

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

**Substantive Order Review Hearing
Thursday, 7 May 2026**

Virtual Hearing

Name of Registrant: Rebecca Jade Howard

NMC PIN: 2011107E

Part(s) of the register: Registered Nurse – Sub Part 1
Mental Health – Level 1 (1 April 2021)

Relevant Location: Suffolk

Type of case: Misconduct

Panel members: Vicki Wells (Chair, Registrant member)
Janine Compston (Registrant member)
Fern Basnett (Lay member)

Legal Assessor: Fiona Barnett

Hearings Coordinator: Zahra Khan

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

Miss Howard: Not present and not represented at this hearing

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

Fitness to practise: Impaired

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

Decision and reasons on service of Notice of Hearing

The panel was informed at the start of this hearing that Miss Howard was not in attendance and that the Notice of Hearing had been sent to Miss Howard's registered email address by secure email on 2 April 2026.

Further, the panel noted that the Notice of Hearing was also sent to Miss Howard's representative at the Royal College of Nursing (RCN) on 2 April 2026.

Mr Earnshaw, on behalf of the Nursing and Midwifery Council (NMC), submitted that it had complied with the requirements of Rules 11 and 34 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Hearing provided details of the substantive order being reviewed, the time, date and that the hearing was to be held virtually, including instructions on how to join and, amongst other things, information about Miss Howard's right to attend, be represented and call evidence, as well as the panel's power to proceed in her absence.

In light of all of the information available, the panel was satisfied that Miss Howard has been served with notice of this hearing in accordance with the requirements of Rules 11 and 34.

Decision and reasons on proceeding in the absence of Miss Howard

The panel next considered whether it should proceed in the absence of Miss Howard. The panel had regard to Rule 21 and heard the submissions of Mr Earnshaw who invited the panel to continue in the absence of Miss Howard. He submitted that Miss Howard had voluntarily waived her right to attend or be represented.

Mr Earnshaw referred to a letter from the Royal College of Nursing (RCN), dated 5 May 2026, which stated:

'We confirm that we have received a copy of your recent letter to our member dated 2 April 2026, enclosing the notice of review hearing and supportive documentation for the hearing on 7 May 2026.

As you may be aware, this is a first review of the NMC's substantive order imposed by agreement (Consensual Panel Determination) on 15 May 2025.

Mrs Howard will not be attending the hearing, nor will she be legally represented on this occasion as the matter can be dealt with by way of written submissions...'

The panel accepted the advice of the legal assessor.

The panel has decided to proceed in the absence of Miss Howard. In reaching its decision, the panel considered the submissions of Mr Earnshaw, the letter from the RCN dated 5 May 2026, and the advice of the legal assessor. It had particular regard to relevant case law and to the overall interests of justice and fairness to all parties. The main considerations were:

- Miss Howard, via the RCN, has informed the NMC that she has received the Notice of Hearing and confirmed she is content for the hearing to proceed in her absence;
- There is no reason to suppose that adjourning would secure Miss Howard's attendance at some future date; and
- There is a strong public interest in the expeditious review of the case.

In these circumstances, the panel decided that it is fair to proceed in the absence of Miss Howard.

Decision and reasons on review of the substantive order

The panel decided to extend the current conditions of practice order for a period of 12 months.

This order will come into effect at the end of 12 June 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 15 May 2025.

The current order is due to expire at the end of 12 June 2026.

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

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

'That you a registered nurse;

In relation to Patient 1;

1. *On 21 November 2021;*
 - a. *Failed to ensure that you had provided Colleague A the correct medication to be administered to Patient 1.*
 - b. *Provided Colleague A with Patient 5's medication that was incorrectly administered to Patient 1.*
 - c. *Having provided the incorrect medication to Colleague A informed them that the medication was for Patient 1.*

2. *Following the medication error, did not document, or ensure that Patient 1's physical observations were documented on a paper NEWS chart that were taken on;*
 - a. *21 November 2021 at 23.10*
 - b. *22 November 2021 at 01.00*
 - c. *22 November 2021 at 03.00*

3. *Having been informed by Colleague A that Patient 1 required two-hourly observations, failed to undertake or ensure that observations were undertaken on 22 November 2021 at;*

a. *05.00*

4. *On 22 November 2021, Patient 1 having returned a NEWS score of 2 at 01.00, failed to escalate this score to;*

a. *Colleague A and/or*

b. *A doctor*

In relation to Patient 2;

5. *On 20 March 2022, having been informed that Patient 2 had medication in their possession on return from A&E, failed to confiscate the medication from them.*

6. *Failed to undertake, or ensure that Patient 2's clinical observations were undertaken at 06.00 hours on 21 March 2022.*

7. *Following the incident, on one or more occasions failed to complete, or ensure that a NEWS chart was completed documenting Patient 2's clinical observations between 22.00 hours on 20 March 2022 to 02.00 hours on 21 March 2022.*

In relation to Patient 3 and Patient 4;

8. *On 13 April 2022;*

a. *Patient 3 and Patient 4 having declined their medication, failed to dispose their medication in the disposal bin.*

b. *Patient 3 having changed their mind, requesting their medication, failed to dispense fresh medication to be administered to them.*

c. *Failed to check Patient 3's EPMA prior to administering medication to them.*

- d. Administered the wrong medication to Patient 3, namely Patient 4's 5mg Folic Acid tablet.

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

The original panel of 15 May 2025 determined the following with regard to impairment:

'The panel agreed that three limbs a, b and c of Grant are engaged as set out in the CPD. It considered that questions have been raised about Miss Howard's ability to practise safely and professionally, particularly as the charges relate to fundamental nursing skills.

The panel determined that Miss Howard has demonstrated remorse and developing insight. The panel was satisfied that Miss Howard's misconduct is capable of being remediated and noted that this could be done through up-to-date relevant training; up-to-date testimonials attesting to the areas of concern in her practice and how they have been met; and a reflective statement demonstrating remorse and insight into her misconduct.

The panel carefully considered the evidence outlined in the CPD in determining whether or not Miss Howard has taken steps to strengthen her practice. It noted that she provided a positive testimonials and records of training that she completed. However, the panel took the view that although Miss Howard has demonstrated some insight, she has yet to fully address the concerns identified.

The panel could not be confident that matters of the kind found proved would not be repeated in the future. The panel determined that as the concerns have not been fully remediated, there remains a risk of harm to the public. As such, a finding of impairment is necessary on the ground of public protection.

Additionally, the finding is made having regard to the need to uphold proper professional standards and public confidence in the profession, which would be undermined if a finding of current impairment was not made at this time.

The panel determined that Miss Howard's fitness to practise is currently impaired.

In this respect the panel endorsed paragraphs 74 to 103 of the provisional CPD agreement'.

The original reviewing panel of 15 May 2025 determined the following with regard to sanction:

'The panel took into account the following aggravating features:

- *Risk of patient harm / some harm caused albeit not life threatening*
- *Repeated conduct over a period of time despite support and training provided by Trust*

The panel also took into account the following mitigating features:

- *Remorse demonstrated*
- *Insight demonstrated, as set out above*
- *Personal mitigation [PRIVATE]*
- *Context relating to the practices that took place at the Trust*
- *Newly qualified nurse.*

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. Furthermore, it considered that taking no further action would not protect the public.

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 Howard'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 Howard's 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. Furthermore, it considered that imposing a caution order would not protect the public.

The panel next considered whether placing conditions of practice on Miss Howard'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:

- 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 bore in mind that Miss Howard has remained engaged with the NMC and has indicated that she is content to adhere to conditions and likely to respond positively to retraining. The panel had regard to the relevant points in the SG as stated above and determined that it would be possible to formulate appropriate and practical conditions which would address the failings highlighted in this case.

Balancing all of these factors, the panel agreed with the CPD 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 wholly disproportionate and would not be a reasonable response in the circumstances of Miss Howard's case given the mitigation and the present level of remediation in this case. The panel considered that a suspension would prohibit Miss Howard from actively engaging with and/or remedying the concerns. It determined that

Miss Howard needed a period of restricted practice as a registered nurse in order to demonstrate that she was able to remedy the concerns.

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 agreed with the CPD 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. To keep the NMC informed about where you are working by:
 - a. Informing your NMC case officer within 7-days of accepting or leaving any employment.*
 - b. Giving your NMC case officer your employment details.**

- 2. To keep the NMC informed about anywhere you are studying by:
 - a. Telling your NMC case officer within 7-days of accepting any course of study.*
 - b. Giving your NMC 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 to work with.*
 - c. Any employers you apply to work for (at the time of the 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 must inform your NMC case officer within 7-days of your becoming aware of:

- a. Any clinical incident that you are involved in.
- b. Any investigation started against you.
- c. Any disciplinary proceedings taken against you.

5. You will allow your NMC case officer to share, as necessary, details about your performance, your compliance with and progress towards completing these undertakings 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 undertakings.

6. You are not to be the sole nurse on shift.

7. You will not dispense or administer medications (except in life threatening emergencies) unless directly supervised by a workplace supervisor or mentor who is a registered nurse. This supervision will consist of:

- a. Being observed administering medication and recording the administration of medication until you have been assessed and deemed competent to administer and record medication administration unsupervised by your workplace supervisor or mentor.
- b. To be deemed competent you must have undertaken and successfully completed at least three medication administration competencies, this includes medication record keeping, over three different shifts.
- c. You will send to your NMC case officer the completed medication administration competencies.

8. You will work with your line manager, dedicated mentor or supervisor to create a personal development plan ('PDP'). Your PDP will address the concerns about your ability to:

- a. Complete required observations on patients, particularly acutely unwell patients

- b. Complete documentation on NEWS charts and/or deteriorating patient chart*
- c. Respond to concerns raised about patient safety*
- d. To prioritise patient safety over non-emergency clinical tasks.*
- e. Send to your NMC case officer a copy of your PDP within one month.*
- f. Send to your case officer a report from your line manager, dedicated mentor or supervisor every 3 months.*
- g. This report must show your progress towards achieving the aims set out in your PDP. The final report should also comment on whether your employer has any concerns regarding your fitness practise in the above areas indicating on whether you are able to return to unrestricted practice.*

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 Howard 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 Howard's continued engagement with the NMC and attendance at any future review*
- Up-to-date testimonials from Miss Howard's employment*
- Evidence of compliance with the conditions of practice order*
- Up-to-date reflection demonstrating Miss Howard's insight into her failings, why they occurred, what steps she has taken to prevent reoccurrence and insight demonstrating how her practice has changed since working with the conditions'.*

Decision and reasons on current impairment

The panel considered carefully whether Miss Howard's fitness to practise remains impaired. Whilst there is no statutory definition of fitness to practise, the NMC has defined fitness to practise as whether a professional on the NMC register can practise as a nurse 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 the RCN's letter dated 5 May 2026. It has taken account of the submissions made by Mr Earnshaw on behalf of the NMC.

Mr Earnshaw informed the panel that it would have sight of the previous panel's reasons for imposing the order on 15 May 2025.

Mr Earnshaw submitted that there remains a persuasive burden on Miss Howard to demonstrate that her fitness to practise is no longer impaired. He referred the panel to the correspondence from the RCN via its letter dated 5 May 2025. Mr Earnshaw submitted that this could be viewed as an acknowledgement that Miss Howard's fitness to practise currently remains impaired as the conditions have not yet had an opportunity to be fully implemented or tested in practice.

Mr Earnshaw submitted that the panel was aware of Miss Howard's current position, including that she is not presently working. He submitted that, whilst this is not in itself a reason to extend the order, the NMC supported the RCN's position that the current conditions of practice order should be extended for a further period of 12 months. He submitted that this would provide Miss Howard with an opportunity to return to practice and demonstrate that she is able to work safely and effectively whilst complying with the conditions imposed.

Mr Earnshaw acknowledged that, ordinarily, it would be hoped that a conditions of practice order for a period of 12 months would have been implemented and tested sufficiently for the order to lapse thereafter. However, he submitted that the information before the panel was limited, including in relation to when Miss Howard ceased working and when she

intends to return to practice. He submitted that the NMC's information was limited in this regard and that this was the rationale behind supporting the RCN's proposal.

In these circumstances, Mr Earnshaw submitted that the panel should extend the current conditions of practice order for a period of 12 months.

The panel also had regard to the RCN's letter, dated 5 May 2026, which stated:

'Mrs Howard instructs that the conditions have not yet taken effect and therefore she requires more time. We respectfully seek an order in the same terms for a period of 12 months...'

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 Miss Howard's fitness to practise remains impaired. In doing so, the panel had regard to the NMC guidance titled '*Impairment*' (Last Updated on 28 January 2026).

The panel noted that the original panel found that although Miss Howard made admissions, provided positive testimonials and records of training that she completed and demonstrated some insight, she was yet to fully address the concerns identified. At this hearing, the panel has very limited information before it and is aware that Miss Howard is not currently working. As such, Miss Howard has been unable to comply with the conditions and demonstrate strengthened practice.

Further, the panel noted that the original panel determined that Miss Howard was liable to repeat matters of the kind found proved. Today's panel has not received any new information that mitigates the concerns identified. For these reasons, the panel determined that a risk to the public remains and Miss Howard remains 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 bore 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.

In these circumstances, the panel found that Miss Howard's fitness to practise remains impaired.

Decision and reasons on sanction

Having found Miss Howard's 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 also took into account the 'NMC's Sanctions Guidance' (SG) and bore 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.

The panel 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 Howard'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 Howard's 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 Miss Howard's 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 appropriate to continue with the conditions imposed by the original panel. The panel accepted that Miss Howard has been unable to comply with the conditions of practice order as she is not currently employed as a registered nurse, however, is engaging with the NMC and is willing to comply with any conditions imposed.

The panel determined that a further conditions of practice order in the same terms as the previous order is sufficient to protect patients and the wider public interest, noting as the original panel did on 15 May 2025 that Miss Howard is likely to respond positively to retraining and that there was no evidence of any deep seated attitudinal issues.

The panel determined 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 Miss Howard's case given her engagement and willingness to comply with conditions once she returns to nursing.

Accordingly, the panel determined, pursuant to Article 30(1)(a), to extend the 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 12 June 2026. It decided to extend 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. To keep the NMC informed about where you are working by:
 - a. Informing your NMC case officer within 7-days of accepting or leaving any employment.
 - b. Giving your NMC case officer your employment details.

2. To keep the NMC informed about anywhere you are studying by:
 - a. Telling your NMC case officer within 7-days of accepting any course of study.
 - b. Giving your NMC 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 to work with.
 - c. Any employers you apply to work for (at the time of the 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 must inform your NMC case officer within 7-days of your becoming aware of:
 - a. Any clinical incident that you are involved in.
 - b. Any investigation started against you.
 - c. Any disciplinary proceedings taken against you.

5. You will allow your NMC case officer to share, as necessary, details about your performance, your compliance with and progress towards completing these undertakings 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 undertakings.

6. You are not to be the sole nurse on shift.

7. You will not dispense or administer medications (except in life threatening emergencies) unless directly supervised by a workplace supervisor or mentor who is a registered nurse. This supervision will consist of:
 - a. Being observed administering medication and recording the administration of medication until you have been assessed and deemed competent to administer and record medication administration unsupervised by your

workplace supervisor or mentor.

b. To be deemed competent you must have undertaken and successfully completed at least three medication administration competencies, this includes medication record keeping, over three different shifts.

c. You will send to your NMC case officer the completed medication administration competencies.

8. You will work with your line manager, dedicated mentor or supervisor to create a personal development plan ('PDP'). Your PDP will address the concerns about your ability to:

a. Complete required observations on patients, particularly acutely unwell patients

b. Complete documentation on NEWS charts and/or deteriorating patient chart

c. Respond to concerns raised about patient safety

d. To prioritise patient safety over non-emergency clinical tasks.

e. Send to your NMC case officer a copy of your PDP within one month.

f. Send to your case officer a report from your line manager, dedicated mentor or supervisor every 3 months.

g. This report must show your progress towards achieving the aims set out in your PDP. The final report should also comment on whether your employer has any concerns regarding your fitness practise in the above areas indicating on whether you are able to return to unrestricted practice'.

The period of this order is for 12 months to allow time for Miss Howard to demonstrate that she has complied with the conditions and is fit to practise.

This conditions of practice order will take effect upon the expiry of the current conditions of practice order, namely the end of 12 June 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 Miss Howard 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.

This will be confirmed to Miss Howard in writing.

That concludes this determination.