Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Order Review Hearing
Wednesday, 2 September 2026

Virtual Hearing

Name of Registrant:	**John Joseph Brennan**
NMC PIN:	06H1466E
Part(s) of the register:	Registered Nurse - Sub part 1 Mental Health 21 September 2006
Relevant Location:	West Northamptonshire
Type of case:	Misconduct
Panel members:	Fiona Abbott (Chair, lay member) Sharon Haggerty (Registrant member) Richard Mann (Lay member)
Legal Assessor:	Natalie Amey-Smith
Hearings Coordinator:	Samara Baboolal
Nursing and Midwifery Council:	Represented by Dr Hina Pattani, Case Presenter
Mr Brennan:	Present and not represented at this hearing
Order being reviewed:	Suspension order (6 months)
Fitness to practise:	Impaired
Outcome:	**Conditions of practice order (18 months to come into effect on 4 October 2026 in accordance with Article 30 (1)**

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 4 October 2026 in accordance with Article 30(1) of the Nursing and Midwifery Order 2001 (the Order).

This is the fourth review of a substantive suspension order originally imposed for a period 12 months by a Fitness to Practise Committee panel on 6 September 2023. This was reviewed on 23 August 2024 where the panel imposed a further 12-month suspension order. This was reviewed again on 17 September 2025 where the panel imposed a further six months suspension order. The last review took place over two dates, 24 February 2026 and 13 March 2026, where the panel imposed a suspension order for a period of six months.

The current order is due to expire at the end of 4 October 2026.

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

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

> *'That you, a registered nurse, whilst employed at St Andrew's Healthcare on Pritchard Ward around 10 October 2017;*
>
> 1) *Retrospectively completed a seclusion pack for a seclusion that commenced on 18 September 2017.*
>
> 2) *Did not document that the seclusion pack had been recorded retrospectively.*
>
> 3) *Recorded an incorrect Datix number in the seclusion pack.*

4) Recorded an incorrect date for the seclusion.

On or around 18 August 2018:

5) …

6) …

7) …

8) On one or more occasion entered the seclusion area;

a) Whilst being designated on a non-management and prevention of aggression period.

b) Alone/without another member of staff.

9) Did not record the administration of Co-Codamol to Patient A on the EMAS system, in that you did not record;

a) The timing of administration.

b) The dosage of the medication.

c) The route of administration.

10) Did not record the administration of Olanzipine to Patient A on the EMAS system, in that you did not record;

a) The timing of administration.

b) The dosage of the medication .

c) The route of administration.

11) Did not secure the clinic/medication keys, in that you;

a) Walked around with the keys in your hand.

b) Did not attach the keys to a designated belt/key ring.

c) Did not keep the keys in a designated pocket.

12) After dispensing medication to Patient A, left Patient A alone with the medication/in possession of the medication.

13) On one or more occasion left Patient A alone/unattended/unobserved, during Patient A's seclusion period.

14) At around 10:01 a.m. did not secure the clinic door.

15) Inaccurately recorded in Patient A's Rio notes that;

a) …

b) …

c) …

d) …

e) …

f) …

g) That Patient A's seclusion ended at 12.45p.m.

16) …

17) …

18) After calling Colleague Z into the office;

a) Raised your voice/shouted at Colleague Z.

b) Pointed your finger in Colleague Z's face.

c) Sat/stood in front of Colleague Z in an Intimidating manner.

d) Used words to the effect;

(i) 'Don't you ever question my word again.'

(ii) 'We sort this out now.'

(iii) 'Don't roll your eyes at me.'

(iv) 'I will have you punished.'

19) Between June 2018 and September 2018 on an unknown date, decided that Patient A would utilise his period of leave;

a) After agreeing with other staff members that Patient A would not be granted leave.

b) …

c) …

20) Between June 2018 and September 2018 on an unknown date;

a) …

b) …

c) …

21) On or around 04 August 2018;

a) Raised your voice/shouted at Colleague Y.

b) Inappropriately challenged Colleague Y's decision to restrict Patient B from utilising his period of leave on 31 July 2018.

c) Used word to the effect;

(i) 'OTs should not be involved in clinical decisions.'

(ii) 'You should not go over my head and change my decisions.'

d) Behaved in an intimidating/threatening manner towards Colleague Y.

That you, a registered nurse, whilst working at Mill Lodge, between 18 September 2019 and 11 November 2019 on Amrik Ward ('the Ward');

22) On or around 2 October 2019 used an inappropriate restraint technique on Patient C, in that you;

a) …

b) Pushed Patient C's feet/ankles to the ground.

c) Continued to grab/push Patient C ankles/feet to the grounds, despite being told by Colleague X that the restraint was incorrect.

23) On or around 3rd October 2019 during an incident where Patient C wielded a metal urn;

a) Instructed one or more colleagues to lock doors to the lounge/kitchen in an attempt to seclude Patient C.

b) When questioned by Colleague W about locking the doors, used words to the effect 'don't question me in the middle of an incident, yeah'

c) Instructed one or more colleagues to evacuate the Ward.

d) Left one or more patients in the Ward/lounge locked in with Patient C.

24) Whilst speaking to Colleague W, used words to the effect; 'Patients don't decide when they go for a cigarette break, they can fit around our day'

25) Whilst speaking to Colleague V, used words to the effect that;

a) 'Colleague V wasn't good enough to be a nurse'

b) 'Colleague V wasn't strong enough to be a nurse'

26) Whilst speaking to Colleague U, on one or more occasion used words to the effect that;

a) 'You are only/just a support worker'

b) 'You should only listen to me'

c) 'You are not important'

d) 'Why didn't you achieve anything in life'

e) 'Why are you a support worker'

f) 'You will only ever be a support worker because you don't have any potential'

27) On one or more occasion;

a) Unfairly dismissed the needs of other patients to spend time with Patient E

b) Disclosed information about your personal life to Patient E.

c) When describing Patient E to colleagues used words to the effect;

i) 'Patient E was typical PD [personality disorder]'

ii) 'Patient E was clingy'

iii) 'Patient E was attention seeking'

28) …

29) On one or more occasion, when referring to patients who self-harmed, used words to the effect;

a) 'they are a not doing it right'

b) That you would have to tell them to 'do it properly'

30) On or around 10 November 2019, in relation to an incident where Patient D had ligatured;

a) …

b) …

c) …

d) …

e) …

f) …

g) …

h) …

i) …

j) …

k) …

l) …

31) …

32) …'

The third reviewing panel determined the following with regard to impairment:

'The panel considered whether your fitness to practise remains impaired.

In reaching its decision, the panel referred to the Cohen test and the NMC guidance DMA-1 (last updated on 28 January 2026) on impairment in regulatory proceedings.

The panel noted that the last reviewing panel found that you had developing insight. Today's panel determined that you have made some progress since the last review hearing and currently have developing insight.

At this hearing the panel noted that you had taken the advice of the last reviewing panel and presented today's panel with a reflective piece and certificates of relevant training you have completed. The panel noted that this evidence was compiled only six weeks before today's hearing. It noted that the reflective statement you have provided is limited and generic as it lacks detail and does not address each of the charges individually and the specific charges related to the attitudinal concerns. It noted that there was no sign of reflection around the training courses you have completed and how they relate to the specific charges, for example, the threatening and intimidating behaviour.

The panel noted that the reflection piece focused mainly on outlining the events that had happened and lacked details on the impact these incidents may have had on others. It noted that you spoke about how you feel other staff members may perceive you, and it was of the view that you needed to develop insight on how you should be acting and making people feel. It determined that you do not sufficiently acknowledge the impact your actions had on patients, colleagues and the public. In particular, charges 25 and 26, you could have demonstrated insight on the impact your words/actions may have had on Colleague V and Colleague U by acknowledging how they may have felt.

In your oral evidence today, you told the panel that you want to undertake an Assertiveness course before you decide to return to nursing practice. The panel noted that the assertiveness course is related to self-care needs, and it was of the view that this course would be beneficial to alleviate the risks as you had told the panel today that your personal circumstances at the time of the incidents had contributed to the charges that were found proved.

When questioned during the course of this hearing about how you would handle the situation differently in the future, the panel was of the view that your answers were generic and not specifically directed towards the charges or your previous behaviour. You told the panel that you would do things differently in the future to prevent yourself from being in the same situation again, but you did not mention that you would not treat someone like that again because you have realised the impact it may have had on others.

In its consideration of whether you have taken steps to strengthen your practice, the panel took into account the relevant training you have undertaken, which included Communication Skills in Health and Social Care, Duty of Candour, Health and Safety Awareness, Medicines Safety, Administration and Legal Responsibilities and Safeguarding of Vulnerable Adults Level 2.

Today's panel was of the view that although you have made some progress and are demonstrating developing insight, it noted that the concerns are wide-ranging and was not satisfied that the concerns have been addressed fully and therefore determined that you are liable to repeat matters of the kind found proved.

The panel was of the view that you have made real progress in that you recognise your shortcomings and have shown some degree of remorse for your conduct. It noted that there have been no concerns raised since the incidents that led to the charges being found proved however you are not currently working in the capacity as a registered nurse. It determined that since the last review hearing you have not sufficiently developed mechanisms to prevent such incidents from happening again in the future.

However, the panel was not satisfied that you have met the persuasive burden that your fitness to practise is no longer impaired. 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. In this case the charges are serious, wide ranging and over a period of time therefore the panel determined that, a finding of continuing impairment on public interest grounds is also required.

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

The third reviewing panel determined the following with regard to sanction:

'Having found your fitness to practise currently impaired, the panel then considered what, if any, sanction it should impose in this case. The panel noted that its powers are set out in Article 30 of the Order. The panel has also taken into account the 'NMC's Sanctions Guidance' (SG) and has borne in mind that the purpose of a sanction is not to be punitive, though any sanction imposed may have a punitive effect.

The panel first considered whether to take no action but concluded that this would be inappropriate in view of the 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 your practice would not be appropriate in the circumstances. The SG states that a caution order may be appropriate where 'the case is at the lower end of the spectrum of impaired fitness to practise, but the Committee wants to mark that what happened was unacceptable and must not happen again.' The panel considered that your misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the issues identified. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether a 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

bore in mind the seriousness of the facts found proved at the original hearing. It noted that you have made progress towards addressing the attitudinal issues, however, it determined that there remains existence of deep-seated personality and attitudinal issues which have not been fully addressed. It further noted that you have only recently embraced the allegations and have stated that you want to complete an Assertiveness course. The panel concluded that there remains a risk to patients and colleagues and therefore a conditions of practice order would not adequately protect the public or satisfy the public interest. The panel was not able to formulate conditions of practice that would adequately address all of the concerns relating to your misconduct.

The panel considered the imposition of a further period of suspension. It was of the view that a suspension order would allow you further time to fully reflect on your previous conduct. The panel concluded that a further six months suspension order would be the appropriate and proportionate response and would afford you adequate time to further develop your insight and take steps to strengthen your practice. It would also give you an opportunity to approach past and current health professionals to attest to your honesty and integrity in your workplace assignments since the substantive hearing.

The panel determined therefore that a suspension order is the appropriate sanction which would continue to both protect the public and satisfy the wider public interest. It considered that in the circumstances of this case; a further suspension order would serve meaningful purpose. Accordingly, the panel determined that imposing a suspension order for the period of six months would provide you with an opportunity to continue engaging with the NMC proceedings, continue reflecting and developing insight and to address the attitudinal issues. It considered this to be the most appropriate and proportionate sanction available and determined that this would be fair to you, the public and the NMC.

The panel did consider a striking-off order, however, determined that with the progress you have shown thus far, such an order will be punitive and disproportionate.

The panel determined that allowing the order to lapse on impairment would not be appropriate in these circumstances, as it was of the view that you are capable of reaching a stage where you can return to nursing practice within a reasonable period of time if you sufficiently engage with the NMC proceedings and provide the next reviewing panel with evidence of further reflection, insight and action taken to alleviate the attitudinal issues.

This suspension order will take effect upon the expiry of the current suspension order, namely the end of 4 April 2026 in accordance with Article 30(1).

Before 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.

At a further review a future panel maybe assisted by:

- *Demonstrating that your reflection and development process continues from point of last review.*
- *A further developed reflective piece that is less generic and more specific to the charges and deficiencies.*
- *Within your reflections acknowledging and examining the impact of your attitude and behaviour towards Colleagues V and U and attitudes towards service users.*
- *Demonstrating that you have developed mechanisms to prevent recurrence of past behaviours which may include reference to your self-care strategies.'*

Submissions on impairment

Dr Pattani, on behalf of the Nursing and Midwifery Council (NMC), submitted that a suspension order is the appropriate and proportionate sanction in this case.

Dr Pattani submitted that the findings at the substantive hearing were extremely serious; relating to medications for serious psychiatric conditions, and records of administration which were not kept correctly. She submitted that, on at least one occasion, a medication was administered for pain relief without any record of that medication being made.

Dr Pattani further submitted that the findings related to comments made toward colleagues which were undermining and happened either in or close to clinical areas, and had the potential to be overheard by others.

Dr Pattani submitted that despite the reflections which have been provided by you for today's hearing, you refer to the findings as "*concerns*" in your reflection. She submitted that these are not "*concerns"* but are instead "*findings"* and submitted that this shows that you do not seem to accept the findings made at the substantive hearing.

Dr Pattani further submitted that your reflection was generic and did not appear to explore the impact of your conduct.

Dr Pattani submitted that there is very little evidence of what you have done since the last substantive review in April 2026 in terms of strengthening your practice and remediating the concerns identified by the panel's findings at substantive level. She submitted that you identified that you would undertake an assertiveness course, but that this is not the crux of the issue in this case. She submitted that more relevant training may include medications management and conversations with colleagues, as well as a personal development plan (PDP).

Dr Pattani submitted that you are currently employed as a carer. She submitted that this is a very different role from a registered mental health nurse, especially in an acute setting.

The panel inquired as to the NMC's position, considering that at the previous review hearing, the NMC suggested imposing a conditions of practice order. Dr Pattani responded and submitted that since the previous review hearing, which took place six months ago, there has been time for further remediation to take place such as PDPs, further courses, and further reflection. She submitted that this has not been done.

You informed the panel that you provided three certificates of training; medication administration, respect and dignity in care, and duty of care awareness. In relation to your training and PDP, you told the panel that you told the previous reviewing panel that if you returned to practice, you would like to participate in an assertiveness course.

You said that you respect the differences between a live-in carer and a nurse, however, you said that for the last four-years of being a carer, you have worked to maintain professional standards and to do your job well and constantly reflect on your practice and approach at the time of the charges.

You were asked what Madeleine Beeching's role is, as she provided a letter of recommendation on your behalf. You told the panel that she is the owner and manager of Kent Home Case, your employer, and a registered nurse.

You were asked clarification questions around areas of reflection and your personal development, specifically, active reflective practice. You responded that part of your role as a live in carer is to receive medication and to store medication. You said that your first "*port of call*" is to "*check each individual medication and to check the chart*" to ensure that *"everything matches up".* You said that in one instance you noticed discrepancies, and you contacted the surgery and had everything confirmed before proceeding.

You were asked what consciously changed in your approach or demeanour in how you interact with your colleagues. You responded by saying that you have had a significant amount of time to think about your actions and *"most of [your] waking moments are reflecting".* You ask yourself how you contribute to the culture and how you would change the culture.

You told the panel that you recognised that you had a defence mechanism when you read the allegations. You said that what has changed now is that when you look at the charges, there is *"no blame or fear or frustration. There is now responsibility and accountability."*

You told the panel that when you look at the allegations, you see the impact of your behaviour and how it affects patient care and continuity of care. You said that you have looked at training and wanted to look at any training from the lens of the charges. You told

the panel that you have undertaken approximately 40 training courses, most of which were mandatory, but others you have purchased. You told the panel that every course that you do involves you considering the charges.

You told the panel that, in relation to the concerns around deep-seated attitudinal issues, this referred to your conduct and presentation, and how you were coming across and communicating. You acknowledged the negative impact this has on patient care, as you do not function in the role individualistically, but within part of a team. You told the panel that you want yourself "*and that team to be aligned in what we are doing and what we need to do, and what we continue to do in application of care."*

You were asked about mechanisms to prevent reoccurrence and self-care strategies. You said that you use time management strategies and recognise burn out and stress. You are able to self-regulate. You provided in depth explanations around the coping strategies that you employ.

The panel accepted the advice of the legal assessor.

Decision and reasons on current impairment

The panel considered carefully whether your fitness to practise remains impaired. While there is no statutory definition of fitness to practise, the NMC defines fitness to practise as a registrant's suitability to remain on the register without restriction. In considering this case, the panel 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 whether there is current impairment.

The panel has had regard to all of the documentation before it, including the NMC bundle, and your reflective bundle, evidence of training, and testimonials. It took into account Dr Pattani's submissions on behalf of the NMC and your submissions.

In reaching its decision, the panel was mindful of the need to protect the public, maintain public confidence in the profession and to declare and uphold proper standards of conduct and performance.

The panel considered whether your fitness to practise remains impaired.

The panel took into account that you have engaged with the NMC, and attended today's review hearing. You have provided a detailed reflection, evidence of training, and positive testimonials which attest to your good character, effective communication, dependability, and honesty in your current role. You also provided detailed submissions to the panel which explore your coping mechanisms, and builds on the written reflection provided by you.

In considering whether you are currently impaired, the panel had regard to the NMC's guidance on insight and whether the concerns have been addressed, FtP16(b):

'A nurse, midwife or nursing associate who shows insight will usually be able to:

- *step back from the situation and look at it objectively*
- *recognise what went wrong*
- *accept their role and responsibilities and how they are relevant to what happened (but decision-makers must recognise that denial of some or all of the facts alleged is not necessarily a bar to demonstrating insight)*
- *appreciate what could and should have been done differently*
- *understand how to act differently in the future to avoid similar problems happening.'*

The panel was satisfied that the above points were addressed. In your reflective piece, you took accountability for your actions toward your colleagues, and specifically reflected on the impact that your actions had:

'I now consider this from Colleague V's perspective rather than from my own intentions at the time. A colleague considering progression into nursing should reasonably expect encouragement, constructive feedback and professional support from a registered nurse. Instead, comments questioning whether she was good enough or strong enough could reasonably have caused her to feel undermined,

embarrassed, demoralised or doubtful about her own abilities. They could also have affected her confidence in approaching me for advice or assistance in the future.

Colleague U subsequently described feeling that I repeatedly put her down and made her feel that she was not good enough at her job. Reading and reflecting upon her account has required me to consider the impact of my behaviour from her perspective rather than concentrating upon what I may have intended at the time. I deeply regret that a colleague working alongside me could have experienced me in this way. I now understand how damaging repeated comments of this nature could be. If somebody repeatedly questioned my professional value, achievements or potential, I could feel undermined, humiliated, excluded and reluctant to contribute. I can therefore appreciate how Colleague U may have felt that her role was not respected and that her contribution to patient care was considered less valuable because she was a support worker.'

Your reflection also explored how you would react if you were in similar situations today and explained what your actions and steps would be. You also reflected on how to manage your own stressors in order to prevent conduct of the kind found proved:

'If I disagreed with a colleague today, I would not criticise their personal ability, professional worth or potential. I would listen to their position, identify the specific issue, explain my own reasoning calmly and seek an appropriate resolution. If the matter involved patient safety, I would follow the relevant escalation process rather than allowing frustration to influence my communication.

During an emergency such as a ligature incident, my focus would be upon immediate safety, clear role allocation, calm communication and appropriate escalation. I would actively encourage colleagues to communicate changes or concerns and would recognise that another person's observation may identify something that I have not. I would also never dismiss self-harming behaviour through judgemental terminology. I would respond to the immediate risk, consider the person's emotional and clinical needs, communicate therapeutically and ensure that the incident was appropriately assessed, documented, escalated and reviewed.

Most importantly, I now recognise when my own stress levels are increasing. I have developed self-care and self-regulation strategies and understand that seeking support is a professional safeguard rather than a weakness. I no longer believe that I must continue managing a difficult situation independently when my ability to communicate effectively may be deteriorating.'

The panel was satisfied that you have demonstrated thorough reflection and put together an ongoing document of reflection which you have continuously updated. The panel noted that this reflection appears focussed, comprehensive, and detailed. You have addressed the concerns outlined by the charges found proved, including your record keeping, medication management, and communication.

The panel took into account the previous findings of deep-seated attitudinal issues. It accepted your explanation that this is relating to your communication style, and that you have stepped back and recognised what went wrong, accepted your role and responsibility in this, and worked to strengthen your insight in this respect. Further, you have "stepped back" and reflected on the impact that your communication has had on your colleagues, and the wider provision of care. The panel was of the view that you have demonstrated meaningful insight and have mitigated any previous concerns around your attitude.

The panel took into account that you have had regular supervision with your manager, and now reflect "in the moment" (in action) rather than retrospectively (on action). In relation to managing your stress, it took into account that you are utilising time management strategies, recognising when burn out and stress is becoming a problem, employing coping strategies and self-regulation techniques, ensuring that you have adequate rest, and seeking support.

The panel also took into account that you are seeking feedback on your style of communication and working on building your resilience. You have undertaken extra training and completed approximately 40 courses, which were mostly mandatory, however, others you paid for yourself. These courses are relevant, including medication administration, respect and dignity, privacy and respect in care, and duty of care awareness.

The panel took into account that you provided a positive testimonial written by a registered nurse who has worked with you in a professional capacity and who has managed you. This testimonial is recent, dated 27 August 2026, and relevant as it comes from your current employer who has known you in a professional capacity since 2022.

The panel noted that Dr Pattani submitted that there are deep-seated attitudinal issues due to your use of the word "*allegations"* and "*charges"* as opposed to "*findings".* However, the panel concluded that these are semantics, and that you have made fully clear in your submissions that you accept the charges against you. This is also demonstrated through your reflective piece.

The panel acknowledged that as you have not had a period of practice as a registrant since 2019, you have been unable to put your reflection and training into practice while being monitored or under supervision. You have otherwise done everything that you can in the role that you are in, but you have not tested your skills or practice in a role as a registered mental health nurse, where the environment is more pressurised. The panel noted that care work is not the same intensity as acute mental health environments.

While the panel acknowledged the significant progress that you have made, and your thorough reflections, it determined that your practice is currently impaired until you can demonstrate safe practice in a targeted work environment. There is no evidence that you have undertaken work in a position of responsibility in a senior nursing position in mental health, and as a result, the residual risk of repetition remains.

The panel therefore determined that a finding of continuing impairment is necessary on the ground 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, as there remains a risk to the public, public confidence in the nursing profession would be seriously undermined if a nurse who has not been able to demonstrate safe practice in a demanding acute mental health environment were allowed to return to

practise without restriction. Therefore, the panel determined that a finding of continuing impairment on public interest grounds is also required.

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 has also taken into account the NMC's Sanctions Guidance (SG) and has borne in mind that the purpose of a sanction is not to be punitive, though any sanction imposed may have a punitive effect.

The panel first considered whether to take no action but concluded that this would be inappropriate in view of the 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 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 considered that your misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the issues identified. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel considered substituting the current suspension order with a conditions of practice order. Despite the seriousness of your misconduct, there is evidence before the panel that you have substantially developed and strengthened your insight, and worked to remediate the concerns arising from the charges found proved. You have indicated that you wish to return to nursing, and a conditions of practice order will allow you to safely return to a nursing environment, strengthen your practice, and further remediate the concerns which remain.

The panel found that your attitudinal concerns have been mitigated, and therefore conditions of practice would not be unworkable.

The panel was satisfied that it would be possible to formulate practicable and workable conditions that, if complied with, may lead to your unrestricted return to practice and would serve to protect the public and the reputation of the profession in the meantime.

The panel did go on to consider whether a suspension order is appropriate, however, in light of your strengthened and demonstrated insight, the mitigation of your attitudinal concerns, and your significant progress made since the last review hearing, the panel determined that it would be neither necessary nor proportionate to impose a suspension order.

The panel determined that the public 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 nursing practice to a single employer. This may be an agency; however, any agency placements must be for a minimum of 4 months in any one clinical environment (e.g. ward, care home, clinic).
>
> 2. You must not be the nurse in charge and you must ensure that you are supervised any time you are working. Your supervision must consist of working at all times on the same shift as, but not always directly observed by, another registered nurse.
>
> 3. You must work with your line manager or supervisor to create a PDP. Your PDP must address the concerns about record keeping,

medications management, communications, managing conflict and maintaining emotional self-regulation. You must send your NMC case officer a copy of your PDP within 28 days of securing employment.

4. You must send your case officer a report from your line manager or supervisor every month, detailing your progress towards achieving the aims set out in your PDP.

5. You must engage with your line manager or supervisor on a frequent basis to ensure that you are making progress towards aims set in your PDP, which include:

    • Meeting with your line manager or supervisor on a minimum of a monthly basis to discuss your progress towards achieving the aims set out in your PDP.

6. 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.

7. 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.

8. 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.

9. 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.

10. 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. The panel was satisfied that this timeframe will allow you the time to secure employment and demonstrate safe practice under the conditions of practice.

This conditions of practice order will take effect upon the expiry of the current suspension order, namely the end of 4 October 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:

- Your continued engagement with the NMC
- Updated information around your progress in relation to seeking relevant employment in a nursing capacity.

This will be confirmed to you in writing.

That concludes this determination.