

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

**Substantive Order Review Hearing
Thursday, 23 November 2023**

Virtual Hearing

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| Name of Registrant: | Sandy Lewis |
| NMC PIN | 19C01100 |
| Part(s) of the register: | Registered Nurse – Sub Part 1 Adult Nursing – Level 1: 7 March 2019 |
| Relevant Location: | Dorset |
| Type of case: | Lack of competence |
| Panel members: | Darren Robert Shenton (Chair, Lay member) Jodie Jones (Registrant member) Helen Kitchen (Lay member) |
| Legal Assessor: | Dr Marian Gilmore KC |
| Hearings Coordinator: | Petra Bernard |
| Nursing and Midwifery Council: | Represented by Laura Holgate |
| Miss Lewis: | Not present and represented by written submission |
| Order being reviewed: | Conditions of practice order (18 months) |
| Fitness to practise: | Impaired |
| Outcome: | Conditions of practice order (18 months) to come into effect on 30 November 2023 in accordance with Article 30 (1) |

Decision and reasons on service of Notice of Hearing

The panel was informed at the start of this hearing that Miss Lewis was not in attendance and that the Notice of Hearing had been sent to Miss Lewis' registered email address on 30 October 2023. Further, the panel noted that the Notice of Hearing was also sent to Miss Lewis' representative at the Royal College of Nursing (RCN) on the same date.

From the documentation provided to the panel the actual date of the service of the notice of hearing was 25 October 2023 and the panel considered this to be the date of the Notice of Hearing and the reference to the 30 October 2023 was an administrative error.

Ms Holgate, on behalf of the Nursing and Midwifery Council (NMC), submitted that it had complied with the requirements of Rules 11 and 34 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules). She noted that the hearing had been adjourned from 20 October 2023 and that Miss Lewis and her representative had been informed of the relisting taking place in the week commencing 20 November 2023 before the formal notice was dispatched, a listing date the RCN indicated would be convenient.

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Hearing provided details of the substantive order being reviewed, the time, date and that the hearing was to be held virtually, including instructions on how to join and, amongst other things, information about Miss Lewis' right to attend, be represented and call evidence, as well as the panel's power to proceed in her absence.

In the light of all of the information available, the panel was satisfied that Miss Lewis has been served with notice of this hearing in accordance with the requirements of Rules 11 and 34.

Decision and reasons on proceeding in the absence of Miss Lewis

The panel next considered whether it should proceed in the absence of Miss Lewis. The panel had regard to Rule 21 and heard the submissions of Ms Holgate who invited the panel to continue in the absence of Miss Lewis.

Ms Holgate referred the panel to documentation from Miss Lewis' representative at the Royal College of Nursing (RCN), which included a letter dated 22 November 2023 which states:

'Our member will not be attending the hearing, nor will they be represented. No disrespect is intended by their non-attendance. Our member has received the notice of hearing and is happy for the hearing to proceed in their absence. They are keen to engage with the proceedings.'

The panel accepted the advice of the legal assessor.

The panel has decided to proceed in the absence of Miss Lewis. In reaching this decision, the panel has considered the submissions of Ms Holgate, the written representations from the RCN made on Miss Lewis's behalf, and the advice of the legal assessor. It has had particular regard to relevant case law and to the overall interests of justice and fairness to all parties. It noted that:

- No application for an adjournment has been made by Miss Lewis;
- Miss Lewis via her representative has informed the NMC that she has received the Notice of Hearing and confirmed she is content for the hearing to proceed in her absence;
- There is no reason to suppose that adjourning would secure her attendance at some future date; and
- There is a strong public interest in the expeditious review of this case.

In these circumstances, the panel has decided that it is fair to proceed in the absence of Miss Lewis.

Decision and reasons on review of the substantive order

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

This order will come into effect at the end of 30 November 2023 in accordance with Article 30(1) of the 'Nursing and Midwifery Order 2001' (the Order).

This is the first review of a substantive conditions of practice order originally imposed for a period of 18 months by a Fitness to Practise Committee panel on 29 April 2023.

The current order is due to expire at the end of 30 November 2023.

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

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

'Between 3 April 2019 and 7 August 2019, you failed to demonstrate the standards of knowledge, skill, and judgement required to practise without supervision as a Band 5 Nurse, in that you:

1. *Whilst subject to a Personal Improvement Plan at C3 Ward, Poole Hospital NHS Foundation Trust between 3 April 2019 and 17 June 2019, you failed to pass the following objectives:*
 - a. *Effective and competent communication skills. (Proved by admission)*
 - b. *Effective written communication. (Proved by admission)*
 - c. *To demonstrate initiative at all times, in line with the expectations of a Band 5 Staff Nurse. (Proved by admission)*
 - d. *Effective team working. (Proved by admission)*
 - e. *Effective time management skills. (Proved by admission)*
 - f. *To demonstrate the ability to act on any NEWS scores appropriately and effectively. (Proved by admission)*

2. On 15 April 2019, in respect of one of more unknown patients:
 - a. Did not complete tasks and/or handover information for discharge. **(Proved by admission)**
 - b. Did not communicate with the health care assistant during the shift. **(Proved by admission)**
 - c. Did not provide a full handover to the night staff. **(Proved by admission)**

3. On an unknown date in April 2019, whilst assisting a patient who was subject to infection control, you did not wear gloves and an apron when assisting the patient. **(Proved by admission)**

4. On 16 April 2019, in respect of one or more unknown patients you:
 - a. Did not complete discharge documentation for a patient who was due to be discharged on that day. **(Proved by admission)**
 - b. Did not communicate with the auxiliary nurse during the shift. **(Proved by admission)**
 - c. Did not contact the doctor and therapy team to obtain details for the patient's discharge. **(Proved by admission)**

5. On 21 April 2019 during a supervised shift, in respect of one or more patients you:
 - a. Did not communicate with the assigned Healthcare Assistant. **(Proved by admission)**
 - b. Did not complete tasks allocated to you by your supervisor, Colleague A. **(Proved by admission)**
 - c. Did not fully complete patient/nursing documentation. **(Proved by admission)**
 - d. Demonstrated a lack of understanding on how to complete fluid balance charts. **(Proved by admission)**

- e. *Did not provide a detailed handover to the staff in the nightshift. (Proved by admission)*
 - f. *Demonstrated poor communication skills with patients and colleagues. (Proved by admission)*
6. *Failed to pass the Non-IV Drug Calculations Test on 11 April 2019, 23 April 2019 and 30 April 2019. (Proved by admission)*
7. *On 25 April 2019, during a supervised shift, in respect of one or more unknown patients you:*
- a. *Did not complete a fluid balance chart. (Proved by admission)*
 - b. *Did not check a number of unknown patient's cannulas and/or complete any VIP scores. (Proved by admission)*
 - c. *Incorrectly positioned an ECG lead. (Proved by admission)*
8. *On 14 May 2019, in respect of an unknown patient, you:*
- a. *Did not escalate to a doctor that the patient had a heart rate of 125 bpm and an irregular heartbeat. (Proved)*
 - b. *Did not carry out observations on the patient when instructed. (Proved)*
 - c. *Did not check if the Healthcare Assistant had carried out any observations. (Proved by admission)*
9. *On 24 May 2019, in respect of an unknown patient, you:*
- a. *Offered a patient Oramorph without checking the patient's airway. (Proved by admission)*
 - b. *Administered paracetamol without checking when it had last been administered. (Not proved)*
 - c. *Made no entries on the patient's fluid balance chart from 09:00 – 17:30. (Proved by admission)*

10. On 5 June 2019, during a supervised shift, in respect of one or more unknown patients:

- a. Did not complete any entries in Patient A's fluid balance chart between 12.00 and 16.00. **(Proved by admission)**
- b. Did not sign the fluid balance chart. **(Proved by admission)**
- c. Did not fully complete the nursing and evaluation care plan for Patient A. **(Proved by admission)**
- d. Demonstrated poor record keeping, in that your writing was illegible. **(Not proved)**
- e. Commenced an enteral feed without receiving written confirmation from a doctor that the nasogastric tube was in the correct position. **(Proved by admission)**
- f. Carried out the task as described in charge 10e above when you were not competent to do so. **(Proved by admission)**

11. Whilst subject to a PIP (as updated) at Lulworth Ward, Poole Hospital NHS Foundation Trust between 13 June 2019 and 13 August 2019, you failed to pass the following objectives:

- a. Effective and competent communication skills. **(Proved by admission)**
- b. Effective written communication. **(Proved by admission)**
- c. To demonstrate initiative at all times, in line with the expectations of a Band 5 Staff Nurse. **(Proved by admission)**
- d. Effective team working. **(Proved by admission)**
- e. Effective time management skills. **(Proved by admission)**
- f. To demonstrate the ability to act on any NEWS scores appropriately and effectively. **(Proved by admission)**
- g. Safe and effective medication administration. **(Proved by admission)**
- h. To demonstrate an understanding of hospital policies and procedures
- i. Ability to use equipment safely. **(Proved by admission)**

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

The original panel determined the following with regard to impairment:

'The panel next went on to decide if as a result of the lack of competence, your fitness to practise is currently impaired. Nurses occupy a position of privilege and trust in society. Patients and their families must be able to trust nurses with their lives and the lives of their loved ones. Nurses 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 Grant in reaching its decision. In paragraph 74, she said:

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

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

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

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

- b) *has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*
- c) *has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or*
- d) *...'*

The panel considered limbs a, b, and c of the above test to be engaged. The panel found that patients were put at risk as a result of your lack of competence. Your lack of competence had breached fundamental tenets of the nursing profession and therefore brought its reputation into disrepute.

Whilst the concerns in your case are remediable, there was no evidence before the panel that you have addressed or strengthened the deficiencies in your practice. It had no evidence, for example references or testimonials, of your safe practice since working as a nurse in Jamaica. Further, there was no evidence of any reflection or insight into your lack of competence. In fact, a number of the witnesses in your case stated that they were surprised to find that you did not feel you lacked competence, highlighting the absence of any insight.

In the circumstances, the panel considered it highly likely that the facts found proved would be repeated. It therefore decided that a finding of impairment is necessary on the grounds of public protection.

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

Given the large number and range of issues with your practice, the panel determined that, in this case, a finding of impairment on public interest grounds was also required.

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:

'The panel first considered whether to take no action but concluded that this would be inappropriate in view of the risks identified. 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, similarly, due to the risks identified, an order that does not restrict your nursing practice would not be appropriate in the circumstances. The panel decided that a caution order would not be proportionate, nor would it do anything to protect the public in view of the issues with your competence as a nurse.

The panel next considered whether placing conditions of practice on your nursing practice would be a suitable response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable. The panel took into account the SG, in particular the factors identified as likely to be present where conditions of practice may be appropriate:

- 'No evidence of harmful deep-seated personality or attitudinal problems;*
- Identifiable areas of the nurse or midwife's practice in need of assessment and/or retraining;*
- Patients will not be put in danger either directly or indirectly as a result of the conditions;*
- The conditions will protect patients during the period they are in force; and*
- Conditions can be created that can be monitored and assessed.'*

The panel was sufficiently satisfied that you would be willing to comply with conditions of practice and it determined that it would be possible to formulate appropriate and practical conditions which would address the failings highlighted in this case.

The panel determined that the most appropriate and proportionate sanction is a conditions of practice order because it would protect patients as well as support you in developing your clinical practice. The panel was also satisfied that this sanction would be sufficient to serve the public interest.

The panel considered a suspension order but decided that it would be disproportionate and would not be a reasonable response, in the circumstances of your case, as it would not assist you in developing your clinical skills or support you in achieving safe and effective nursing practice.

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 ensure that you are directly supervised by another registered nurse, more senior to you, any time that you are administering medication or undertaking ECG monitoring, until such a time as you are signed off as competent to do so unsupervised.*
- 2. You must work with your manager, mentor or supervisor to create a personal development plan (PDP). Your PDP must address the following areas of your clinical practice:*
 - a. Escalating concerns about deteriorating patients.*

- b. Caring for patients where specific infection control procedures are required.*
- c. Carrying out accurate observations of patients in a timely manner.*
- d. Ensuring that you have completed training for any procedures that you carry out.*
- e. Communication skills, both written and oral.*
- f. Initiative.*
- g. Documentation.*
- h. Time management.*

Your PDP should contain specific examples and be signed by your supervisor each time.

- 3. You must meet with your manager, mentor or supervisor at least monthly to discuss these issues and your progress towards achieving the aims set out in your PDP.*
- 4. You must provide the NMC with your PDP and a report regarding your progress against your objectives, from your manager, mentor or supervisor, prior to any review of this Order.*
- 5. If working as a registered nurse in the UK, you must work under a preceptorship arrangement with direct supervision, until you are deemed competent to work safely and effectively alone and in line with your job description and are signed off by your employer.*
- 6. You must keep us informed about anywhere you are working by:*
 - a. Telling your case officer within seven days of accepting or leaving any employment.*
 - b. Giving your case officer your employer's contact details.*
- 7. You must keep us informed about anywhere you are studying by:*

- a. *Telling your case officer within seven days of accepting any course of study.*
 - b. *Giving your case officer the name and contact details of the organisation offering that course of study.*

8. *You must immediately give a copy of these conditions to:*
 - a. *Any organisation or person you work for.*
 - b. *Any agency you apply to or are registered with for work.*
 - c. *Any employers you apply to for work (at the time of application).*
 - d. *Any establishment you apply to (at the time of application), or with which you are already enrolled, for a course of study.*
 - e. *Any current or prospective patients or clients you intend to see or care for on a private basis when you are working in a self-employed capacity*

9. *You must tell your case officer, within seven days of your becoming aware of:*
 - a. *Any clinical incident you are involved in.*
 - b. *Any investigation started against you.*
 - c. *Any disciplinary proceedings taken against you.*

10. *You must allow your case officer to share, as necessary, details about your performance, your compliance with and / or progress under these conditions with:*
 - a. *Any current or future employer.*
 - b. *Any educational establishment.*
 - c. *Any other person(s) involved in your retraining and/or supervision required by these conditions*

The period of this order is for 18 months.'

Decision and reasons on current impairment

The panel has considered carefully whether Miss Lewis' fitness to practise remains impaired. Whilst there is no statutory definition of fitness to practise, the NMC has defined fitness to practise as a registrant's suitability to remain on the register without restriction. In considering this case, the panel has carried out a comprehensive review of the order in light of the current circumstances. Whilst it has noted the decision of the last panel, this panel has exercised its own judgement as to current impairment.

The panel has had regard to all of the documentation before it, including the NMC bundle, and written representations from Miss Lewis' representative. It has taken account of the submissions made by Ms Holgate on behalf of the NMC.

Ms Holgate provided a brief background to the case and summarised the original panel's decisions. She submitted that since the conclusion of the substantive hearing in April 2022, Miss Lewis has returned to and resides in Jamaica, where she is currently employed as a nurse managing a curative department. She referred the panel to Miss Lewis' document which lists the duties she undertakes in that role.

Ms Holgate submitted that Miss Lewis' representative has informed the NMC that Miss Lewis has not been able to secure a preceptorship role in the United Kingdom (UK), however she continues to apply for such roles in the UK in the hope that she will secure a preceptorship role in the future.

Ms Holgate submitted that on the basis of the information provided by Miss Lewis' representative, it is clear that she has taken steps to strengthen her practice since the substantive hearing, in terms of meeting with her supervisor on a monthly basis to discuss and complete her personal development plans, two of which have been signed off by her supervisor. Ms Holgate noted that no concerns have been raised in any areas of Miss Lewis' practice by her current supervisor.

Ms Holgate submitted that, notwithstanding the positive and encouraging steps taken by Miss Lewis, the standards and procedures for nursing can be very different for other

countries. She submitted that Miss Lewis has not yet demonstrated a period of safe and effective practise within the UK, in line with her current conditions. She submitted that in view of this, a further period of conditions of practice is therefore necessary to allow Miss Lewis the opportunity to obtain a role in the UK to show that she has fully strengthened her practice in respect of the areas of concerns raised.

Ms Holgate referred the panel to Miss Lewis' bundle in which there are letters from two different trusts in the UK offering her roles. She submitted that these roles were both withdrawn on the basis that they were unable to offer her support due to the supervision requirements of the conditions of practice. She submitted that, unfortunately, the NMC have not been provided with any further information as to which specific conditions, if any, caused such issue within those trusts. She submitted that any future panel would be assisted by this information.

Ms Holgate submitted that charges found proven in this case are serious and wide-ranging, covering the full scope of Miss Lewis' clinical practise. She submitted, therefore, that risk of repetition and subsequently a risk of harm to public remains, should Miss Lewis be permitted to practise without restriction.

Ms Holgate submitted that Miss Lewis' fitness to practise remains currently impaired by reason of her lack of competence on grounds of public protection and in the wider public interest, to maintain confidence in the profession and the NMC as regulator.

In terms of sanction, Ms Holgate submitted that a conditions of practice order remains the appropriate and proportionate order to address the remaining concerns. She submitted that such an order would protect the public whilst the conditions are at force and would satisfy the public interest in reflecting the seriousness of the case. She submitted that the order would also allow Miss Lewis with further opportunities to secure a preceptorship in the UK

Ms Holgate invited the panel to confirm the conditions of practice order for a period of 18 months in its current form.

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 Miss Lewis' fitness to practise remains impaired.

The panel noted that the original panel found that there was no evidence before the panel that Miss Lewis had addressed or strengthened the deficiencies in her practice. It had no evidence by way of references or testimonials, of her safe practice since working as a nurse in Jamaica. Further, there was no evidence of any reflection or insight into her lack of competence. It noted that a number of the witnesses in Miss Lewis' case stated that they were surprised to find that she did not feel she lacked competence, highlighting the absence of any insight.

At this hearing the panel took into account that Miss Lewis is still engaging with the process and making efforts to comply with the conditions of practice order, whilst working as a nurse in Jamaica. The panel considered that the evidence to demonstrate her strengthening of her practice still to be limited. The level of supervision and adherence to the conditions of practice order was not detailed and clear.

It was concerned that the evidence of complying with condition 1 was confined to the attendance at a training course for (electrocardiogram) ECG monitoring. There was no evidence of the administration of medication under supervision, nor undertaking any assessment of competence for medication administration or undertaking ECG monitoring.

The panel considered that in relation to condition 2, it had not seen a detailed personal development plan (PDP). It was not clear how the PDP had been constructed and the level of observed practice, if any, that had taken place.

In respect of conditions of practice 4, the panel was of the view that there was a lack of detail on how Miss Lewis' supervision was being conducted and determined that a report from her supervisor would have been of assistance.

The panel considered Miss Lewis' reflective statement which shows developing insight, however it did not demonstrate why the wide range of failings in her clinical practice had arisen. The panel was of the view that Miss Lewis' reflective piece focusses on her thought processes but does not sufficiently evidence the practical application of those thought processes and the outcomes.

In relation to the support and supervision Miss Lewis has been provided, the panel was of the view that she not been assessed and passed a test to demonstrate her competence in the areas of concern. Further, the panel was not clear as to whether she is being supervised on a daily basis and what level of supervision she is working under.

The panel had sight of a single testimonial, that was completed by a HCA who was working with her at the trust, at a time when your competence was called into question. It considered, as did the original panel, that workplace testimonials documenting your safe and effective working practice particularly from a clinical line manager would have been more useful.

In light of this, this panel determined that Miss Lewis is 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 Miss Lewis' 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 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 Miss Lewis' 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 a caution order would be inappropriate in view of the wide-ranging 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 imposing a further conditions of practice order on Miss Lewis' 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 Miss Lewis is engaging with the NMC and is willing to comply with any conditions imposed.

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 deep seated attitudinal problems. 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 would be disproportionate and would not be a reasonable response in the circumstances of Miss Lewis' case.

Accordingly, the panel determined, pursuant to Article 30(1)(c) to make a conditions of practice order for a period of 18 months, which will come into effect on the expiry of the current order, namely at the end of 30 November 2023. It decided to impose the following conditions which it considered are appropriate and proportionate in this case:

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

1. You must ensure that you are directly supervised by another registered nurse, more senior to you, any time that you are administering medication or undertaking ECG monitoring, until such a time as you are signed off as competent to do so unsupervised.
2. You must work with your manager, mentor or supervisor to create a personal development plan (PDP). Your PDP must address the following areas of your clinical practice:
 - a. Escalating concerns about deteriorating patients.
 - b. Caring for patients where specific infection control procedures are required.
 - c. Carrying out accurate observations of patients in a timely manner.
 - d. Ensuring that you have completed training for any procedures that you carry out.
 - e. Communication skills, both written and oral.
 - f. Initiative.
 - g. Documentation.
 - h. Time management.
 - i. Your PDP should contain specific examples and be signed by your supervisor each time.
3. You must meet with your manager, mentor or supervisor at least monthly to discuss these issues and your progress towards achieving the aims set out in your PDP.

4. You must provide the NMC with your PDP and a report regarding your progress against your objectives, from your manager, mentor or supervisor, prior to any review of this Order.
5. If working as a registered nurse in the UK, you must work under a preceptorship arrangement with direct supervision, until you are deemed competent to work safely and effectively alone and in line with your job description and are signed off by your employer.
6. You must keep us informed about anywhere you are working by:
 - a. Telling your case officer within seven days of accepting or leaving any employment.
 - b. Giving your case officer your employer's contact details.
7. You must keep us informed about anywhere you are studying by:
 - a. Telling your case officer within seven days of accepting any course of study.
 - b. Giving your case officer the name and contact details of the organisation offering that course of study.
8. You must immediately give a copy of these conditions to:
 - a. Any organisation or person you work for.
 - b. Any agency you apply to or are registered with for work.
 - c. Any employers you apply to for work (at the time of application).
 - d. Any establishment you apply to (at the time of application), or with which you are already enrolled, for a course of study.
 - e. Any current or prospective patients or clients you intend to see or care for on a private basis when you are working in a self-employed capacity
9. You must tell your case officer, within seven days of your becoming aware of:

- a. Any clinical incident you are involved in.
- b. Any investigation started against you.
- c. Any disciplinary proceedings taken against you.

10. You must allow your case officer to share, as necessary, details about your performance, your compliance with and / or progress under these conditions with:

- a. Any current or future employer.
- b. Any educational establishment.
- c. Any other person(s) involved in your retraining and/or supervision required by these conditions.

The period of this order is for 18 months.

This conditions of practice order will take effect upon the expiry of the current conditions of practice order, namely the end of 30 November 2023 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 Miss Lewis has 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:

- A reflective statement that deals with examples of how Miss Lewis' working practice has been strengthened and the impact of incompetent nurses on the profession, professional colleagues and the wider public interest
- More detailed evidence of compliance and strengthening Miss Lewis' practice particularly in relation to conditions of practice 1-5

- Continued engagement with Miss Lewis' regulator and virtual attendance at any future review hearing to be available to provide additional evidence in support of submitted documentation
- Any workplace references or testimonials relating to Miss Lewis' current working nursing practice

This will be confirmed to Miss Lewis in writing.

That concludes this determination.