

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

**Substantive Order Review Hearing
Thursday 9 May 2024**

Virtual Hearing

Name of Registrant: Stephen Maguithi

NMC PIN 06H2869E

Part(s) of the register: Registered Nurse – Sub Part 1
RNA: Adult Nurse – 21 September 2006

Relevant Location: Windsor and Maidenhead

Type of case: Misconduct

Panel members: Janet Fisher (Chair, Lay member)
Elisabeth Fairbairn (Registrant member)
James Kellock (Lay member)

Legal Assessor: John Bassett

Hearings Coordinator: Rebecka Selva

Nursing and Midwifery Council: Represented by Emily Saji, Case Presenter

Mr Maguithi: Present and not represented

Order being reviewed: Conditions of practice order (9 months)

Fitness to practise: Impaired

Outcome: **Conditions of practice order varied and extended (9 months) to come into effect immediately in accordance with Article 30 (2)**

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

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

You indicated that you supported the application.

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

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

Decision and reasons on review of the substantive order

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

This order will come into effect immediately in accordance with Article 30(2) 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 nine months by a Fitness to Practise Committee panel on 3 August 2023.

The current order is due to expire at the end of 31 May 2024.

The panel is reviewing the order pursuant to Article 30(1) and Article 30(2) of the Order.

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

‘That you, a registered nurse,

1. On a nightshift between 1st and 2nd March 2020;

a. Slept whilst on duty,

[...]

2. On a nightshift between 2nd and 3rd March 2020;

a. Slept whilst on duty,

[...]

d. Left the drugs room unlocked,

e. Left the drugs trolley unlocked,

f. Stored resident medication in pots before the medication was due to be administered,

g. Signed MAR charts of residents to show that required medication had been administered, when it had not been.

[...]

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

Charges 2(d), 2(e) and 2(f) were found proved by your admission.’

The original panel determined the following with regard to impairment:

‘The panel had sight of two references, one from the Agency and a second from a colleague staff nurse, both dated 23 March 2023 and an agency feedback form from the chemotherapy unit dated 31 July 2023. The panel also had sight of the

Registrant's response bundle which included a statement from you which drew attention to your length of service as a registered nurse without incident.

Nurses occupy a position of privilege and trust in society and are expected at all times to be professional. Patients and their families must be able to trust nurses with their lives and the lives of their loved ones. They must make sure that their conduct at all times justifies both their patients' and the public's trust in the profession.

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

'In determining whether a practitioner's fitness to practise is impaired by reason of misconduct, the relevant panel should generally consider not only whether the practitioner continues to present a risk to members of the public in his or her current role, but also whether the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of impairment were not made in the particular circumstances.'

In paragraph 76, Mrs Justice Cox referred to Dame Janet Smith's "test" which reads as follows:

'Do our findings of fact in respect of the doctor's misconduct, deficient professional performance, adverse health, conviction, caution or determination show that his/her/ fitness to practise is impaired in the sense that S/He:

- a) has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*
- b) has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*

c) *has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or*

d) *...'*

The panel finds that patients were put at risk and there was the potential for physical harm as a result of your misconduct. Your misconduct breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute.

The panel went on to consider your level of insight.

You told the panel that, with hindsight, you should not have gone to work on 1-2 March 2020 and should not have assumed that the deputy manager had told Witness 1 about your challenging personal circumstances. You also told the panel, in relation to pre-potting the medication and signing the MAR chart, that you would avoid 'trying to catch up' on the assumption that the medication would be administered.

However, the panel noted that rather than acknowledging your responsibilities in relation to the charges found proved, your focus was upon providing considerable detail about the context within which the misconduct arose. You told the panel about your challenging personal circumstances at the time and the circumstances at the Home on 2-3 March 2020 which included you caring for a very 'poorly patient'.

The panel concluded that your insight was limited and largely related to you recognising a need to change your style of communication. Within your written response you stated as follows:

"I needed to communicate with the manager about my feeling and the care of the patient especially what happens in the morning in longlea nursing home."

In your oral evidence you told the panel that you remind yourself every day as a nurse of the need to communicate effectively.

The panel did not find your insight to be complete for the following reasons;

- 1. It was put to you on more than one occasion what you would do differently in a similar situation. Your response was to continue to justify your actions and to minimise your responsibility. You repeatedly referred to the way in which Witness 1 had addressed the concerns, the hearsay evidence that had been admitted and Witness 2 being reluctant to give evidence. In relation to Witness 2, the panel noted that within her statement to the Home, dated 8 March 2020, she raised her professional concerns and concluded: "I like Stephen and don't want to cause any trouble". The panel acknowledged that Witness 2 may have been reluctant to cause you difficulties and give evidence, but that did not mean that the evidence she gave was unreliable.*
- 2. In relation to charges surrounding the administering of the medication, you displayed a further lack of insight when you stated that there was no risk to patients because witness 1 was able to administer the pre-potted drugs on 3 March 2020. You told the panel: "There is no risk or harm that has been identified and [Witness 1] gave the same medication with no problems.". The panel was concerned that you failed to recognise the potential for harm to arise to the 21 Home residents in the context of pre-potted medication within an unlocked drugs room.*
- 3. The panel asked you how a member of the public may view your behaviour. You responded that the public would want to know if actual harm was caused. The panel considered that this further highlighted a failure to acknowledge the risk of harm.*

The panel was satisfied that the misconduct in this case is capable of being addressed. The panel considered that your lack of insight may have adversely impacted upon your understanding of the need to undertake specific training to

remediate your errors. You stated that because of Covid you had been unable to access relevant training. You were specifically asked whether you had accessed any online training relevant to the charges, namely in relation to record keeping and administering medication. You responded that you had been trying to keep up to date with your revalidation training. You stated that you will undertake additional training in the future and intend to ask your agency about this. The panel therefore concluded that you have not, as yet, fully remediated.

The panel is of the view that there is a risk of repetition. The panel noted the following from your written response: 'Within my 16 years of nursing, this my [sic] only incident that has happened.' The panel acknowledge that these incidents took place on two dates only, 1-2 and 2-3 March 2020, and that you have worked since and before without incident.

However, the July 2023 feedback report relates to your role as a nurse working within a chemotherapy ward. You told the panel that there are different processes within a chemotherapy ward which included two nurses to administer medication and co-sign. As a result, the panel concluded that external processes may have prevented further incident and that there is a lack of evidence that you, through meaningful reflection and insight, have decided to change your working practices.

Taking into account your limited insight and lack of relevant remediation, the panel considers that a risk of repetition remains and is accordingly not satisfied that you are capable of practising kindly, safely and professionally.

The panel therefore decided that a finding of impairment is necessary on the grounds of public protection.

The panel bore in mind 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 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 your fitness to practise impaired on the grounds of public interest.

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

The original panel determined the following with regard to sanction:

'Having found your fitness to practise currently impaired, the panel went on to consider what sanction, if any, it should impose in this case. The panel has borne in mind that any sanction imposed must be appropriate and proportionate and, although not intended to be punitive in its effect, may have such consequences. The panel had careful regard to the NMC's published guidance on sanctions. The decision on sanction is a matter for the panel independently exercising its own judgement.

The panel considered the following aggravating features in this case:

- *Lack of full insight*
- *Lack of complete remediation*
- *Your conduct was repeated, albeit not over an extended period of time.*

The panel also considered the following mitigating features in this case:

- *The context of the misconduct, there being a number of challenging issues in your personal life at home.*
- *You have been working as a nurse without concern for many years prior to and for three years since these events.*
- *You made admissions to charges 2(d),(e) and (f) at the outset.*

The panel bore in mind the submissions of Ms Kyriacou regarding this case being serious and it concluded that the concerns in this case did not meet the criteria of

cases considered as serious, as outlined in the guidance 'Considering sanctions for serious cases' ref SAN-2.

The panel first considered whether to take no action but concluded that this would be inappropriate in view of the panel's findings. The panel decided that it would neither protect the public nor be 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 panel's findings including 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 of impaired fitness to practise and that a caution order would be insufficient to mark the panel's findings. 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 an appropriate and proportionate response. The panel is mindful that any conditions imposed must be appropriate, proportionate, measurable and workable. The panel took into account the SG, which sets out when conditions may be appropriate, and it concluded that the following apply in this case:

- 'no evidence of harmful deep-seated personality or attitudinal problems*
- identifiable areas of the nurse, midwife or nursing associate'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*
- *conditions can be created that can be monitored and assessed.'*

The panel determined that it would be possible to formulate workable and measurable conditions which would address the failings highlighted in this case. The panel acknowledged you have insight, albeit, limited and that these incidents had taken place over two consecutive nightshifts at the Home and there had been no further concerns regarding your practice whilst you have been working unrestricted since 2020. The panel was of the view that the issues identified could be addressed through additional training and supervision. Further the panel noted your engagement with these proceedings and was of the view that you would respond positively to training and supervision. The panel considered that the public would be adequately protected by the imposition of appropriate conditions.

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 noted the mitigating factors it had identified. A suspension order would deprive you of the opportunity to evidence safe and effective patient care and would deprive the public of a registered nurse who, but for these matters, may otherwise be a good and conscientious professional. The panel concluded that a suspension order was not necessary or appropriate to meet the public interest in this case.

Having regard to the matters it has identified, the panel 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 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.

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 when you are working independently.

4). You must tell your case officer, within seven days of your becoming aware of:

- Any clinical incident you are involved in.
- Any investigation started against you.
- 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:

- Any agency you apply to or are registered with for work.
- Any current or future employer.
- Any educational establishment.
- Any other person(s) involved in your retraining and/or supervision required by these conditions.

6). You will send the NMC a report fourteen days in advance of the next NMC hearing or meeting from your line manager, mentor or supervisor (as agreed by your employer) dealing with your general professional conduct and nursing practice.

7). You must limit your employment to one substantial employer which can include an Agency.

8). You must ensure that you are supervised by another registered nurse anytime that 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.

9). You must not be the nurse in charge of a shift.

10). You will send your case officer evidence that you have successfully completed an assessed course in medication management which should include storage, administration and record keeping.

11.) You must work with your line manager, mentor or supervisor (as agreed by your employer) to create a personal development plan (PDP).

- *Your PDP must address the concerns about medication management which should include storage, administration and record keeping.*
- *You must send your case officer a copy of your PDP, to include your progress against the identified objectives, fourteen days before the review hearing.*

The period of this order is for 9 months.'

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. The panel has asked itself whether you can practise kindly, safely and professionally. 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, namely the NMC bundle, and on table documents provided by you. It has taken account of the submissions made by Ms Saji on behalf of the NMC and your oral evidence and submissions.

Ms Saji provided the panel with the background to your case and the findings of the original substantive panel.

Ms Saji submitted that you have not been able to comply with conditions 8,9 and 11 as you informed the NMC that you have only worked as an agency nurse for one month since the substantive hearing.

Ms Saji referred the panel to the numerous training certificates provided by you and your reflective statement. She submitted that the training certificates indicate that they were only completed between 10 April 2024 and 8 May 2024, and it is therefore difficult to see how you have progressed to the point where you are able to effectively remediate the identified concerns. She submitted that it is specifically more challenging to show

improvement as you have not had the opportunity to be sufficiently supervised as required by conditions 8 and 9 of the current conditions of practice order.

As such, Ms Saji invited the panel to extend the current conditions of practice order for a further nine months, as without evidence of remediation, the NMC regard your fitness to practice to still be impaired.

Ms Saji clarified for the panel, in reference to an email you sent to your case officer, that you specifically requested this hearing to be held in the first week of May so that you could complete training. She submitted that this shows you have not made effective use of the past nine months since the conditions of practice order was imposed.

The panel also had regard to your oral evidence in which you stated that you had joined the Royal College of Nursing (RCN) when you qualified as a registered nurse in 2006.

You told the panel that your revalidation is due in September 2024 and that you have completed a quarter of the required process for revalidation.

You informed the panel that you started your training courses in February 2024, all of which took you considerable time to complete, and that you are still continuing to learn. You further told the panel that you tracked your training as you wanted to demonstrate that you are confident in your clinical practice but also to help avoid mistakes in the future. You stated that in the future you want to be a role model in your nursing career.

You told the panel that you read Gibbs' book *Reflective Cycle* which has helped you reflect and think ahead to prevent mistakes if you are busy at work. You told the panel that you used this book to help you look back at the incident and take a holistic approach in identifying why you made mistakes. You stated that you have placed particular focus on medication safety. You stated that when you return to nursing, patient safety and wellbeing would come first.

You told the panel that your agency struggled to secure nursing work for you which entailed supervision. Therefore, you submitted that you took the time to study and reflect

on your nursing career as a whole so that you can have sufficient knowledge when you return to nursing.

You submitted that you have many positive references and some of which you received prior to the incidents that raised concern. You told the panel that at the time of the incidents you were a nurse in charge, a team leader and that you should have had your priorities placed better, mainly on patient safety. You told the panel that when these incidents took place you had [PRIVATE] you can safely work independently.

You told the panel that the reason the door of the medication room was unlocked was because you were busy and had to keep going in and out of the room. In the future, if the clinical setting you are working in gets busy, to avoid patients e.g. dementia patients, accessing medication, you would lock the room and hand the keys over to carers who are also trained in medication safety.

You told the panel that you do not want to lose your career as a nurse which you value and have worked so hard for. You submitted that in the 18 years of your nursing career, an incident like this has never happened before or since.

You informed the panel that at the time of the incidents, [PRIVATE], you feel better now.

You told the panel that you worked for one month after the substantive hearing. You told the panel that you have worked as an Amazon driver, cleaner and volunteered in a church with cleaning.

You told the panel that you hoped for the current conditions of practice order to lapse upon expiry. You told the panel that the condition requiring supervision seems to limit your ability to secure employment through your agency.

You clarified for the panel that after the incidents you worked for another three years prior to the substantive hearing without any issues.

You informed the panel that you have a prospective job offer from Royal Berkshire hospital as a chemotherapy nurse if there are no restrictions on your practice.

In cross examination by Ms Saji, you confirmed that the incidents took place in March 2020 and that you were subsequently found impaired in August 2023. You confirmed that the completion dates of your training certificates are correct. You confirmed that you have not worked as a registered nurse since September 2023.

In response to panel questions, you clarified that you have applied to both permanent and temporary nursing jobs through the agency but have been unsuccessful.

You clarified that you have considered applying for Healthcare Assistant roles, but you would like to carry on pursuing your nursing career.

Ms Saji submitted that you have continued to be engaged with the NMC and the hearing process. She referred the panel to your reflective piece, addressing the charges found proved, which focused on potential risk to patients, the impact on the reputation of the profession and how your practice has changed.

Ms Saji submitted that preventing you from unrestricted practice remains necessary on the grounds of public protection, and that such an order remains otherwise in the public interest to protect the reputation of the profession and to declare and uphold proper standards of conduct and behaviour within the profession.

You submitted that you have an understanding of the consequences of your past misconduct.

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 limited insight. At this hearing the panel noted that you demonstrated an understanding of how your actions put the patient at a risk of harm and you demonstrated some understanding of why what you did was wrong.

When questioned during the course of this hearing about how you would handle the situation differently in the future, you were able to provide some answers. The panel concluded, on the basis of today's hearing, that you have developing insight.

In its consideration of whether you have taken steps to strengthen your practice, the panel took into account the relevant training course you have undertaken as required by your conditions of practice order, and the reflective piece written by you addressing how you would focus on patient and medication safety.

The original panel determined that you were liable to repeat matters of the kind found proved. Today's panel has heard and received new information of what has taken place since the substantive hearing but considered that within your reflective piece there is an absence of insight into your failure to maintain professional responsibilities. The panel acknowledged that you say you will now place importance on patient safety and found your completed training encouraging but you were unable to demonstrate how your nursing practice will be safer. The panel concluded that you have started to take steps towards remediation. The panel determined that your testimonial evidence is limited albeit the panel acknowledged that this may be as you have not worked recently as a nurse. In light of all of these circumstances, this panel determined that there is a real risk of you repeating matters of the kind found proved. The panel therefore decided that a finding of current impairment is necessary on the ground of public protection.

However, the panel did not consider that a finding of current impairment is necessary in the wider public interest. The panel considered that a fair minded and reasonable member of the public would recognise the steps you have taken to strengthen your practice against a background of 14 years of unblemished practice prior to the matters giving rise to the charges. The panel was satisfied that the steps taken in these proceedings have been sufficient to satisfy the NMC's duty to declare and uphold the standards and to regulate the profession.

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. 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 next considered whether a conditions of practice order on your registration would still be a sufficient 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 unable to comply with conditions of practice due to your current employment status but 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 the public. In this case, there are conditions that 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.

Accordingly, the panel determined, pursuant to Article 30(2) to vary the current conditions of practice order and extend it for a period of nine months, which will come into effect immediately. It decided to impose the following conditions which it considered are necessary 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 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.

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 when you are working independently.

4). You must tell your case officer, within seven days of your becoming aware of:

- Any clinical incident you are involved in.
- Any investigation started against you.
- 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:

- Any agency you apply to or are registered with for work.
- Any current or future employer.
- Any educational establishment.
- Any other person(s) involved in your retraining and/or supervision required by these conditions.

6). You will send the NMC a report fourteen days in advance of the next NMC hearing or meeting from each of your line managers, mentors or supervisors (as agreed by your employers) dealing with your general professional conduct and nursing practice.

7). You must limit your employment to one substantive employer at any one time, which can include an agency. Any placement by an agency must be for a minimum of 2 months.

8). You must ensure that you are supervised by another registered nurse any time that you are dispensing medication, until you are signed off as competent by another registered nurse. You must send your case officer evidence of your competence within 7 days of signed completion.

9). You must not be the nurse in charge of a shift.

The period of this order is for nine months which will enable time for you to secure employment and demonstrate that your practice has strengthened.

This conditions of practice order will replace the current conditions of practice order with immediate effect in accordance with Article 30(2).

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 with another order.

Any future panel reviewing this case would be assisted by:

- Your continued engagement with this process which includes your attendance at the review hearing.
- A written reflective piece addressing each of the charges found proved with a focus on what you have done to strengthen your practice and to prevent repetition.
- Any workplace references/testimonials that you wish to obtain.

This will be confirmed to you in writing.

That concludes this determination.