

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

**Substantive Meeting
19-21 October 2026**

Virtual Meeting

Name of Registrant:	Marevic Bartolome
NMC PIN:	03A0672O
Part(s) of the register:	Registered Nurse – Sub Part 1 Adult Nursing (Level 1) 15 November 2003
Relevant Location:	Leeds
Type of case:	Lack of competence
Panel members:	Mary Idowu (Chair – Lay member) Margaret Marshall (Registrant member) Kiran Musgrave (Lay member)
Legal Assessor:	Andrew Gibson
Hearings Coordinator:	Vicky Green
Facts proved by admission:	Charges 1.e.i, 1.e.ii, 1.f and 1.g
Facts proved:	Charges: 1.a, 1.b, 1.c, 1.d.i and 1.d.ii
Facts not proved:	N/A
Fitness to practise:	Impaired
Sanction:	Conditions of practice order – 18 months
Interim order:	Interim conditions of practice order – 18 months
Final outcome:	FTP impaired - COP order

Decision and reasons on service of Notice of Meeting

The panel noted that the Notice of Meeting (the Notice) had been sent to Mrs Bartolome's registered address by recorded delivery and by first class post on 26 August 2026. The panel had sight of a customer receipt which confirmed that the Notice had been signed for by '*M.Bartolome*'.

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Meeting provided details of the allegation. It also set out that as Mrs Bartolome had not responded to the NMC's request for her to confirm whether she would prefer these matters to be considered by way of a hearing or a meeting, a panel had decided that it should be considered by way of a meeting.

In light of all of the information available, the panel was satisfied that Mrs Bartolome had been served with notice of this meeting in accordance with the requirements of Rules 11A and 34 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

Details of charge

That you, a registered nurse:

1. Failed to demonstrate the standards of knowledge, skill, and judgement required to practise as a Band 5 nurse in that you:

a) On 4 March 2019 in respect of Patient A prepared to administer two 500mls bags of 0.45% sodium chloride, instead of the prescribed 1,000mls of 0.9% sodium chloride. **[Proved]**

b) On 10 May 2019, when conducting observations on Patient B, failed to include that they were on oxygen therapy. **[Proved]**

c) On 24 May 2019, put the wrong amount of oxygen on for Patient G. **[Proved]**

d) On 14 June 2019, in respect of Patient C:

i. Whilst checking a Hickman Line care plan, failed to escalate that you were unable to flush the IV following the administration of IV antibiotics. **[Proved]**

ii. Carried out the check of the Hickman Line care plan, when you were not permitted to do so due to the restrictions imposed upon your practice by your employer. **[Proved]**

e) On 6 September 2019, in respect of Patient D, knowingly and inappropriately disconnected an IV line from a patient despite:

i. having had asepsis training. **[Proved by way of admission]**

ii. having restrictions imposed upon your practice by your employer. **[Proved by way of admission]**

f) On 20 September 2019, in respect of Patient E, failed to use a hoist in order to mobilise the patient. **[Proved by way of admission]**

g) On 20 September 2019, transferred Patient F from a bed to a chair by yourself, without the assistance from another member of staff. **[Proved by way of admission]**

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

Background

Mrs Bartolome started working at the Leeds Teaching Hospital NHS Trust (the Trust) in 2002. Between 2017 to 2018, following concerns about Mrs Bartolome's competence, an informal support in practice plan was put in place. Following an extended period of sick leave between 10 October 2018 and 3 March 2019, Mrs Bartolome returned to work under an informal capability plan. Mrs Bartolome had a phased return to work and had a week to refresh herself with the administration side of the role.

On 4 March 2019 which was Mrs Bartolome's first day back on clinical shifts, it is alleged that she was preparing to administer the incorrect dose of sodium chloride to a patient.

The patient's electronic prescription showed that they were to be given 1,000mls of sodium chloride 0.9%. Mrs Bartolome was preparing to administer two 500mls bags of 0.45% solution instead, and was only prevented from doing so by Colleague A who noticed the discrepancy. It is alleged that Mrs Bartolome did not acknowledge or recognise the error properly and Colleague A raised her concerns about this to the ward manager. After this incident, restrictions were placed on her practice by the Trust and she was prohibited from administering medication and giving IV fluids.

It is alleged that on 10 May 2019, Mrs Bartolome, when carrying out observations on a patient, failed to include that Patient C was on oxygen therapy and therefore provided an incorrect National Early Warning Score (NEWS) of 0 when it should have been 2.

It is also alleged that on 24 May 2019, Mrs Bartolome put Patient G on the incorrect amount of oxygen. Patient G was a COPD patient and it is alleged that Mrs Bartolome should have been aware that increasing the amount of oxygen with COPD patients can make their condition worse.

On 14 June 2019, Mrs Bartolome was attending to a patient whose IV needed flushing. The patient in question was receiving IV antibiotics and it is alleged that despite being subject to restrictions, Mrs Bartolome wrote that she had tried to flush but she had been

unable to. It is alleged that Mrs Bartolome did not escalate the issue but attempted to flush it herself. It is alleged that this caused a delay in treatment.

On 11 July 2019, due to a lack of progress towards her objectives in the informal capability plan, Mrs Bartolome was placed on a formal capability plan.

It is alleged that on 6 September 2019, Mrs Bartolome was seen disconnecting an IV line from a patient to change her clothing. On 20 September 2019, it is alleged that Mrs Bartolome assisted two patients with their mobility needs. Patient E should have been moved with an electric hoist and Patient F required two people to move them. It is alleged that Mrs Bartolome moved both of these patients contrary to the care plans and using techniques that were not recognised by the Trust.

Following an internal investigation, the Trust gave Mrs Bartolome a final written warning which remained on her file for two years. She was also demoted to a non-clinical support worker role.

Decision and reasons on facts

In the case management form, Mrs Bartolome indicated that she admitted charges 1.e.i, 1.e.ii, 1.f and 1.g. The panel therefore found charges 1.e.i, 1.e.ii, 1.f and 1.g proved by way of Mrs Bartolome's admissions.

In reaching its decisions on the disputed facts, the panel had regard to all the documentary evidence in this case together with the representations made by the NMC and from Mrs Bartolome.

The panel was aware that the burden of proof rests on the NMC, and that the standard of proof is the civil standard, namely the balance of probabilities. This means that a fact will be proved if a panel is satisfied that it is more likely than not that the incident occurred as alleged.

The panel had regard to the written statements of the following witnesses on behalf of the NMC:

- Jacquie Wilton: Band 6 Junior Sister at the Trust.
- Colleague A: Band 7 Senior Sister at the Trust.
- Matthew Pinnock: Matron for Elderly Medicine at the Trust.
- Faye Johnson: Ward Manager on the Acute Elderly Ward.
- Beverley Brown: Deputy Head of Nursing for Emergency and Speciality Medicine at the Trust.
- Mary Anyonka: Junior Sister at the Trust.
- Catherine Russell: Band 6 Sister at the Trust.

The panel also had regard to the responses from Mrs Bartolome.

Before making any findings on the facts, the panel heard and accepted the advice of the legal assessor. It considered all of the documentary evidence.

The panel then considered each of the disputed charges and made the following findings.

Charge 1.a.

1. Failed to demonstrate the standards of knowledge, skill, and judgement required to practise as a Band 5 nurse in that you:

a) On 4 March 2019 in respect of Patient A prepared to administer two 500mls bags of 0.45% sodium chloride, instead of the prescribed 1,000mls of 0.9% sodium chloride. **[Proved]**

This charge is found proved.

In reaching this decision, the panel had regard to all of the evidence before it, including the evidence of Ms Johnson, Colleague A, notes of meeting to discuss medicines administration on 20 May 2019, and statements from Mrs Bartolome dated 17 June 2019, 2 August 2019 and undated.

The panel had regard to Ms Johnson's NMC witness statement in which she stated the following:

'There was one situation I recall where a patient was prescribed a litre bag of normal saline. I was coordinating that day so I had been in the MDT and I knew the patient needed these fluids. When I was walking around the ward, I noticed that the fluids weren't up for the patient. I asked the registrant why and she said it was because she hadn't had time yet. I explained that it was important for the patient to get the fluids so their condition didn't deteriorate and asked the registrant if she could sort it now. The registrant then went to the treatment room to sort this out.

On this day, there were no litre bags of normal saline in the ward. When I went into the treatment room, I noticed there were two 500ml bags of normal saline on the side. I saw the registrant and asked her if she was okay, as she looked a bit flustered. The registrant just said that she was getting the fluids ready and that they were on the side. I asked her if she meant the 500ml bags I had seen and she said yes. At this time, we were trialling the single signature for normal saline administration, so no second signatory was needed so no one would have checked the saline if I hadn't happened to have been there. I asked the registrant if she was sure that was the correct prescription, and she said yes. I then asked the registrant if she had read the prescription and we got it up on the side to look

at. I asked the registrant to talk me through the prescription. She couldn't seem to understand that by mixing the two 500ml bags, the amount of fluid would be right but the strength would be wrong. She was adamant that mixing the bags was right and said that she used to do this when she worked in surgery.'

The panel also noted that in Colleague A's NMC witness statement in which she said that she witnessed the incident '*first hand*' when she was in the treatment room in the ward.

The panel had regard to the notes of the meeting held on 20 May 2019 with Debra Fairley, Project Nurse, to discuss medicines administration and noted that this incident was discussed,

'She informed me she had been involved in a medicines error in that she had not administered Sodium Chloride 0.9% 1 Litre as prescribed, but instead, administered 0.45% Sodium Chloride 500 mLs. I asked her why she did this and she told me it was because 0.9% was unavailable.'

The panel had regard to Mrs Bartolome's responses in the document titled '*Statement Regarding The Medication Error I made...*' where Mrs Bartolome noted,

'I make this statement for the purpose of investigating the two incidents of medication error that I made...I administer 0.45% of Normal Saline x 2 to give – 500 mls Normal Saline on stock on ward , prescribed 0.9% Normal Saline 1 litre' (sic)

The Panel also had regard to the statement on 17 June 2019, where Mrs Bartolome noted,

'Went to the treatment room again if fluids is prescribed for poorly patient, prescribed, stock on ward is 500 mls. 0.45%, nearly to start but my manager Senior Sister Faye Johnson seen me going to start the intravenous fluids directly corrected me that I took the wrong one and get a correct prescription 0.9% Normal Saline and started the infusion' (sic)

Having regard to all of the evidence, including the statements from Mrs Bartolome, the panel was satisfied that it was more likely than not that on 4 March 2019 in respect of

Patient A prepared to administer two 500mls bags of 0.45% sodium chloride, instead of the prescribed 1,000mls of 0.9% sodium chloride. It found the evidence of Ms Johnson and Colleague A to be credible and reliable in respect of this charge. It was also consistent and supported by contemporaneous evidence.

In respect of the stem of the charge, the panel had particular regard to the witness statement of Ms Johnson in which she stated the following:

'It was a very basic task so the fact that the registrant couldn't understand what she was doing wrong really worried me.'

The panel was satisfied that Mrs Bartolome failed to demonstrate the standards of knowledge, skill and judgement of a Band 5 nurse. Accordingly, the panel found this charge proved.

Charge 1.b.

1. Failed to demonstrate the standards of knowledge, skill, and judgement required to practise as a Band 5 nurse in that you:

b) On 10 May 2019, when conducting observations on Patient B, failed to include that they were on oxygen therapy. **[Proved]**

This charge is found proved.

In reaching this decision, the panel had regard to all of the evidence before it. It had particular regard to the evidence of Ms Wilton.

The panel had sight of Ms Wilton's NMC witness statement in which she that she reported an incident following concerns about Mrs Bartolome's competence in undertaking clinical observations on 10 May 2019. The panel also had sight of Ms Wilton's handwritten notes in which it was recorded that on 10 May 2019, Mrs Bartolome did clinical observations on a patient and did not include that the patient

was on oxygen therapy. In this note, Ms Wilton stated that the NEWS should have been 2 but Mrs Bartolome recorded it as 0.

The panel found the evidence of Ms Wilton to be credible, reliable and contemporaneous.

In respect of the stem of the charge, the panel found that this could have led to the masking of physical deterioration and could have affected the subsequent care that the patient required. The panel considered that Band 5 nurses are expected to be competent in the skills to be able to calculate NEWS correctly. The panel was therefore satisfied that Mrs Bartolome failed to demonstrate the standards of knowledge, skill and judgement of a Band 5 nurse. Accordingly, the panel found this charge proved.

Charge 1.c

1. Failed to demonstrate the standards of knowledge, skill, and judgement required to practise as a Band 5 nurse in that you:

c) On 24 May 2019, put the wrong amount of oxygen on for Patient G.

This charge is found proved.

In reaching this decision, the panel had regard to all of the evidence before it. It had particular regard to the evidence of Ms Russell.

The panel had regard to the NMC witness statement of Ms Russell in which she stated the following:

'I vaguely remember an incident that I recorded on 24 May 2019, where the

registrant put a patient with COPD on the wrong amount of oxygen. Any nurse should know that you don't just increase the oxygen for a patient with COPD, as it can make their condition worse. I remember witnessing her put them on the wrong oxygen and then explaining to the registrant why she shouldn't have done that. She was quite blank in her response, however she did then accept what I had told her.'

The panel also had sight of an email from Ms Russell to Ms Johnson dated 28 May 2019 in which she stated the following:

'She did one for the same lady in bed 9 on news 2 and put the wrong amount of oxygen on and responded to her sats increasing. I asked her about it and she didn't seem to realise that keeping her on oxygen while her sats were higher than[sic] her target range could be harmful even when prompted.'

The panel noted that Mrs Bartolome in her response to the incident, could not recall the patient in question.

The panel was satisfied that on the balance of probabilities, on 24 May 2024 Mrs Bartolome placed a patient on the wrong amount of oxygen.

The panel had regard to the stem of the charge and it was satisfied that ensuring patients receive the correct amount of oxygen is a fundamental and basic skill expected of a Band 5 registered nurse. The panel therefore found this charge proved.

Charge 1.d.

1. Failed to demonstrate the standards of knowledge, skill, and judgement required to practise as a Band 5 nurse in that you:

d) On 14 June 2019, in respect of Patient C:

i. Whilst checking a Hickman Line care plan, failed to escalate that you were unable to flush the IV following the administration of IV antibiotics.

ii. Carried out the check of the Hickman Line care plan, when you were not permitted to do so due to the restrictions imposed upon your practice by your employer.

This charge is found proved.

In reaching this decision, the panel had regard to all of the evidence before it. It had particular regard to the evidence of Colleague A and statement by Mrs Bartolome undated ('Statement Regarding the Medication Error I Made').

The panel had regard of a letter from the Trust dated 25th April 2019, which stated,
It was explained that with immediate effect you are not to partake in any medication round. This includes controlled drugs, completion of E Dams and Intravenous medication.'

The panel had sight of Colleague A's NMC witness statement in which they stated the following:

'I recall that Marevic was not doing medications at that time due to previous errors. Prior to having a meeting with Marevic on 14 June, 2019 I had been asked by another member of staff to check a Hickman Line care plan that was incomplete. I noticed that she had written on the Care Plan of -the patient that was receiving IV antibiotic that she had tried to flush but was unable to. Marevic hadn't escalated that the line required flushing -to anyone and instead had tried to do it herself, despite her not being permitted due to her restrictions. This was obviously concerning as a delay had been caused by her not escalating this. She shouldn't have acted herself due to her restrictions and instead should have escalated this to her supervisor. I recall that the staff on duty that day were Carol Maule (Band 5), Mary Anyoka (Band 6) and then Catherine Russell (Band 6), but I'm not sure which one of them raised this with me.'

The panel also had sight of handwritten notes of a meeting that took place on 14 June 2019 in which she discussed this incident with Mrs Bartolome,

'I have discussed with Marevic a Hickman line care plan that she has evaluated and written tried to flush, unable? blocked

I have expressed concern over no further actions being documented after this statement, was it escalated etc.

My second concern is that despite not currently administering medications she has tried to flush the line.

Marevic did not respond other than to say ok,'(sic)

The panel also had regard to Mrs Bartolome's response in the document titled '*Statement Regarding The Medication Error I made...*' where Mrs Bartolome noted,

'I make this statement for the purpose of investigating the two incidents of medication error that I made 1) I break the protocol on checking IV antibiotics by the bedside by 2 Nurse's, I make a decision to give it myself, checked on emeds. and sticker signed...' (sic)

The panel found the evidence of Colleague A to be credible and reliable and supported by contemporaneous evidence, including Mrs Bartolome's own statement. The panel was satisfied that it was more likely than not that on 14 June 2019, Mrs Bartolome failed to escalate that she could not flush the Hickman's line and carried out a check of the Hickman's line and attempted to flush it when she was not permitted to do so.

In respect of the stem of the charge, the panel considered that in attempting to flush and checking the IV, Mrs Bartolome failed to exercise the standards of knowledge, skill and judgement required of a Band 5 registered nurse in respect of the management of a Hickman's line, in addition, Mrs Bartolome was also subject to restrictions. The panel therefore found this charge proved.

Fitness to practise

Having reached its determination on the facts of this case, the panel then moved on to consider, whether those facts it found proved amount to a lack of competence and, if so,

whether Mrs Bartolome's fitness to practise is currently impaired. There is no statutory definition of fitness to practise. However, the NMC has defined fitness to practise as a registrant's suitability to remain on the register unrestricted

The panel, in reaching its decision, has recognised its statutory duty to protect the public and maintain public confidence in the profession. Further, it bore in mind that there is no burden or standard of proof at this stage and it has therefore exercised its own professional judgement.

The panel adopted a two-stage process in its consideration. First, the panel must determine whether the facts found proved amount to a lack of competence. Secondly, only if the facts found proved amount to a lack of competence, the panel must decide whether, in all the circumstances, Mrs Bartolome's fitness to practise is currently impaired as a result of that lack of competence.

Representations on lack of competence and impairment

The NMC has defined a lack of competence as:

'A lack of knowledge, skill or judgment of such a nature that the registrant is unfit to practise safely and effectively in any field in which the registrant claims to be qualified or seeks to practice.'

The NMC invited the panel to take the view that the facts found proved amount to a lack of competence. The panel had regard to the terms of 'The Code: Professional standards of practice and behaviour for nurses and midwives (2015' (the Code) in making its decision.

The NMC identified the specific, relevant standards where Mrs Bartolome's actions amounted to a lack of competence. A lack of competency needs to be assessed using a three stage process:

- Is there evidence that Mrs Bartolome were/was made aware of the issues around your/their competence?
- Is there evidence that you/they were given the opportunity to improve?
- Is there evidence of further assessment?

The NMC invited the panel to find that the facts found proved show that Mrs Bartolome's competence at the time was below the standard expected of a Band 5 registered nurse.

The NMC requires the panel to bear in mind its overarching objective to protect the public and the wider public interest. This included the need to declare and maintain proper standards and maintain public confidence in the profession and in the NMC as a regulatory body. The panel has referred to the cases of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant* [2011] EWHC 927 (Admin).

The NMC invited the panel to find Mrs Bartolome's fitness to practise impaired on public protection and public interest grounds. In the NMC written representations, the following is stated:

'We consider that Mrs Bartolome has displayed limited insight. In her reflective statement, she admits to the wrongdoings and apologises for her actions, although there is a degree of explanations used as excuses. It is of note that Mrs Bartolome is positive in her assertion that she has learned from her mistakes and that her understanding of the issues has improved.'

We note the Mrs Bartolome has not worked as a nurse since 2019 and there is no evidence of her completing further relevant training. It is submitted that Mrs Bartolome has not had the opportunity to strengthen her practice and therefore continues to pose a risk to the public should she be able to practise unrestricted.'

The concerns identified all relate to Mrs Bartolome's clinical practice so could be said to be capable of remediation, however the committee may feel that they

have not yet been sufficiently addressed and so there remains a risk of repetition. The committee are invited to make a finding of impairment on the grounds of public protection.'

Public interest

In Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant [2011] EWHC 927 (Admin) at paragraph 74 Cox J commented that:

"In determining whether a practitioner's fitness to practise is impaired by reason of misconduct, the relevant panel should generally consider not only whether the practitioner continues to present a risk to members of the public in his or her current role, but also whether the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of impairment were not made in the particular circumstances."

32. Consideration of the public interest therefore requires the committee to decide whether a finding of impairment is needed to uphold proper professional standards and conduct and/ or to maintain public confidence in the profession.

33. We consider that there is a public interest in a finding of impairment being made in this case to declare and uphold proper standards of conduct and behaviour. The public need to trust that nurses can practise safely, effectively and autonomously. The charges found proved are serious, based on significant and sustained deficiencies in fundamental, core areas of nursing. The lack of competence could seriously impact public confidence in the profession, and a fully informed member of the public would expect regulatory action in such circumstances. A finding of current impairment is in the public interest to declare and uphold proper professional standards.'

The panel accepted the advice of the legal assessor.

Decision and reasons on lack of competence

When determining whether the facts found proved amount to a lack of competence, the panel had regard to the terms of the Code. In particular, the following standards:

'1 Treat people as individuals and uphold their dignity

To achieve this, you must:

1.2 make sure you deliver the fundamentals of care effectively.

1.4 make sure that any treatment, assistance or care for which you are responsible is delivered without undue delay.

6 Always practise in line with the best available evidence

To achieve this, you must:

6.2 maintain the knowledge and skills you need for safe and effective practice

8 Work co-operatively

To achieve this, you must:

8.1 respect the skills, expertise and contributions of your colleagues, referring matters to them when appropriate

8.2 maintain effective communication with colleagues

8.3 keep colleagues informed when you are sharing the care of individuals with other health and care professionals and staff

8.5 work with colleagues to preserve the safety of those receiving care 8.6 share information to identify and reduce risk.

8.6 share information to identify and reduce risk.

10 Keep clear and accurate records relevant to your practice. This applies to the records that are relevant to your scope of practice. It includes but is not limited to patient records.

To achieve this, you must:

10.1 complete records at the time or as soon as possible after an event, recording if the notes are written some time after the event

10.2 identify any risks or problems that have arisen and the steps taken to deal with them, so that colleagues who use the records have all the information they need

13 Recognise and work within the limits of your competence

To achieve this, you must, as appropriate:

13.1 accurately identify, observe and assess signs of normal or worsening physical and mental health in the person receiving care

13.2 make a timely referral to another practitioner when any action, care or treatment is required

13.3 ask for help from a suitably qualified and experienced professional to carry out any action or procedure that is beyond the limits of your competence.

14 Be open and candid with all service users about all aspects of care and treatment, including when any mistakes or harm have taken place

To achieve this, you must:

14.1 act immediately to put right the situation if someone has suffered actual harm for any reason or an incident has happened which had the potential for harm.

16 Act without delay if you believe that there is a risk to patient safety or public protection

To achieve this, you must:

16.2 raise your concerns immediately if you are being asked to practise beyond your role, experience and training.

18 Advise on, prescribe, supply, dispense or administer medicines within the limits of your training and competence, the law, our guidance and other relevant policies, guidance and regulations

To achieve this, you must:

18.3 *make sure that the care or treatment you advise on, prescribe, supply, dispense or administer for each person is compatible with any other care or treatment they are receiving, including (where possible) over-the-counter medicines*

19 Be aware of, and reduce as far as possible, any potential for harm associated with your practice

To achieve this, you must:

19.1 *take measures to reduce as far as possible, the likelihood of mistakes, near misses, harm and the effect of harm if it takes place*

19.3 *keep to and promote recommended practice in relation to controlling and preventing infection*

19.4 *take all reasonable personal precautions necessary to avoid any potential health risks to colleagues, people receiving care and the public.*

20 Uphold the reputation of your profession at all times

To achieve this, you must:

20.1 *keep to and uphold the standards and values set out in the Code.'*

The panel bore in mind, when reaching its decision, that Mrs Bartolome should be judged by the standards of the reasonable average Band 5 registered nurse and not by any higher or more demanding standard.

‘A lack of knowledge, skill or judgment of such a nature that the registrant is unfit to practise safely and effectively in any field in which the registrant claims to be qualified or seeks to practice.’

The panel noted that the allegations arose between 4 March 2019 and 20 September 2019, spanning a period of approximately six months. The panel was satisfied that it had been provided with a fair sample of Mrs Bartolome’s work and it was also satisfied that she was made aware of the concerns and given the opportunity to address them.

The panel considered Mrs Bartolome’s competence, judgement and lack of understanding namely in the following areas:

- IV medication administration.
- management of Hickman lines.
- the management of IV fluids inline with sepsis training.
- recording of clinical observations, non-adherence to manual handling care plans.
- the management of patients receiving oxygen therapy.

The panel was of the view that your practice in these areas fell below the level of competence expected of a Band 5 registered nurse.

medication administration, taking observations and manual handling are all basic skills that Band 5 nurses are expected to be competent in. The panel also considered that Mrs Bartolome’s judgement in respect of attempting to flush an IV line when she was under restrictions fell below the level of competence expected.

Having regard to the above and taking into account the reasons set out in its findings on the facts, the panel concluded that Mrs Bartolome’s practice was below the standard expected of an average registered nurse acting in Mrs Bartolome’s role.

In all the circumstances, the panel determined that Mrs Bartolome's performance demonstrated a lack of competence.

Decision and reasons on impairment

The panel next went on to decide if as a result of the lack of competence, Mrs Bartolome's fitness to practise is currently impaired.

In coming to its decision, the panel had regard to the NMC Guidance on '*Impairment*' (Reference: DMA-1 Last Updated:28/01/2026) in which the following is stated:

'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 this regard the panel considered the judgment of Mrs Justice Cox in the case of *CHRE v NMC and Grant*. In paragraph 76, Mrs Justice Cox referred to Dame Janet Smith's "test" which reads as follows:

'Do our findings of fact in respect of the doctor's misconduct, deficient professional performance, adverse health, conviction, caution or determination show that his/her/their fitness to practise is impaired in the sense that S/He/They:

- a. has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*
- b. has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*

c. has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or

d. ...'

The panel found limbs a, b and c engaged. The panel found that Mrs Bartolome's lack of competence placed patients at a risk of harm. Mrs Bartolome attempted to flush an IV when she should not have and she also failed to escalate that the line was blocked which delayed care to the patient. The panel was also of the view that in moving patients without using proper techniques and not following their care plan, placed them at a risk of harm. The panel considered that in incorrectly calculating a NEWS, Mrs Bartolome placed that patient at a risk of harm as this could have affected the subsequent care they received. In addition, the panel found that Mrs Bartolome's actions in adjusting Patient G's oxygen rate without taking into consideration the patient's medical condition placed this patient at risk of harm.

The panel considered that a nurse who practises below the standards expected and places patients at a risk of harm would bring the profession into disrepute. In practising below the standards expected, the panel found that Mrs Bartolome breached fundamental tenets of the profession.

As the concerns relate to Mrs Bartolome's clinical practice, the panel determined that they are capable of being remediated. In considering whether Mrs Bartolome has addressed her lack of competence, the panel had regard to all of the documents provided by her which included a training certificate, a reflective statement dated 3 November 2020 and testimonials from colleagues. The panel considered that Mrs Bartolome's insight was limited and that there was no evidence that she had kept her practice up to date and addressed her lack of competence. The panel therefore found that there was a risk of repetition and a consequent risk of harm to patients. Accordingly, the panel found that Mrs Bartolome's fitness to practise is currently impaired on the ground of public protection.

The panel bore in mind that the overarching objectives of the NMC are to protect, promote and maintain the health safety and well-being of the public and patients, and to uphold/protect the wider public interest, which 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 the public would be shocked to find that a nurse who placed patients at a risk of harm and made numerous errors over approximately six months and who has not addressed the concerns was able to practise unrestricted. The panel therefore determined that a finding of impairment on public interest grounds was also required.

Having regard to all of the above, the panel was satisfied that Mrs Bartlome's fitness to practise is currently impaired on public protection and public interest grounds.

Sanction

The panel has considered this case very carefully and has decided to make a conditions of practice order for a period of 18 months. The effect of this order is that Mrs Bartolome's entry on the NMC register will show that she is subject to a conditions of practice order and anyone who enquires about her registration will be informed of this order.

The panel accepted the advice of the legal assessor.

Representations on sanction

The panel noted that in the Notice of Meeting, dated 16 August 2026, the NMC had advised Mrs Bartolome that it would seek the imposition of a conditions of practice order for a period of 18 months if the panel found her fitness to practise currently impaired.

Decision and reasons on sanction

Having found Mrs Bartolome's fitness to practise currently impaired, the panel went on to consider what sanction, if any, it should impose. The panel has borne in mind that any sanction imposed must be appropriate and proportionate and, although not intended to be punitive in its effect, may have such consequences. The panel had regard to the NMC Guidance on '*The sanctions available*' (Reference: SAN-2 Last Updated: 28/01/2026). The decision on sanction is a matter for the panel independently exercising its own judgement.

The panel took into account the following aggravating features:

- Mrs Bartolome breached the restrictions that were in place through her support plan and placed patients at risk of harm.
- Despite being subject to a support plan, Mrs Bartolome continued to make numerous errors, over a significant period of time.
- Mrs Bartolome's insight is limited.

The panel also took into account the following mitigating features:

- Mrs Bartolome made some admissions.
- When some of the earlier concerns arose, Mrs Bartolome had just returned to work after an extended period of sick leave and she had been moved to a different department.
- At the relevant time, Mrs Bartolome had experienced some difficulties in relation to her health and personal circumstances.
- Mrs Bartolome did make some attempts through training to address the shortfalls in her practice (although there is no evidence of recent training).

The panel first considered whether to take no action but concluded that this would be inappropriate in view of the risk of repetition and the public protection issues identified. The panel decided that it would be neither proportionate nor in the public interest to take no further action.

The panel next considered a caution order and had regard to the NMC Guidance on 'Caution order' (Reference: SAN-2b Last Updated: 28/01/2026) in which the following is stated:

'A caution is only appropriate if the Committee has decided there's no risk to the public or to people using services that requires the professional's practice to be restricted. This means 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 found that Mrs Bartolome has not addressed her lack of competence and it found that there is a risk to patient and public safety. The panel therefore determined that a sanction that does not restrict Mrs Bartolome's practise would not protect the public. The panel also determined 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 (registrant's name)'s registration would be appropriate. The panel had regard to the NMC Guidance on 'Conditions of practice order' (Reference: SAN-2c Last Updated: 28/01/2026) and had regard to the following factors:

- *'no evidence of deep-seated personality or attitudinal problems*
- *identifiable areas of the professional's practice in need of assessment and/or retraining*
- *competence cases where there is a realistic likelihood that the concerns about their practice can be resolved*
- *potential and willingness to respond positively to retraining (this should be based on specific evidence provided by the professional)*
- *...*
- *people using services will not be put at risk either directly or indirectly as a result of the conditions*
- *conditions can be created that can be monitored and assessed.'*

The panel found that there is no evidence of deep-seated personality or attitudinal problems. As this is a lack of competence case, the concerns relate to Mrs Bartolome's clinical practice and in the panel's view, there are identifiable areas of her practice in need of assessment and retraining. The panel considered that as there are specific areas of concern in Mrs Bartolome's practice, a focussed plan should assist her in being able to address her lack of competence. Whilst the panel acknowledged that Mrs Bartolome has not engaged in these proceedings and stated her future intentions, a conditions of practice order is the most proportionate response in these circumstances. Having regard to all of the above, the panel determined that it would be possible to formulate relevant, proportionate, workable and measurable conditions to address Mrs Bartolome's lack of competence.

The panel determined 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.

Balancing all of these factors, the panel determined that 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 would be wholly disproportionate and would not be a reasonable response in the circumstances of this case. Temporary removal from the register would not give Mrs Bartolome an opportunity to address the lack of competence and return to unrestricted practice. As the panel determined that the public would be protected and that the public interest would be satisfied by a conditions of practice order, it considered that a suspension order would go further than necessary to meet the overarching objectives.

As this is a lack of competence case, the panel noted that a striking off order is not available at this stage.

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 restrict your nursing practice to a single substantive employer that must not be an Agency.
2. Until you have been signed off as competent by your line manager or a band 6 nurse, you must ensure that you are directly observed when undertaking the following:
 - Hickman line management.Medicines administration (including IV and oxygen therapy).
 - Clinical observations.
 - Manual handling of a patient.
3. You must meet with your line manager, mentor or supervisor at least once every 4-6 weeks to discuss your performance in respect of your clinical practice and specifically the areas as set out in condition 2 above.
4. You must work with a band 6 registered nurse to create a personal development plan in respect of the following:
 - Hickman line management.
 - Medicines administration (including IV and oxygen therapy).
 - .
 - Clinical observations.
 - Manual handling of a patient.

5. Prior to any review hearing, you must send the NMC a copy of personal development plan following the completion of each supervision meeting.
6. You must send the NMC a report prior to the review which sets out your progress
7. 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.
8. You must keep us informed about anywhere you are studying by:
 - a) Telling your case officer within seven days of accepting any course of study.
 - b) Giving your case officer the name and contact details of the organisation offering that course of study.
9. You must immediately give a copy of these conditions to:
 - a) Any organisation or person you work for.
 - b) Any employers you apply to for work (at the time of application).
 - c) Any establishment you apply to (at the time of application), or with which you are already enrolled, for a course of study.
10. 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.

11. 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 18 months to allow Mrs Bartolome sufficient time to secure employment and to allow her time to demonstrate that she has addressed the concerns

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

- Recent references and testimonials from peers and supervisors around your clinical competence.
- An up-to-date reflection which focuses on your return to practise as a nurse, your medication management including IV administration and oxygen therapy, manual handling of a patient, Hickman Line management and clinical observations. It may be useful to include reflections on the impact of your practice on patients, colleagues and the profession.
- Evidence of compliance with these conditions
- Evidence of continued professional development and completion of relevant training certificates, namely around IV administration and

oxygen therapy, manual handling of a patient, Hickman Line management and clinical observations.

- Your continued engagement with the NMC and future hearings.

Interim order

As the conditions of practice order cannot take effect until the end of the 28-day appeal period, the panel has considered whether an interim order is required in the specific circumstances of this case. It may only make an interim order if it is satisfied that it is necessary for the protection of the public, is otherwise in the public interest or in Mrs Bartolome's own interests until the substantive conditions of practice order takes effect.

The panel accepted the advice of the legal assessor.

Representations on interim order

The panel took account of the representations made by the NMC that an interim order is necessary on the ground of public protection and it is otherwise in the public interest.

The panel noted that the NMC invited the panel to impose an interim conditions of practice order for a period of 18 months to cover the appeal period.

Decision and reasons on interim order

The panel was satisfied that an interim order is necessary for the protection of the public and is otherwise in the public interest. The panel had regard to the seriousness of the facts found proved and the reasons set out in its decision for the substantive order in reaching the decision to impose an interim order.

The panel concluded that the only suitable interim order would be that of a conditions of practice order, as to do otherwise would be incompatible with its earlier findings. The conditions for the interim order will be the same as those detailed in the substantive order for a period of 18 months, to allow for the possibility of an appeal to be made and determined.

If no appeal is made, then the interim conditions of practice order will be replaced by the substantive conditions of practice order 28 days after Mrs Bartolome is sent the decision of this hearing in writing.

This will be confirmed to Mrs Bartolome in writing.

That concludes this determination.