

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

**Substantive Order Review Hearing  
Thursday 16 November 2023**

Virtual Hearing

**Name of Registrant:** Jane Alicia Rennie

**NMC PIN** 81G1336E

**Part(s) of the register:** Registered Nurse – Sub part 2  
Adult Nursing – August 1983

**Relevant Location:** Hampshire

**Type of case:** Lack of competence

**Panel members:** Phil Lowe (Chair, lay member)  
Amanda Revill (Registrant member)  
Margaret Wolff (Lay member)

**Legal Assessor:** Marian Gilmore KC

**Hearings Coordinator:** Catherine Blake

**Nursing and Midwifery Council:** Represented by Lauren Karmel, Case Presenter

**Ms Rennie:** Not present and not represented at the hearing.

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

**Fitness to practise:** Impaired

**Outcome:** **Conditions of practice order (18 months) to come into effect at the end of 25 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 Ms Rennie was not in attendance and that the Notice of Hearing had been sent to Ms Rennie's registered email address by secure email on 18 October 2023.

Further, the panel noted that the Notice of Hearing was also sent to Ms Rennie's representative at the Royal College of Nursing (RCN) on 18 October 2023.

Ms Karmel, 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).

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 Ms Rennie's 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 Ms Rennie 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 Ms Rennie**

The panel next considered whether it should proceed in the absence of Ms Rennie. The panel had regard to Rule 21 and heard the submissions of Ms Karmel who invited the panel to continue in the absence of Ms Rennie. She submitted that Ms Rennie had voluntarily absented herself.

Ms Karmel referred the panel to the letter from Ms Rennie's representative at the RCN, received by the NMC on 15 November 2023, which stated:

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

The panel accepted the advice of the legal assessor.

The panel has decided to proceed in the absence of Ms Rennie. In reaching this decision, the panel has considered the submissions of Ms Karmel, the representations made on Ms Rennie's behalf, and the advice of the legal assessor. It has had particular regard to any 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 Ms Rennie;
- Ms Rennie 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 the case.

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

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

At the outset of the hearing, Ms Karmel made a request that parts of the hearing be conducted in private as and when references to Ms Rennie's health are raised. The application was made pursuant to Rule 19 of the Rules.

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

The panel determined to go into private session in connection with Ms Rennie's health, as and when such issues are raised in order to protect her privacy.

### **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 25 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 12 months by a Fitness to Practise Committee panel on 25 November 2022.

The current order is due to expire at the end of 25 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:

*'That you a registered nurse, failed to demonstrate the standards of knowledge, skill and experience required to practise safely as Band 6 nurse between 27 November 2017 and 22 March 2019, and as a Band 5 nurse between 17 June 2019 and 19 March 2020 in that you:*

*Whilst employed at Southern NHS Foundation Trust:*

- 1) *On or before 18 January 2018 did not attend to an unknown patient who had fallen. [PROVED BY ADMISSION]*

2) On 23 March 2018:

- a. Became flustered with timings; **[PROVED BY ADMISSION]**
- b. Spilt medication over a spoon; **[PROVED BY ADMISSION]**
- c. Dispensed medication incorrectly. **[PROVED BY ADMISSION]**

3) On 30 March 2018 did not pass the medication competency assessment. **[PROVED BY ADMISSION]**

4) On 7 June 2018 did not pass a medication assessment. **[PROVED BY ADMISSION]**

5) On 13 August 2018 did not pass a medication assessment. **[PROVED BY ADMISSION]**

6) On 10 October 2018 did not pass the MCAPP assessment. **[PROVED BY ADMISSION]**

*Whilst employed at Portsmouth Hospitals NHS foundation Trust:*

7) On or before 5 July 2019 did not remove sutures from an unknown patient's post-operative wounds. **[PROVED BY ADMISSION]**

8) On or before 1 August 2019:

- a. Did not wear an apron whilst applying dressings; **[PROVED BY ADMISSION]**
- b. Placed an open dressing pack on a bed; **[PROVED BY ADMISSION]**
- c. Walked through the department with an apron; **[PROVED BY ADMISSION]**
- d. Touched items whilst wearing sterile gloves. **[PROVED BY ADMISSION]**

9) On or before 12 August 2019 did not correctly fit the sharps box. **[PROVED BY ADMISSION]**

10) On 27 August 2019:

- a. removed a Backslab plaster cast of an unknown patient; **[PROVED BY ADMISSION]**
- b. asked a Registrant to “freshen up” the dressing of an unknown patient. **[PROVED BY ADMISSION]**

11) On or before 3 September 2019 removed sutures on an unknown patient which should not have been removed. **[PROVED BY ADMISSION]**

12) On or before 10 September 2019:

- a. Did not apply a sling on an unknown patient; **[PROVED BY ADMISSION]**
- b. Mixed up unknown patient details on documentation; **[PROVED BY ADMISSION]**
- c. Did not provide your signature on wound care forms. **[PROVED BY ADMISSION]**

13) On or before 22 November 2019 did not have an awareness of risk of scissors near an unknown child **[PROVED BY ADMISSION]**

14) On 11 December 2019 made a safeguarding referral at the reception desk in the presence of patients. **[PROVED BY ADMISSION]**

15) On or before 11 March 2020 did not complete wound care documentation on time. **[PROVED BY ADMISSION]**

*Whilst employed at Alverstoke house:*

16) On or before 18 November 2019 signed for medication for an unknown resident which you did not administer. **[PROVED BY ADMISSION]**

17) On 23 February 2020 did not administer a clexane injection to Resident C. **[PROVED BY ADMISSION]**

18) On 25 April 2020 did not administer 20 units of insulin to Resident A  
**[PROVED BY ADMISSION]**

19) On 26 April 2020 did not administer 20 units of insulin to Resident A  
**[PROVED BY ADMISSION]**

20) On 28 April 2020 left a Carer with no diabetes training to provide care to Resident A. **[PROVED BY ADMISSION]**

21) On or around 25 May 2020 did not record what care staff reported about Resident B's fall. **[PROVED BY ADMISSION]**

22) On or around 25 May 2020 did not follow the Hampshire County Post Falls Protocol when you were informed that Resident B had fallen. **[PROVED BY ADMISSION]**

23) On or around 25 May 2020 when notified that Resident B had fallen and / or collapsed you did not:

a. Notify their family; **[PROVED BY ADMISSION]**

b. Investigate the reason for Resident B's fall. **[PROVED BY ADMISSION]**

The original panel determined the following with regard to impairment:

*'In its consideration of impairment, the panel had regard to Dame Janet Smith's Fifth Shipman Report:*

*'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 was of the view that the first three limbs of this test were engaged in this case. It considered that Ms Rennie's conduct, relating to several potential medication errors (had intervention not been made), record keeping errors, poor communication, and amongst other things, failure to follow and understand care plans, put patients at an unwarranted risk of harm and has the potential to cause harm in the future. The panel determined that the public expect nurses to provide safe and effective care and given her failure to do so, Ms Rennie has brought the profession into disrepute. Furthermore, the panel found that Ms Rennie has breached fundamental tenets of the nursing profession, as evidenced by the breaches of the Code as outlined above.*

*In its consideration of current impairment, the panel had regard to the case of *Cohen v General Medical Council [2008] EWHC 581 (Admin)* (as referred to in the CPD) in which the court set out three matters which it described as being 'highly relevant' to the determination of the question of current impairment;*

- *'Whether the conduct that led to the charge(s) is easily remediable.*
- *Whether it has been remedied;*
- *Whether it is highly unlikely to be repeated.'*

*The panel took into account that Ms Rennie has shown some insight and has taken some steps to address the underlying causes for her actions. It noted that she made full admissions to the charges, accepts that her fitness to practise is currently impaired, and has agreed with a conditions of practice order for a period of 12*

*months. Further, the panel had regard to the positive references provided as well as to the evidence of her training. However, the panel was in agreement with the CPD which concludes that there is insufficient evidence to demonstrate that Ms Rennie could practise unrestricted without putting patients at a risk of harm. The panel concluded that Ms Rennie has not fully strengthened her practice and therefore a finding of current impairment is required 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 and protect the wider public interest. This includes promoting and maintaining public confidence in the nursing and midwifery professions and upholding the proper professional standards for members of those professions.*

*In this regard, the panel concluded that public confidence in the profession would be undermined if a finding of impairment were not made in this case. It considered that an informed member of the public would be concerned if a finding of current impairment were not made. The panel therefore also finds Ms Rennie's fitness to practise impaired on public interest grounds.'*

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 ongoing public protection issues identified and accepted in this case. The panel also decided that it would not be in the public interest to take no further action.*

*The panel then considered the imposition of a caution order but again determined that, due to the ongoing public protection and public interest issues in this case, an order that does not restrict Ms Rennie's practice would not be appropriate in the circumstances.*

*The panel next considered whether placing conditions of practice on Ms Rennie's registration would be a sufficient and appropriate response. The panel was mindful that any conditions imposed must be proportionate, measurable and workable. The*

*panel had regard to the SG (SAN-3c), which states that a conditions of practice order may be appropriate when some or all of the following factors are apparent:*

- *'No evidence of harmful deep-seated personality or attitudinal problems;*
- *Identifiable areas of the nurse or midwife's practice in need of assessment and/or retraining;*
- *No evidence of general incompetence;*
- *Potential and willingness to respond positively to retraining;*
- *The nurse or midwife has insight into any health problems and is prepared to agree to abide by conditions on medical condition, treatment and supervision;*
- *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 considered that a conditions of practice order would provide an adequate balance between protecting the public and upholding the public interest, whilst also providing Ms Rennie the opportunity to strengthen her practice. It noted that this case does not concern a general incompetence and there are specific areas in Ms Rennie's practice requiring improvement. The panel determined that it would be possible to formulate appropriate and practical conditions which would address the failings highlighted in this case.*

*Balancing all of these factors, the panel agreed with the CPD that the appropriate and proportionate sanction is that of a conditions of practice order.*

*The panel was of the view that to impose a suspension order would be disproportionate and would not be a reasonable response in the circumstances of this case. It determined that it would be in the public interest to allow Ms Rennie to continue practising with the appropriate safeguards in place.*

*Having regard to the matters it has identified, the panel has concluded that a conditions of practice order will mark the importance of maintaining public confidence in the profession and will send to the public and the profession a clear message about the standards of practice required of a registered nurse.*

*The panel agreed with the CPD 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 not work or otherwise providing nursing services:
  - a) as the sole nurse on duty;*
  - b) through an agency or as a bank nurse.**
  
- 2. At any time that you are employed or otherwise providing nursing services, to place yourself and remain under the supervision of a workplace line manager or supervisor nominated by your employer. Such supervision must consist of
  - a) working at all times on the same shift as, but not necessarily under the direct observation of a registered nurse;*
  - b) to complete medication rounds only when under the direct supervision of another registered nurse until such time that you are deemed competent by a nurse of grade 6 or above, to undertake them independently;**
  
- 3. You must keep a personal development log every time you undertake medication administration and management. The log must:*

- a) *Contain the dates that you carried out medication administration and management;*
  - b) *Be signed by the nurse who directly supervised you each time;*
  - c) *Contain feedback from the nurse who directly supervised you each time;*
4. *Within 14 days of being deemed competent, you will provide to the NMC evidence that your medication competency has been achieved by:*
- a) *sending a report from your line manager or supervisor setting out the standard of your supervised medication rounds;*
  - b) *Send a copy of the personal development log;*
5. *Within 14 days of commencing your employment, to work with your line manager or supervisor (or their nominated deputy) to create a personal development plan ('PDP') designed to address the concerns relating to medicines management in the following areas of your practice:*
- a) *Medication administration;*
  - b) *Acting as shift leader.*
6. *To forward to the NMC a copy of your PDP within 14 days from the date on which your PDP is created.*
7. *To meet every month of your employment with your workplace line manager or supervisor to discuss your performance and progress towards your PDP;*
8. *To send an overall report from your line manager or supervisor setting out the standard of your performance and your progress towards achieving the aims set out in your PDP:*
- a) *every six months;*

*b) 14 days before any review hearing.*

*9. To write a reflective statement commenting on each charge, including its impact on patients, colleagues, the public and the profession, outlining what about your conduct was exactly wrong and what you would do differently in the future. You must provide a copy of this reflection to the NMC 14 days prior to any review hearing.*

*10. You must keep us informed about anywhere you are working by:*

*a) Telling us within seven days of accepting any nursing appointments and providing us with contact details of the employer.*

*b) Telling us within seven days when you leave or stop working for an employer.*

*c) Giving us the name and contact details of the individual or organisation offering the post, employment or course of study within seven days of accepting any post or employment requiring registration with us, or any course of study connected with nursing or midwifery.*

*d) Giving us the name and contact details of the individual or organisation within seven days of entering into any arrangements required by these conditions.*

*11. Immediately telling the following parties that you have agreed to these conditions under the NMC fitness to practise procedures, and disclosing the conditions 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) to provide nursing services;*
  - c) *Any prospective employer (at the time of application) where you are applying for any nursing appointment;*
  - d) *Any educational establishment where 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).*
12. *Telling us about any clinical incidents you are involved in, any investigations started against you and/or any disciplinary proceedings taken against you within seven days of you being made aware of them.*
13. *Allowing us to share, as necessary, information about the standard of your performance, your compliance with and progress towards completing these conditions with any employer, prospective employer, any educational establishment and any other person who is or will be involved in your retraining and supervision.'*

### **Decision and reasons on current impairment**

The panel has considered carefully whether Ms Rennie's 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 Ms Rennie's representative. It has taken account of the submissions made by Ms Karmel on behalf of the NMC.

Ms Karmel provided a brief background to the case. She briefly summarised the original panel's decision, noting its observation that this case does not refer to general incompetence and its opinion that 12 months was sufficient time for Ms Rennie to strengthen those areas of practice that required improvement.

Ms Karmel referred the panel to the letter from the RCN dated 15 November 2023, which states that Ms Rennie is currently working for Hampshire County Council ('the Council') as a social worker. The letter provides that in this role Ms Rennie is under review and intervention [PRIVATE].

Ms Karmel submitted that while Ms Rennie uses her nursing experience and professionalism in her current role, she is not currently working as a nurse and does not wish to work on any wards or administer medication. Ms Karmel referred the panel to Ms Rennie's Personal Contact and Employment Details Form dated 11 January 2023 in which Ms Rennie states that she wishes to continue working for the Council as a social worker.

Ms Karmel referred the panel to the NMC guidance EV-3A, which outlines the five factors for the panel to consider when assessing impairment.

#### 1. Whether the nurse has complied with conditions

Ms Karmel submitted that Ms Rennie has not complied with the conditions. She submitted that the conditions are prescriptive and require a report from her line manager, a personal development plan, and a personal development log. Ms Karmel submitted that, because Ms Rennie has not been working as a nurse these conditions have not been met.

#### 2. Whether the nurse has demonstrated insight

Ms Karmel noted that within the Consensual Panel Decision (CPD), which was approved at the final hearing last year, the panel considered that Ms Rennie had demonstrated developing insight. Ms Karmel referred the panel to Ms Rennie's reflective piece received

by the NMC on 15 November 2023, and submitted that this is a reflection on Ms Rennie's current role not her previous roles which were the subject of the final hearing.

### 3. Whether the nurse has taken steps to maintain their skills and knowledge

Ms Karmel referred the panel to the record of training certificates received in the on-table bundle and submitted that while there is some confirmation that Ms Rennie has passed e-learning modules, there is no further detail as to what was covered in those modules. She also noted for the panel that some of the modules listed were not attended.

### 4. Whether the nurse has a record of safe practice since the final hearing

Ms Karmel submitted that there is no record of Ms Rennie's safe nursing practice since the final hearing as she has not been working in a nursing role.

### 5. Whether there remains a risk of harm to the public

Ms Karmel submitted that there remains a risk of harm to the public and a likelihood of repetition if Ms Rennie was to practice unrestricted. She submitted that, on the findings of the original panel, Ms Rennie's conduct had put patients at a risk of harm and brought the nursing profession into disrepute. Ms Karmel further submitted that, based on the information before today's panel, Ms Rennie is liable to repeat such conduct in future.

Ms Karmel noted that, at review, the registrant bears the persuasive burden to demonstrate for the panel that they have acknowledged why their past professional performance is deficient and that they have addressed those impairments through insight. Ms Karmel submitted that Ms Rennie has not provided the panel with persuasive information that her past impairments have been remedied. Ms Karmel submitted that Ms Rennie's fitness to practice remains impaired.

Ms Karmel submitted that taking no action would not be appropriate in view of the identified risk to patient safety, and that an extension of the current conditions of practice order would be both workable and adequately protect patients. She submitted that it would be disproportionate to impose a suspension on Ms Rennie, and that she ought to have an additional opportunity to comply with the order put in place by the original panel. Ms Karmel noted for the panel that Ms Rennie's representative at the RCN has also requested a continuation of the order 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 Ms Rennie's fitness to practise remains impaired.

The panel noted that the original panel found that Ms Rennie had developing insight. At this hearing, the panel was of the view that Ms Rennie's insight into her previous clinical failings was still developing.

In its consideration of whether Ms Rennie has taken steps to strengthen her practice, the panel took into account her record of online learning. However, the panel did not consider that the steps taken to improve her skills and knowledge were sufficient to adequately remediate the concerns with Ms Rennie's practice. Today's panel agreed with the opinion of the previous panel that these concerns were remediable but were not satisfied on the information before it that they had been.

The original panel determined that Ms Rennie was liable to repeat matters of the kind found proved. Today's panel has heard no new information to suggest that there has been a material change in circumstances. The panel noted that Ms Rennie is not currently working as a nurse, and so has been unable to demonstrate safe nursing practice. For this reason, Ms Rennie has been unable to comply with the current conditions of practice to any meaningful extent, and the panel concluded that there remains an ongoing risk of harm.

In light of this, this panel determined that Ms Rennie 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 Ms Rennie's fitness to practise remains impaired.

### **Decision and reasons on sanction**

Having found Ms Rennie'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 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 being that there has been no material change in circumstances, and that the current order is due to expire on 25 November 2023.

It then considered the imposition of a caution order but again determined that, due there being no material change in circumstances since the original hearing, an order that does not restrict Ms Rennie's practice would not be appropriate. 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 Ms Rennie's misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the issues identified. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether imposing a further conditions of practice order on Ms Rennie's 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 accepted that Ms Rennie has been unable to comply with the current conditions of practice as she has not been working as a nurse but is engaging with the NMC and appears 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 were no deep-seated attitudinal problems, and that the concerns identified were remediable.

The panel decided to impose a conditions of practice order for a further period of 18 months to allow Ms Rennie an opportunity to return to nursing. In this case, the panel considered that the conditions formulated by the original panel would address the failings highlighted in this case and would protect patients during the period they are in force. The panel noted that Ms Rennie may request an early review within this period should she feel that her practice has strengthened such that the order is no longer necessary.

The panel acknowledged Ms Rennie's continuing engagement with NMC proceedings and efforts to strengthen her practice. The panel was therefore of the view that to impose a suspension order or a striking-off order would be wholly disproportionate and not a reasonable response in the circumstances.

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 25 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 not work or otherwise providing nursing services:
  - a) as the sole nurse on duty;
  - b) through an agency or as a bank nurse.

2. At any time that you are employed or otherwise providing nursing services, to place yourself and remain under the supervision of a workplace line manager or supervisor nominated by your employer. Such supervision must consist of
  - a) working at all times on the same shift as, but not necessarily under the direct observation of a registered nurse;
  - b) to complete medication rounds only when under the direct supervision of another registered nurse until such time that you are deemed competent by a nurse of grade 6 or above, to undertake them independently.
  
3. You must keep a personal development log every time you undertake medication administration and management. The log must:
  - a) contain the dates that you carried out medication administration and management;
  - b) be signed by the nurse who directly supervised you each time;
  - c) contain feedback from the nurse who directly supervised you each time;
  
4. Within 14 days of being deemed competent, you will provide to the NMC evidence that your medication competency has been achieved by:
  - a) sending a report from your line manager or supervisor setting out the standard of your supervised medication rounds;
  - b) Send a copy of the personal development log;
  
5. Within 14 days of commencing your employment, to work with your line manager or supervisor (or their nominated deputy) to create a personal development plan ('PDP') designed to address the concerns relating to medicines management in the following areas of your practice:
  - a) medication administration;
  - b) acting as shift leader.
  
6. To forward to the NMC a copy of your PDP within 14 days from the date on which your PDP is created.

7. To meet every month of your employment with your workplace line manager or supervisor to discuss your performance and progress towards your PDP;
8. To send an overall report from your line manager or supervisor setting out the standard of your performance and your progress towards achieving the aims set out in your PDP:
  - a) every six months;
  - b) 14 days before any review hearing.
9. To write a reflective statement commenting on each charge, including its impact on patients, colleagues, the public and the profession, outlining what about your conduct was exactly wrong and what you would do differently in the future. You must provide a copy of this reflection to the NMC 14 days prior to any review hearing.
10. You must keep us informed about anywhere you are working by:
  - a) telling us within seven days of accepting any nursing appointments and providing us with contact details of the employer.
  - b) telling us within seven days when you leave or stop working for an employer.
  - c) giving us the name and contact details of the individual or organisation offering the post, employment or course of study within seven days of accepting any post or employment requiring registration with us, or any course of study connected with nursing or midwifery.
  - d) giving us the name and contact details of the individual or organisation within seven days of entering into any arrangements required by these conditions.

11. Immediately telling the following parties that you have agreed to these conditions under the NMC fitness to practise procedures, and disclosing the conditions 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) to provide nursing services;
  - c) any prospective employer (at the time of application) where you are applying for any nursing appointment;
  - d) any educational establishment where 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).
  
12. Telling us about any clinical incidents you are involved in, any investigations started against you and/or any disciplinary proceedings taken against you within seven days of you being made aware of them.
  
13. Allowing us to share, as necessary, information about the standard of your performance, your compliance with and progress towards completing these conditions with any employer, prospective employer, any educational establishment and any other person who is or will be involved in your retraining and supervision.

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 25 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 Ms Rennie 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 further insight into Ms Rennie's intentions to return to nursing practice.

This will be confirmed to Ms Rennie in writing.

That concludes this determination.