

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

**Substantive Order Review Hearing
Thursday, 21 May 2026**

Virtual Hearing

Name of Registrant: Karen Brown

NMC PIN: 84K0737E

Part(s) of the register: Registered Nurse – Sub Part 1
Mental Health Nursing (Level 1) – 01 March 1992

Registered Nurse – Sub Part 2
Mental Health Nursing (Level 2) – 19 February 1987

Relevant Location: North Tyneside

Type of case: Misconduct

Panel members: Clara Cheetham (Chair, Lay Member)
Anne Sharpe (Registrant Member)
Alison Hayle (Lay Member)

Legal Assessor: Nigel Ingram

Hearings Coordinator: Angela Nkansa-Dwamena

Nursing and Midwifery Council: Represented by Stephen Earnshaw, Case Presenter

Mrs Brown: Present but not represented

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 at the end of 2 July 2026 in accordance with Article 30 (1)**

Decision and reasons for hearing to be held in private

During your submissions, you raised matters relating to your [PRIVATE]. The panel, of its own volition, considered that this part of the hearing should be held in private. This was made pursuant to Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

Both Mr Earnshaw, on behalf of the Nursing and Midwifery Council (NMC), and you, were in agreement that any reference to your [PRIVATE] should be heard in private.

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

The panel decided to hold these matters in private as and when such issues are raised in order to protect your privacy.

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

This is a review of a substantive conditions of practice order originally imposed by a Fitness to Practise Committee panel on 22 January 2025.

The current order is due to expire at the end of 2 July 2026.

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

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

'That you, a registered mental health nurse:

1. ...

2. *On a date on or around 28 January 2020:*

a. ...

b. *Did not send information relating to the completion of PIP assessment forms as promised. **[FOUND PROVED]***

3. *In relation to Patient N, on one or more occasion:*

a. *Picked up the patient's medication from the pharmacy and took it to the patient's home. **[PROVED BY ADMISSION]***

b. *Contacted the GP on their behalf. **[PROVED BY ADMISSION]***

4. *Between 15 April and 30 June 2020:*

a. *Had limited contact with Patient E. **[PROVED BY ADMISSION]***

b. ...

c. *In relation to Patient H:*

i. *Did not achieve contact with them. **[FOUND PROVED]***

ii. *Did not flag or raise a concern in relation to the lack of contact. **[FOUND PROVED]***

iii. *Did not try to assertively contact them. **[FOUND PROVED]***

d. *Had minimal contact with Patient L. **[FOUND PROVED]***

5. *Between 27 December 2019 and 30 June 2020, on one or more occasion, in relation to Patient G did not record that plans had been followed through. **[FOUND PROVED]***

6. *Between 29 April and 30 June 2020 had minimal contact with Patient I. **[FOUND PROVED]***

7. *Despite being allocated Patient J on or around 29 November 2019 did not ensure that their formulation was added to their record prior to 26 June 2020. [FOUND PROVED]*

8. ...

9. *Between 1 April and 30 June 2020 had minimal contact with Patient M and/or did not record that plans had been carried through. [FOUND PROVED]*

10. *Between 3 December 2019 and 30 June 2020, in relation to Patient O:*

a. On one or more occasion assisted them with a housing issue. [PROVED BY ADMISSION]

b. ...

11. ...

12. ...

13. ...

14. *On 28 May 2020:*

a. Despite being asked to no longer work with Patient D, left a voicemail on their phone and/or attended their home address. [FOUND PROVED]

b. Having been informed of a concern relating to Patient D's dog did not inform your manager and/or make an incident report. [PROVED BY ADMISSION]

15. *In relation to Patient A:*

a. On one or more occasions took them to play group. [PROVED BY ADMISSION]

b. On one or more occasions took them shopping and/or did their shopping for them. [PROVED BY ADMISSION]

c. ...

d. On 30 December 2019:

i. Attended Patient A's address when they were locked out as opposed to helping them problem solve and/or calm them down over the phone. **[PROVED BY ADMISSION]**

ii. Revisited Patient A later in the afternoon. **[PROVED BY ADMISSION]**

e. Agreed to be their birthing partner and/or attended the birth of their child. **[PROVED BY ADMISSION]**

f. Did not record any conversations with Patient A and/or social services about being the birthing partner of A. **[FOUND PROVED]**

g. On one or more occasion looked after their child/children at your house. **[PROVED BY ADMISSION]**

h. Did not provide a proper handover to Colleague 1 (CB). **[PROVED BY ADMISSION]**

16. Your actions at charges 1 and/or 2 and/or 3 and/or 15 breached professional boundaries. **[FOUND PROVED]**

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 carefully considered your misconduct in relation to working cooperatively with your colleagues, in particular in relation to your poor record-keeping. It concluded that your failure to document critical information involving vulnerable patients was a serious failing that put vulnerable individuals at unwarranted risk of harm. The panel was of the view that the absence of relevant and important information in the patients' records could have prevented other healthcare professionals from making informed, timely decisions regarding patient care and, therefore, potentially compromised patient safety.

The panel also considered that your conduct in leaving a voicemail, having been instructed not to make contact with Patient D, on their phone following an unauthorised visit to their home could have caused Patient D distress and upset. It

was of the view that your failure to follow instructions not to contact Patient D had put them at unwarranted risk of harm.

With regard to your breaches of professional boundaries in relation you agreeing to act, and subsequently acting as a former patient's birthing partner and in providing care to their children, the panel noted the evidence before it that your actions had led to confusion, distress, and issues around boundaries for Patient A. In the panel's view your actions had compromised your former professional relationship with Patient A and this had adversely affected their trust in, and interaction with, other professionals involved in their care. The panel was of the view that your conduct had put Patient A at unwarranted risk of harm.

The panel noted its finding that you had breached a number of paragraphs of the Code, specifically paragraphs 8.2, 8.3, 10.1, 10.2, 20.3, and 20.6 and, in particular, that there were repeated breaches in respect of your failure to work cooperatively with colleagues by not recording important information in patients' records. It was of the view that these breaches signified a substantial departure from the Code, which sets out the standards required for registered nurses. The panel was, therefore, satisfied that you had, in the past, breached fundamental tenets of the nursing profession.

The panel was satisfied that your misconduct had brought the nursing profession into disrepute as your failings were wide-ranging and your failure to record important information in patient records was repeated in relation to a number of vulnerable patients.

In light of the above, the panel determined that limbs a, b and c of Grant were engaged in the past.

The panel next considered the test set out in the case of Cohen v General Medical Council [2008] EWHC 581 (Admin) for considering current impairment:

- 'a) Is the conduct that led to the charge easily remediable?*
- b) Has it in fact been remedied?*

c) *Is it highly unlikely to be repeated?*

The panel was of the view that while the misconduct in relation to your poor record-keeping may be more easily remediable, your decision-making that led to the other instances of misconduct, as influenced by your own personal views, may be more difficult to remedy. In particular, the panel considered that your misconduct in relation to your failure to maintain professional boundaries and comply with instructions not to contact a patient may be more difficult to remediate. It was of the view, however, that such conduct is capable of being remedied.

The panel then considered whether the misconduct identified has been remedied. In relation to your failure to record important information in patient records and your failure to comply with instructions not to contact a patient, the panel noted the absence of any evidence from you of strengthened practice in respect of these failings. In particular, it noted that there is no evidence before it of any training, insight, or remorse on your part in relation to your poor record keeping. Further, it noted that whilst you provided an explanation for why you failed to comply with an instruction not to contact a patient, you have not expressed any remorse for the distress this may have caused them, and you have not provided any evidence of insight or reflection. The panel therefore determined that your misconduct, in relation to your poor record-keeping and your failure to comply with instructions not to contact a patient, has not yet been remedied. On the evidence before it, therefore, the panel cannot be satisfied at this time that such misconduct is highly unlikely to be repeated in the future.

The panel next considered your misconduct in relation to your failure to follow instructions and not visit a patient. It was of the view that you have not yet shown sufficient insight into your actions of attending at Patient D's house due to concern for their dog and for leaving a message on their phone. The panel could not, therefore, be satisfied at this time that your misconduct in relation to your failure to follow instructions was highly unlikely to be repeated in the future.

The panel next considered your misconduct in relation to breaching professional boundaries. It acknowledged that you have taken significant steps to remedy this

aspect of your misconduct. It noted that you have provided evidence of training in relation to professional boundaries; you have expressed genuine remorse for your actions, and you have demonstrated good insight into how your actions may have affected Patient A and why you may have acted in the way you did. Additionally, the panel noted that you [PRIVATE] affected your decision making at the time.

The panel also took into account that following the last breach of professional boundaries you continued to work as a registered nurse for a further period of three years without any further breaches of professional boundaries occurring. Taking all of this into account, the panel was satisfied that you have strengthened your practice sufficiently and that your misconduct in relation to the breaches of professional boundaries have been remedied. The panel was satisfied that it is highly unlikely that this area of your misconduct would be repeated in the future.

The panel was of the view, however, that in relation to your failure to work cooperatively with colleagues, in particular your poor record keeping, and your failure to act upon instructions not to contact a patient, there is a risk of repetition in the future. This is based upon the fact that there is insufficient evidence before the panel of insight and strengthened practice in relation to these areas of your misconduct. The panel therefore decided that a finding of current 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 was of the view that you did not uphold fundamental professional standards of nursing and, as a result, public confidence in the professions, and the NMC as regulator, would be undermined if a finding of current impairment were not made. It, therefore, found that your fitness to practise is also currently 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 by reason of your misconduct on both public protection and public interest grounds in relation to charges 5, 7, 9, 14a, 14b and 15f.

It did not, however, find current impairment in respect of your misconduct in relation to charges 15e, 15g and 16 on the grounds of public protection or public interest. The panel determined that you have sufficiently strengthened your practice, demonstrated good insight and remorse, in respect of charges 15e, 15g and 16. Also in relation to charges 15e, 15g and 16, the panel determined that, a finding of impairment is not required on the ground of public interest. The panel whilst acknowledging its findings in respect of misconduct, further took into account that Children's Services and other authorities were informed and involved in your decision to be Patient A's birthing partner and look after her children at your house. In these circumstances, the panel was of the view that public trust and confidence in the profession and the NMC would not be undermined by the panel's decision that you are not currently impaired in relation to charges 15e, 15g and 16.

In relation to charges 5, 7, 9, 14a, 14b and 15f, having regard to all of the above, the panel was satisfied that due to your limited insight and lack of strengthened practice, you cannot currently practise kindly, safely and professionally and your fitness to practise is impaired, on the grounds of public protection and public interest.'

The original panel determined the following with regard to sanction:

'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;*
- *No evidence of general incompetence;*
- *Potential and willingness to respond positively to retraining;*
- *Patients will not be put in danger either directly or indirectly as a result of the conditions;*
- *The conditions will protect patients during the period they are in force;*
and
- *Conditions can be created that can be monitored and assessed.*

The panel determined that it would be possible to formulate appropriate and practical conditions which would address the failings highlighted in this case and would sufficiently protect the public and address the public interest concerns previously identified.

The panel had regard to the fact that these incidents happened over 3 years ago and that, other than these incidents, you have had an unblemished career of 37 years as a registered nurse. Further you practised as a registered nurse for 3 years, after these incidents occurred, with no further concerns having been raised. The panel noted that there is no evidence before it of harmful deep-seated personality or attitudinal problems. The panel was of the view that your failings in relation to your record keeping and failure to follow instructions can be addressed through assessment and/or retraining.

The panel determined that conditions could be formulated which are relevant, proportionate, workable and measurable that will sufficiently protect the public and mitigate the public interest concerns identified. Additionally, the panel was of the view that it was in the public interest that, with appropriate safeguards, you should be able to practise as a registered nurse.

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

The panel therefore determined that the appropriate and proportionate sanction is that of a conditions of practice order.

The panel was of the view that to impose a suspension order or a striking-off order would be disproportionate and would not be a reasonable response in the circumstances of your case. The panel has found that there are clear contextual issues arising in this case. There is no evidence of harmful deep-seated personality or attitudinal problems. The panel determined that the areas of concern can be remediated. The panel therefore wish to afford you an opportunity to address these concerns.

The panel took into account that charges 5, 7, 9, 14a, 14b and 15f relate to two discrete areas of your practice, which are remediable with sufficient insight, remorse and strengthening of practice. The panel took into account that a conditions of practice order would allow you the opportunity to demonstrate sufficient insight, remorse and strengthening of practice in these areas.

The panel determined that the following conditions are relevant, 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 ensure that you are supervised by a registered nurse any time you are working, in the following areas:*
 - a) *Record keeping, specifically in relation to:*
 - i. *Patient plans and formulations*
 - ii. *Communication with patients and multidisciplinary teams*
 - b) *Undertaking tasks in line with instructions*

Your supervision must consist of working at all times on the same shift as, but not always directly observed by, a registered nurse until signed off as competent by a more senior registered nurse. You must provide evidence of having been successfully signed off as competent to your NMC case officer within 7 days of completion.

2. You must meet monthly with your line manager/supervisor to discuss your progress and performance regarding:

a) Record keeping, specifically:

i. Patient plans and formulations

ii. Communication with patients and multidisciplinary teams

b) Undertaking tasks in line with instructions

Until signed off as competent by your line manager/supervisor.

You must provide evidence of having been successfully signed off as competent to your NMC case officer within 7 days of completion.

3. You must obtain a report from your line manager/supervisor in relation to your progress and performance regarding:

a) Record keeping, specifically:

i. Patient plans and formulations

ii. Communication with patients and multidisciplinary teams

b) Undertaking tasks in line with instructions

You must send this report to your NMC case officer 14 days prior to the next review hearing.

4. You must keep a personal development log in relation to your progress and performance regarding:

a) Record keeping, specifically:

i. Patient plans and formulations

ii. Communication with patients and multidisciplinary teams

b) Undertaking tasks in line with instructions

You must send your NMC case officer a copy of the log 14 days prior to the next review hearing.

5. *You must keep the NMC informed about anywhere you are working by:*
 - a) *Telling your case officer within 7 days of accepting or leaving any employment.*
 - b) *Giving your case officer your employer's contact details.*

6. *You must keep the NMC informed about anywhere you are studying by:*
 - a) *Telling your case officer within 7 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.*

7. *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.*

8. *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.*

9. *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 a period of 12 months in order to allow you time to demonstrate sufficient remorse, insight and strengthening of practice in the outstanding areas of regulatory concern.'

Submissions on current impairment

Today's panel considered carefully whether your fitness to practise remains impaired. Whilst there is no statutory definition of fitness to practise, the NMC states:

'Being fit to practise is not defined in our legislation but for us it means that a professional on our register can practise as a nurse midwife or nursing associate safely and effectively without restriction.'

In considering this case, the panel carried out a comprehensive review of the order in light of the current circumstances. Whilst it noted the decision of the last panel, this panel exercised its own judgement as to current impairment.

The panel had regard to all of the documentation before it, including the NMC bundle and your own bundle. It took into account the submissions made by Mr Earnshaw and you.

Mr Earnshaw outlined the background of the case for the panel and referred it to the relevant pages within the bundle. He submitted that it is the NMC's position that you are currently impaired as you have not been able to work as a registered nurse since the imposition of the substantive conditions of practice order. He submitted that because of

this, you have not yet been able to comply with the conditions of the order and that you have been having difficulty obtaining a nursing role due to the conditions.

Mr Earnshaw outlined that you state that you are not impaired however, he submitted that the persuasive burden is upon you to demonstrate that your fitness to practise is no longer impaired. He invited the panel to confirm the current conditions of practice order and submitted that imposing a suspension order or a striking off order would be disproportionate at this time.

You explained to the panel the background and circumstances that gave rise to the charges. You stated that you did not agree with the original panel's findings as you believe that your manager had portrayed an untrue narrative. You explained that you have found the entire NMC process difficult and it has changed your life.

You told the panel that you have been finding it difficult to obtain a nursing role and many employers are reluctant to take on a bank nurse who is subject to restriction. You told the panel that you are [PRIVATE] and unlikely to get a job in the NHS, but would like the opportunity to remain as a nurse and that you would like the decision with regards to leaving practice to be your own.

You clarified for the panel that you were working until July 2025 in a Band 4 non-registered role with women who were vulnerable. You stated that neither you, nor your employer were aware that your role was relevant to demonstrating strengthened nursing practice until after, due to personal reasons, you left the employment. However, you included a reference from your manager, and Matron in Public Health, with your submissions to this panel. You said that since leaving your role, you have been [PRIVATE], which you have found very beneficial. You have not undertaken any training courses to keep your nursing skills up to date. However, you informed the panel that you are currently receiving weekly training for a role working with the Samaritans. You stated that you are not a risk to the public.

Decision and reasons on current impairment

The panel 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 original panel found that you had not demonstrated sufficient insight into the charges found proved in this case, specifically in relation to recordkeeping. The panel had regard to the reference provided by an experienced registered professional (Matron for Public Health) from your previous employment. Although this reference relates to a non-nursing role, the panel noted that the Matron commented positively on your professionalism and stated that you were meeting and exceeding the expectations of the Code. The panel found this reference to be detailed and exemplary. It also noted that the reference covered a period of at least five months after the substantive hearing and during a time when you would have been subject to the substantive conditions of practice order had you been working in a nursing role.

However, it also noted that your manager and referee was not aware of the conditions on your practice at the time you were working in this role, so would have been unable to comment on the specific areas of concern identified by the substantive panel. Despite this, the panel acknowledged that in May 2026, when the reference was written, your manager had been aware of the conditions on your practice.

The panel concluded that the reference alone was insufficient to demonstrate that you have developed meaningful insight into the concerns. The panel noted that some ten months have passed since you left this role and there is no other information provided for its consideration. It acknowledged that you maintain your position of not agreeing with the imposition of the substantive order or with the findings of the original panel, but noted that it is your right to do so. Nonetheless, it considered that you could have provided reflections on the seriousness of the concerns, whilst still maintaining your position, as well as the impact on patients and how such conduct may be perceived by others, even if you did not accept every element of the findings.

The panel also considered whether you have taken any steps to maintain your clinical nursing skills. The panel noted that you have not worked as a registered nurse since the conditions of practice order has been in place however, you have worked in a non-registered role as a Band 4 Best Start in Life Advisor. The panel recognised that you have experienced difficulties in securing a nursing role whilst the conditions have been in place. The panel accepted that this has limited your opportunities to demonstrate remediation in a registered role. Nonetheless, the panel considered that the nature of the concerns identified is such that you could still demonstrate strengthened practice through a non-registered role, such as the employment you had until July 2025. The panel also considered that you could have undertaken self-directed learning, reflective work or training courses relevant to the concerns to demonstrate your understanding of the concerns in this case, which would go towards demonstrating your remediation.

In light of this, the panel had insufficient evidence before it to satisfy itself that you have addressed the concerns identified by the substantive panel and you do not currently pose a risk to the public. As such, the panel had no option but to determine that you are liable to repeat the matters of the kind found proved and that therefore, there is a risk of repetition. Accordingly, the panel determined that a finding of 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, as a member of the public would expect your practice to be restricted and not doing so would undermine public confidence in the nursing profession and the NMC as its regulator.

For these reasons, the panel found 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 public protection issues identified. 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 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 varied conditions of practice order on your registration would still be a sufficient and appropriate response. The panel was mindful that any conditions imposed must be proportionate, measurable and workable.

The panel determined that it would be possible to formulate appropriate and practical conditions which would address the failings highlighted in this case. The panel accepted that you have been unable to comply with conditions of practice due to the difficulties you have experienced in obtaining a nursing role. The panel was of the view that varying the 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 and that the concerns in this case were capable of remediation. 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.

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 2 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 not be the only registered nurse on duty at any one time. You must also not be the nurse in charge of any shift.

2. You must meet fortnightly with your line manager/supervisor (who must be a registered nurse) to discuss your progress and performance regarding:
 - a) Record keeping, specifically:
 - i. Patient plans and formulations
 - ii. Communication with patients and multidisciplinary teams

 - b) Undertaking tasks in line with instructions

3. You must obtain a report from your line manager/supervisor in relation to your progress and performance regarding:
 - a) Record keeping, specifically:
 - i. Patient plans and formulations
 - ii. Communication with patients and multidisciplinary teams

 - b) Undertaking tasks in line with instructions

You must send this report to your NMC case officer 14 days prior to the next review hearing.

4. You must keep the NMC informed about anywhere you are working by:
 - a) Telling your case officer within 7 days of accepting or leaving any employment.
 - b) Giving your case officer your employer's contact details.

5. You must keep the NMC informed about anywhere you are studying by:
 - a) Telling your case officer within 7 days of accepting any course of study.
 - b) Giving your case officer the name and contact details of the organisation offering that course of study.

6. You must immediately give a copy of these conditions to:
 - a) Any organisation or person you work for.
 - b) Any 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.

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

8. You must allow your case officer to share, as necessary, details about your performance, your compliance with and / or progress under these conditions with:
 - a) Any current or future employer.
 - b) Any educational establishment.Any other person(s) involved in your retraining and/or supervision required by these conditions

The period of this order is for 12 months to allow you to obtain a nursing role and to obtain evidence of remediation.

This conditions of practice order will take effect upon the expiry of the current conditions of practice order, namely the end of 2 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.

You may also apply to the NMC for an early review of your case if your circumstances have materially changed or if you consider you have sufficiently addressed the concerns identified.

The panel recognises the difficulties you have had securing a nursing role. It is of the view that, even if you are not able to obtain a nursing role before the next review, you may be able to demonstrate progress in remediation and assist the future panel reviewing this case by providing:

- References from a supervisor or manager in a registered or non-registered role with regards to record keeping specifically patient plans and formulations, communication with patients and multidisciplinary teams and undertaking tasks in line with instructions.

- Evidence of self-directed learning in relation to record keeping specifically patient plans and formulations, communication with patients and multidisciplinary teams and undertaking tasks in line with instructions.
- Any training courses you have undertaken with regards to record keeping specifically patient plans and formulations, communication with patients and multidisciplinary teams, undertaking tasks in line with instructions and keeping your general nursing skills up to date.
- A reflective piece paying particular regard to the concerns identified by the substantive order panel.

This will be confirmed to you in writing.

That concludes this determination.