

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

**Substantive Order Review Hearing
Wednesday, 1 May 2024**

Virtual Hearing

Name of Registrant: Stella Adenike Adeleke

NMC PIN 02C15020

Part(s) of the register: Registered Nurse – Sub Part 1
Adult Nursing – April 2002

Relevant Location: Camden

Type of case: Misconduct

Panel members: Clive Chalk (Chair, Lay member)
Sharon Aldridge-Bent (Registrant member)
James Hurden (Lay member)

Legal Assessor: John Bromley-Davenport KC

Hearings Coordinator: Yasmina Di Gesualdo

Nursing and Midwifery Council: Represented by Nisha Bhambra, case presenter

Mrs Adeleke: Present and represented by Adewuyi Oyegoke

Order being reviewed: Conditions of practice order (12 months)

Fitness to practise: Impaired

Outcome: **Conditions of practice order (9 months)**

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

At the outset of the hearing, Mr Adegoke, made a request that parts of this case be held partially in private on the basis that proper exploration of your case involves reference to your [PRIVATE]. The application was made pursuant to Rule 19 of 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

Ms Bhambra, 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 when issues relating to [PRIVATE] are raised.

Decision and reasons on review of the substantive order

The panel decided to vary the current conditions of practice order.

This order will come into effect at the end of 29 May 2024 in accordance with Article 30(1) of the 'Nursing and Midwifery Order 2001' (the Order).

This is the first review of a substantive conditions of practice order originally imposed for a period of 12 months by a Fitness to Practise Committee panel on 28 April 2023.

The current order is due to expire at the end of 29 May 2024.

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, on a home visit to Patient A, on the night of 13 to 14 January 2021:

1. *'Failed to ask Person A pre visit COVID-19 screening questions. (proved by admission)*
2. *Removed an incontinence pad from beneath Patient A without replacing it. (proved by admission)*
3. *Did not escalate that you had not replaced Patient A's incontinence pad. (proved by admission)*
4. *Left Patient A with no or inadequate protection from soiling. (proved by admission)*
5. *Left the home visit without notifying Person A that:*
 - a. *Patient A was awake; (proved by admission)*
 - b. *Patient A did not have an incontinence pad (proved by admission)*
6. *Recorded incorrectly on Patient A's record:*
 - a. *Person A's name; (proved by admission)*
 - b. *Patient A's diagnosis; (not proved)*
 - c. *A full handover was received by Person A in a phone call at 9pm. (proved by admission)*
7. *Did not record assessments of Patient A's condition during his care. (not proved)*
8. *Did not record telephone calls made to Person A prior to the visit. (proved by admission)*
9. *Did not record adequately details of Patient A's holistic care. (proved by admission)*

10. *Did not sign your amended entries on Patient A's notes. (proved by admission)*

11. *Did not escalate your concerns regarding Patient A's refusal of care to the out of hours District Nurses. (proved by admission)*

12. *Did not obtain assistance from the out of hours District Nurses. (proved by admission)*

13. *Did not provide an adequate handover note to your employer. (proved by admission)*

14. *Did not raise an incident report with your employer. (proved by admission)*

The original panel determined the following with regard to impairment:

'The panel took into account that 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*
- d) ...'*

The panel considered the 'test' as set out above, and found that limbs a), b) and c) were met.

The panel found that Patient A was put at risk of harm by your actions and that Person A was not afforded the right to a peaceful period of respite. Further, the panel determined that your misconduct had breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute. The panel concluded that your fitness to practise was impaired on public protection and public interest grounds.

Regarding insight, the panel considered that you made early admissions and that you have acknowledged your failings. The panel took into account that you are continuing to practise as a nurse and that you have undertaken training.

The panel was satisfied that the misconduct in this case is capable of remediation. Therefore, the panel carefully considered the evidence before it in determining whether or not you have sufficiently strengthened your practice.

The panel took into account the unprecedented circumstances of the COVID-19 pandemic. The panel also noted that protocols were in place to safeguard members of staff providing care. However, the panel was concerned that you did not follow those protocols and that you allowed concerns for yourself to override your responsibility to provide safe and professional care to Patient A.

The panel is of the view that the risk of repetition remains. You did not reassure the panel that the risk of repetition is less during your live evidence when some of your answers to specific questions were rather vague. Further, the panel noted that you have not been exposed to a similar situation, as on the night of the incident, but have only worked in a fully supported hospital setting. The panel further took into account that there is no guarantee that you would not be working on your own again in the future. The panel therefore decided that a finding of impairment is necessary on the grounds of public protection.

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

The panel determined that 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 these particular circumstances. The panel therefore determined that a finding of impairment is necessary on public interest grounds. ’

The original panel determined the following with regard to sanction:

‘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;*
- 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. However, the panel acknowledged that you will need to gain support in the workplace and this may be more challenging while working as an agency nurse.

The panel had regard to the fact that this incident happened just over two years ago and that, other than this incident, you have had an unblemished career of a number of years as a nurse. The panel was of the view that it was in the public interest that, with appropriate safeguards, you should be able to return to practise as a nurse.

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

The panel went on to consider the other available sanctions, but was of the view that imposing a suspension order or a striking-off order would be wholly disproportionate and would not be a reasonable response in the circumstances of your case.

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 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.**

- 2. You must keep us informed about anywhere you are studying by:
 - a) Telling your case officer within seven days of accepting any course of study.*
 - b) Giving your case officer the name and contact details of the organisation offering that course of study.**

- 3. 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.*
4. *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.*
5. *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.*
6. *You must not work in a patient's own home unless accompanied by a registered nurse of Band 5 or above.*
7. *You must ensure that you are working at all times on the same shift as, but not always directly observed by a registered nurse of Band 5 or above.*
8. *You must keep a personal development log every time you undertake a shift outlining:*
- a) *Date and time of each shift*
 - b) *The working environment and clinical specialty*

9. *You must identify a registered nurse of Band 6 or above as a clinical supervisor and work with them to create a personal development plan (PDP). Your PDP must address the concerns about:*
- a) Demonstrating care and compassion in the delivery of nursing care*
 - b) Communication with patients, relatives and colleagues*
 - c) Identifying when you need further support and assistance*
 - d) Record keeping*
 - e) Adherence to guidelines/protocols/procedures and policies*

As part of this process you must:

- Engage with your clinical supervisor monthly to ensure that you are making progress towards the aims set out in your PDP*
- send your case officer a copy of your PDP when it has been developed*
- send your case officer a report from your supervisor showing your progress towards achieving the aims set out in your PDP, prior to any reviewing hearing.*

10. *You must keep a reflective practice profile. The profile will:*
- a) Detail any challenging situations encountered*
 - b) Set out the nature of the care provided to deal with these challenges*
 - c) Contain feedback from a registered nurse of Band 6 or above on how you managed these challenges*

You must:

- Send a copy of your reflective practice profile prior to any reviewing hearing.'*

'... Any future panel reviewing this case would be assisted by:

- Your continued engagement with the NMC and attendance at any review.*

- *In respect of Condition 2, evidence of further contemporaneous/dated records of your monthly audit of clinical records reviewed and signed by your supervisor.*
- *Evidence of compliance with Condition 3 (by way of contemporaneous dated and signed written evidence or in oral evidence).*
- *Written evidence of compliance with Condition 4, which would be signed by a supervisor indicating the supervisor's qualification and role at your place of work.*
- *Signed and dated written records or oral evidence from your clinical supervisor detailing your compliance with Condition 5. This would include a reference from your current employer, which would confirm the level of seniority of your supervisor and that the supervisor has had sight of the conditions of practice imposed.'*

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.

The panel has had regard to all of the documentation before it, including the NMC bundle, responses from you and the representation of Mr Oyegoke on your behalf. The panel considered a record of telephone conversation between the NMC and your current manager, that was only produced during the NMC submissions. It has taken account of the submissions made by Ms Bhambra on behalf of the NMC.

Ms Bhambra outlined the background of the case and referred the panel to the relevant parts of the bundle. She also confirmed the documents that have been submitted by you for this hearing and outlined the new evidence and information contained in them.

Addressing the panel first on impairment, Ms Bhambra referred the panel to the relevant guidance and case law. She submitted you remain impaired on the grounds of public protection and also otherwise in the public interest.

With regard to public protection, Ms Bhambra submitted that the allegations are serious as they relate to harm to vulnerable patients. She submitted that, with your lack of compassion, you caused distress not only to Patient A, but also to their relatives. She submitted that the risk of harm has not decreased since the last hearing and that the likelihood of repetition remains high.

In relation to insight, Ms Bhambra submitted that, despite some documentation provided today such as your reflective account, your personal development plan, the job reference and your certificates of training, you are yet to develop full insight.

Ms Bhambra submitted that there has been a change in your circumstances. She submitted that you are currently employed at Parklands Nursing Home (the Home) where you have worked for the past 4 months. She drew the panel's attention to the report dated 7 February 2024 and signed by your manager. She also drew the panel's attention to the telephone conversation between the NMC and your line manager dated 26 April 2024. She submitted that those individuals are the same person.

Addressing the panel next on the ground of public interest, Ms Bhambra submitted that an interim order is also otherwise in the public interest. She submitted that a well-informed member of the public would be concerned to find that you have been allowed to practise without restriction. Further, she submitted that the public would lose confidence in the profession and the NMC as the regulator if you were allowed to practise without restriction.

Turning to sanction, Ms Bhambra submitted that the NMC's position is neutral in relation to your current impairment and whether the panel should impose a sanction. She also

submitted that the current conditions of practice order is the most appropriate and proportionate order in the circumstances of this case.

The panel also had regard to your written representations and the oral submissions from Mr Oyegoke.

Mr Oyegoke submitted that you were not made aware of the phone conversation between your line manager and the NMC dated 26 April 2024 until today. He further submitted that the information provided by your line manager during this call contradict the information provided by the same person in the Monthly Report dated 7 February 2024 and in the Job Reference document dated 23 April 2024.

Mr Oyegoke submitted that the new evidence put before the panel (the phone call between the NMC and your line manager) does not meet the threshold to impose an order on the ground of public protection.

Mr Oyegoke submitted that you were able to demonstrate sufficient insight. He drew the panel's attention to various Certificates of Training. He submitted that they address the areas of concerns that were also indicated by the line manager. He further drew the panel's attention to 2 training certificates: "*Communicating Effectively*" dated 15 April 2024 and "*Emotional Intelligence*" dated 22 April 2024. He submitted that these training courses gave you a better insight on how to communicate with your patients.

Mr Oyegoke invited the panel to either revoke the current order or allow it to lapse.

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

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 noted that the original panel found that you had insufficient insight. At this hearing, the panel noted that you demonstrated a partial understanding of how your actions put the patient at a risk of harm. It also noted that you partially demonstrated an understanding of why what you did was wrong and how this impacted negatively on the reputation of the nursing profession.

In its consideration of whether you have taken steps to strengthen your practice, the panel took into account the additional relevant online training you have undertaken, which included “*Assessing Needs*”, “*Continuing professional development*”, “*Emotional Intelligence*”, “*Information Governance*”, “*Safeguarding of Vulnerable Adults*” and “*Communicating Effectively*”.

The panel also took into account the Reflective Account written by you dated April 2024 in which you partially addressed the areas of concern. It further noted your Personal Development Plan (PDP), the Monthly Report, and your Personal Development Log.

It also noted the content of a call from your line manager dated 26 April 2024 to the NMC states:

“I spoke to the Registrants manager at her current place of employment, Person B of Parkland Nursing Home. Person B asked if we required anything from them for the SOR and confirmed that she knew of the conditions on the Registrants practise. I told Person B that we dont require anything, however she is free to write a reference or report if she wishes. Person B said that she dont want to write a reference for Stella at this present time. Person B went on to tell me that she has had concerns over Stella's communication and interactions with others and that she was not happy with Stella attitude at work. Person B went on to tell me that she was thinking about terminating Stella's contract however she is giving Stella a few months to show some improvement. I asked if there was any internal investigations or anything held and Person B confirmed that there was not. I thanked Person B, we exchanged goodbyes and ended the call.”[SIC]

Ms Bhambra confirmed to the panel that *Person B* is the same person who had written the original workplace reference.

The original panel determined that you were liable to repeat matters of the kind found proved. This panel considered the behaviours were capable of being remediated but had not been remediated fully and in light of the new information before it, this panel determined that you are still liable to repeat matters of the kind found proved. The panel therefore decided that a finding of continuing impairment is necessary on the grounds of public protection.

The panel noted the wording in the previous determination dated 28 April 2023 which stated as follows:

'The panel noted that your communication prior to, during and after the incident was poor. In particular, you failed to adequately communicate with Person A in the first instance and this then subsequently led to Person A becoming anxious before you even arrived at the home. Your failures in communication compromised your ability to deliver safe and effective care to Patient A, whom the panel noted was vulnerable and whose condition had been deteriorating rapidly. The panel further noted that the information you passed onto your manager was inadequate.

'...The panel was particularly concerned that you put your own interests above all other matters and noted that you had acknowledged that you had allowed your emotions to override your judgement.'

The panel noted that, since the last hearing, you managed to find employment and considered that this was a positive step. It considered your reflective account. The panel noted that, although you addressed some areas of concern regarding your communication skills, it was of the view that your insight into the importance of communication is only partially developed. The panel noted that the recent evidence from your line manager within the home, both within her testimonial and in the telephone note with the NMC case officer, reaffirmed that these concerns have not yet been fully remediated.

The panel was concerned that all the training certificates and the reflective piece were completed in the 4 weeks prior to today's hearing. In the panels view, having only just undertaken this training (which was exclusively online), you have not had sufficient time to

demonstrate integration of the learning from the training courses into your nursing practise and then reflect properly upon the development of your skills in communicating with vulnerable patients.

As effective, kind and compassionate communication skills are fundamental to the role of a nurse and the evidence before this panel does not demonstrate that you have performed this in practise, the panel concluded that a finding of impairment must be made.

The panel considered whether an order remains necessary on the ground of public protection. It noted that the allegations are serious as they involved harm to a vulnerable patient. The panel determined, on the basis of the information before it, that there remains a real risk of repetition and a risk of harm should you be allowed to practise without restrictions. Therefore, the panel determined that an order remains necessary to protect the public.

The panel concluded that an order is also in the public interest to maintain public confidence in the professions and to declare and uphold proper standards of conduct. It determined that a fully informed member of the public would be concerned to learn that a registered nurse who has not fully strengthen her practise in response to the finding of a Fitness to Practise panel, was practising unrestricted.

The panel has borne in mind that its primary function is to protect patients and the wider public interest which includes maintaining confidence in the nursing profession and upholding proper standards of conduct and performance. The panel determined that, in this case, a finding of continuing impairment on public interest grounds is also required.

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

The panel first considered whether to take no action but concluded that this would be inappropriate in view of the seriousness of the case and the need to protect the public. 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 and the need to protect the public. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether imposing a varied conditions of practice order on your registration would still be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable.

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 have been attempting to comply with current substantive conditions of practice and that you are engaging with the NMC and are willing to comply with any conditions imposed.

The panel was of the view that a varied conditions of practice order is sufficient to protect patients and the wider public interest. In this case, conditions could be formulated which would protect patients during the period they are in force.

The panel was of the view that to impose a suspension order or a striking-off order would be wholly disproportionate and would not be a reasonable response in the circumstances of your case and the positive steps you endeavoured to take to date.

Accordingly, the panel determined, pursuant to Article 30(1)(c) to make a conditions of practice order for a period of 9 months, which will come into effect on the expiry of the current order, namely at the end of 29 May 2024. It decided to impose the following conditions which it considered are appropriate and proportionate in this case:

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

1. You must 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.

2. You must keep us informed about anywhere you are studying by:
 - a. Telling your case officer within seven days of accepting any course of study.
 - b. Giving your case officer the name and contact details of the organisation offering that course of study.

3. 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.

4. 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.
5. 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.
6. You must not work in a patient's own home unless accompanied by a registered nurse of Band 5 or above.
7. You must ensure that you are working at all times on the same shift as, but not always directly observed by a registered nurse of Band 5 or above.
8. You must keep a personal development log every time you undertake a shift outlining:
- a) Date and time of each shift
 - b) The working environment and clinical specialty
9. You must identify a registered nurse of Band 6 or above as a clinical supervisor and work with them to create a personal development plan (PDP). Your PDP must address the concerns about:
- a) Demonstrating care and compassion in the delivery of nursing care
 - b) Communication with patients, relatives and colleagues
 - c) Identifying when you need further support and assistance
 - d) Record keeping
 - e) Adherence to guidelines/protocols/procedures and policies

As part of this process you must:

- Engage with your clinical supervisor monthly to ensure that you are making progress towards the aims set out in your PDP
- send your case officer a copy of your PDP when it has been developed
- send your case officer a report from your supervisor showing your progress towards achieving the aims set out in your PDP, prior to any review hearing.

10. You must keep a reflective practice profile. The profile will:

- a) Detail any challenging situations encountered
- b) Set out the nature of the care provided to deal with these challenges
- c) Contain feedback from a registered nurse of Band 6 or above on how you managed these challenges

11. You must send a copy of your reflective practice profile prior to any review hearing.

12. You will send the NMC a report 7 days in advance of the next NMC hearing or meeting from either your line manager or supervisor detailing how you deliver the following:

- a) Demonstrating care and compassion in the delivery of nursing care
- b) Effective, kind and compassionate communication with patients, relatives and colleagues
- c) Identifying when you need further support, assistance and referral
- d) Record keeping and documentation
- e) Adherence to guidelines/protocols/procedures and policies

The period of this order is for 9 months to allow you to further strengthen your practice.

You are entitled to request an early review if you feel you are no longer impaired and have complied fully with the conditions.

This conditions of practice order will take effect upon the expiry of the current conditions of practice order, namely the end of 29 May 2024 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:

- Updated reflective piece which incorporates your learning journey over the next 9 months;
- Your attendance at future hearings.

This will be confirmed to you in writing.

That concludes this determination.