

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

**Substantive Order Review Hearing
Friday, 8 May 2026**

Virtual Hearing

Name of Registrant: Kirsten Moira Arthur

NMC PIN 13I0260S

Part(s) of the register: Registered Nurse Adult – Sub Part 1, Level 1 (5 September 2016)

Relevant Location: Linlithgow

Type of case: Misconduct

Panel members: Dale Simon (Chair, lay member)
Aries Maximus Ogbuokiri (Registrant member)
Fern Basnett (Lay member)

Legal Assessor: Christopher McKay

Hearings Coordinator: Monsur Ali

Nursing and Midwifery Council: Represented by Mohsin Malik, Case Presenter

Miss Arthur: Present and represented by Lauren Doherty, instructed by the Royal College of Nursing (RCN)

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

Fitness to practise: Impaired

Outcome: **Conditions of practice order (12 months) to come into effect at the end of 21 May 2026 in accordance with Article 30 (1)**

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 21 May 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 on 17 April 2025.

The current order is due to expire at the end of 21 May 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:

While working at Victoria Hospital:

1. On 8 March 2019 in relation to Patient A:

a. Wrote your initials on Patient A's Pressure Care Plan SSKIN Bundle to indicate you had completed a comfort round for Patient A at 18:00 hours.

b. Wrote Colleague A's initials on Patient A's Pressure Care Plan SSKIN Bundle to indicate that Colleague A had completed a comfort round with you at 18:00 hours.

2. Your actions in charge 1a were dishonest because you knew you had not completed this comfort round for Patient A at 18:00 hours or at all, and you intended a future reader of the record to believe you had.

3. *Your actions in charge 1b were dishonest because you knew you had not completed this comfort round with Colleague A, and you intended a future reader of the record to believe you had.*

4. *On 12 March 2019 in relation to Patient B:*

a. *Initialled Patient B's Drugs Prescription and Administration Record to indicate you had given medication Patient B at 08:00 hours.*

b. ...

c. *Told Colleague B you had administered medication to Patient B at 08:00 hours.*

5. ...

6. ...

7. *On 14 March 2019 before or around 21:00 hours:*

a. *Wrote in Patient C's Notes for Progress/Continuance/Evaluation of Care notes and dated them 15 March 2019.*

b. *Initialled Patient C's Drugs Prescription and Administration Record to indicate medication had been administered to Patient C at 22:00 hours.*

c. *Initialled Patient D's Drugs Prescription and Administration Record to indicate medication had been administered to Patient D at 22:00 hours.*

d. *Administered medication to Patient C and/or Patient D when it was not due until 22:00 hours.*

8. *Your actions in charge 7a were dishonest because you intended a future reader of the records to believe you had written the notes on 15 March 2019 when you had not.*

9. ...

10. *On 14 March 2019 recorded in Patient E's notes that they had refused to have their observations taken when they had not refused. While working at Cramond Residence.*

11. *Between 20 and 21 April 2022 on one or more occasions administered 10ml of codeine liquid to Resident J instead of 5ml codeine liquid as prescribed. While working at Newcarron Court Care Home.*

12. *On 2 December 2022 administered 2.5mg of Olanzapine to Resident K when 7.5mg of Olanzapine was prescribed.*

13. *Between 16 and 18 January 2023, on one or more occasions failed to administer Thiamine to Resident L.*

14. *On 9 February 2023 did not update Resident M's eMAR chart to confirm the GP's instructions to withhold their medication.*

15. *On 14 February 2023 recorded a stock balance of 20 tablets of Clopidogrel on Resident O's records when it should have been recorded as 16 tablets.*

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

The original panel determined the following with regard to impairment:

'The panel determined that you have shown some level of insight as you appear to have taken your actions into consideration and have made admissions. You have also apologised to this panel for your misconduct and explained how you would handle the situation differently in the future should a similar situation arise. The panel was mindful that you have expressed your interest in undertaking care of older people which is where you wish to specialise. Further, the panel was impressed by your continued engagement throughout NMC proceedings which it found helpful. It also acknowledged that these proceedings have been ongoing for a considerable period of time.

However, the panel concluded that you have not yet shown full level of insight as you still lack plausible explanation as to why you were dishonest on several

occasions. Further, you have not fully demonstrated an understanding of how your dishonest actions put patients at risk of harm.

The panel was satisfied that the misconduct in relation to the medication errors in this case are capable of being addressed and acknowledged that it is difficult to demonstrate how dishonesty has been remedied. The panel carefully considered the evidence before it in determining whether or not you have taken steps to strengthen your practice. It took into account your detailed reflective pieces, the training that you have undertaken, and that you have made good progress under the interim conditions of practice order that you have been subjected to as you were found to be competent by senior nurses. In relation to your dishonesty, the panel bore in mind that you have been working for six years with no concerns of dishonesty, but it determined that you have not fully remedied this, and it found you lacked explanation as to why you were dishonest. Without this basic understanding, and despite the period of time that has elapsed, the panel cannot be satisfied that there is no risk of repetition if similar circumstances arose during the course of your practice.

There is also a risk of repetition in relation to medication administration based on the pattern of repeated medication errors on more than one occasion and over several care settings. Further, your medication administration and recording errors put patients at unwarranted risk of harm and it could not say with certainty, at this stage, that these errors, together with you acting dishonestly, would not be repeated. The panel therefore decided that a finding of impairment is necessary on the grounds of public protection.

The panel bore in mind the overarching objectives of the NMC to protect, promote and maintain the health, safety, and well-being of the public and patients, and to uphold and protect the wider public interest. This includes promoting and maintaining public confidence in the nursing and midwifery professions and upholding the proper professional standards for members of those professions.

The panel determined that public confidence in the profession would be undermined if a finding of impairment were not made in this case, given its findings both in

relation to medication errors and dishonesty that put patients at risk of harm. These are serious matters that would, in the view of the panel, rightly alarm the public and undermine confidence in the NMC as a regulator, without a finding of impairment. Therefore, the panel also finds your fitness to practise impaired on the grounds of public interest.

Having regard to all of the above, the panel was satisfied that your fitness to practise is currently impaired.'

The original panel determined the following with regard to sanction:

'The panel first considered the issue of dishonesty. It was satisfied that the dishonesty in this case was not premeditated. Your actions demonstrated immaturity and an anxiousness to please and impress colleagues, leading to naïve errors of judgement, including making misrepresentations on the records. At the time, you said you did not fully appreciate the seriousness of your conduct. However, the panel bore in mind your recent reflective piece, dated 3 April 2025, and found that you now demonstrate a greater understanding of the implications of dishonesty within the nursing profession.

In these circumstances, the panel determined that the dishonesty was not at the highest end of the scale. It considered that you had acted out of naivety and anxiety to demonstrate competence rather than out of deliberate malice or intent to deceive for personal gain. The panel accepted that although you did not initially grasp the severity of your actions, you have since shown insight and recognition of the seriousness of your dishonest behaviour.

The panel took into account the following aggravating features:

- *Dishonesty (as outlined above).*
- *Potential risk of harm to patients.*

The panel also took into account the following mitigating features:

- *Your insight has further developed.*
- *Personal mitigation: you were newly qualified and felt pressurised by the observation you were subjected to by colleagues.*
- *Your dishonesty occurred in 2019 over a relatively brief period of time.*
- *Some improved practice in medication management and administration.*
- *No evidence of deep-seated attitudinal concerns.*
- *Your admissions to several charges at an early stage.*

The panel further acknowledged that you have fully and consistently engaged with these proceedings over an extended period of time.

The panel considered whether to take no action but concluded that this would be inappropriate in view of the seriousness of the case which includes an element of dishonesty. The panel decided that it would be neither proportionate nor in the public interest to take no further action.

The panel then considered the imposition of a caution order but again determined that, due to the seriousness of the case which includes an element of dishonesty, 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, although your dishonesty was not at the higher end of the dishonesty spectrum, 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 your 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 areas of the nurse or midwife's practice in need of assessment and/or retraining;*
- *Potential and willingness to respond positively to retraining;*
- *Patients will not be put in danger either directly or indirectly as a result of the conditions;*
- *The conditions will protect patients during the period they are in force; and*
- *Conditions can be created that can be monitored and assessed.*

The panel determined that it would be possible to formulate appropriate and practical conditions which would address the failings highlighted in this case. As previously outlined, the panel carefully considered the issue of dishonesty. It recognised that dishonesty is always serious, however, it noted that the dishonesty in this case was not at the higher end of the spectrum and related specifically to deliberate record-keeping errors, rather than any attempt to conceal wrongdoing for personal gain. The panel is satisfied that you have continued to reflect over the protracted period since these events. In particular, the panel noted that you have further reflected since the hearing in January 2025 and now sufficiently demonstrate insight and an understanding of the seriousness of your dishonesty, including the impact your misconduct had on patients, colleagues, and the nursing profession.

Given the level of developed insight and remediation demonstrated, the panel was satisfied that all concerns arising from the charges can be addressed through a conditions of practice order. The panel was mindful that you require the opportunity to return to practice with appropriate supervision and support, which would protect the public while also allowing you to demonstrate that you are fit to practise. The panel considered that a conditions of practice order would be a proportionate sanction and consistent with the principle that sanctions should go no further than necessary to protect the public. Further, the panel bore in mind that you have already been subject to interim conditions of practice orders whereby you have complied with the conditions without issue.

The panel also had regard to the fact that the majority of the most serious incidents occurred six years ago. Since this time, you have been subject to an interim conditions of practice order and have therefore been under careful scrutiny. During your periods of employment since 2019, there have been no further incidents of dishonesty that have occurred. Given the passage of time and the level of insight you have developed over that period, the panel takes the view that a suspension order would have a disproportionately punitive impact. The panel determined that it was in the public interest that, with appropriate safeguards, you should be able to return to practise as a nurse.

Balancing all of these factors, the panel determined that that the appropriate and proportionate sanction is that of a conditions of practice order.

Considering the steps you have taken to strengthen your practice and address your dishonesty, your keeping up to date with healthcare issues, and the lack of actual patient harm, 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.

In these circumstances, the panel concluded that a conditions of practice order will be sufficient to maintain public confidence in the profession and will send to the public and the profession a clear message about the standards of practice required of a registered nurse. A reasonably informed member of the public would be reassured that you have taken the necessary steps to address your previous deficiencies.

The panel carefully considered the submissions of Mr Kennedy in relation to the sanction that the NMC was seeking in this case. However, for all the reasons outlined above, the panel considered that the appropriate and proportionate sanction in this case is that of a conditions of practice order.

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 must limit your employment as a registered nurse to one substantive employer. If your substantive employer is an agency, you should limit your allocation to one care provider for a period of no less than three months.*
- 2. You must ensure that you are supervised by a registered nurse of band 6 (or equivalent) or above any time you are working. Your supervision must consist of:*
 - Working at all times on the same shift as, but not always directly observed by, a registered nurse of band 6 (or equivalent) or above.*
- 3. You must not administer medication until formally assessed by your line manager or supervisor that you are competent to do so. A copy of this assessment should be sent to your case officer at the NMC within seven days of successful completion.*
- 4. You must keep a personal development plan that is agreed and countersigned by your line manager or supervisor to address the following areas:*
 - Medication administration.*
 - Record-keeping.*
 - Working collaboratively with your colleagues.*

5. *You must meet monthly with your workplace line manager or supervisor to review your clinical performance, personal development plan, and reflections, particularly in relation to:*
 - *Medication administration.*
 - *Record-keeping.*
 - *Working collaboratively with your colleagues.*

Your signed personal development plan must be forwarded to your NMC case officer every three months and, in any event, seven days prior to the next NMC hearing or meeting.

6. *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.*

7. *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.*

8. *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.*

9. *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.*

10. *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.

Before the order expires, 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.'

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. It has taken account of the submissions made by Mr Malik on behalf of the NMC and those made by Ms Doherty on your behalf.

Mr Malik submitted that the key issue for the panel today is whether your fitness to practise remains impaired. He submitted that, at a review hearing, the burden rests on you to demonstrate that you are no longer impaired. In particular, he stated that you must show that you have fully acknowledged the deficiencies in your past professional performance and, through insight, learning, education, supervision, or other remediation, have sufficiently addressed the concerns previously identified.

Mr Malik reminded the panel that previous panel had found the dishonesty in this case was not at the highest end of the scale and was not premeditated. He noted that your actions were previously described as immature and driven by a desire to please and impress colleagues, resulting in naive errors of judgment and misrepresentations within records. He submitted that the original panel had concluded that taking no action or imposing a caution order would not have been proportionate or in the public interest because dishonesty had been found proved. The original panel had instead considered that workable and appropriate conditions could address the concerns, and that a suspension order would have been disproportionately punitive given the level of insight you had developed over time.

Mr Malik further submitted that the original panel had indicated that future reviewing panels would be assisted by your attendance and engagement at a future hearing, evidence of compliance with the conditions of practice order, a professional development plan, and testimonials from current or recent employers. He acknowledged that you had attended today's hearing, which was helpful to the panel, and that a testimonial had been provided for consideration. However, he noted that there was no evidence before the panel of a

professional development plan. He also observed that you have not worked as a nurse during the current order and are presently employed as a senior carer.

Mr Malik accepted that your inability to comply fully with the conditions was linked to your current employment circumstances and was not necessarily your fault. Nevertheless, he submitted that you had been unable to demonstrate compliance with the conditions or provide evidence of safe nursing practice. In all the circumstances, Mr Malik submitted that your fitness to practise remains impaired. He therefore invited the panel to extend the current order for a further period of 12 months, and submitted that such an order remains necessary and proportionate.

Ms Doherty submitted that you are seeking either a variation of the current conditions of practice order or the removal of conditions 1, 2 and 3. She stated that this application was based on the positive evidence provided by your current line manager, who confirmed that you had completed a medication assessment, attended a medication conference, and had no further incidents of concern. Ms Doherty also highlighted that you are regarded as a dependable and highly rated worker in your current role as a senior carer, and that many of the responsibilities you undertake are transferable to nursing practice.

Ms Doherty reminded the panel that, although concerns had previously been identified regarding your insight, earlier findings also recognised that you had developed insight and demonstrated remediation over time. She submitted that you had shown ongoing reflection and sustained efforts to address the concerns in your practice. She further submitted that you have now worked for Staffscanner as a senior carer for approximately one year and are fully supported by your line manager. Your intention is to secure a nursing role within the same organisation, where you are already familiar with the procedures, working environment, and care homes serviced by the agency.

In relation to the conditions themselves, Ms Doherty submitted that you had done your best to comply with the conditions as far as your current role allowed, including completing the medication administration assessment. She explained that no professional development plan had been produced because the current conditions are directed toward nursing practice rather than your role as a senior carer. She submitted that condition 1, particularly the requirement to work for three months within one care setting, creates a

significant barrier to obtaining a nursing role with Staffscanner, as agency work requires movement between different services. She suggested that, if the panel was not minded to remove the condition entirely, it could instead be varied to require only one substantive employer, which could include an agency.

Ms Doherty also submitted that condition 2 relating to indirect supervision presents practical difficulties due to the staffing structure and shift patterns within Staffscanner, where managers and senior staff are not always present throughout an entire shift. She submitted that sufficient safeguards would still remain in place through a professional development plan, ongoing reflection, engagement with management, and the organisation's monitoring and rating systems. In her submission, the risk of repetition is low and public protection, as well as the wider public interest, could be properly maintained through amended conditions of practice. She therefore invited the panel to consider varying or removing the conditions sought.

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

The panel carefully considered whether your fitness to practise remains impaired. In reaching its decision, the panel had regard to the need to protect the public, maintain confidence in the nursing profession, and uphold proper standards of conduct and performance. The panel considered the submissions made on your behalf, your engagement with the process, and the documentary evidence placed before it.

The panel acknowledged your attendance at today's hearing and the positive reference provided by your current employer. The panel accepted that you have worked positively in your role as a senior carer and that your employer regards you as a dependable and valued member of staff.

The panel also recognised that you have attempted to comply with aspects of the conditions of practice order that were within your ability to complete, including undertaking a medication assessment. However, the panel noted that you have not practised as a registered nurse since the order was imposed and have therefore been unable to demonstrate strengthened nursing practice, safe medication administration, or compliance with the conditions in a clinical nursing setting.

The panel considered that the concerns in this case were serious and arose over an extended period of time. The concerns involved repeated medication errors together with dishonest conduct relating to record keeping.

While the panel accepted that you have shown some insight and remorse, it was not satisfied that there was sufficient evidence to demonstrate that the underlying concerns had been fully addressed or remediated. In particular, the panel noted the absence of evidence showing safe and unrestricted nursing practice under supervision. The panel was therefore not persuaded that the risk of repetition had reduced and concluded that the risk remains the same as previously identified.

In light of these findings, the panel determined that you remain liable to repeat matters of the kind previously found proved. The panel therefore concluded that your fitness to practise remains impaired on the grounds of public protection. The panel also determined that a finding of continuing impairment is required in the wider public interest to maintain public confidence in the nursing profession and to uphold proper standards of conduct and performance.

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 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 whether any variation to the existing conditions of practice order was appropriate and proportionate. The panel recognised that you have been unable to secure employment as a registered nurse whilst subject to the current conditions and accepted that this has limited your ability to demonstrate strengthened nursing practice and full compliance with the order. The panel also acknowledged the submissions made regarding the practical difficulties of obtaining nursing work within an agency setting under the current wording of condition 1.

The panel concluded that the requirement to remain within one care setting for a period of three months was unnecessarily restrictive and may present a barrier to securing suitable nursing employment. The panel was satisfied that varying condition 1 would provide you with greater flexibility to obtain a nursing role whilst still maintaining appropriate safeguards for public protection. The panel therefore determined that a variation to condition 1 was appropriate, proportionate, and would support you in demonstrating safe nursing practice, remediation, and compliance with the conditions of practice order.

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 was no

deep seated attitudinal problems and that the misconduct related to poor judgement rather than clinical competence. 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 you have been engaging with the process and have shown willingness to strengthen your practice.

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 21 May 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 employment as a registered nurse to one substantive employer. If your substantive employer is an agency, you should limit your nursing practice to placements where the appropriate managerial oversight and supervision arrangements detailed in condition 2 are in place.
2. You must ensure that you are supervised by a registered nurse of band 6 (or equivalent) or above any time you are working. Your supervision must consist of:
 - Working at all times on the same shift as, but not always directly observed by, a registered nurse of band 6 (or equivalent) or above.

3. You must not administer medication until formally assessed by your line manager or supervisor that you are competent to do so. A copy of this assessment should be sent to your case officer at the NMC within seven days of successful completion.
4. You must keep a personal development plan that is agreed and countersigned by your line manager or supervisor to address the following areas:
 - Medication administration.
 - Record-keeping.
 - Working collaboratively with your colleagues.
5. You must meet monthly with your workplace line manager or supervisor to review your clinical performance, personal development plan, and reflections, particularly in relation to:
 - Medication administration.
 - Record-keeping.
 - Working collaboratively with your colleagues.Your signed personal development plan must be forwarded to your NMC case officer every three months and, in any event, seven days prior to the next NMC hearing or meeting.
6. 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.
7. 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.
8. 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.
9. 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.
10. 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 varied conditions of practice order will take effect upon the expiry of the current conditions of practice order, namely the end of date 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 and engagement at a future NMC hearing.
- Compliance with the conditions, including evidence of your professional development plan.
- Any testimonials from your current or recent employers.

This decision will be confirmed to you in writing.

That concludes this determination.