

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

**Substantive Order Review Hearing
Monday 01- Tuesday 02 August 2022**

2 Stratford Place, Montfichet Road, London, E20 1EJ

Name of registrant: Mary Ann Lucia Cascioli

NMC PIN: 12E0204E

Part(s) of the register: Registered Nurse – Sub-part 1
Adult Nursing – 18 May 2013

Relevant Location: Oxfordshire and London

Type of case: Lack of competence and Misconduct

Panel members: Jonathan Storey (Chair, Lay member)
Mary Karasu (Registrant member)
Jennifer Portway (Lay member)

Legal Assessor: George Alliot

Hearings Coordinator: Amira Ahmed

Nursing and Midwifery Council: Represented by James Edenborough, Case
Presenter

Miss Cascioli: Present and represented by Jennifer Agyekum,
instructed by Royal College of Nursing (RCN)

Order being reviewed: Suspension order for case 051552 (2 months)
Suspension order for case 067618 (2 months)

Fitness to practise: Currently Impaired (case 051552)
Not impaired (case 067618)

Outcome:

**Order to lapse upon expiry for case 067618 in
accordance with Article 30 (1), namely 9
September 2022**

**Conditions of practice order for case 051552
(2 years) to come into effect at the end of 10
September 2022 in accordance with Article 30
(1)**

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

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

Mr Edenborough, on behalf of the Nursing and Midwifery Council (NMC), indicated that he didn't oppose 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 agreed to proceed in private session when any aspect of your health or your [PRIVATE] for this hearing are discussed in order to protect your right to privacy. [PRIVATE]. The determination and transcript should be marked accordingly.

Decision and reasons on review of the substantive order

The panel decided to allow the order to lapse upon expiry for case 067618 at the end of 9 September 2022 in accordance with Article 30 (1) of the 'Nursing and Midwifery Order 2001' (the Order).

In the case of 051552, the panel decided to impose a conditions of practice order for a period of 2 years to come into effect at the end of 10 September 2022 in accordance with Article 30 (1).

This is the seventh review of an order originally imposed by a panel of the Conduct and Competence Committee (“CCC”) on 16 December 2016 for the case of 051552. On that occasion, a conditions of practice order was made for a period of 24 months. At the first review hearing on 5 December 2018, a panel of the Fitness to Practise Committee (“FtPC”) imposed another conditions of practice order for a period of 12 months. However, when the case was reviewed by a panel of the FtPC for a second time on 13 January 2020, the conditions of practice order was replaced with a suspension order for a period of six months. On 22 May 2020, a panel of the FtPC imposed a further suspension order for a period of 12 months. On 6 July 2021, a panel of the FtPC adjourned the hearing. On 14 July 2021 a panel of the FtPC imposed a further suspension order for a period of month. At the last review hearing on 4 August 2021, the panel imposed a suspension order for a period of 10 months and 24 days. This order reviewed on 4 July 2022 and a suspension order was imposed for a period of 2 months. The current order is due to expire at the end of 10 September 2022.

This is the second review of the case reference 067618 in which a panel of the Fitness to Practise Committee imposed a suspension order on 10 June 2021 for a period of 12 months. This order was reviewed on 4 July 2022 and a suspension order was imposed for a period of 2 months. The current order is due to expire at the end of 9 September 2022.

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

The charges found proved which resulted in the imposition of the substantive order for the case of 051552 were as follows:

“That you, between 6 September 2014 and 11 March 2015 failed to demonstrate the standards of knowledge, skill, and judgement required to practise without supervision as a band 5 nurse in that you:

1. *Between 8 September 2014 and 3 November 2014, did not meet the standards required of a band 5 nurse, as set out in one or more of the items contained in schedule 1;*

2. *Between 26 January and 11 March 2015 failed to pass a formal personal improvement plan “ PIP” as set out in one or more of the items contained in schedule 2;*

And, for the reasons stated above, your fitness to practise is impaired by reason of your lack of competence.

Schedule 1:

- 1.1. *You did not undertake basic observations on a patient receiving an Intrathecal Morphine infusion;*
- 1.2. *...*
- 1.3. *...*
- 1.4. *...*
- 1.5. *...*
- 1.6. *...*
- 1.7. *...*

Schedule 2:

- 1.1. *On 3 March 2015 did not ... record the pH of Patient A's gastric content prior to recommencing Patient A's feed through a nasogastric tube;*
- 1.2. *Between 12:31 and 18:14 did not record your monitoring of Patient A on the patient's track and trigger form.”*

The charges found proved which resulted in the imposition of the substantive order for the case of 067618 were as follows:

That you, a registered nurse,

1. *Breached condition 9(c) of your NMC Conditions of Practice Order (COPO), in that when you made eight applications for employment at University College London Hospitals Foundation Trust (UCLH) as set out in schedule 1, you,
 - a. *Did not immediately inform UCLH that you are subject to a COPO under the NMC's fitness to practise procedures,*
 - b. *Did not disclose the conditions listed in the COPO to UCLH.**
2. *Your actions as set out in charges 1(a) and 1(b) were dishonest in that you deliberately sought to mislead UCLH by not informing them that you are subject to a COPO and not disclosing the conditions listed within the order.*
3. *On one or more of your eight applications for employment to UCLH as listed in schedule 1, did not disclose your previous employment history.*
4. *Your actions as set out in charge 3 were dishonest in that you deliberately sought to mislead UCLH by withholding information about your previous employment.*
5. *...*
6. *...*
7. *On one or more of your eight applications for employment to UCLH as listed in schedule 1, did not provide your NMC PIN.*
8. *Your actions as set out in charge 7 were dishonest in that you deliberately sought to mislead UCLH by not providing your NMC PIN.*

9. ...

10. ...

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

Schedule 1

1. *Band 5 Staff Nurse – 12 March 2018*
2. *Autonomic Support Nurse – 14 March 2018*
3. *Band 5 Staff Nurse, Endoscopy – 23 March 2018*
4. *Staff Nurse, Day Surgery & Surgical – 21 March 2018*
5. *Staff Nurse, Critical Care – 16 May 2018*
6. *Staff Nurse, Close Observation Bay*
7. *Staff Nurse, MITU*
8. *Staff Nurse, Surgical Intensive Unit*

The fourth reviewing panel on case 051552 determined the following with regard to impairment:

“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 has considered the submissions of Ms Hare, Mr Buxton in conjunction with your reflective statement, training records and character references.

The panel considered that your reflective statement shows some insight into the original allegations. However, it determined that your insight is still developing and

that there has been no or limited reflection on the circumstances that led to the failures identified, and how you would prevent similar failures from occurring in future.

The panel noted that you have completed a number of e-learning courses but your participation in clinical skills training was limited and not always relevant to the issues highlighted at the substantive hearing. The panel was concerned about the lack of opportunity to demonstrate any clinical skills in your current role. The panel was encouraged by the fact that you have sought opportunities to work as a vaccinator and a health care assistant which would offer you some experience of working in clinical practice albeit at a level below that of a registered nurse.

The panel observed that the testimonials provided are not relevant to your clinical competencies.

In light of this, this panel determined that you remain 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 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 substantive hearing panel on case 067618 determined the following with regard to impairment:

“The panel found that all four limbs of Grant were engaged in this case. In relation to limb (a), while the panel recognised that no actual patient harm was caused, the requirement that a conditions of practice order is disclosed to current or prospective employers is to safeguard patient safety. Similarly, job applicants are asked to

disclose their employment history and professional registration details so that employers can check that they are suitably qualified and safe to practise. The panel considered that by failing to disclose your NMC PIN, conditions of practice order and employment history on various applications, you could have placed patients at unwarranted risk of harm by potentially allowing you to look after patients in breach of the conditions of practice order.

The panel also considered that limbs (b), (c) and (d) of Grant were engaged in this case. Your failure to provide your employment history, NMC PIN and information about the restrictions imposed by your regulator breached fundamental tenets of the nursing profession and brought the profession into disrepute.

The panel then moved on to consider whether you are likely to act dishonestly in the future, so as to breach fundamental tenets of the nursing profession and bring the profession into disrepute.

The panel was aware that participating in this hearing has been particularly challenging for you in light of your disabilities and noted your level of commitment and engagement. It noted your character references and the significant number of training certificates before it which demonstrated your commitment to maintaining your nursing skills and knowledge. You also described in detail the changes you have made to your practice when applying for jobs, as a result of these proceedings.

In both your reflective piece and your oral evidence, you expressed remorse for your actions and accepted the panel's findings of fact in relation to dishonesty. The panel was of the view that your reflective piece showed some insight into your misconduct and an understanding of the importance of honesty within the nursing profession. However, it considered that your insight into the reasons for your dishonesty was limited.

The panel found that you tended to use generalities in your reflective piece, which had the effect of minimising and de-personalising your actions, rather than accepting accountability for them. The panel bore in mind that you had previously

said that you found it easier to communicate verbally than in writing. However, it considered that you also sought to minimise the severity of your actions in your oral evidence, by describing your repeated dishonesty as “a lapse of judgement” and “an error”, rather than accepting full responsibility and accountability for your decisions.

In considering the three questions posed by Silber J in Cohen v GMC [2008] EWHC 581 (Admin), the panel bore in mind that dishonesty is difficult to remediate. It considered that you have made changes to your practice to ensure that you disclose all of the necessary information when applying for jobs. However, the panel was not satisfied that you have fully reflected upon your reasons for omitting the information in the application forms, nor accepted responsibility for this. The panel considered that in the absence of insight in this regard, there remained a risk of repetition.

The panel therefore concluded that a finding of current impairment was required on public protection grounds, to protect patients from the risk of harm if you were to fail to disclose restrictions on your practice again. The panel also determined that a finding of current impairment was required on public interest grounds to maintain proper professional standards of honesty and integrity and to uphold public confidence in the in the nursing profession.”

The fourth reviewing panel on case 051552 determined the following with regard to sanction:

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

The panel considered the imposition of a caution order but 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 lack of competence was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the issues identified. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether a conditions of practice on your registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable. As you are currently subject to a suspension order in relation to a misconduct matter, a conditions of practice order would not be workable.

The panel considered the imposition of a further period of suspension. It was of the view that a suspension order would allow you further time to fully reflect on your previous lack of competence. The panel concluded that a further a suspension order of 10 months and 24 days would be the appropriate and proportionate response and would afford you adequate time to further develop your insight and remediation. It determined that this would be sufficient to protect the public and satisfy the wider public interest. Accordingly, the panel determined to impose a suspension order for the period of 10 months and 24 days.

The panel determined that a striking off order was disproportionate at this stage.

This suspension order will take effect upon the expiry of the current suspension order, namely the end of 17 August 2021 in accordance with Article 30(1).

Before the end of the period of suspension, another panel will review this order. The review of this order should take place at the same time as the review of any other substantive order to which you may be subject. The panel noted that on the next occasion the reviewing panel will have all options open to it. This would include an imposition of a striking off order.”

The substantive hearing panel on case 067618 determined the following with regard to sanction:

“As this case involved dishonesty, the panel had particular regard to the case law and NMC guidance regarding dishonesty. As both legal representatives accepted, each case must be decided in accordance with its own individual facts. The panel considered that your dishonesty was not a one-off or isolated event, as there were eight separate application forms which were submitted over a three month period. However, the panel accepted that many of the other factors which are generally associated with more serious dishonesty, such as breaching the professional duty of candour, a misuse of power, breach of trust, or vulnerable victims, were not present. Although the panel had found that patients could be placed at risk of harm by a failure to disclose a conditions of practice order, it noted that you had gone on to disclose the conditions of practice order at interview. There was therefore no direct risk of harm to patients and no direct personal gain. The panel bore all of these factors in mind when considering which sanction to impose.

The panel first considered whether to take no action but concluded that this would be inappropriate in view of the seriousness of the case. Taking no further action would not mark your misconduct and would therefore be insufficient to meet the public interest.

It then considered the imposition of a caution order but again determined that, due to the seriousness of the case, and with particular regard to the public interest issues identified, an order that does not restrict your practice would not be appropriate in the circumstances. The Sanctions Guidance 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.’ Given the repeated nature of your dishonesty, the panel determined that the case was too serious to be properly addressed with a caution order.

The panel next considered a conditions of practice order but determined that, in the absence of any identifiable issues in your clinical practice in relation to this case, a conditions of practice order would be inappropriate. The panel determined that it would not be possible to formulate practical or workable conditions which would address your dishonesty. The panel therefore concluded that a conditions of practice order would not adequately address the serious nature of this case and would not meet the public interest or adequately protect the public.

The panel then went on to consider whether a suspension order would be an appropriate sanction. The Sanctions Guidance states that suspension order may be appropriate where some of the following factors are apparent:

- 'A single instance of misconduct but where a lesser sanction is not sufficient;*
- No evidence of harmful deep-seated personality or attitudinal problems;*
- No evidence of repetition of behaviour since the incident;*
- The Committee is satisfied that the nurse or midwife has insight and does not pose a significant risk of repeating behaviour;*
- [...]*
- [...]*

The panel noted that you had submitted eight application forms over a period of three months and, therefore, your actions could not be characterised as a 'single instance of misconduct'. However, you have engaged with these proceedings despite the various challenges this presented and have accepted the findings of this panel. You have expressed remorse for your actions and shown an understanding of the importance of honesty within the nursing profession. You have given evidence regarding the changes you have made to your practice to avoid repetition and have provided positive testimonials from your current manager and other personal referees. Taking all of this into account, the panel could not accept the submission made by the NMC that there was evidence of harmful deep-seated personality or attitudinal problems.

Further, while the panel had found that your insight was limited in some respects and that, as a result of this, there was a risk of repetition, the panel did not consider that this risk was 'significant', given the insight that you have shown, the changes you have made to your practice, and the salutary effect of these proceedings.

The panel was aware that a nurse who has acted dishonestly will always be at risk of being struck-off from the register. However, case law also makes it clear that this outcome is not inevitable in every case, and that panels must consider the seriousness of the dishonesty when considering the appropriate sanction. The panel had regard to the NMC's guidance on dishonesty which states that:

'Nurses, midwives and nursing associates who behaved dishonestly can engage with the Fitness to Practise Committee to show that they feel remorse, that they realise they acted in a dishonest way, and tell the panel that it will not happen again. They can do this in person, through anyone representing them, or by sending information they want the Committee to consider. If they do this, they may be able to reduce the risk that they will be removed from the register.

None of this means that the Fitness to Practise Committee only has a choice between suspending a nurse, midwife or nursing associate or removing them from the register in cases about dishonesty. It's vital that, like any other case, the Fitness to Practise Committee should start by considering the sanction with the least impact on the nurse, midwife or nursing associate's practice, and work upwards to the next most serious sanctions if it needs to.'

The panel had already noted that your dishonesty, while not a one-off incident, did not involve many of the factors usually associated with the most serious forms of dishonesty, such a breaching the duty of candour, a breach of trust, misuse of power, or harm to patients. You also did disclose the fact that you were subject to conditions of practice, albeit only at the interview stage. You have engaged with these proceedings throughout and have shown remorse and some insight. You have made

changes to your practice when completing application forms and have demonstrated a commitment to the nursing profession by completing training to keep your skills and knowledge up to date. You are currently working within the healthcare sector and have a positive testimonial from your manager, who is aware of these proceedings.

The panel considered that the mitigating features of this case, taken as a whole, could be regarded as exceptional. Accordingly, the panel concluded that your misconduct, while serious, was not fundamentally incompatible with remaining on the NMC register. The panel was satisfied that that public protection and public confidence in the nursing profession could, in this case, be maintained by a less restrictive sanction than a striking-off order.

The panel therefore determined that the appropriate and proportionate sanction was a 12 month suspension order. It determined that this sanction would mark the seriousness of your misconduct and declare and uphold proper standards of professional conduct and behaviour, whilst being proportionate to your individual circumstances.

At the end of the period of suspension, another panel will review the order. At the review hearing the panel may revoke the order, or it may confirm the order, or it may replace the order with another order.”

Decision and reasons on current impairment

The panel has considered carefully whether your fitness to practise remains impaired by reason of lack of competence and misconduct. 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 orders in light of the current circumstances. Whilst it has noted the decisions of the last panels, 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 your On-Table bundle. It has taken account of the submissions made by Mr Edenborough on behalf of the NMC. He outlined the background of the case to the panel. He submitted that you have previously minimised your dishonest actions and in your most recent reflective piece you still have not shown full insight into your actions.

Mr Edenborough explained that although you have attended a relevant face to face training course earlier this year you have not shown how it has strengthened your overall nursing practice. He submitted that the panel should ask itself whether you are clear about what you would do differently and whether you have reflected on why errors and misconduct happened in the first place for each of the referrals.

Ms Agyekum submitted that your fitness to practice is not currently impaired in regards to both cases. She submitted that you have written a seven page reflective piece for this hearing explaining why your conduct was wrong and how it breached the NMC code and how it impacted the profession and the trust between patients and nurses. Ms Agyekum also submitted that your reflective piece detailed that you understand that trust is undermined in colleagues when dishonesty is found.

Ms Agyekum submitted that you have a good level of insight and that means the risk of repetition is low. She explained that you have undertaken further relevant training and there has been no repetition of the lack of competence charges since the substantive hearing. In terms of employment Ms Agyekum submitted that you have tried remaining in a clinical environment and are currently working as a Senior Clinical Support Worker and have good references from your line manager and colleagues. She explained that you also have a second role as a COVID-19 vaccinator and have a confirmation letter that you are to remain as bank staff.

Ms Agyekum submitted that you have demonstrated clear evidence of remorse for your actions and failings of the past which you have remedied. Ms Agyekum submitted that you have shown continued engagement with the NMC and willingness to improve your practice. She submitted that you are doing well in a clinical environment and your employer is willing to help you find work as a registered nurse in your department depending on the outcome of this hearing.

Ms Agyekum submitted that if the panel does consider your fitness to practice to remain impaired then a proportionate response would be a conditions of practice order as you have shown no deep seated attitudinal issues and there are workable conditions to address your clinical failing in the lack of competence case (051552). She submitted that conditions could include a Personal Development Plan covering areas identified by your employer, monthly meetings with your manager and a report for the next review panel.

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.

Case 051522

In relation to the case of 051552 the panel accepted that you have a real commitment to the profession and have continued to work in a healthcare setting since your suspension from registered practice. It also recognised that your insight, as expressed in your reflective piece, has developed since the last hearing and that you have undertaken training specific to your actions. It noted, however, the length of time that you have not been practising as a nurse. It also noted that you have not provided evidence of reflection as to the specific causes and circumstances of your actions and reflected what you need to do in the future to facilitate your return to safe, effective and unrestricted clinical practice.

This panel determined that there remains a risk that you would repeat matters of the kind found proved in relation to the lack of competence case. The panel therefore decided that a finding of continuing impairment is necessary on the grounds of public protection.

The panel has borne in mind that its primary function is to protect patients and the wider public interest which includes maintaining confidence in the nursing profession and

upholding proper standards of conduct and performance. 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.

Case 067618

In relation to the case of 067618 the panel noted that since the substantive hearing no concerns have been raised about your integrity and you have been honest with your employers about your NMC suspension order.

The panel noted the previous panel observations about insight at the time of the last effective hearing. Since then you have provided a reflective piece your understanding of the importance of honesty and change in your practice in relation to submitting job applications this includes asking a third party involvement to read them for accuracy. The panel noted the good references and the fact that you are currently working in a clinical environment and have had no subsequent issues arise. It also noted that you have not, in your documentary evidence for this hearing, sought to rehearse any justifications for your actions. Bearing in mind the previous panel's findings as to the nature and seriousness of your proven dishonesty and its risk of reoccurrence, the panel determined, that, while not yet complete, your insight is now sufficient to support your safe return to practice.

You have served a period of suspension in excess of one year which will have had serious implications for your professional; reputation and finances. The panel considered that this adequately addresses the wider public interest in the declaring and upholding proper professional standards and conduct.

For these reasons, the panel found that, although your fitness to practise was impaired at the time of the incidents, given all of the above, your fitness to practise is not currently impaired.

In accordance with Article 30(1), the substantive suspension order will lapse upon expiry, namely the end of 9 September 2022.

This will be confirmed to you in writing.

Decision and reasons on sanction

Having found your fitness to practise currently impaired in relation to case 051552, the panel then considered what, if any, sanction it should impose in this case. The panel noted that its powers are set out in Article 30 of the Order. The panel has also taken into account the 'NMC's Sanctions Guidance' (SG) and has borne in mind that the purpose of a sanction is not to be punitive, though any sanction imposed may have a punitive effect.

The panel first considered whether to take no action but concluded that this would be inappropriate in view of the seriousness of the case. The panel decided that it would be neither proportionate nor in the public interest to take no further action.

It then considered the imposition of a caution order but again determined that, due to the seriousness of the case, and the public protection issues identified, an order that does not restrict your practice would not be appropriate in the circumstances.

The panel considered substituting the current suspension order with a conditions of practice order. Despite a previous finding of lack of competence, there has been evidence produced to show that you have sufficient insight, have demonstrated remorse and have provided evidence of the steps taken to strengthen your practice. You have also indicated that you wish to return to nursing.

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

The panel decided that the public would be suitably protected as would the reputation of the profession by the implementation of the following conditions of practice:

1. You must work with your line manager, mentor or supervisor (or their nominated deputy) to create a personal development plan focusing on your practice, specifically in the following areas:

- a) Prioritisation
- b) Time management
- c) Record keeping
- d) Documentation
- e) Communication

A copy of this personal development plan is to be supplied to the NMC within one month of commencing employment.

2. You must initially have a face-to-face meeting with your line manager, mentor or supervisor (or their nominated deputy) at least every 2 weeks to discuss and document the standard of your performance and your progress towards achieving the aims set out in your personal development plan. Once your employer determines that your performance is satisfactory this can become 4 weekly.
3. You must ensure that you are supervised by another registered nurse any time you are working. Your supervision must consist of:
Working at all times on the same shift as, but not always directly observed by, a registered nurse.
4. 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 at least 14 days before any NMC review hearing or meeting.
5. 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.

6. You must disclose a report not more than 28 days old (or, if not in employment, the most recent 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 any current and prospective employers (at the time of interview) 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 nursing 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 14 days of you receiving notice of them.
9.
 - a) You must within 14 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.
 - b) You must within 14 days of entering into any arrangements required by these conditions of practice provide the NMC with the name and contact details of the individual/organisation with whom you have entered into the arrangement.
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 8 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 nursing employer (at the time of application).

- 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 period of this order is for 2 years. The panel concluded that this length of order was the minimum necessary to ensure you are supported and supervised when working as a registered nurse after a lengthy period of suspension and having had limited nursing experience prior to that.

This conditions of practice order will take effect upon the expiry of the current suspension order, namely the end of 10 September 2022 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 testimonials from your line manager and colleagues and your attendance at a future review hearing.

This will be confirmed to you in writing.

That concludes this determination.