

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

**Substantive Order Review Hearing
Friday, 9 October 2026**

Virtual Hearing

Name of Registrant:	Stacey McDonald
NMC PIN:	21D0771E
Part(s) of the register:	Nurses part of the register Sub part 1 RNA, Registered Nurse - Adult (27 April 2021)
Relevant Location:	Oxfordshire
Type of case:	Misconduct/Lack of competence
Panel members:	Nilla Varsani (Chair, lay member) Sarah Freeman (Registrant member) Georgina Wilkinson (Lay member)
Legal Assessor:	Emma Boothroyd
Hearings Coordinator:	Samara Baboolal
Nursing and Midwifery Council:	Represented by Frances Easton, Case Presenter
Miss McDonald:	Present and represented by Jennifer McPhee, solicitor of Anderson Strathern
Order being reviewed:	Suspension order (9 months)
Fitness to practise:	Impaired (in relation to lack of competence only)
Outcome:	Conditions of practice order (9 months) to come into effect on 19 November 2026 in accordance with Article 30 (1)

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

At the outset of the hearing, Ms McPhee, on your behalf, made a request that this case be held partly in private on the basis that exploration of your case involves some reference to [PRIVATE] and personal circumstances, and that this forms part of the contextual background of your case. The application was made pursuant to Rule 19 of the Nursing and Midwifery Council (Fitness to Practise) Rules 2004, as amended (the Rules).

Ms Easton, on behalf of the Nursing and Midwifery Council (NMC), indicated that she supported the application.

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

The panel determined to go into private session in connection with your [PRIVATE], as and when such issues are raised, in order to protect your privacy.

Decision and reasons on review of the substantive order

The panel decided to replace the current suspension order with a conditions of practice order.

This order will come into effect at the end of 19 November 2026 in accordance with Article 30(1) of the Nursing and Midwifery Order 2001 (the Order).

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

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

'Details of charge

That you, a registered nurse:

1. *Between April 2021 and November 2022, at Oxford Health NHS Foundation Trust failed to demonstrate the standards of knowledge, skill and judgement required to practise without supervision as a band 5 nurse, in any/or all of the following areas:*
 - a) *Patient care [PROVED BY WAY OF ADMISSION]*
 - b) *Medication management and administration [PROVED BY WAY OF ADMISSION]*
 - c) *Record keeping [PROVED BY WAY OF ADMISSION]*
2. *In January 2023 and November 2022, at Banbury Cross Health Centre, failed to demonstrate the standards of knowledge, skill and judgement required to practise without supervision as a band 5 nurse, in any and/or all of the following areas:*
 - a) *...*
 - b) *Record keeping [PROVED BY WAY OF ADMISSION]*

That you, a registered nurse:

3. *Did not disclose to Banbury Cross Health Centre:*
 - a) *In your written application form dated 26 September 2022 that you were subject to a formal capability plan at Oxford Health NHS Trust; [PROVED BY WAY OF ADMISSION]*
 - b) *In your job interview, that you were or had been subject to a formal capability plan at Oxford Health NHS Trust. [PROVED BY WAY OF ADMISSION]*
4. *Your actions at any or all of charge 3 were dishonest in that:*
 - a) *You knew that you were or had been subject to a formal capability plan; [PROVED]*
 - b) *You sought to mislead and/or conceal that from a potential employer. [PROVED]*

5. ...

6. ...

a) ...

b) ...'

The substantive hearing panel determined the following with regards to impairment and lack of competence:

'Decision and reasons on lack of competence

When determining whether Charges 1a, 1b, 1c and 2b 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*

10 Keep clear and accurate records relevant to your practice

13 Recognise and work within the limits of your competence

To achieve this, you must:

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.*

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

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

To achieve this, you must:

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

The panel determined that the admitted Charges 1a, 1b, 1c and 2b demonstrate a clear lack of competence on your part in that they centre on errors made over a sustained period of time when you were in and out of supervision. The errors made were significant in number and were not a one-off incident but rather took place over a period of approximately 18 months. The panel is of the view that the number of errors and the sustained period of duration demonstrated that you were not competent, namely that you lacked knowledge, skill and judgment in accordance with standards expected of any registered nurse. The panel determined that these errors represented a fair sample of your work and impacted a number of different patients.

In all the circumstances, the panel determined that your performance demonstrated a lack of competence.

Decision and reasons on impairment

The panel next went on to decide if, as a result of your misconduct and lack of competence, your fitness to practise is currently impaired.

Nurses occupy a position of privilege and trust in society and are expected at all times to be professional. 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 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 legal 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 she/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) has in the past acted dishonestly and/or is liable to act dishonestly in the future.’*

When considering the above test, the panel determined that all four limbs are engaged in this case in that you acted to put numerous patients at unwarranted risk of harm; you brought the nursing profession into disrepute; you breached all four fundamental tenets of the profession, namely to practise effectively, preserve safety, promote professionalism and trust and prioritise people; and you acted dishonestly.

In coming to its decision, the panel had regard to the NMC Guidance on 'Impairment' (Reference: DMA-1 Last Updated: 03/03/2025) in which the following is stated:

'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.'

The panel then considered whether you can currently practise safely and professionally at this time. Having not had opportunity to demonstrate that you can practise without error as a nurse, the panel was not satisfied that you are currently a safe practitioner, particularly given the number of concerns relating to your lack of competence.

In relation to competence, the panel gave consideration to whether there was a repeated risk of harm, meaning that a finding of current impairment is necessary on public protection grounds. The panel found that you were such a risk to patients and there is no evidence of you being able to work safely as nurse since the events in question.

Looking at the test in the case of Ronald Jack Cohen v General Medical Council [2008] EWHC 581 (Admin), the panel considered whether your failures in this case

are remediable. Conceptually, the panel was of the view that it is remediable in principle, but that this had not been demonstrated to date. Given your lack of competence which spanned both positions over a sustained period of time, the panel determined that it would need to see cogent evidence over a sustained period of safe practice to satisfy itself that you no longer present a risk of harm, and that such harm was not highly likely to be repeated.

In relation to dishonesty, the panel was mindful that it is serious and was also sustained over period of time. By failing to disclose your restriction, you misrepresented your ability to practise which in turn put patients at risk of harm. The panel accepted that you had demonstrated a degree of awareness in relation to the duty of candour, but it cannot yet be satisfied that you would act appropriately in similar circumstances given that the only evidence on remediation of dishonesty is your own assertion that you would now provide full disclosure.

For these reasons, the panel concluded that a finding of impairment is necessary on the ground of public protection.

The panel bore in mind 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 and 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 acknowledged and gave credit for your current recognition of the importance of honesty, integrity and fully transparency. However, the panel determined that members of the public would be alarmed if they knew that a qualified nurse had misrepresented their ability to practise to prospective employers. The panel therefore concluded that, in this case, a finding of impairment on public interest grounds was required.

Having regard to all of the above, the panel was satisfied that your fitness to practise is currently impaired by reasons of your misconduct and your lack of competence.'

The substantive hearing panel determined the following with regard to sanction:

'Having found your 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 into account the following aggravating features:

- *Your deliberate failure to reveal that your practice had been restricted for the purposes of gaining employment;*
- *Your premeditated, systematic and prolonged dishonesty over the job application process;*
- *Your failure to disclose your FCP to your new employer following advice from the Head of Nursing at the Trust when you had ample opportunity to do so;*
- *The risk to patient safety as a result of your actions.*

The panel also took into account the following mitigating features:

- *[PRIVATE];*
- *[PRIVATE];*
- *[PRIVATE];*
- *[PRIVATE];*
- *Your lack of experience post COVID-19 pandemic;*
- *Your early admissions;*
- *Your developing self-reflection;*
- *Your commitment to professional development practice*
- *Your positive reference from your current role as an HCA*

As the findings in this case involve dishonesty, the panel had regard to NMC guidance 'SAN-2: Sanctions for particularly serious cases' and determined that this

dishonesty falls within the category the NMC regards as being particularly serious, namely:

‘deliberately using or referring to false qualifications or giving a false picture of employment history which hides clinical incidents in the past, not telling employers that their right to practise has been restricted...’

Given the panel’s finding above and the serious concerns as to the risk to the public due to your lack of competence, it decided that it was not appropriate to consider sanctions at the lowest level such as taking no action or caution order.

The panel next considered whether placing conditions of practice on your registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable. The panel took into account the SG, in particular:

- No evidence of harmful deep-seated personality or attitudinal problems;*
- Identifiable areas of the nurse or midwife’s practice in need of assessment and/or retraining;*
- No evidence of general incompetence;*
- Potential and willingness to respond positively to retraining;*
- The nurse or midwife has insight into any health problems and is prepared to agree to abide by conditions on medical condition, treatment and supervision;*
- 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, although a conditions of practice order could be sufficient to address your competency concerns, such an order would be insufficient to address the serious nature of the misconduct in this case, namely dishonesty.

The panel therefore concluded that the placing of conditions on your registration would not adequately protect the public and would not address the public interest concerns of this case.

The panel then went on to consider whether a suspension order would be an appropriate sanction. The SG states that suspension order may be appropriate where some of the following factors are apparent:

- A single instance of misconduct but where a lesser sanction is not sufficient;*
- No evidence of harmful deep-seated personality or attitudinal problems;*
- No evidence of repetition of behaviour since the incident;*
- The Committee is satisfied that the nurse or midwife has insight and does not pose a significant risk of repeating behaviour;*
- In cases where the only issue relates to the nurse or midwife's health, there is a risk to patient safety if they were allowed to continue to practise even with conditions; and*
- In cases where the only issue relates to the nurse or midwife's lack of competence, there is a risk to patient safety if they were allowed to continue to practise even with conditions.*

The panel determined that there was no evidence of harmful deep-seated personality or attitudinal problems. The also panel was satisfied that you have developing insight and do not pose a significant risk of repeating the dishonest behaviour.

The panel considered the above NMC guidance ('SAN-3d: Suspension order'). The panel was mindful that a suspension order may be appropriate where the misconduct is not fundamentally incompatible with a nurse remaining on the register. Given the seriousness of the dishonesty, the panel determined that a period of suspension would be sufficient to protect patients and maintain public confidence in the nursing profession.

The panel did consider imposing a striking-off order, but it was satisfied that a suspension order would address the issues in the case. The panel concluded that your conduct is not such that it is fundamentally incompatible with your remaining on the register. The panel was of the view that, whilst the dishonesty in this case is serious in nature, it did not raise fundamental questions about your professionalism and warrant an extended period of removal from the register. The panel determined that a striking-off order would be disproportionate and punitive in your case.

Balancing all of these factors the panel decided that a suspension order would be the appropriate and proportionate sanction.

The panel noted the hardship such an order will inevitably cause you. However this is outweighed by the public interest in this case.

The panel determined that a suspension order for a period of 9 months is appropriate and proportionate in this case to protect the public, mark the importance of maintaining public confidence in the profession, and to send to the public and the profession a clear message about the standard of behaviour required of a registered nurse.

At the end of the period of suspension, another panel will review the order. At the review hearing the panel may revoke the order, or it may confirm the order, or it may replace the order with another order.

Any future panel reviewing this case would be assisted by:

- A reflective statement which focusses on your current practice as a HCA, your own integrity within the professional environment, and your ability to follow management instruction. This should include personal examples from your practice where you have demonstrated your integrity, honesty, and working under instruction*

- *Several detailed references from those supervising you in a healthcare environment as to your honesty, integrity and trustworthiness*
- *Evidence of ongoing professional development and training*

This will be confirmed to you in writing.'

Submissions on current impairment

Ms Easton, on behalf of the NMC, submitted that your fitness to practise is currently impaired in relation to your lack of competence.

Ms Easton submitted that, since the last hearing, you have demonstrated strengthened insight and worked to strengthen your practice while in your current role as an HCA. Ms Easton referred the panel to your reflection and your staff supervisory record. Ms Easton noted that you have been honest with your employer; informing them of the NMC case. She submitted that you have demonstrated honesty regarding the errors you have made. However, she submitted that you still require development in clinical areas, including medication management and administration, and record keeping. As such, Ms Easton submitted that you remain impaired in relation to your lack of competence.

Ms Easton submitted that an order remains necessary on the ground of public protection, as there remains a real risk of harm to patients in your care in light of your lack of competence in medications and record keeping clinical areas.

Ms Easton further submitted that an order remains necessary in the public interest. She submitted that public confidence in the nursing profession would be undermined if you were allowed to practise without any restrictions, as you have not had the opportunity to demonstrate safe practice and competence in the areas of concern as a registered nurse.

Ms Easton submitted that conditions of practice would be the appropriate and proportionate order in light of the remediation that you have demonstrated, namely your reflection and strengthened insight, and your continuing development as demonstrated in

your current role as an HCA. She submitted that a conditions of practice order would manage the current impairment, protect the public, and meet the public interest.

Ms Easton proposed the following conditions:

1. You must restrict your practice to one employer or agency for a minimum of three months
2. You must ensure that you are directly supervised by another registered nurse, whenever you manage or administer medication, until you are signed off as competent to do so
3. You must have monthly meetings with your manager, and discuss drug administration and record keeping
4. You must not be the nurse in charge of a shift until you are deemed competent to do so

Ms Easton submitted that these conditions should manage any risks to the public, and will allow you the opportunity to strengthen your practice.

Ms McPhee, on your behalf, submitted that you intend to provide oral evidence. She submitted that you agree that you remain impaired in relation to medication administration and record keeping. She submitted that you do not dispute the impairment in relation to these two aspects.

You gave evidence under affirmation.

Over the course of your evidence, you stated that in your current role, you are responsible for checking care plans and flagging any concerns to your manager.

You told the panel that you are open to working under conditions of practice, as this will give you the opportunity to work with supervision and would allow you to escalate or address any gaps which may arise.

You said that, in relation to your position on honesty and integrity within a professional setting, *“it is imperative to be open, honest, and accountable for patient safety to give a clear picture”*, and *“speaking up about any mistakes or concerns that have happened, and*

to be able to seek any advice or any relevant policies” that need to be followed to assure patient safety.

When asked by Ms McPhee about examples of your demonstration of honesty and integrity in your practice, you said that when mistakes happen, you are open and honest. For example, with documentation, you discussed this with your manager, and you were open to any advice that she gave you. You said that, moving forward, you acknowledge where there are gaps in your learning.

You went into detail around documentation errors that you made in your current role, and how you have endeavoured to be open and honest with your manager about them while engaging with feedback.

You said that you are currently indirectly supervised in your role. You were signed off as competent after a supernumerary period and your current supervision involves raising any concerns to on-call management. Your work involves lone work, as you work in domiciliary care for elderly residents. You said that you currently work on a 0-hour contract, and therefore working hours can vary from 30 hours to 15 hours, or sometimes less.

You stated that you will pause, slow down, and check the “*five rights*” of medication administration when you are working in order to continue to address the concerns. You said that if there is anything that you are unsure about, you will “*not give*” the medication before escalating and making sure that you are following policies and procedures, and double checking.

You said that you understand that strengthening your practise in relation to documentation, record keeping, and medication is a lifelong commitment. You said that you will always ask if you are lacking knowledge or not feeling competent, and you will follow any conditions of practice that the panel wish to put in place.

Ms McPhee submitted that your position is candid and realistic. She submitted that the concerns relating to your honesty, integrity, and professionalism have been sufficiently remediated and no longer give rise to current impairment.

Ms McPhee submitted that you accept that a degree of impairment remains in relation to medication management and record keeping, as you have not yet had the opportunity to demonstrate sustained safe practice in those areas within a registered nursing position.

Ms McPhee submitted that a further suspension order is not appropriate in light of your remediation. She submitted that the most appropriate and proportionate order in this case is a conditions of practice order. She submitted that there is no evidence of harmful deep-seated personality or attitudinal issues, and you do not pose a risk of repeating dishonest behaviour. Ms McPhee submitted that she largely adopts and supports the conditions proposed by the NMC, except that the supervision should be indirect.

The panel accepted the advice of the legal assessor.

Decision and reasons on current impairment

The panel has considered carefully whether your fitness to practise remains impaired. Whilst there is no statutory definition of fitness to practise, the NMC has defined fitness to practise as a registrant's suitability to remain on the register without restriction. In considering this case, the panel has carried out a comprehensive review of the order in light of the current circumstances. Whilst it has noted the decision of the last panel, this panel has exercised its own judgement as to current impairment.

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 had regard to all of the documentation before it, including the NMC bundle, your registrant response bundle and additional documents, and the submissions made by both parties. Your response bundle and additional documents comprised the following:

- A reflective statement dated 7 October 2026
- A workplace reflective statement
- References and testimonials
- Staff supervision record dated 26 March 2026 and CPD certificates

- [PRIVATE]
- WhatsApp conversations between yourself and your current manager, demonstrating your strengthened practice as an HCA in the areas of concern

The panel considered whether your fitness to practise remains impaired in light of your misconduct and/or your lack of competence.

The panel took into account that you have demonstrated strengthened insight since the last review. It had before it your reflective statement, which demonstrates reflection and an understanding of the previous panel's findings and how you have worked to address the concerns. The reflection states:

'I understand that the period of suspension gave me an opportunity to address the concerns identified and demonstrate remediation. The previous panel wanted to see reflection on my current care practice, evidence of honesty, integrity and trustworthiness, examples of my ability to work appropriately under management instruction, detailed evidence from people supervising my healthcare work, and continued professional development. I have tried to use my current care role to demonstrate these areas in practice rather than relying only on what I say about myself. I have continued working with vulnerable people, receiving supervision, responding to feedback and undertaking relevant training. My current role has given me opportunities to practise person centred care, recognise safeguarding concerns, document care, support medication within my role, seek advice and respond to changes in people's needs. I understand that completing training certificates alone does not demonstrate remediation. The important question is whether I have understood the learning, applied it in practice and changed the way I respond when something goes wrong or when I am uncertain.

I now have a much clearer understanding of what honesty and integrity mean in professional practice. Honesty is not simply answering truthfully when somebody asks a direct question. It also means volunteering relevant information, acknowledging mistakes, admitting when I am unsure and raising concerns even when doing so may lead to scrutiny or criticism. I have had to think carefully about the original non-disclosure of the Formal Capability Process. I recognise that

concern about what disclosure might mean for my employment influenced my actions. I now understand that this was precisely the situation in which honesty mattered most. Professional integrity is tested when being open may have consequences for me, not only when being open is easy. If I were in the same position now, I would disclose the relevant professional information clearly and at the earliest appropriate stage. I would not wait to be asked the exact question or assume that somebody else knew. I would understand that the employer needed that information to make decisions about safety, supervision and whether I was suitable for the role. One of the most important changes in my current practice is that I do not want anxiety about the consequences of raising something to influence whether I speak up. If I identify an error, uncertainty or concern, my responsibility is to raise it rather than try to manage it quietly or hope that it is insignificant.

I have also become more comfortable being honest about the limits of my own experience. During my safeguarding qualification, I was asked about safeguarding audits and inspections. I had not been directly involved in that work and I was open with my tutor about that rather than presenting myself as having experience I did not have. The gap was then addressed through further support and discussion. This was important to me because it showed that I can now say, openly, when something falls outside my experience and seek the learning I need. I understand that integrity does not mean claiming that I will never make another mistake. It means being transparent when something has gone wrong, taking responsibility, seeking advice where necessary and acting to reduce the risk of repetition.'

The panel also took into account that you have put this into practice, as evidenced by your conversations with your manager, in which you escalated record keeping discrepancies that you noticed, and asked for guidance when you felt unsure. The panel was satisfied that there is no current impairment in relation to misconduct, given your strengthened insight, reflection, and your openness and honesty in your current role.

In considering impairment in relation to lack of competence, the panel acknowledged that, despite not working in a registered nursing role, you have made strong efforts to strengthen your practice. However, it took into account that there remains a need to strengthen your competence in medications management and record keeping. It noted that

there are still some errors and mistakes being made in these areas, and took into account that you do not dispute that your fitness to practise is currently impaired in these areas.

In light of this, this panel determined that you are liable to repeat matters of the kind found proved in relation to your lack of competence. 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 required, as public confidence in the nursing profession would be undermined if a nurse with concerns around her clinical competence, namely record keeping and medications management, were allowed to practise without any safeguards or restriction. In light of this, a finding of continuing impairment would declare proper standards of professional conduct, and uphold public confidence in the nursing profession, and the NMC as its regulator.

For these reasons, the panel finds that your fitness to practise remains impaired.

Decision and reasons on sanction

Having found your fitness to practise currently impaired, the panel then considered what, if any, sanction it should impose in this case. The panel noted that its powers are set out in Article 30 of the Order. The panel 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 risk of repetition in this case, in light of the clinical competence concerns around medications management and record keeping, which have the potential to put patients at risk of harm. 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 lack of competence concerns and the public protection issues identified above, an order that does not restrict your practice would not be appropriate in the circumstances. The SG states that a caution order may be appropriate where *'the case is at the lower end of the spectrum of impaired fitness to practise and the panel wishes to mark that the behaviour was unacceptable and must not happen again.'* The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel considered substituting the current suspension order with a conditions of practice order. The panel took into account that it has found no current impairment in relation to the misconduct found at the previous hearing, in light of your strengthened insight, remorse, and the steps that you have taken to show honest and open professional practice. In light of this, it was of the view that a suspension order would no longer be appropriate and proportionate.

The panel took into account that, in relation to your lack of competence, the areas of concern are clearly identified, and you have indicated that you are willing to adhere to and engage with any conditions imposed by the panel. The panel also took into account that you have not had the opportunity to demonstrate safe and competent practice in these areas as a registered nurse due to your suspension order.

The panel was satisfied that it would be possible to formulate practicable and workable conditions that, if complied with, may in the future lead to your unrestricted return to practice and would serve to protect the public and to uphold the reputation of the profession in the meantime. The panel took into account that you have engaged with the NMC, and expressed a willingness to comply with conditions and strengthen your practice.

The panel decided that the public, and the reputation of the profession, would be suitably protected by the implementation of the following conditions of practice:

'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 practice to one substantive employer. If this is an agency, your placement must be a minimum of three months.
2. You must not be the nurse in charge of any shift, until you are deemed as competent to do so.
3. You must ensure that you are supervised by another registered nurse anytime you are managing, administering or recording medication. Your supervision must consist of working at all times while being directly observed by another registered nurse, until you are signed off as competent.
4. You must be indirectly supervised by another registered nurse any other time you are working.
5. You must undertake monthly meetings with your mentor, line manager, or supervisor. You must discuss your progress in relation to medication administration and management, and record keeping.
6. You must work with your mentor, line manager, or supervisor to create a Personal Development Plan (PDP). Your PDP must address
 - a) Your medication management and administration
 - b) Your record keeping
 - c) Your progress toward achieving the aims set out in your PDP
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 the NMC informed about anywhere you are studying by:
 - a) Telling your case officer within seven days of accepting any course of study.
 - b) Giving your case officer the name and contact details of the organisation offering that course of study.
9. You must immediately give a copy of these conditions to:
 - a) Any organisation or person you work for.
 - b) Any agency you apply to or are registered with for work.
 - c) Any employers you apply to for work (at the time of application).
 - d) Any establishment you apply to (at the time of application), or with which you are already enrolled, for a course of study.
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 panel determined to impose this order for a period of 9 months.

The panel noted that, in their submissions, Ms Easton and Ms McPhee both invited the panel to impose the conditions of practice order for a period of 6 months. However, it took into account that this period of time may be insufficient, as you will need time to secure employment, settle into your role, and demonstrate strengthened practice. In light of this, the panel was of the view that a period of 9 months was appropriate and proportionate, as it will allow you the time you need to secure employment and demonstrate strengthened practice and adherence to the conditions ahead of the next review hearing.

This conditions of practice order will take effect upon the expiry of the current suspension order, namely the end of 19 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 you have complied with the order. At the review hearing the panel may revoke the order or any condition of it, it may confirm the order or vary any condition of it, or it may replace the order for another order.

Any future panel reviewing this case would be assisted by:

- References and testimonials around your clinical competence
- An up-to-date reflection which focusses on your return to practise as a nurse, your medication management, and your record keeping
- Evidence of compliance with these conditions
- Your continued engagement with the NMC
- Evidence of continued professional development and completion of relevant training certificates, namely around medication administration and management.

This will be confirmed to you in writing.

That concludes this determination.