns raised by colleagues, it determined that Miss Gilmore's fitness to practise is currently impaired on the ground of public protection.

In respect of public interest, the panel considered that a finding of current impairment was required to declare and uphold proper professional standards and conduct and in order to maintain public confidence in the profession. Whilst Miss Gilmore has taken steps towards remedying her failings and has demonstrated insight and remorse, the panel did not consider that she had remedied her lack of competence, and therefore a finding of current impairment is required on both public protection and public interest grounds.'

The original panel determined the following with regard to sanction:

'The panel took into account the following aggravating features:

- *Pattern of behaviour over a significant period of time and is ongoing*

- *Conduct which caused actual harm and risk of harm*

The panel also took into account the following mitigating features:

- [PRIVATE]
- *Considerable insight and remorse and has provided testimonials and staff feedback forms in order to strengthen practice (albeit the panel noted some concerns remain within the staff feedback forms)*

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 Miss Gilmore's practice would not be appropriate in the circumstances. The SG states that a caution order may be appropriate where 'the case is at the lower end of the spectrum of impaired fitness to practise and the panel wishes to mark that the behaviour was unacceptable and must not happen again.' The panel considered that Miss Gilmore's lack of competence involved a number of charges that were wide-ranging and included basic failings, 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 placing conditions of practice on Miss Gilmore'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:

- *No evidence of harmful deep-seated personality or attitudinal problems;*
- *Identifiable clinical areas of the nurse or midwife's practice in need of assessment and/or retraining;*

- *The conditions will protect patients during the period they are in force; and*
- *Conditions can be created that can be monitored and assessed.*

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 Miss Gilmore would be willing to comply with conditions of practice.

However, the panel concluded, in view of the aforementioned, that indirect supervision would not be sufficient to address public protection concerns. The panel decided to amend the conditions of practice order by changing condition 6 to ensure that Miss Gilmore works under the direct supervision of a registered midwife until such time that a supervisor is of the view that she can be effectively signed off as competent to work on an indirect supervision basis.

The panel further decided to amend condition 7 with regards to Miss Gilmore's PDP requirement to ensure that the PDP addresses both the admitted charges and the parts of the NMC code listed.

The panel also decided to remove condition 9 in its entirety as the panel is of the view that Miss Gilmore has already taken significant steps to complete CPD and further training.

Prior to making the amendments to the CPD conditions of practice, the panel afforded the parties with an opportunity to make submissions to it and Ms Stewart indicated, on Miss Gilmore's behalf, that Miss Gilmore was agreeable to the panel's suggested amendments. [Representative] also agreed to all of the amendments.

In light of the above points the panel, with agreement of the parties, decided to amend the conditions of practice order by amending conditions 6 and 7, and removing condition 9 in its entirety. The panel also corrected a typographical error on condition 5 inserting the phrase 'conditions of practice' and removing the phrase 'undertakings'.

Having made these agreed amendments, the panel agreed with the CPD that the appropriate and proportionate sanction is that of a conditions of practice order for a period of 12 months with a review. The panel considered that 12 months was the appropriate duration for the conditions of practice order as it would provide Miss Gilmore with an opportunity to remedy her lack of competence. Further, in agreeing to the CPD, the panel considered the principle of proportionality and balanced the interests of the public with those of the registrant.

The panel was of the view that to impose a suspension order would be wholly disproportionate in the circumstances of Miss Gilmore's case at the current time.

Having regard to the matters it has identified, the panel has concluded that a conditions of practice order will mark the importance of protecting the public, maintaining public confidence in the profession, and will send a clear message to the public and the profession about the standards of practice required of a registered midwife.

The panel determined that the following conditions 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 will keep us 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 will keep us 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 will 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.*

4. *You will tell your case officer, within seven days of you becoming aware of:*

- *any clinical incident you are involved in.*
- *any investigation started against you.*
- *any disciplinary proceedings taken against you.*

5. *You will allow your case officer to share, as necessary, details about your performance, your compliance with and progress towards completing these conditions of practice with:*

- *any current or future employer.*
- *any educational establishment.*
- *any other person(s) involved in your retraining and/or supervision required by these undertakings.*

6. *You will ensure that another registered midwife (of band 6 or above) supervises you at any time you are working. Your supervision will consist of:*

- a. *Working under the direct supervision of a registered midwife until such time that that supervisor is of the view that you can be signed off as competent to practise with indirect supervision.*

- b. To attend meetings every two weeks with your workplace line manager or supervisor to discuss progress, and evidence that these meetings have taken place.*
- c. To keep a record of any work related discussions that you have with your workplace line manager or supervisor.*
- d. Provide your case officer with copies of your notes or other records of your meetings and discussions with line manager or supervisor, signed by both parties, every three months.*

7. You will work with your supervisor to create a personal development plan (PDP). Your PDP will address the concerns in respect of the charges and in relation to the parts of the NMC code listed above. You will:

- send your case officer a copy of your PDP within four weeks of obtaining work as a midwife*
- meet with your supervisor at least every two weeks to discuss your progress towards achieving the aims set out in your PDP send your case officer a report from your supervisor every month. This report will show your progress towards achieving the aims set out in your PDP*
- contain feedback from supervisor on how you gave the care.*

8. You will keep a reflective practice profile. The profile will:

- detail cases where you have cared for women, recognising and escalating deteriorating conditions; CTG interpretation; application of fetal scalp electrodes; performing accurate vaginal examinations and artificial rupture of membranes.*
- set out the nature of the care given*
- be signed by your supervisor each time*
- you will send your case officer a copy of the profile every month.'*

The period of this order is for 12 months.

Before the end of the period of the order, a panel will hold a review hearing to see how well Miss Gilmore 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:

- *Miss Gilmore's attendance*
- *Evidence of compliance with the conditions of practice order'*

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 taken account of the submissions made by Ms Timcke on behalf of the NMC and by Ms Wilson on your behalf.

Ms Timcke provided a brief summary of the case and referred the panel to the relevant documentation.

Ms Timcke submitted that there has been a lack of progress since the last hearing and therefore, the panel cannot be satisfied that the previous impairment has been addressed. She referred the panel to the response from York and Scarborough Trust regarding your application and how the conditions are viewed to be onerous by them. However, she submitted that the conditions are necessary to address the fundamental concerns relating to your practice. In relation to the direct supervision condition, Ms Timcke submitted that there is no evidence that progress has been made to strengthen your practice and

demonstrate safe practice. therefore, removing this condition would not protect the public. She invited the panel to make a finding of impairment.

In light of the above, Ms Timcke invited the panel to confirm the order as it currently stands. She invited the panel to extend the order for another 12 months to allow you a further opportunity to demonstrate safe practice.

Ms Wilson informed the panel that you are currently working for an agency company called Bioluminex as a Health Care Assistant (HCA). Therefore, you are not able to comply with all of the conditions as you are not employed as a registered midwife.

Ms Wilson told the panel that, since the imposition of the conditions of practice order in March 2025, you have applied for midwifery roles and have been unsuccessful as the employers were not confident that they can support you with your conditions. She told the panel that you have applied for four roles in 2026 and you have not been successful. She told the panel that conditions 6, 7 and 8 have been the problem for employers as these are time consuming and administratively burdensome. She invited the panel to vary those conditions. She suggested changing:

- Condition 6 to allow direct supervision to be undertaken for 3-6 months and then indirect supervision for another 6 months;
- Condition 6b to attend meetings every six to eight weeks rather than every two weeks;
- Condition 7 by removing it entirely as a new registered midwife would undergo induction and therefore that induction would be sufficient as a development plan as clear expectations would be set; and
- Condition 8 by removing the bullet point: '*be signed by your supervisor each time*'. She submitted that your reflections are your own and that you are capable of meaningful and insightful reflections.

Ms Wilson submitted that you have been able to put some of your learning into practice as a HCA, and that you are able to identify when a task is beyond your competence or confidence and have been able to communicate this to a senior member of staff. She said that working as a HCA does not always give you the opportunity for new learning, but that

you have been trying your best to complete your reflections when you come across a learning opportunity, such as supporting adults with autism.

[PRIVATE]. Furthermore, as you have not been able to practice as a registered midwife, you have not been able to complete your reflections or meet the necessary skills required.

Ms Wilson told the panel that you are keen to demonstrate safe practice, but that you are currently unable to as a result of the conditions. She therefore invited the panel to review the conditions.

In response to the panel's question in relation to the suggestions regarding direct supervision, Ms Wilson said that the concern is that the direct supervision condition places a burden on a single midwife to observe you and to sign you off as competent. She said that this is unattractive to employers, and so if there is a time frame on that direct supervision, they can be confident, at the end of that time, to either put you on a development plan, or to let you go.

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 took into account the submissions made by Ms Timcke and by Ms Wilson. It had regard to the NMC's guidance on 'Substantive order reviews' (Reference: REV-2 Last Updated 14/10/2022).

The panel had regard to all of the documentation before it, including:

- The NMC bundle;
- Your undated reflection on 'Practice with Adults with Autism, Learning Disabilities, Mental Health Needs, and Midwifery Care, Including Ehlers-Danlos Syndrome and Evidence-Informed Approaches';
- Employment Applications whilst under an Interim Order'; and

- Response from the Royal Free Trust and from York and Scarborough Trust regarding your midwifery job applications.

The panel considered whether your fitness to practise remains impaired.

The panel took into account your reflective piece working as a HCA and that you were unable to gain employment as a registered midwife since the imposition of the substantive order. However, it was of the view that that there has not been any material change since the substantive hearing.

The panel was of the view that your reflective statement was superficial, did not adopt a standard model of reflection and was not sufficient to demonstrate strengthened practice in areas of identified deficiencies, such as communication skills, record-keeping and escalation of concerns etc, which can be addressed in a non-midwifery role. Rather the reflective piece primarily describes what you had done and to some degree how you did it, without a thorough exploration of what you have learned, what you could have done differently or better and any feedback from others. Therefore, the panel was of the view that there was no evidence of strengthened practice.

Whilst the panel accepted that you were not able to comply with the conditions as you have not had the opportunity to practise as a registered midwife, the panel was of the view that you could have provided evidence of you taking steps to strengthen your practice, such as undertaking courses, to address the concerns and mitigate the risks identified such as on communication, time management, record keeping, care planning, escalation, and prioritising patients or service users care whilst managing workload effectively etc. The panel also took into account your acceptance that you are currently still impaired.

In light of this, this panel determined that you remain liable to repeat matters of the kind found proved. The panel therefore decided that a finding of continuing impairment is necessary on the grounds of public protection.

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 midwifery profession and upholding proper standards of conduct and performance. The facts found proved related to

fundamental aspects of your work as a registered midwife and presented a risk of harm to patients. The panel has been provided with no evidence that these matters have been addressed by you. Therefore, the panel determined that there remains a real risk that these behaviours could be repeated thereby reducing public confidence in the profession and undermining the need to uphold professional standards. 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, 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 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. It noted that Ms

Wilson accepted, on your behalf, that a further conditions of practice order would be the appropriate sanction.

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 you have been unable to comply with conditions of practice due to your current employment status but took into account that you are engaging with the NMC and that you are willing to comply with the conditions.

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 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.

The panel was of the view that to impose a suspension order or a striking-off order would be disproportionate at this stage and would not be a reasonable response in the circumstances of your case.

The panel took into account Ms Wilson's submission to vary the conditions.

In relation to condition 6, the panel was of the view that you need direct supervision as you are not yet competent to practise safely without it. The panel was of the view that putting a time frame on direct supervision to improve your job prospects would not protect the public, and a decision about your competence will have to be made by the person supervising you. Furthermore, the panel was of the view that including a time frame will not be beneficial to you and may put additional pressure on you. The panel therefore did not vary this condition.

In relation to condition 6b, the panel was of the view that you need frequent feedback from your line manager or supervisor and changing meetings from every 2 weeks to every 6-8 weeks would not adequately support you with your development or meet the needs of public protection. The panel did not vary this condition.

In relation to condition 7, the panel was of the view that you cannot rely on induction, which varies from one Trust to another, to attain the support you require. The panel was of the view that a PDP is vital for your learning and development, to understand what is expected of you and whether you are meeting those aims. The panel was also of the view that the PDP was an essential evidential basis for you to be signed off on your development and competence in your practice. Therefore, the panel did not vary this condition.

In relation to condition 8, the panel took into account the reflective piece you provided for this hearing. As noted earlier, the panel was of the view that this piece did not adopt a recognised model for reflection, it did not adequately reflect on your shortcomings but rather described what action you had taken in your most recent role. It did not provide evidence of what you had learnt and how you would apply this into practice. The panel noted that you have not had the opportunity to practise as a midwife. However, it was of the view that you could have demonstrated evidence related to communication, escalation, record-keeping, prioritisation of patients whilst managing workload as a HCA or in some other non-clinical role. The panel was of the view that you would benefit from the support of your manager to develop your skills in reflection. Therefore, the panel did not vary this condition.

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 8 April 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 keep us 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 us 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 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.
4. You will tell your case officer, within seven days of you becoming aware of:
 - Any clinical incident you are involved in.
 - Any investigation started against you.
 - Any disciplinary proceedings taken against you.
5. You will allow your case officer to share, as necessary, details about your performance, your compliance with and progress towards completing these conditions of practice with:
 - Any current or future employer.
 - Any educational establishment.
 - Any other person(s) involved in your retraining and/or supervision required by these undertakings.

6. You will ensure that another registered midwife (of band 6 or above) supervises you at any time you are working. Your supervision will consist of:
 - a) Working under the direct supervision of a registered midwife until such time that that supervisor is of the view that you can be signed off as competent to practise with indirect supervision.
 - b) To attend meetings every two weeks with your workplace line manager or supervisor to discuss progress, and evidence that these meetings have taken place.
 - c) To keep a record of any work related discussions that you have with your workplace line manager or supervisor.
 - d) Provide your case officer with copies of your notes or other records of your meetings and discussions with line manager or supervisor, signed by both parties, every three months.

7. You will work with your supervisor to create a personal development plan (PDP). Your PDP will address the concerns in respect of the charges and in relation to the parts of the NMC code listed above. You will:
 - send your case officer a copy of your PDP within four weeks of obtaining work as a midwife
 - meet with your supervisor at least every two weeks to discuss your progress towards achieving the aims set out in your PDP send your case officer a report from your supervisor every month. This report will show your progress towards achieving the aims set out in your PDP
 - contain feedback from supervisor on how you gave the care.

8. You will keep a reflective practice profile. The profile will:

- detail cases where you have cared for women, recognising and escalating deteriorating conditions; CTG interpretation; application of fetal scalp electrodes; performing accurate vaginal examinations and artificial rupture of membranes.
- set out the nature of the care given
- be signed by your supervisor each time
- you will send your case officer a copy of the profile every month.

The period of this 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 8 April 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 attendance at the next review hearing;
- An up to date reflective piece using a recognised model of reflection which addresses areas of deficiency identified at the substantive hearing;
- Feedback from colleagues or service users;
- References from any employer commenting on any areas of work which were found to be deficient at the substantive hearing such as communication, time management, record keeping, care planning, escalation;
- [PRIVATE];
- Evidence of CPD and reflections on learning from that CPD, and how it relates to the concerns; and
- Evidence of how you are able to prioritise patients or service users whilst managing your workload effectively.

This will be confirmed to you in writing.

That concludes this determination.