

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

**Substantive Order Review Hearing
Monday 10 May 2021**

Virtual Hearing

Name of registrant: Adwoa Addo Obiri

NMC PIN: 92Y0069O

Part(s) of the register: Registered Nurse – Sub Part 1
Adult Nursing – 18 September 1992

Registered Midwife – Midwifery – 3 December
2004

Area of registered address: Somerset

Type of case: Misconduct/Lack of competence

Panel members: Anthony Mole (Chair, lay member)
Helen Eatherton (Registrant member) (Midwife)
Allwin Jay Mercer (Registrant member)

Legal Assessor: Suzanne Palmer

Panel Secretary: Jennifer Morrison

Nursing and Midwifery Council: Represented by Isabelle Knight, Case Presenter

Mrs Obiri: Present and represented by Penny Maudsley,
Alexander Chambers

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

Fitness to practise: Impaired

Outcome: **Conditions of practice order (36 months)
to come into effect on 16 June 2021 in
accordance with Article 30 (1)**

Decision and reasons on review of the substantive order

The panel decided to impose a further conditions of practice order for 36 months.

This order will come into effect at the end of 16 June 2021 in accordance with Article 30(1) of the 'Nursing and Midwifery Order 2001' (the Order).

This is the fourth effective review of a substantive order. On 16 November 2016, a panel of the Conduct and Competence Committee imposed a 12 month suspension order. That order was reviewed by a panel of the Fitness to Practise Committee on 23 November 2017, and a further 12 month suspension order was imposed. On 7 December 2018, an 18 month conditions of practice order was imposed. On 6 May 2020, a further 12 month conditions of practice order was imposed.

The current order is due to expire at the end of 16 June 2021.

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

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

'That you, whilst employed as a Band 7 midwife by Croydon Health Services NHS Trust at Croydon University Hospital ("the Hospital"), between November 2012 and March 2014, failed to demonstrate the standards of knowledge, skill and/or judgement required to practise without supervision as a Band 7 midwife, more specifically:

1. *At an interview for a position as a Practice Development Midwife on or around 7 December 2012, you were found to be lacking in basic key skills required of a Band 7 Midwife namely:*
 - 1.1 *Neonatal resuscitation;*
 - 1.2 *Interpretation of CTG questions and/or identification the 3 overall categories of CTG;*
 - 1.3 *Management of shoulder dystocia.*

2. *On a night shift, on around 11 December 2012, and in your role as the labour ward and unit coordinator, did not effectively and/or efficiently coordinate the labour ward.*

3. *Between March 2013 and September 2013, having been placed on an informal Development plan (“the Plan”), did not successfully complete the plan, in that you were unable to demonstrate that you were able to:*
 - 3.1 *Identify three overall categories of a CTG;*
 - 3.2 *...;*
 - 3.3 *Consistently and effectively and/or efficiently co-ordinate the labour ward.*

4. *Between March 2013 and September 2013, had to ask a colleague what DCDA meant.*

5. *On or around 27 August 2013, in relation to Patient C, were unable to suture a basic perineal tear.*

That you, whilst employed as a Band 7 midwife by Croydon Health Services NHS Trust at Croydon University Hospital (“the Hospital”), between November 2012 and March 2014:

6. *Having been placed on an informal development programme to address your clinical deficiencies described at 1 above, you:*
 - 6.1 *Did not believe and/or accept that you needed to improve your practice;*
 - 6.2 *Did not adequately engage with the programme;*
 - 6.3 *...*

7. *Having been placed on an Informal Development Plan as described in 3 above, you:*
 - 7.1 *Did not believe and/or accept that you needed to improve your practice*
 - 7.2 *Did not adequately engage with the plan.*

8. *On 27 February 2014, between 12.00 and 20.30, and in relation to Patient A, failed to provide adequate clinical care in that you:*

8.1 Did not introduce yourself to Patient A and/or her husband;

8.2 Did not obtain consent prior to carrying out the following:

8.2.1 A cannulation at or around 12.30;

8.2.2 ...;

8.2.3 A vaginal examination at or around 15.24;

8.2.4 One or more rectal examinations conducted whilst suturing Patient A's perineal tear.

8.3...

8.4 Did not record or document the following:

8.4.1 A partogram for Patient A;

8.4.2 ...;

8.4.3 Maternal observations prior to 16.12;

8.4.4 The site of the cannulation at 8.2.1 above;

8.4.5 That you had consent to conduct a vaginal examination at 14.50;

8.4.6 That you had consent to conduct an artificial rupture of membranes;

8.4.7 That you had consent to conduct the vaginal examination conducted at 8.2.3 above.

8.5 Did not adequately record or document the following:

8.5.1 ...;

8.5.2

8.6 Did not use a cardiotocograph interpretation sticker in Patient A's notes at or around 15.10.

8.7....

9 On 27 February 2014, and in relation to Patient A, made any or all of the following comments:

9.1 That you were "pushing Patient A's womb back over the baby's head" or words to that effect;

9.2 "if you had listened to me you wouldn't have torn" or words to that effect;

9.3 "do you want to poo out of your vagina?" or words to that effect;

9.4" the next time you are with your husband you want it to be right" or words to that effect.

10 During a night shift on 20/21 March 2014, and in relation to Patient B, failed to provide adequate clinical care in that you:

10.1 At or around 21.10 and in relation to a vaginal examination:

10.1.1 Did not document consent from Patient B for a vaginal examination;

10.1.2 Did not document the findings of a vaginal examination using a vaginal examination sticker.

10.2 In relation to, and/or whilst suturing Patient B's perineal repair:

10.2.1 Did not adequately escalate Patient B's perineal bleeding to the midwife in charge and/or did not document that you had escalated Patient B's perineal bleeding to the midwife in charge;

10.2.2 At approx. 00.45 continued to suture Patient B when you were told to stop and await medical review;

10.2.3 Continued to suture despite realising this repair was beyond your capability;

10.2.4 Used an excessive amount of suturing material;

10.2.5 Your actions at 10.2.3 and/or 10.2.4 above caused Patient B's perineum to gape and require re-suturing;

10.2.6 Did not ensure that the swabs and suture needle were checked by a second midwife on completion of Patient B's perineal repair and/or did not document that the swabs and suture needle were checked by a second midwife on completion of Patient B's perineal repair;

10.2.7 Incorrectly documented Patient B's episiotomy as a second degree tear on her maternity notes;

10.2.8 Took one hour and ten minutes to complete suturing Patient B's perineal repair.'

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

'The panel had regard to the information before it. The panel noted that a number of steps had been undertaken by Mrs Obiri to remediate her nursing practice since the previous review hearing in December 2018. Mrs Obiri had obtained employment as a nurse, and had been working towards meeting the current conditions of practice order. Mrs Obiri had put together a PDP, to address the concerns of the previous panel with regard to her nursing practice, and this PDP, and reports regarding Mrs Obiri's progress were before the panel. Mrs Obiri had also provided references, some of which were professional references and others regarding her character. Furthermore, Mrs Obiri had produced a written reflective piece and had provided information regarding training that she has undertaken over the last few years.

In relation to remediation, the panel noted that whilst Mrs Obiri had provided a PDP to address the concerns with her nursing practice, this PDP had not been signed off by her manager as being completed. Whilst having regard to the submissions made by Ms Burke in relation to why this may be the case, the panel noted that this PDP was put together in June 2019, and there was limited information from Mrs Obiri's employer in relation to her progress against the aims within the PDP. Although Mrs Obiri's progress reports from her manager stated Mrs Obiri was keen to meet the objectives, there was no further detail in relation to the particular areas. Furthermore, a concern had been raised regarding Mrs Obiri's communication with colleagues.

The panel noted that Mrs Obiri had provided information regarding training she has undertaken, however the certificates before the panel appeared to date back some time, including prior to the previous review hearing in December 2018. These certificates did not appear to relate to any training Mrs Obiri may have undertaken in her current role as a nurse, or any other recent relevant training. The panel noted that Ms Burke mentioned a number of areas in midwifery practice for which Mrs Obiri had attended training, however again there was nothing to evidence this before the panel. Whilst there were some invoices for the completion of training, these appeared to again date back some time, including prior to the last review hearing, and certificates to evidence their completion were not before the panel.

Having regard to the lack of information regarding up to date training in relation to nursing, and the fact there was nothing to suggest that Mrs Obiri had been fully signed off as achieving the aims in her PDP, the panel considered that whilst Mrs Obiri had made progress and had taken steps to remediate her nursing practice, this process was not yet fully complete.

In relation to midwifery practice, there was no information before the panel to suggest that Mrs Obiri has been working as a midwife. Therefore, the conditions in relation to her midwifery practice had not yet taken effect. Whilst this remained the case, the panel considered that Mrs Obiri had not yet had the opportunity to demonstrate a period of working under direct supervision as a midwife, and therefore she has not had the chance to take steps to remediate this area of her practice.

The panel had regard to insight, and took into account Mrs Obiri's written reflective piece. The panel noted that this reflective piece appeared to address incidents which had recently been highlighted to Mrs Obiri by her current employer. However, it did not address and reflect on the concerns raised by previous panels in terms of original incidents identified in this case. Mrs Obiri did not appear to address the impact such incidents had on her patients, colleagues and the reputation of the wider profession. The panel considered that overall Mrs Obiri's reflective piece appeared limited, and a more detailed and comprehensive reflection was required in order to satisfy a panel that she had developed sufficient insight into all of the concerns in this case. The panel was therefore not satisfied that Mrs Obiri had developed such insight since the previous review hearing.

The panel had regard to the progress Mrs Obiri has made and the fact she has undertaken a number of steps to obtain employment as a nurse, to put together a PDP, to undertake training and to provide references. It also noted that the current conditions are very comprehensive, and there were a number of steps that needed to be met in order to fully satisfy each of them. However, having regard to all of the circumstances as detailed above, including the lack of full

development of insight, the fact that Mrs Obiri has not fully remediated her nursing practice, and that she has yet to remediate in terms of her midwifery practice, the panel considered that a risk remains to patients if she were able to practise as a nurse or midwife without restriction. The panel therefore determined that a finding of impairment remains necessary on the grounds of public protection.

The panel bore in mind that its primary function is to protect patients and the wider public interest which includes maintaining confidence in the nursing profession and upholding proper standards of conduct and performance. The panel recognised that members of the public would expect restrictions to remain in place on a nurse or midwife's practice whilst they had yet to fully demonstrate that they were able to work safely and effectively. The panel therefore determined that a finding of impairment also remains necessary on public interest grounds.

For these reasons, the panel finds that Mrs Obiri's fitness to practise remains impaired.

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

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

The panel first considered whether to take no action but concluded that this would be inappropriate in view of the remaining risks identified with both Mrs Obiri's nursing and midwifery practice. Taking no action would not restrict such areas of Mrs Obiri's practice. The panel determined that taking no action would not protect the public and it would not satisfy the public interest.

The panel then considered whether to impose a caution order but concluded that this would also be inappropriate in view of the remaining risks identified with both Mrs Obiri's nursing and midwifery practice. Imposing a caution order would not restrict such areas of Mrs Obiri's practice. The panel determined that imposing a caution order would not protect the public and it would not satisfy the public interest.

The panel next considered whether to impose a further conditions of practice order. The panel noted that Mrs Obiri has been working as a nurse since June 2019, and has been supported by her employer to work in accordance with the current conditions, in so far as they relate to her nursing practice. The panel considered that it remained possible to continue to address the outstanding areas of concern through practicable and workable conditions. The panel also noted that Mrs Obiri had not been working as a midwife, and therefore the conditions in relation to her midwifery practice had not yet taken effect. Whilst the panel noted Ms Burke's submissions in relation to these conditions, it considered that with Mrs Obiri not having worked as a midwife for a significant period of time, the conditions requiring direct supervision, and other requirements for working as a midwife, remained appropriate and proportionate, to allow her the opportunity to remediate and address the ongoing areas of concern with her midwifery practice.

The panel considered that the substance of the conditions relating to nursing practice continued to be appropriate and proportionate, whilst Mrs Obiri is yet to be signed off as fully completing the aims within her PDP, and further detailed updates on her progress in relation to these being provided by her manager. The panel did however decide to make some variations to the current conditions, to take into the account the fact that Mrs Obiri had provided a PDP in relation to her nursing practice, but that this still needed to be signed off. In this respect, the panel varied condition 5, so that it would reflect that Mrs Obiri needed to have her PDP completed and signed off, as well as condition 6, so that it would reflect the fact that as well as create and completing a PDP in relation to midwifery practice, this would need signing off by her employer. The panel varied condition 7, so that it only specified the requirement to provide a copy of a PDP in relation to midwifery to the NMC. Furthermore, the panel

made an adjustment to condition 9, recognising the fact that the 14 day requirement was not necessary to provide a report from Mrs Obiri' s line manager, as long as this was provided prior to the next review hearing.

The panel therefore decided to vary the existing conditions and determined that the following are appropriate and proportionate in this case:

- 1. Nursing services: At any time that you are employed or otherwise providing nursing services, you must place yourself and remain under the indirect supervision of a workplace line manager, mentor or supervisor nominated by your employer, such supervision to consist of working at all times on the same shift as, but not necessarily under the direct observation of, a registered nurse who is physically present in or on the same ward, unit, floor or home that you are working in or on.*
- 2. Midwifery services: At any time that you are employed or otherwise providing midwifery services, you must place yourself and remain under the direct supervision of a registered midwife nominated by your employer to work alongside you at all times.*
- 3. You must not be the sole nurse or midwife on duty.*
- 4. You must not take charge of a shift in any healthcare setting.*
- 5. When working as a nurse, you must work with your line manager, mentor or supervisor (or their nominated deputy) to successfully complete and sign off a personal development plan designed to address the concerns about the following areas of your practice:*
 - Working with colleagues*
 - Interaction with patients*
 - General communication skills*
 - Record keeping*
- 6. When working as a midwife, you must work with your line manager, mentor or supervisor (or their nominated deputy) to create, complete and sign off a*

personal development plan designed to address the concerns about the following areas of your practice:

- *Neonatal resuscitation*
- *Interpretation of CTG*
- *Management of shoulder dystocia*
- *Perineal suturing*
- *Consent*
- *Record keeping*
- *Communication with patients*

7. *When you are employed as a midwife, you must forward a copy of your personal development plan to the NMC within 28 days of the date on which these conditions become effective or the date on which you take up an appointment, whichever is sooner.*
8. *You must meet with your line manager, mentor or supervisor (or their nominated deputy) at least every month to discuss the standard of your performance and your progress towards achieving the aims set out in your personal development plan.*
9. *You must send a report from your line manager, mentor or supervisor (or their nominated deputy) setting out the standard of your performance and your progress towards achieving the aims set out in your personal development plan to the NMC every 6 months and prior to any NMC review hearing or meeting.*
10. *You must allow the NMC to exchange, as necessary, information about the standard of your performance and your progress towards achieving the aims set out in your personal development plan with your line manager, mentor or supervisor (or their nominated deputy) and any other person who is or will be involved in your retraining and supervision with any employer, prospective employer and at any educational establishment.*
11. *You must notify the NMC within 14 days of any nursing or midwifery appointment (whether paid or unpaid) you accept within the UK or elsewhere, and provide the NMC with contact details of your employer;*

12. You must inform the NMC of any professional investigation started against you and/or any professional disciplinary proceedings taken against you within 7 days of you receiving notice of them;
13. You must within 7 days of accepting any post or employment requiring registration with the NMC, or any course of study connected with nursing or midwifery, provide the NMC with the name/contact details of the individual or organisation offering the post, employment or course of study;
14. You must immediately inform the following parties that you are subject to a conditions of practice order under the NMC's fitness to practise procedures, and disclose the conditions listed at (1) to (13) above, to them:
- a) Any organisation or person employing, contracting with, or using you to undertake nursing work;
 - b) Any agency you are registered with or apply to be registered with (at the time of application);
 - c) Any prospective employer (at the time of application) where you are applying for any nursing or midwifery appointment; and
 - d) Any educational establishment at which you are undertaking a course of study connected with nursing or midwifery, or any such establishment to which you apply to take such a course (at the time of application).

The panel determined to make this conditions of practice order for a period of 12 months. The panel considered that this would provide a sufficient period of time for Mrs Obiri to continue to remediate her nursing practice, and work towards fully meeting the conditions in relation to this, including having her PDP signed off as being complete. It would also provide sufficient time for Mrs Obiri to obtain employment as a midwife, or to work midwifery shifts, and to work towards meeting the conditions for this area of her practice.'

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 Nursing and Midwifery Council (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 and the on-table bundle, which included documents submitted on your behalf. It has taken account of the submissions made by Ms Knight on behalf of the NMC, Ms Maudsley on your behalf and your oral evidence.

Ms Knight referred the panel to the background to the case and to the charges found proved. She outlined the previous reviewing panel's decision on impairment and recommendations it made with regard to information that may assist a future panel, noting that today's panel had the benefit of your attendance, a reflective statement, and up-to-date information about CPD and training you had undertaken.

Ms Knight submitted that the documentation before today's panel represented an update in your case. She submitted that a number of areas of improvement had been documented, and referred the panel to a letter dated 11 February 2021 from Ms 1, Senior Matron for Endoscopy and Gastro at Musgrove Park Hospital ('the Hospital'), your line manager. In this letter, Ms 1 stated that you had made sufficient improvement in your communication and teamworking skills to enable this part of your action plan to be signed off as completed.

Ms Knight referred the panel to conditions 8 and 9 of the current order. These require you to meet with your line manager on a monthly basis to discuss your performance and your progress made towards achieving the objectives set out in your personal development plan, and to submit to the NMC a report from your line manager, mentor or supervisor regarding the same every six months. Ms Knight submitted that the panel may well be

concerned as to whether the report submitted by Ms 1 on 5 May 2021 was sufficient to fulfil those conditions. She referred the panel to Ms 1's covering email, in which Ms 1 stated that she had never worked clinically alongside you or had been asked to provide reports on a six-monthly basis. Ms Knight acknowledged that the circumstances in which your practice was monitored, recorded and reported on by the Hospital may have been beyond your control, but submitted that the panel may wish to have the benefit of a report from a colleague who had been working alongside you when assessing your current fitness to practise.

Ms Knight referred the panel to your reflective statement. She submitted that it was a detailed document, but that it was for the panel to decide whether your statement reflected a sufficient level of insight. Ms Knight referred to where you stated that you had undertaken '*further self-learning*', querying whether this referred to training or personal reading. She also queried whether the development plan you referred to in your statement as having completed in January 2021 was also your action plan.

Ms Knight submitted that with reference to conditions 2 and 6, as you have not worked as a midwife since before the first substantive hearing in your case, you have not been able to address the concerns about your midwifery practice. She submitted that in relation to the conditions that have not been fulfilled, a further, varied conditions of practice order may be appropriate to allow you the opportunity to remediate the areas of concern specific to your midwifery practice.

You gave oral evidence before the panel. You confirmed that with the exception of some minor changes in paragraphs 15, 73 and 91, on which you updated the panel, your reflective statement was accurate and you wished the panel to consider it as part of your evidence. You also confirmed that the development plan and action plan referred to in the bundles were the same document, and that your line manager confirmed it was being submitted to the NMC in fulfilment of the conditions of practice.

You confirmed that some of the training certificates before the panel today related to your nursing work, whilst some related to midwifery. You told the panel that although you had not practised as a midwife for a considerable amount of time, you would like to resume working as a midwife one day. You said that you had unsuccessfully looked for midwifery

roles in which you would have supervised practice, and that universities had advised you that you could not enrol on a return to practice course whilst being subject to a conditions of practice order.

You clarified to the panel that your line manager, Ms 1, implemented your action plan, but requested that feedback on your performance be given by someone else who would work closely with you on a daily basis. It was agreed that this colleague would be Ms 2, Junior Sister. You said that you met with Ms 2 weekly, and that she provided feedback to Ms 1. You also told the panel that Ms 2 provided a reference, but that the policy at the Hospital was that this was given to Ms 1, who was correlating the Hospital's response to the NMC.

Ms Maudsley outlined the decisions of previous panels regarding your fitness to practise, and specifically referred to the findings of the 6 May 2020 panel. She submitted that there was a "*personal onus*" on you to demonstrate your fitness to practise as a nurse and a midwife. Ms Maudsley acknowledged that you had been placed on capability proceedings by the Hospital, but submitted that the areas of concern which gave rise to those proceedings, namely your communication and teamwork skills, were those that gave rise to the regulatory concerns in relation to your nursing practice. Ms Maudsley submitted that since you had now fully addressed those areas of concern, as demonstrated by the signing off of your action plan, you had effectively remediated the areas of regulatory concern with regard to your nursing practice. She also submitted that the training certificates before the panel today were evidence of recent, relevant training in nursing.

Ms Maudsley submitted that although a reference had not been made available to today's panel, it appears that the Hospital's policy was that one person, in this case Ms 1, would collate information about your performance from all colleagues who had worked with you, which would then be submitted to HR before being released to you.

Ms Maudsley submitted that since the last review hearing, you had supplied a comprehensive reflective statement, which addressed the impact of your actions on patients, colleagues and the public trust in the midwifery profession. She submitted that you also accepted that your midwifery skills were substandard, and as a result, you could have placed a mother and baby at an unwarranted risk of harm. Ms Maudsley acknowledged that you had not been able to practise as a midwife since the incidents that

gave rise to the substantive order in your case occurred, but submitted that you had undertaken relevant midwifery training. She referred the panel to the test of impairment as established in the case of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant* [2011] EWHC 927 (Admin), and submitted that your fitness to practise as a nurse was no longer impaired. Ms Maudsley invited the panel to revoke the order as it related to your nursing practice, and if it were so minded, to continue conditions of practice relating to your midwifery practice alone.

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 last reviewing panel found that your insight remained insufficient. Today's panel had the benefit of a detailed and thorough reflective statement that it found to demonstrate well-developed insight in relation to your nursing and midwifery practice. It was of the view that you understood what you had done wrong and the impact your actions had on patients, colleagues and the reputation of the professions. The panel also had the benefit of your attendance and oral evidence. It therefore concluded that your insight had fully developed.

The panel next considered whether you had fully remediated your practice. It noted that your line manager had signed off on the completion of your capability action plan, which has enabled you to address the identified concerns about your nursing practice, in particular in relation to communication, recordkeeping and interaction with patients and colleagues. The panel also had regard to the evidence of recent training you had undertaken, which appeared to be comprehensive and relevant to your work as a nurse. Further, the panel noted that you had been working in your current nursing role since 2019, and that you seemed to have the confidence of your employer, an NHS trust, to take the expected next step of taking charge of the ward and undertaking night duties, but that you were currently prevented from doing so by the conditions of practice. The panel was

further reassured by the fact that you will be monitored and supported by your employer as you progress towards taking additional responsibilities. It also accepted your explanation of the Hospital's HR procedures with regard to why a reference had not been made available to the panel today from someone who had directly worked alongside you. The panel therefore concluded that you had fully remediated your nursing practice.

In respect of your nursing practice, the panel therefore considered that the risk of repetition was now minimal and that your fitness to practise as a nurse was no longer impaired.

However, the panel noted that you have not been practising as a midwife for seven years. It had regard to the midwifery training you had recently undertaken, and noted that some of the areas which you have addressed in relation to your nursing practice would also apply in your midwifery practice. It further noted that you have demonstrated good insight into the failings in your midwifery practice, and that you know what you need to do to remedy those failings. However, the panel considered that the core concerns about your midwifery practice related to your clinical skills. It was of the view that without a personal development plan specifically relating to your midwifery practice, or any other evidence that may demonstrate your clinical competence as a midwife, you could not be considered to have remediated your midwifery practice.

The last reviewing panel determined that you were liable to repeat matters of the kind found proved. Today's panel has heard evidence to suggest that you are now not liable to repeat matters of the kind found proved in relation to your nursing practice. However, it has heard insufficient evidence of remediation in regard to your midwifery practice, and so the panel found that there is a risk of repetition. In light of this, this panel determined that you are liable to repeat matters of the kind found proved in relation to your midwifery practice. The panel therefore decided that a finding of continuing impairment is necessary on the grounds of public protection in relation to your midwifery practice.

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 professions 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.

Decision and reasons on sanction

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

The panel first considered whether to take no action but concluded that this would be inappropriate, given that you have not fully remediated 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 determined that, due to 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. A caution order would not protect the public from the risks associated with the ongoing concerns about your midwifery practice. 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 further 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 complying with the current substantive conditions of practice to the extent practicable in your circumstances. You have demonstrated good development in your insight and in relation to the concerns about your nursing practice. You are currently

working successfully in a nursing role, and your employer is content for you to progress to greater responsibility in that role without restriction.

The panel was of the view that a further conditions of practice order is sufficient to protect patients and the wider public interest, noting as the original panel did that there was no evidence of deep seated attitudinal problems. In this case, there are conditions could be formulated in relation to your midwifery practice 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 because of your demonstrated willingness to remediate your practice and because you are currently working safely and effectively.

Accordingly, the panel determined, pursuant to Article 30(1)(c) to make a conditions of practice order for a period of 36 months, which will come into effect on the expiry of the current order, namely at the end of 16 June 2021. 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. Midwifery services: At any time that you are employed or otherwise providing midwifery services, you must place yourself and remain under the direct supervision of a registered midwife nominated by your employer to work alongside you at all times.
2. When working as a midwife, you must work with your line manager, mentor or supervisor (or their nominated deputy) to create, complete and sign off a personal development plan designed to address the concerns about the following areas of your practice:
 - Neonatal resuscitation

- Interpretation of CTG
 - Management of shoulder dystocia
 - Perineal suturing
3. When you are employed as a midwife, you must forward a copy of your personal development plan to the NMC within 28 days of the date on which these conditions become effective or the date on which you take up an appointment, whichever is sooner.
 4. You must meet with your midwifery line manager, mentor or supervisor (or their nominated deputy) at least every month to discuss the standard of your performance and your progress towards achieving the aims set out in your personal development plan.
 5. You must send a report from your midwifery line manager, mentor or supervisor (or their nominated deputy) setting out the standard of your performance and your progress towards achieving the aims set out in your personal development plan to the NMC every six months and prior to any NMC review hearing or meeting.
 6. You must allow the NMC to exchange, as necessary, information about the standard of your performance and your progress towards achieving the aims set out in your personal development plan with your midwifery line manager, mentor or supervisor (or their nominated deputy) and any other person who is or will be involved in your retraining and supervision with any employer, prospective employer and at any educational establishment.
 7. You must notify the NMC within 14 days of any midwifery appointment (whether paid or unpaid) you accept within the UK or elsewhere, and provide the NMC with contact details of your employer;
 8. You must inform the NMC of any professional investigation started against you and/or any professional disciplinary proceedings taken against you within seven days of you receiving notice of them;

9. You must within seven days of accepting any post or employment requiring registration with the NMC, or any course of study connected with midwifery, provide the NMC with the name/contact details of the individual or organisation offering the post, employment or course of study;

10. You must immediately inform the following parties that you are subject to a conditions of practice order under the NMC's fitness to practise procedures, and disclose the conditions listed at (1) to (10) above, to them:
 - a) Any organisation or person employing, contracting with, or using you to undertake midwifery work;
 - b) Any agency you are registered with or apply to be registered with (at the time of application) to work as a midwife;
 - c) Any prospective employer (at the time of application) where you are applying for any midwifery appointment; and
 - d) Any educational establishment at which you are undertaking a course of study connected with midwifery, or any such establishment to which you apply to take such a course (at the time of application).

The period of this order is for 36 months. In making an order of this length, the panel wish to recognise the amount of time that may be required for you to return to midwifery practice. You have not worked as a midwife for seven years and, as you acknowledge, there is a considerable amount of work now required to remedy the residual concerns in relation to your midwifery practice. It is likely to take a long time for you to find employment as a midwife and then carry out the work you need to do. The panel noted that if your situation changes significantly before this order expires, you can request an early review. However, the panel is also mindful that if, by three years from now, you have not been able to return successfully to midwifery, you may reach the point where you no longer wish to pursue a career as a midwife. In that case, it would be open to you to invite a future panel to allow the order to lapse so that you could come off of the midwifery register voluntarily.

This conditions of practice order will take effect upon the expiry of the current conditions of practice order, namely the end of 16 June 2021 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.

This will be confirmed to you in writing.

That concludes this determination.