

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

**Substantive Order Review Hearing
Friday, 2 October 2026**

Virtual Hearing

Name of Registrant:	Theresa Ann Bates
NMC PIN:	18H0204E
Part(s) of the register:	Registered Nurse Adult Nurse (Level 1) - 3 October 2018
Relevant Location:	Bournemouth
Type of case:	Misconduct
Panel members:	Sharon Laurence (Chair, Lay member) Vivienne Cooper-Thorne (Registrant member) Saiqa Shaffi (Lay member)
Legal Assessor:	Megan Ashworth
Hearings Coordinator:	Salima Begum
Nursing and Midwifery Council:	Represented by Giedrius Kabasinskas
Mrs Bates:	Not present and unrepresented at this hearing
Order being reviewed:	Conditions of practice order (12 months)
Fitness to practise:	Impaired
Outcome:	Conditions of practice order varied (12 months) to come into effect at the end of 10 November 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 Mrs Bates was not in attendance and that the Notice of Hearing had been sent to Mrs Bates's registered email address by secure email on 1 September 2026.

Mr Kabasinkas, 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, dates and that the hearing was to be held virtually, including instructions on how to join and, amongst other things, information about Mrs Bates' right to attend, be represented and call evidence, as well as the panel's power to proceed in her absence. The panel also noted that by a letter from the RCN dated 30 September 2026, Mrs Bates' made written representations for this panel to consider.

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

Decision and reasons on application for hearing to be held in private

At the outset of the hearing, Mr Kabasinkas raised the question of privacy. He applied for the NMC's application to proceed in Mrs Bates' absence to be held entirely in private on the basis that it would involve reference to Mrs Bates' [PRIVATE] and private matters. Mr Kabasinkas further submitted if the application to proceed in Mrs Bates' absence was successful, then for the same reasons those parts relating to Mrs Bates' [PRIVATE] and private life in the substantive order review hearing should be held in private. The application was made pursuant to Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

Mr Kabasinkas also referred the panel to the written submissions from Mrs Bates' representative, who would support the application. The RCN letter dated 30 September 2026:

'...Within our below submissions, reference will be made to matters pertaining to our [PRIVATE].

We therefore respectfully invite the panel to conduct any matters which touch upon our members [PRIVATE] in private session as per Rule 19(3) of the NMC FTP Rules 2004...

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.

Having heard that there will be reference to Mrs Bates' personal circumstances and private life in the Proceeding in Absence application, the panel determined to hold the entirety of that part fully in private to protect her privacy and confidentiality. In relation to the substantive order review hearing, the panel determined to go partly in private session as and when such issues are raised in order to protect Mrs Bates's privacy.

Decision and reasons on proceeding in the absence of Mrs Bates

The panel next considered whether it should proceed in the absence of Mrs Bates. The panel had regard to Rule 21 and heard the submissions of Mr Kabasinkas who invited the panel to continue in the absence of Mrs Bates.

He submitted that Mrs Bates was aware of the hearing and had indicated through the RCN that she was content for the hearing to proceed in her absence. He said that, although her circumstances may indicate a potential request for an adjournment, there was no formal application and no indication that an adjournment would secure her attendance.

He further submitted that the current conditions of practice order is due to expire on 10 November 2026. There was therefore a public interest in the order being reviewed before its expiry, particularly as an adjournment may result in the order expiring without the risk to the public being assessed.

Mr Kabasinkas also referred the panel to the documentation from Mrs Bates' representative, the RCN which included a letter dated 30 September 2026:

'Our member will not be attending the hearing nor will she be represented. No disrespect is intended by her non-attendance. Our member is the primary
[PRIVATE]
. Our member has received the notice of hearing and is happy for the hearing to proceed in her absence. She is keen to engage with these proceedings...'

Mr Kabasinkas therefore invited the panel to proceed in the absence of Mrs Bates.

The panel accepted the advice of the legal assessor.

The panel has decided to proceed in the absence of Mrs Bates. In reaching this decision, the panel has considered the submissions of Mr Kabasinkas, the written representations from made on Mrs Bates's behalf, and the advice of the legal assessor. It has had particular regard to relevant case law and to the overall interests of justice and fairness to all parties. It noted that:

- No application for an adjournment has been made by Mrs Bates;
- The RCN has informed the NMC that Mrs Bates' has received the Notice of Hearing and confirmed she is content for the hearing to proceed in her absence;
- The current conditions of practice order is due to expire on 10 November 2026 and the panel considered it important that the order be reviewed before its expiry;
- There is no reason to suppose that adjourning would secure her attendance at some future date; and
- There is a strong public interest in the expeditious review of the case.

In these circumstances, the panel has decided that it is fair to proceed in the absence of Mrs Bates.

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

This is the first review of a substantive conditions of practice order originally imposed for a period of 12 months by a Fitness to Practise Committee panel on 8 October 2025.

The current order is due to expire at the end of 10 November 2026.

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

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

That you, a registered nurse:

1) Between 11 and 12 April 2024 did not follow policies and procedures in that:

- a) ...*
- b) ...*
- c) ...*
- d) ...*
- e) Gave the medicine keys to an untrained support worker to access the trolley and give pre-potted medications.*

2) ...

3) ...

4) ...

5) ...

6) ...

7) *On 7 February 2023 asked Colleague B to sign the Controlled Drug book without following the correct procedure on more than one occasion.*

The original panel determined the following with regard to impairment:

‘The panel next went on to decide if as a result of the misconduct, Mrs Bates’s fitness to practise is currently impaired.

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

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

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

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

Nurses occupy a position of privilege and trust in society and are expected at all times to be professional and to maintain professional boundaries. Patients and their families must be able to trust nurses with their lives and the lives of their loved ones. To justify that trust, nurses must be honest and open and act with integrity. They must make sure that their conduct at all times justifies both their patients’ and the public’s trust in the profession.

In this regard the panel considered the judgment of Mrs Justice Cox in the case of CHRE v NMC and Grant in reaching its decision. In paragraph 74, she said:

'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.'

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/ fitness to practise is impaired in the sense that S/He:

- 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 finds that limbs a – c are engaged in this case.

The panel found that patients were put at risk of harm in relation to charge 1e and charge 7 as a result of Mrs Bates's misconduct. Mrs Bates's misconduct had

breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute. Further the panel also concluded that Mrs Bates is liable to act in future in a way that places patients at risk of unwarranted harm, breach fundamental tenets of the profession and bring the profession into disrepute.

Regarding insight, the panel noted that Mrs Bates had previously provided a written reflection detailing where she had fallen short of the standards of the profession, departed from the code and expressed remorse for her actions in relation to charge 7. It noted that Mrs Bates had not demonstrated any insight into her failings in charge 1e which occurred after she had undertaken further medicine management training on 7 July 2023. This training postdated charge 7 but pre dated charge 1e where a further medication management error occurred. The panel noted that Mrs Bates has not offered any insight, reflection or apology following 11 – 12 April 2024 (charge 1e). The panel considered that Mrs Bates's reflections were focused on herself and did not demonstrate sufficient insight into how her actions may have affected patients and colleagues or impacted public confidence in the profession and the NMC as a regulator. The panel therefore determined that Mrs Bates had not yet developed sufficient insight into her failings.

The panel was satisfied that the misconduct in this case is capable of being addressed. Therefore, the panel carefully considered the evidence before it in determining whether or not Mrs Bates has taken sufficient steps to strengthen her practice. The panel took into account the written testimonials provided by Mrs Bates in 2023 as well as the relevant training she had undertaken. The panel gave Mrs Bates's testimonials little weight as they were undated, unsigned and some were from people she had not directly worked with or been line managed by that could speak to her current practice. The panel noted that Mrs Bates had completed Medication Safe Handling and Awareness training before the incident in April 2024. Mrs Bates did not provide any evidence of how she had applied what she had learned from the training to strengthen her practice.

The panel is of the view that there is a risk of repetition that Mrs Bates could repeat the matters of the kind found proved and noted it did not have any further information or evidence to demonstrate that Mrs Bates had sufficiently strengthened

her practice to address the concerns. The panel therefore decided that a finding of impairment is necessary on the grounds of public protection.

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

The panel determined that a finding of impairment on public interest grounds is required. The panel considered that the public would expect the regulator to take action in cases where a nurse had failed to follow trust policies and procedures and potentially risked patient safety.

In addition, the panel concluded that public confidence in the profession would be undermined if a finding of impairment were not made in this case and therefore also found Mrs Bates's fitness to practise impaired on the grounds of public interest.

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

The original panel determined the following with regard to sanction:

'Having found Mrs Bates's fitness to practise currently impaired, the panel went on to consider what sanction, if any, it should impose in this case. 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 careful regard to the SG. The decision on sanction is a matter for the panel independently exercising its own judgement.

The panel took decided that the following aggravating features applied in this case:

- *Lack of insight into failings, in that Mrs Bates had shown some insight after the conduct in charge 7 occurred, undertook relevant training and reflected*

upon the incident having read relevant policy. However, Mrs Bates then repeated similar medicines management failings in relation to the conduct at charge 1e. Mrs Bates has not provided any explanation for her conduct or demonstrated any insight in relation to charge 1e.

- *A repetition of similar medicines management failings.*
- *Conduct which potentially put patients at risk of suffering harm.*

The panel decided the following mitigating features apply in this case:

- *Mrs Bates had been [PRIVATE].*

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

It then considered the imposition of a caution order but again determined that, due to the seriousness of the case, and the public protection issues identified, an order that does not restrict Mrs Bates'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 Mrs Bates'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 placing conditions of practice on Mrs Bates's registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be relevant, 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;*
- *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. The panel accepted that although Mrs Bates was not present at the hearing it noted that Mrs Bates has in her written reflections expressed a desire to continue practising as a nurse and has previously undertaken relevant retraining to strengthen her practice. The panel also noted there was no evidence of harmful deep seated personality or attitudinal problems. Nor was there evidence of general incompetence regarding Mrs Bates's practice. Therefore, the panel was of the view that given the area of concern related to one specific aspect of the nursing practice: Medicines Management, it determined that it would be possible formulate conditions that were relevant, proportionate, workable and measurable that would sufficiently protect the public and address the public interest

The panel had regard to the fact that these incidents occurred on two separate occasions, and it was of the view that it was in the public interest that, with appropriate safeguards, Mrs Bates was capable of returning to practice as a nurse.

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

The panel did go on to consider a suspension order. In making this decision, the panel carefully considered the submissions of Dr Persaud in relation to the sanction that the NMC was seeking in this case. However, the panel considered that a suspension order would be unduly punitive, and would not facilitate Mrs Bates to strengthen her practice or further develop her insight.

The panel was also of the view that to impose a striking-off order would be wholly disproportionate and would not be a reasonable response in the circumstances of Mrs Bates's case.

Having regard to the matters it has identified, the panel has concluded that a conditions of practice order will provide the necessary degree of public protection, 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 determined that the following conditions are appropriate and proportionate in this case:

'For the purposes of these conditions, 'employment' and 'work' mean any paid or unpaid post in a nursing, midwifery or nursing associate role. Also, 'course of study' and 'course' mean any course of educational study connected to nursing, midwifery or nursing associates.

- 1. You must limit your nursing practice to one substantive employer in one location. You must not undertake night duties.*
- 2. You must ensure that you are supervised by a registered nurse any time you are working. Your supervision must consist of:*
 - a) Working at all times on the same shift as, but not always directly observed by, a registered nurse of band 6 or above.*
- 3. You must not prepare or administer medication unless supervised by a registered nurse of Band 6 or above (except in life threatening emergencies).*

4. *You must have monthly meetings with your line manager to review your competence in relation to your medicines management and compliance with relevant medicines management policy and procedures. These meeting dates should be recorded and a summary of them to be provided to the panel at the substantive order review hearing.*
5. *You must provide a report from your line manager in relation to your medicines management to be provided to the panel at the substantive order review hearing.*
6. *You must complete medicines management training and provide evidence that you have successfully completed this to be provided to the panel at the substantive order review hearing.*
7. *You must keep a personal development log which documents dated practice examples, signed by your line manager, of your medicines management and compliance with medicines policies and procedures. These should be provided to the panel at the substantive order review hearing.*
8. *You must keep us informed about anywhere you are working by:*
 - a) *Telling your case officer within seven days of accepting or leaving any employment.*
 - b) *Giving your case officer your employer's contact details.*
9. *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.

10. 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.

11. 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.

12. 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 up to one year.

The substantive conditions of practice order will be reviewed before the order expires. At the review hearing the panel may revoke the order, it may extend the order, it may vary any condition of it or it may replace the order with another order.

Any future panel reviewing this case would be assisted by:

- *An up to date reflective piece which demonstrates your insight of into the consequences of your actions on patients, colleagues, the profession and the NMC as a regulator.*
- *Up to date testimonials in relation to your nursing practice regarding medicines management, from current colleagues on the same band as you or higher. These testimonials should be signed and dated.*
- *Your engagement and attendance at a review hearing.'*

Decision and reasons on current impairment

The panel has considered carefully whether Mrs Bates's fitness to practise remains impaired. Whilst there is no statutory definition of fitness to practise, the NMC has defined fitness to practise as the ability of a professional on our register to practise as a nurse, midwife or nursing associate safely and effectively without restriction. In considering this case, the panel has carried out a comprehensive review of the order in light of the current circumstances. Whilst it has noted the decision of the last panel, this panel has exercised its own judgement as to current impairment.

Mr Kabasinkas referred the panel to the RCN's written submissions which stated that Mrs Bates had undertaken counselling and additional training. Mr Kabasinkas explained that the RCN invited the panel to extend the current conditions of practice order for a further 12 months.

Mr Kabasinkas provided a background of this case and referred the panel to the relevant documentation. He told the panel of the previous panel's expectation that Mrs Bates provide evidence of developing insight, including an up-to-date reflective piece addressing the impact of her actions on patients, colleagues, the profession and the NMC, as well as up-to-date testimonials regarding her medicines management practice and evidence of engagement with the review hearing.

Mr Kabasinkas referred the panel to the NMC guidance (REV-2A). He invited the panel to consider whether Mrs Bates had complied with the current conditions, developed insight,

maintained her skills and knowledge, demonstrated safe practice without further incident, and whether any remaining risk to patient safety had been addressed.

Mr Kabasinkas acknowledged that Mrs Bates had not been able to demonstrate compliance with the current conditions because she had not worked during the 12 months. He told the panel that Mrs Bates had provided an updated reflection and evidence of completed recent Advanced Medicines Management for Nurses and AHPs (Allied Health Professionals) Level 3 training. He also referred the panel to the NMC guidance (FtP-16b) when considering the evidence of insight and training. Mr Kabasinkas submitted that there remained no evidence of recent safe nursing practice. He considered this particularly significant given the previous panel's recommendation for testimonials from current colleagues regarding medicines management. He further submitted that the concerns had therefore not been fully addressed and that a risk of repetition remained.

In relation to impairment, Mr Kabasinkas submitted that the panel should consider both the public safety ground and the public confidence and professional standards ground. He noted that the order had been in place for 12 months and submitted that the central concern remained public safety. He also noted that Mrs Bates' position was that conditions of practice should remain in place, which indicated that she accepted that restrictions on her practice were still required.

In relation to sanction, Mr Kabasinkas submitted that the panel may extend the existing conditions of practice order, impose a new order, or allow the order to expire. He submitted that allowing the order to expire was not appropriate in the circumstances. He acknowledged Mrs Bates' engagement with the process and the barriers affecting her progression, including her caring responsibilities, but submitted that the clinical concerns were capable of being addressed through further training and strengthening of practice.

Mr Kabasinkas therefore invited the panel to extend the conditions of practice order. He submitted that a further 12-month period would be realistic to allow Mrs Bates to address the outstanding concerns, noting that this was also the position advanced on her behalf by the RCN. He concluded that the NMC was not seeking a suspension order.

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

The panel considered whether Mrs Bates's fitness to practise remains impaired.

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. It had regard to all of the documentation before it, including the NMC bundle. It has taken account of the submissions made by Mr Kabasinskas and has had regard to Mrs Bates' written representations from the RCN, her training certificate and her reflective piece.

The panel noted that the original panel found that Mrs Bates had insufficient insight. At this hearing, the panel considered the reflective piece provided by Mrs Bates. The panel recognised that it demonstrated developing insight into the impact of her actions on patients, the profession and public confidence. However, the panel considered that her reflection did not sufficiently address the specific misconduct found proved, the seriousness of those concerns, or what she could and should have done differently and how she may prevent reoccurrence in the future. The panel therefore considered that her insight remains developing and has not yet reached a level sufficient to address the concerns identified by the original panel.

In its consideration of whether Mrs Bates has taken steps to strengthen her practice, the panel took into account the evidence of her recent medicines management training. The panel recognised that this demonstrated an effort to improve her knowledge in an area relevant to the concerns in this case. However, Mrs Bates has not worked in nursing since December 2024 and there was therefore no evidence before the panel to demonstrate that she had strengthened her clinical skills or had undertaken recent safe nursing practice. The panel was therefore unable to assess whether the learning undertaken had translated into safe practice.

The original panel determined that Mrs Bates was liable to repeat matters of the kind found proved. Today's panel considered the updated reflection and evidence of medicines management training but found that there was insufficient evidence of remediation or of a reduction in the risk of repetition. In particular, there was no evidence of recent nursing practice or evidence from colleagues or managers demonstrating safe practice. The panel

therefore determined that the concerns identified by the original panel had not been sufficiently addressed and that Mrs Bates 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 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.

For these reasons, the panel finds that Mrs Bates's fitness to practise remains impaired.

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

It then considered the imposition of a caution order but again determined that, due to the seriousness of the case, and the public protection issues identified, an order that does not restrict Mrs Bates'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, but the Committee wants to mark that what happened was unacceptable and must not happen again.'* The panel considered that Mrs Bates'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 a further conditions of practice order would be sufficient and appropriate. The panel was satisfied that appropriate, proportionate and workable conditions could be formulated to address the outstanding concerns and manage the risk to patients and the wider public. The panel also took into account Mrs Bates' engagement with the proceedings and her stated willingness to comply with conditions of practice.

The panel considered that there remained a realistic prospect of Mrs Bates strengthening her practice if given the opportunity to undertake further remediation and demonstrate safe practice. The panel therefore concluded that the risks could be appropriately managed through conditions of practice and that a further conditions of practice order was the least restrictive appropriate sanction, which would protect the public and the public interest whilst Mrs Bates further developed her insight and strengthened her practice.

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 Mrs Bates's case because the identified risks could be managed through appropriate conditions and there remained a realistic prospect of remediation. The panel therefore determined that a suspension order was not necessary to protect patients or maintain public confidence in the profession.

The panel reviewed the current conditions of practice and was satisfied that Mrs Bates had complied with condition 6 by completing the required medicines management training and providing evidence of completion. The panel therefore determined that condition 6 would be removed from the order.

Accordingly, the panel determined, pursuant to Article 30(1)(c) to vary the conditions of practice order for a period of 12 months as this would provide a reasonable and proportionate opportunity for Mrs Bates to address the outstanding concerns, strengthen her practice and demonstrate safe practice at a future review, whilst still protecting the public and meeting the public interest concerns.

The order will come into effect on the expiry of the current order, namely at the end of 10 November 2026. It decided to impose the following conditions which it considered are appropriate and proportionate in this case:

For the purposes of these conditions, 'employment' and 'work' mean any paid or unpaid post in a nursing, midwifery or nursing associate role. Also, 'course of study' and 'course' mean any course of educational study connected to nursing, midwifery or nursing associates.

1. You must limit your nursing practice to one substantive employer in one location. You must not undertake night duties.
2. You must ensure that you are supervised by a registered nurse any time you are working. Your supervision must consist of:
 - a) Working at all times on the same shift as, but not always directly observed by, a registered nurse of band 6 or above.
3. You must not prepare or administer medication unless supervised by a registered nurse of Band 6 or above (except in life threatening emergencies).
4. You must have monthly meetings with your line manager to review your competence in relation to your medicines management and compliance with relevant medicines management policy and procedures. These meeting dates should be recorded and a summary of them to be provided to the panel at the substantive order review hearing.
5. You must provide a report from your line manager in relation to your medicines management to be provided to the panel at the substantive order review hearing.
6. You must keep a personal development log which documents dated practice examples, signed by your line manager, of your medicines management and compliance with medicines policies and procedures. These should be provided to the panel at the substantive order review hearing.
7. You must keep us informed about anywhere you are working by:
 - a) Telling your case officer within seven days of accepting or leaving any employment.
 - b) Giving your case officer your employer's contact details.

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 12 months.

This conditions of practice order will take effect upon the expiry of the current conditions of practice order, namely the end of 10 November 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 Mrs Bates 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 Mrs Bates in writing.

That concludes this determination.