

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

**Substantive Hearing
Wednesday 04 to 06 January 2023
and Friday 01 September 2023**

Virtual Hearing

Name of Registrant: Romina Valentinova Aleksandrova

NMC PIN 15J0479C

Part(s) of the register: Registered Adult Nurse sub part 1 level 1 (22 October 2015)

Relevant Location: Leeds

Type of case: Lack of knowledge of English/Misconduct

Panel members: Wayne Miller (Chair, Lay member)
Frances Clarke (Registrant member)
James Kellock (Lay member)

Legal Assessor: Michael Bell (Wednesday 4-6 January 2023)
Ben Stephenson (1 September 2023)

Hearings Coordinator: Berivan Genc

Nursing and Midwifery Council: Represented by Alastair Kennedy, Case Presenter (Wednesday 4-6 January 2023)
Represented by Susan Jean, Case Presenter (1 September 2023)

Ms Aleksandrova Not present but represented by Thomas Buxton, instructed by Royal College of Nursing (RCN) (Wednesday 4-6 January 2023)

Present and represented by Thomas Buxton, instructed by Royal College of Nursing (RCN) (1 September 2023)

Facts proved by admission:	Charges 1, 2 and 3a
Facts proved:	Charge 3b
Facts not proved:	Charge 3c
Fitness to practise:	Impaired
Sanction:	Conditions of Practice Order (12 months)
Interim order:	Interim Conditions of Practice Order (18 months)

Details of charge

That you, a registered nurse:

1) Do not have the necessary knowledge of English to practise safely and effectively;

And, in light of the above, your fitness to practise is impaired by reason of your lack of knowledge of English;

2) On 20 September 2020, administered 10mg of Morphine Sulphate to Resident A when the prescribed maximum dose was 2.5mg;

3) On 20 September 2020, failed to keep accurate records, in that you;

- a. Recorded that the dose of Morphine Sulphate that you administered to Resident A was 1.25mg on Resident A's MAR chart;
- b. Failed to record the GP's visit in Resident A's care notes;
- c. Failed to adequately detail the medication error at charge 2 in the medication error report;

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

Background

The NMC received a referral from Akari Care Limited about an incident which occurred at Hilltop Lodge Care Home (the Home) where Ms Aleksandrova was employed. On 20 September 2020, Ms Aleksandrova administered an overdose of Morphine Sulphate to

Resident A. Ms Aleksandrova was working on a night shift at the Home and identified that Resident A had a swelling on the right side of his face and was in pain.

Ms Aleksandrova asked one of the members of staff to call the out-of-hours GP service. An out-of-hours GP attended the Home and advised that Resident A should be given 1.25mg of Morphine Sulphate subcutaneously as per the Medication Administration Record (MAR). Ms Aleksandrova administered the controlled medication which was second checked by a care assistant who had completed medication training as there was only one registered nurse on duty at night. The dose administered is alleged to have been 10mg instead of the 1.25mg prescribed.

Ms Aleksandrova realised her error shortly after and an ambulance was called. Resident A was admitted to hospital. No treatment was required, no harm was identified, and he was discharged the same day back to the Home.

During the local investigation concerns were raised about the documentation of the incident - the visit by the out of hours GP was not documented and the information put in the daily care record, the medication report and incident report was said to be 'limited'. There were also concerns raised about Ms Aleksandrova's English language capabilities.

Ms Aleksandrova's contract with Akari Care Limited was terminated on 9 November 2020. Ms Aleksandrova completed an International English Language Testing System examination ('IELTS') on 4 December 2021 as requested by the NMC and scored an overall score of 4.0.

Decision and reasons on facts

On the first morning of the hearing, Mr Kennedy and Mr Buxton advised the panel that time was required for the production of an agreed redacted Witness Statement Bundle and Exhibit Bundle. The panel delayed commencing the hearing to allow these documents to be provided. The panel convened the hearing at 2pm on the first day with a view to

commencing the hearing at which time Mr Buxton made an application to 'adjourn' the hearing until the next morning. He explained to the panel that issues had arisen which required him and those instructing him to clarify his instructions from Ms Aleksandrova and that he anticipated this would take the rest of the day.

Mr Kennedy advised the panel that he accepted Mr Buxton's position and he did not oppose the application.

The panel accepted the advice of the legal assessor.

The panel was satisfied that Mr Buxton required the rest of the day to deal with the issues that had unexpectedly arisen. As the panel was not seized of the case, it considered that it was simply delaying the commencement of the hearing until the morning of the second day rather than a formal adjournment.

When the panel reconvened on the morning of the second day, Mr Buxton explained that Ms Aleksandrova did not feel capable of personally engaging with the hearing. However, Mr Buxton advised that he was fully satisfied that he had full and proper instructions to proceed to represent Ms Aleksandrova for the hearing even if she was not personally in attendance or engaging with the hearing. The panel was satisfied that Mr Buxton had instructions on Ms Aleksandrova's behalf and the hearing commenced without her personally engaging with it.

Mr Buxton thereafter informed the panel that Ms Aleksandrova made full admissions to charges 1, 2 and 3a.

The panel therefore finds charges 1, 2 and 3a proved in their entirety, by way of Ms Aleksandrova's admissions.

In reaching its decisions on the disputed facts, the panel took into account all the oral and documentary evidence in this case together with the submissions made by Mr Kennedy on behalf of the NMC and by Mr Buxton.

The panel has drawn no adverse inference from the non-attendance of Ms Aleksandrova.

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

The panel heard live evidence from the following witness called on behalf of the NMC:

- Witness 1: Regional Support Manager

Before making any findings on the facts, the panel heard and accepted the advice of the legal assessor.

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

Charge 3

3) “On 20 September 2020, failed to keep accurate records, in that you

b) Failed to record the GP’s visit in Resident A’s care notes.”

This charge is found proved.

In reaching this decision, the panel took into account the evidence of Witness 1, all relevant documentation and the submissions of Mr Kennedy and Mr Buxton.

The panel noted that Mr Buxton accepted that Ms Aleksandrova had not recorded the GP's visit in Resident A's care notes, but she had relied on asking a visiting doctor to make this record.

Witness 1 explained to the panel that, whilst not a nurse, she had 35 years of experience in the care sector with different roles including managerial roles and had carried out a number of investigations. The panel noted that Witness 1 provided clear and credible evidence. The panel also carefully took account of the reasoning provided by Witness 1 as to why it was necessary for the GP visit to be recorded in the care notes (Nourish Notes) by Ms Aleksandrova namely that Ms Aleksandrova should have recorded the GP's visit to ensure continuity of care. The panel also took into account Mr Kennedy's submissions that Ms Aleksandrova had a duty under paragraph 10 of the NMC Code to keep clear and accurate records. The panel accepted that a nurse has a duty to keep accurate records which included, in this case, making a record and Ms Aleksandrova should not have relied on the visiting GP to document her visit in the resident's notes.

Therefore, the panel found on the balance of probabilities that Charge 3b is found proved.

Charge 3c

3) "On 20 September 2020, failed to keep accurate records, in that you:

- c) Failed to adequately detail the medication error at charge 2 in the medication error report."

This charge is found NOT proved.

In reaching this decision, the panel took into account the evidence of Witness 1, all relevant documentation and the submissions of Mr Kennedy and Mr Buxton.

The panel first took into account the wording of charge 3c and was of the view that the medication error at charge 2 was in fact noted in full by Ms Aleksandrova on the medication error report form. The panel had sight of the medication error report which contained detail of the medication that should have been administered and the amount of medication that was in fact administered. Therefore, the panel determined that adequate detail was provided in the medication error report.

The panel determined that the evidence of Witness 1, in which she considered that the medication error report should have contained further information, related to matters beyond the terms of “the medication error at charge 2”. The panel did not consider that, given the very clear terms of charge 3c and charge 2, the further information referred to by Witness 1 fell within the records specified in charge 3c when looked at in conjunction with charge 2.

Fitness to practise

Having reached its determination on the facts of this case, the panel then moved on to consider firstly whether the facts found proved in charges 2, 3a and 3b amounted to misconduct and, if so, whether Ms Aleksandrova’s fitness to practise is currently impaired on the basis either on lack of knowledge of English or misconduct or both. There is no statutory definition of fitness to practise. However, the NMC has defined fitness to practise as a registrant’s suitability to remain on the register unrestricted.

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

Submissions on misconduct and impairment

Mr Kennedy invited the panel to take the view that the facts found proved on charges 2,3a and 3b amount to misconduct. He referred the panel to the terms of Professional standards of practice and behaviour for nurses and midwives (2018) (the Code) in making its decision.

Mr Kennedy identified the specific, relevant standards in the Code which he submitted were breached by Ms Aleksandrova and he referred the panel to certain standards of the Code particularly:

1.2 Make sure you deliver the fundamentals of care effectively

10. Keep clear and accurate records relevant to your practice

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

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

20.1 Keep to and uphold the standards and values set out in the Code.

Mr Kennedy submitted that not all breaches necessarily amount to misconduct. He acknowledged that charges 2 and 3 arose out of a single incident in a single shift.

Mr Kennedy submitted that Ms Aleksandrova's behaviour fell below the standards expected as she failed to read a Medication Administration Record (MAR) chart correctly, failed to administer medication correctly and produced an inadequate record of events.

Mr Kennedy acknowledged that her actions on discovering her error were correct. He submitted that reading a MAR chart and record keeping are basic skills for a nurse and in these circumstances, Ms Aleksandrova's actions were not within the standards expected of a nurse.

Additionally, Mr Kennedy submitted Ms Aleksandrova had exposed Resident A to a real risk of harm and the breach was serious.

In relation to charge 1, Mr Kennedy submitted that Ms Aleksandrova did not achieve the required IELTS standard and that the panel should find impairment on this ground.

In relation to insight, Mr Kennedy submitted that Ms Aleksandrova has demonstrated this by way of her admissions to the charges and had produced a reflective piece regarding her mistakes of the incidents that occurred. However, he submitted that there was insufficient information to show her understanding of how her behaviour would impact on how her colleagues would perceive her and the impact on the reputation of being a nurse. Therefore, Mr Kennedy submitted that there was developing insight and there is a risk of repetition.

For these reasons, Mr Kennedy submitted that there is a matter of public protection and considering the lack of remediation, there is a risk of repetition in the future.

Mr Kennedy also submitted that there is a clear public interest matter considering misconduct and lack of insight. He submitted that nurses have a duty to take care of patients when extremely vulnerable and Ms Aleksandrova has not done anything to regain the trust of the public in that regard. Mr Kennedy submitted that it would be in the public interest to make a finding of impairment to maintain confidence in the profession.

Lastly, Mr Kennedy submitted that Ms Aleksandrova's conduct can be remediated but Ms Aleksandrova has not demonstrated this in the current circumstances. Mr Kennedy submitted that although Ms Aleksandrova completed training in some areas, she has not worked as a nurse since her dismissal in 2020.

Therefore, Mr Kennedy submitted a finding of impairment and misconduct is required on the grounds of public protection and the wider public interest to maintain public confidence in the profession and the NMC as the regulator.

Mr Buxton made no submissions in relation to charge 1 regarding the question of Ms Aleksandrova's English language as the elements are clear on the facts considering the latest IELTS results which indicate a finding of impairment would be required.

Mr Buxton acknowledged that the facts of this case are serious and that he has no submissions in respect of misconduct. Mr Buxton submitted that the failure of record keeping in charges 3a and 3b are serious and for that reason, he has no further submissions in relation to misconduct.

Mr Buxton submitted that in terms of practical demonstration of remediation, there is no evidence because Ms Aleksandrova has not worked or practised as a nurse since 2020.

However, Mr Buxton submitted that this was a single event and there is some credit for Ms Aleksandrova in relation to the witness evidence where they have made positive comments about her qualities as a nurse. Mr Buxton submitted that although Ms Aleksandrova was lacking confidence in respect of English not being her first language, it is clear that this is the first time that she has found herself in this position.

Mr Buxton invited the panel to take note that where there are clear difficulties in Ms Aleksandrova's English language, Witness 1 stated she found no difficulty in understanding Ms Aleksandrova when she was interviewing her in part of the investigatory process. Mr Buxton submitted that it is clear that when in a position of stress, Ms Aleksandrova's vulnerability increases and that it is clear that the disciplinary matters had to be adjourned as she was finding it difficult to answer the questions.

Mr Buxton submitted that these matters are remediable and that there has been some remediation demonstrated through self-education and reflection. Mr Buxton also submitted that Ms Aleksandrova had demonstrated insight by way of her remorse as also confirmed

by Witness 1. Mr Buxton submitted that it is clear that whilst the reflective piece deals directly with the essential issues and concerns around language and practise, Ms Aleksandrova has not dealt fully or at all in respect of public interest and public protection regarding these failings.

Mr Buxton submitted that Ms Aleksandrova has not practised as a nurse since 2020 and there is no evidence to present to the panel to demonstrate safe practice since the incident.

The panel accepted the advice of the legal assessor.

Decision and reasons on misconduct

In coming to its decision, the panel had regard to the case of *Roylance v General Medical Council (No. 2)* [2000] 1 AC 311 which defines misconduct as a *'word of general effect, involving some act or omission which falls short of what would be proper in the circumstances.'*

When determining whether the facts found proved amount to misconduct, the panel had regard to the terms of the Code.

The panel was of the view that Ms Aleksandrova's actions did fall significantly short of the standards expected of a registered nurse, and that Ms Aleksandrova's actions amounted to breaches of the Code. Specifically:

10 Keep clear and accurate records relevant to your practice.

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

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

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

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

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. However, the panel was of the view that Charge 2 falls far below the standards expected of a nurse. The panel acknowledged that Ms Aleksandrova realised her mistake and acted appropriately but considered that this was a serious error involving a controlled drug with the potential to cause harm to the patient and would satisfy the test of serious misconduct.

The panel acknowledged that there was only one charge of inaccurate medication record keeping, but this was of a serious nature as it had the potential to cause further harm to the resident should another dose have been given. Ms Aleksandrova had recorded giving 1.25mg of morphine instead of the 10mg that was actually given. Therefore, the panel decided that this conduct falls below the standards expected of a nurse and constitutes serious misconduct.

In relation to charge 3b, the panel considered the evidence showed Ms Aleksandrova expected a written record from the GP, but it had determined that it was still Ms Aleksandrova's responsibility to record the GP's visit and to update the record. However, the panel decided that since there was no change in the patient's treatment, the failure to record the GP's visit of itself was not serious enough for it to amount to misconduct.

The panel noted Mr Kennedy's submission that it was accepted that Ms Aleksandrova's failures in both charges 2 and 3 could be viewed as one single negligent act or omission. However, the panel determined that even if it was viewed as a single negligent act or omission, Ms Aleksandrova's failures were particularly grave and amounted to misconduct.

The panel therefore determined that Ms Aleksandrova's actions as found proved in charges 2 and 3a amounted to misconduct.

Decision and reasons on impairment

Having concluded that Ms Aleksandrova's actions in charges 2 and 3a amounted to misconduct, the panel went on to consider whether she was currently impaired either in relation to her lack of knowledge of English language or misconduct or both.

In relation to Ms Aleksandrova's lack of knowledge of English language, the panel took into account the NMC's guidance on registration language requirements (language guidance) and determined that the minimum score in IELTS accepted by the NMC as being sufficient to demonstrate competence in reading, writing, listening and speaking English was 7. The panel noted that it was accepted Ms Aleksandrova's IELTS score in November 2022 was 5. There was no other evidence specified in the language guidance as being acceptable, available to the panel demonstrating competence at the requisite level in English language in any other way than Ms Aleksandrova's IELTS score. The panel therefore determined that Ms Aleksandrova's fitness to practise was currently impaired as a result of her lack of knowledge of English language. The panel noted that Ms Aleksandrova has made some progress by moving up from a score of 4 in December 2021 and she had indicated in her reflective piece that she continued to improve her English language.

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. 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 considered that limbs a, b and c were engaged in the past and in relation to the future.

The panel finds that a patient was put at risk of physical harm as a result of Ms Aleksandrova's misconduct. Ms Aleksandrova's misconduct had breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute.

In relation to insight, the panel found that Ms Aleksandrova demonstrated developing insight into her misconduct by making admissions, expressing remorse and undertaking additional training in medication management and record keeping. However, the panel considered that she had not fully appreciated the seriousness of her actions and had not demonstrated an understanding as to the impact her misconduct had on patients, colleagues, and public confidence in the nursing profession.

The panel determined that the conduct found proved was remediable and noted that Ms Aleksandrova had taken some recent training and has shown some insight regarding her errors in her reflective statement. The panel also noted Ms Aleksandrova's explanation as to why she made the mistake which was due to her "lack of concentration". The panel determined that there has not been a period of safe practice where she could demonstrate remediation as she had not practised as a nurse since 2020. Similarly, the panel also determined that there is no current evidence to show whether she had strengthened her record keeping practice. It considered that the patient was put at risk of harm as a result of Ms Aleksandrova's misconduct and there is a real risk of repetition of her actions due to her lack of remediation. Therefore, the panel 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 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. 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 because a fully informed member of the public would be concerned if they knew that a nurse who acted in this manner was allowed to continue to practise as a nurse without restriction.

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 finds Ms Aleksandrova's fitness to practise impaired on the grounds of public interest.

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

Sanction

The panel has considered this case very carefully and has decided to make a conditions of practice order for a period of 12 months. The effect of this order is that your name on the NMC register will show that you are subject to a conditions of practice order and anyone who enquires about your registration will be informed of this order.

Submissions on sanction

Ms Jean for the NMC, submitted that a 12-month suspension order is the necessary and appropriate sanction. She submitted that there are two aggravating features, namely,

conduct which put patients at risk of harm and lack of insight into your failings as you have not fully appreciated the seriousness of your actions and the impact your actions had on colleagues, patients and the nursing profession.

Ms Jean submitted that whilst Resident A did not suffer from harm, he received a drug four times the prescribed amount, which could have had led to serious consequences due to your failure to administer the correct medication and record keeping via the MAR chart.

With regard to language impairment, Ms Jean submitted that there is a risk of communication errors both verbally and in writing, which has the potential to place patients at risk of harm.

Ms Jean submitted that you should be given credit for making admissions to most of the allegations.

Ms Jean submitted that there is a real risk of repetition due to your lack of full insight and language impairment, which would place patients at risk of harm, even if you were supervised under a conditions of practice order. Therefore, Ms Jean submitted that a suspension order is necessary to protect the public and uphold standards and maintain confidence in the profession. She also submitted that this will allow you time to develop your insight further. She also submitted that if you pass your English test before the 12-month period has expired, you can seek an early review.

Following a question by a panel member regarding the change of the sanction bid by the NMC from a conditions of practice order to a suspension order, Ms Jean informed the panel that she had recently reviewed the case and taken instructions. She submitted that the requirements for the English language test meant that a conditions of practice order was tantamount to a suspension order.

The panel also bore in mind Mr Buxton's submissions that the sanction should not go further than needed in order to protect the public and uphold the public interest.

Mr Buxton submitted that this is the first time you have appeared before the regulator, Witness 1 made positive comments about your qualities as a nurse and she had no difficulty in understanding you. Mr Buxton submitted that you made appropriate admissions and you admitted that these matters are serious.

Mr Buxton submitted that since May 2023, you have been working 39 hrs a week as a care assistant in a nursing home and that you were working with a nurse in the dementia unit. Mr Buxton submitted that you have been putting English to greater and wider use having found yourself back in a working environment. Mr Buxton submitted that you feel more confident that your English is improving. Mr Buxton submitted that you intend to re-take the IELTS exam early next year.

Mr Buxton submitted that if you were to be suspended, even if you successfully passed your English test, you will need to demonstrate further insight. He submitted that you will then need for a further period of time, to work under a conditions of practice order to demonstrate that you are a safe, fully remediated practitioner. He submitted that this will achieve a proportionate and effective protection mechanism as required by the regulator in this case.

Mr Buxton invited the panel to adopt the current interim conditions of practice order with a requirement that you must not practice until you supply the NMC with proof of proficiency in the English language. He submitted that you have undertaken some relevant training on medication administration and record keeping, and that once your language proficiency is proven, you can then work under the supervision of your employer until you have demonstrated safe and effective practice.

Mr Buxton submitted that a suspension order would go further than is necessary in the circumstances and would effectively remove you from practice. He submitted that if a conditions of practice order was imposed, that will be sufficient and proportionate in achieving the aims of the regulator. He submitted that it is a matter for the panel to decide

on the length of the conditions of practice order, but a minimum of 12 months would be appropriate.

Decision and reasons on 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 Sanctions Guidance ('SG'). The decision on sanction is a matter for the panel independently exercising its own judgement.

The panel identified the following aggravating feature:

- Conduct which put patients at risk of suffering harm.

The panel identified the following mitigating features:

- Took appropriate action when you realised your mistake; and
- Made significant admissions to the allegations.

The panel first considered whether to take no action but concluded that this would be inappropriate in view of the seriousness of the case and the risk of repetition arising from not having fully developed insight and the lack of information to suggest that you had strengthened your practice. 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 taking into account also your lack of proficiency in English, 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 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’s practice in need of assessment and/or retraining;*
- *No evidence of general incompetence;*
- *Potential and willingness to respond positively to retraining;*
- *Patients will not be put in danger either directly or indirectly as a result of the conditions;*
- *The conditions will protect patients during the period they are in force; and*
- *Conditions can be created that can be monitored and assessed.*

The panel 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 you would be willing to comply with conditions of practice.

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

The panel was of the view that to impose a suspension order would be disproportionate and would not be a reasonable response in the circumstances of your case. The panel accepted that you have demonstrated willingness to improve and the conditions will help you to achieve the required expectations. The panel determined that the public interest would not require a suspension order.

Having regard to the matters it has identified, the panel has concluded that a conditions of practice order will mark the importance of maintaining public confidence in the profession and will send to the public and the profession a clear message about the standards of practice required of a registered nurse.

The panel 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 not practise as a Registered Nurse until you have supplied to the NMC a test certificate which meets the NMC’s requirements for proficiency in the English language.
2. You must ensure that you are supervised by an experienced nurse at 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, or the equivalent.
3. You must not carry out medication administration unless supervised directly by a registered nurse of band 6, or above, or the equivalent. This supervision must also include:

- a) A formal medication administration assessment. You must be signed off as competent; and
 - b) Provide evidence of this to the future reviewing panel.
4. You must work with your line manager to create a personal development plan (PDP). Your PDP must address the concerns about medication administration and record keeping. You must:
- a) Send your case officer a copy of your PDP within a month of being employed as a nurse.
 - b) Subsequently send your case officer a report from your line manager every 4 months. This report must show your progress towards achieving the aims set out in your PDP.
5. You must engage with your line manager to ensure that you are making progress towards the aims in your personal development plan (PDP), which include:
- a) Meeting with your line manager at least every month to discuss your progress towards achieving the aims set out in your PDP.
 - b) You will send the NMC a report seven days in advance of the next NMC hearing from your line manager.
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.
 - e) Any current or prospective patients or clients you intend to see or care for on a private basis when you are working in a self-employed capacity.

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 12 months to allow you time to comply with the conditions.

Before the order expires, 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 with another order.

Any future panel reviewing this case may be assisted by:

- Your attendance to the next hearing; and
- Any testimonials from your employer or people who know of your experience as a nurse.

This will be confirmed to you in writing.

Interim order

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

Submissions on interim order

The panel took account of the submissions made by Ms Jean. She submitted that an interim conditions of practice order for 18 months, with the same terms as the substantive

order, is necessary on the grounds of public protection and the wider public interest and that this will cover the appeal period of 28 days.

Ms Jean submitted that this order will fall away in the event that no appeal is made and the conditions of practice order becomes effective.

Mr Buxton did not make submissions regarding an interim order.

The panel accepted the advice of the legal assessor.

Decision and reasons on interim order

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

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

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

That concludes this determination.

