

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

**Substantive Order Review Hearing  
Thursday 4 January 2024**

Virtual Hearing

**Name of Registrant:** Paul Andrew Devine

**NMC PIN:** 9811305S

**Part(s) of the register:** Registered Nurse – Sub Part 1  
Children’s Nursing – 5 October 2001

**Relevant Location:** Lothian

**Type of case:** Lack of competence

**Panel members:** Carolyn Tetlow (Chair, Lay member)  
Jodie Jones (Registrant member)  
Michael Glickman (Lay member)

**Legal Assessor:** Graeme Sampson

**Hearings Coordinator:** Claire Stevenson

**Nursing and Midwifery Council:** Represented by Robert Benzynie, Case Presenter

**Mr Divine:** Present and represented by Christie Wishart, Thompsons Solicitors instructed by Unison

**Order being reviewed:** Conditions of practice order (24 months)

**Fitness to practise:** Impaired

**Outcome:** **Conditions of practice order (24 months) to come into effect on 9 February 2024 in accordance with Article 30(2)**

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

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

Ms Wishart, on your behalf indicated that she supported the application go into private session should reference be made to [PRIVATE].

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 with reference to [PRIVATE]as and when such issues are raised in order to protect your 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 9 February 2024 in accordance with Article 30(2) of the 'Nursing and Midwifery Order 2001' (the Order).

This is the second effective review of a substantive suspension order originally imposed for a period of 12 months by a Fitness to Practise Committee panel on 11 December 2020. This was reviewed on 4 January 2022 and replaced with a conditions of practice order for 24 months. The order was then scheduled for an early review on 22 September 2023 which was adjourned.

The current order is due to expire at the end of 9 February 2024.

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

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

*'That you failed to demonstrate the standards of knowledge, skill and judgment required to practise without supervision as a Band 5 nurse in that:*

*1. On 25 April 2017 in respect of baby C:*

- a. You switched off the red urgent alarm on baby C's heart rate/oxygen saturation monitor.*
- b. You failed to recognise that baby C's oxygen saturation levels had fallen and that this required urgent attention.*

*2. On 28 June 2017 in respect of baby D:*

- a. You removed baby D from the incubator without providing supplemental oxygen.*
- b. You failed to recognise that baby D's oxygen saturation levels had fallen and that this required urgent attention.*

*3. Between around 22 March 2017 and early August 2017 failed to successfully complete all of an extended stage 1 formal capability programme implemented to improve your practise in that you:*

- a. Failed to pass the objective requiring you to demonstrate attention to detail when undertaking clinical care of babies.*
- b. Failed to pass the objective requiring you to demonstrate an ability to plan, implement, evaluate and document the nursing care needs of the baby working within unit guidelines.*

c. *Failed to pass the objective requiring you to provide safe, effective patient centred care.*

4. *On 15 August 2017 in respect of baby E:*

a. *You removed baby E from the incubator without providing supplemental oxygen.*

b. *You failed to recognise that baby E's oxygen saturation levels had fallen and that this required urgent attention.*

5. *Between early August 2017 and late August 2017 failed to successfully complete a stage 2 continuing formal capability programme implemented to improve your practise in that you:*

a. *Failed to pass the objective requiring you to demonstrate attention to detail when undertaking clinical care of babies.*

b. *Failed to pass the objective requiring you to demonstrate an ability to plan, implement, evaluate and document the nursing care needs of the baby working within unit guidelines.*

c. *Failed to pass the objective requiring you to provide safe, effective patient centred care.*

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

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

*"The panel considered whether your fitness to practise remains impaired.*

*In its consideration of whether you have remedied your practice, the panel took into account all the information before it. The panel noted your engagement with the NMC. The panel noted you accepted all of the areas of your practice which were of concern. It observed that through your reflective statement and your evidence given today that you have expressed your remorse and insight on the issues raised.*

*The panel also took into account all of the information it has been provided with today, including submissions from Dr Joshi, Ms McPhee and oral evidence from you.*

*The panel considered the judgment of Mrs Justice Cox in the case of Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant [2011] EWHC 927 (Admin) 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;*

- 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 determined that limb (a), (b) and (c) were engaged.*

*It further considered that in your oral evidence today, you admitted that your practice is impaired, you understand where you went wrong, and you agree that you need time and opportunity to demonstrate that you can work safely. You have acknowledged your mistakes and explained how you have learnt from this experience.*

*The panel noted your desire to return to nursing practice and acknowledged the steps you have taken in this regard. The panel bore in mind that you have not worked as a registered nurse for some years and as such you have not had an opportunity to remediate the clinical concerns in relation to your practice. It observed that you are yet to complete the return to practice course. The panel was of the view that concerns identified are remediable, but you need to show that you are able to address the regulatory concerns and practise safely for a period of time to reassure a reviewing panel that you have remedied your practice.*

*The panel therefore determined that you have not been able to address these concerns, the panel considered that a risk of repetition remains, and that patients would be placed at risk of harm if you were able to practise without restriction. The panel therefore determined that a finding of impairment remains 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 and midwifery 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 first reviewing panel 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 first considered whether to take no action but concluded that this would be inappropriate in view of the seriousness of the case. The panel decided that it would be neither proportionate nor in the public interest to take no further action.*

*It then considered the imposition of a caution order but again determined that, due to the seriousness of the case, and the public protection issues identified, an order that does not restrict your practice would not be appropriate in the circumstances. The SG states that a caution order may be appropriate where 'the case is at the lower end of the spectrum of impaired fitness to practise and the panel wishes to mark that the behaviour was unacceptable and must not happen again.' The panel considered that the issues identified were 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 considered substituting the current suspension order with a conditions of practice order. Despite the seriousness of concerns, you have continued to engage*

*with the NMC, you have followed the recommendations provided of the previous panel, evidence was given by you today to show that you have good insight, you have demonstrated remorse, you have indicated that you wish to return to nursing, and you have stated that you are willing to comply with any conditions of practice imposed against your practice.*

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

*The panel determined that a further suspension order would be disproportionate in the circumstances.*

*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:*

*'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 carry out care in a [PRIVATE].*
- 2. You must limit your nursing practice to one substantive employer, which must not be an agency.*
- 3. You must ensure that you are directly supervised at all times by another registered nurse of a band 6 or above until you are deemed competent by a registered nurse of band 6 or above on the following concerns:*
  - a) Recognising and responding to deteriorating patients;*
  - b) Delivering appropriate care in relation to patient's conditions;*
  - c) Maintaining safe and effective care; and*



- d) *Demonstrating the ability to work within the range of the nursing process (assessing, planning, implementing, and evaluating care).*

*Once deemed competent, you must at all times work on the same shift as, but not always directly supervised by another registered nurse.*

4. [PRIVATE].

5. *You must work with your line manager, or their nominated deputy or supervisor to create a personal development plan (PDP). Your PDP must address the following concerns:*

- a) *Recognising and responding to deteriorating patients;*
- b) *Delivering appropriate care in relation to patient's conditions;*
- c) *Maintaining safe and effective care; and*
- d) *Demonstrating the ability to work within the range of the nursing process (assessing, planning, implementing and evaluating care).*

*You must:*

- a) *Send your case officer a copy of your PDP before the next review hearing or meeting.*
  - b) *Meet with your manager or nominated deputy at least every fortnightly to discuss your progress towards achieving the aims set out in your PDP.*
  - c) *Send your case officer a report from your manager or nominated deputy before the next review hearing or meeting. This report must show your progress towards achieving the aims set out in your PDP.*
6. *You must keep a reflective practice profile. The profile will:*
- a) *Detail cases that you have been involved with which demonstrates your ability to address the issues identified in paragraph 3.*
  - b) *Set out the nature of the care given.*
  - c) *Be signed by another registered nurse each time.*
  - d) *Contain feedback from your supervisor on how you gave the care.*

*You must send your case officer a copy of the profile before the next review hearing or meeting.*

- 7. You must keep the NMC informed about anywhere you are working by:
  - a) Telling your case officer within seven days of accepting or leaving any employment.*
  - b) Giving your case officer your employer's contact details.**
  
- 8. You must keep the NMC informed about anywhere you are studying by:
  - a) Telling your case officer within seven days of accepting any course of study.*
  - b) Giving your case officer the name and contact details of the organisation offering that course of study.**
  
- 9. You must immediately give a copy of these conditions to:
  - a) Any organisation or person you work for.*
  - b) Any employers you apply to for work (at the time of application).*
  - c) Any establishment you apply to (at the time of application), or with which you are already enrolled, for a course of study.**
  
- 10. 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.**
  
- 11. 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 a period of 2 years. This will allow you time to gain employment, demonstrate compliance with the conditions, and prove that you can practise safely. Where there is a material change, you can request an early review.'*

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

The panel has considered carefully whether your fitness to practise remains impaired. Whilst there is no statutory definition of fitness to practise, the NMC has defined fitness to practise as a registrant's suitability to remain on the register without restriction. 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 on-table documents submitted on your behalf. It has taken account of the submissions made by Mr Benzynie and Ms Wishart.

Mr Benzynie took the panel through the background of the case, referred it to the previous panels' decisions and the relevant bundle of papers.

Mr Benzynie submitted that the NMC's position is that the current conditions of practice order should be confirmed and continued. When the last panel adjourned the last review further information was required from you, which would provide some assurance to this panel. He submitted that the conditions of practice in place were crafted to address the specific concerns admitted in your case.

Mr Benzynie stated it is a matter for the panel whether it revokes the conditions of practice order or confirms it, however, should the order be revoked you will be automatically removed from the NMC Register. As you have not been in practice for over five years, you would be required to complete a return to practice course in order to return to the Register. The NMC's position is that this would be a general course that would not address the specific concerns in your case relating to lack of competence and would not meet the conditions of practice imposed to deal with the concerns. He submitted that were you allowed to return to practice, there may be a lack of competency or deficiencies in the

areas of concern. He acknowledged that there was a public interest in you returning to practice as a registered nurse should you wish to do so.

The panel also had regard to submissions from Ms Wishart. She submitted that your referral to the NMC was competency based and given the length of time that has passed, a return to practice course will be required before you can return to practice as a registered nurse. She referred the panel to the on-table documents which show you applied to Chester University, but the University will not accept you whilst any conditions of practice are imposed on you.

Ms Wishart told the panel that given your area of registration with the NMC there is no option of you being able to do a paediatric return to practice course anywhere in Scotland now. She stated you had made enquiries via your local MP and that you have been advised by the Chief Executive of NHS Lothian and Borders Health Board that there was no longer a paediatric return to practice course as there are enough undergraduate students to fulfil all the available posts in Scotland.

Ms Wishart acknowledged that it is accepted you have not been able to demonstrate safe practice to this panel but this is because you cannot get a position as a registered nurse until you can complete a return to practice course. She submitted you cannot complete the return to practice course while you have a conditions of practice order in place.

Ms Wishart informed the panel that you have been unable to work in your chosen profession since 2017. In your own time you completed a Master's degree in Healthcare Management and this has enabled you to gain additional insight into your previous poor practice.

Ms Wishart informed the panel that you have been employed as a Healthcare Assistant and Care Practitioner since 2020 which requires Scottish Social Services Council (SSSC) registration, which is broadly similar to the NMC, with no concerns or further issues whatsoever since the initial allegations. Within the on-table bundle you have included a reference from your employer, a job description of your current role and a detailed reflective statement. She submitted you have done all you can to demonstrate safe

practice but the conditions are acting as a de facto suspension for you and this goes beyond what the previous panel thought was an appropriate outcome for your case.

Ms Wishart submitted that the conditions of practice order is all that is keeping you on the NMC Register. She invited the panel to revoke these conditions and outline in the written determination the reasons as to why, which would mean you are no longer registered with the NMC and you would be able to complete the return to practice course which is required for you to reapply to the Register. She submitted that readmission to the Register is a rigorous process with a whole department involved in investigating whether or not someone is able to return to the Register. The investigators would have full access to the panels' determination and the full history of your case, which they would take into consideration when deciding whether to reregister you. She submitted this is the only way you will be able to complete the course and return to your chosen profession. Ms Wishart referred the panel to Exhibit 2, NMC Guidance on how fitness to practice allegations and findings are considered as part of readmission applications.

In response to a panel question on the availability of paediatric return to practice courses in any other universities or establishments apart from Chester University, Ms Wishart confirmed you had looked at two other universities located in Scotland but that these do not offer the paediatrics return to practice course that you require. You stated that you have searched online and Chester University is the only institution that provides this course.

Ms Wishart clarified that you had considered undertaking a conversion course to mental health or adult nursing. However, this would take three years and, as your area of registration is paediatrics, you would be unable to register in a different area. You would require a paediatric return to practice course and for you to be able to undertake this course you cannot be subject to conditions of practice.

The panel heard and accepted the advice of the legal assessor.

In reaching its decision, the panel was mindful of the need to protect the public, maintain public confidence in the profession and to declare and uphold proper standards of conduct and performance.

The panel considered whether your fitness to practise remains impaired.

The panel acknowledged the new information put before it which consists of a reflective statement, a description of your current role, a reference which appears to be from your superior, (albeit it does not state their role and whether they are aware of the NMC proceedings) and email correspondence with two universities confirming you cannot secure a place on a return to practice course with them.

The panel noted you have achieved a Masters degree in Healthcare Management and have been working as a Healthcare Assistant and Care Practitioner since 2020 and the positive reference given on your behalf. The panel acknowledged your current role includes dispensing medications to residents, carrying out blood glucose checks, palliative care and manages a small team of Care Assistants.

The panel noted the NMC's position that conditions of practice are in place to address the specific concerns which were found proved by admission and acknowledged the submissions of Ms Wishart that you are unable to secure a place on a return to practice course due to the conditions imposed and that there appear to be no paediatric return to practice courses available to you. The panel took account of Ms Wishart's submissions that the order be allowed to lapse, which would then allow you to attend a twelve week return to practice course and reapply for NMC Registration.

You were asked whether any other courses were available for a return to paediatric nursing and you stated Chester University was the only one. However, there was no evidence of this before the panel and it was not satisfied that you have made sufficient enquiries into the availability of paediatric return to practice courses. It concluded there is insufficient evidence, other than your anecdotal comment, that you carried out an online search into this most important matter.

The panel had regard to your reflective statement. It appears to demonstrate insight, responsibility and an understanding of the impact of your mistakes on patients, colleagues and the wider public. It noted that prior to these concerns you state you were a competent nurse. However, the panel noted that the lack of competence issues appear to date back

to 2011 when you were placed on a stage 1 action plan which was not completed by 2015. It noted you [PRIVATE] returned as supernumerary staff with another improvement plan in March 2017. The first incident occurred in April 2017, and there were repetitions of the same errors with a further two babies in June and August 2017.

The panel considered the NMC Guidance on how fitness to practice allegations and findings are treated as part of readmission applications and had particular regard to the following section:

***‘Where there is a previous finding of impairment against the nurse or midwife***

*If a nurse or midwife's registration lapsed after a fitness to practise panel found their fitness to practise to be currently impaired, but took no further action, the Registrar can take this into account if the nurse or midwife applies for readmission. In doing so, the Registrar will consider the panel's decision, and the reasons for it, when deciding whether the nurse or midwife:*

- is capable of safe and effective practice as a nurse or midwife, in accordance with Article 9(2)(b) of the Order;...*

*As part of this consideration, the Registrar can ask the nurse or midwife to show what they have done to improve their practice and reduce any outstanding risk.’*

The panel determined that although you have demonstrated insight and that you have been working as a Healthcare Assistant in a care home setting, this is not sufficient to address the concerns, which took place in a paediatric [PRIVATE] environment. They are therefore of limited relevance to the concerns about your practice. It determined you have not sufficiently addressed the specific concerns. It noted that you did not successfully complete any performance improvement plans prior to 2017 and there is no information to suggest that you have strengthened your practice in a [PRIVATE] setting. There is therefore no documentary evidence before it to suggest your competency has improved.

The allegations found proved are very serious, repeatedly putting highly vulnerable patients at risk, breaching fundamental tenets of nursing and failing to learn from your mistakes. In light of this, this panel determined that you are liable to repeat matters of the

kind found proved. The panel therefore decided that a finding of continuing impairment due to lack of competence 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 public would expect a paediatric nurse to be competent in basic nursing skills and to learn from mistakes rather than repeating them. The panel determined that, in this case, a finding of continuing impairment on public interest grounds is also required.

For these reasons, the panel finds that your fitness to practise remains impaired.

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

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

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

It then considered the imposition of a caution order but again determined that, due to the seriousness of the case, and the public protection issues identified, an order that does not restrict your practice would not be appropriate in the circumstances. The SG states that a caution order may be appropriate where *'the case is at the lower end of the spectrum of impaired fitness to practise and the panel wishes to mark that the behaviour was unacceptable and must not happen again.'* The panel considered that your lack of competence was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the serious allegations found proved. 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 conditions of practice order on your registration would still be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable.

The panel determined that it would be possible to formulate appropriate and practical conditions which would address the failings highlighted in this case. The panel is not satisfied that you have done as much as you can to address the concerns. Your current area of work does not enable you to address the specific concerns which would allow the order to lapse.

The panel considered the mechanism put forward by Ms Wishart. It understood that if it allowed the conditions of practice order to lapse you might be able to secure a place on a return to practice course and apply to rejoin the Register. The Registrar would then have the power to review the case including what steps you have taken to strengthen your practice. However, the panel determined that allowing the order to lapse would not address the public interest element of this decision, including maintaining public confidence and upholding the standards and reputation of the nursing profession. Given the seriousness of your lack of competence over a prolonged period of time in which you repeated similar mistakes, there is a risk of repetition. There is no evidence of remediation of the specific areas of concern which would demonstrate that the risks have reduced.

The panel had regard to NMC guidance Conditions of practice order SAN-3c which states:

*'[Conditions of practice] must strike a fair balance between the interests of the nurse, midwife or nursing associate and the public interest. This also includes public protection and public confidence;'* and

*'Although return to practice courses and the test of competence may provide relevant evidence that a panel can take into account at a hearing or a review, they are not designed to address specific concerns about a nurse or midwife's fitness to practise.'*

The panel was of the view that a conditions of practice order remains sufficient to protect patients and meet the wider public interest. In this case, there are conditions in place that

can adequately address the concerns and would protect patients during the period they are in force.

The panel was of the view that to impose a suspension order or a striking-off order would be wholly disproportionate and would not be a reasonable response in the circumstances of your case because there is no evidence to suggest the risk of harm has increased since the last review.

Accordingly, the panel determined, pursuant to Article 30(1)(c) to make a conditions of practice order for a period of 24 months, which will come into effect on the expiry of the current order, namely at the end of 9 February 2024. This will allow you time to identify and complete a return to practice course and find employment which will allow you to demonstrate you have strengthened your practice in the required area. The option of requesting an early review remains available to you if there is a material change in circumstances.

The panel 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 carry out care in a [PRIVATE] unit.
2. You must limit your nursing practice to one substantive employer, which must not be an agency.
3. You must ensure that you are directly supervised at all times by another registered nurse of a band 6 or above until you are deemed competent by a registered nurse of band 6 or above on the following concerns:
  - a) Recognising and responding to deteriorating patients;
  - b) Delivering appropriate care in relation to patient's conditions;

- c) Maintaining safe and effective care; and
- d) Demonstrating the ability to work within the range of the nursing process (assessing, planning, implementing, and evaluating care).

Once deemed competent, you must at all times work on the same shift as, but not always directly supervised by another registered nurse.

4. [PRIVATE].

5. You must work with your line manager, or their nominated deputy or supervisor to create a personal development plan (PDP). Your PDP must address the following concerns:

- a) Recognising and responding to deteriorating patients;
- b) Delivering appropriate care in relation to patient's conditions;
- c) Maintaining safe and effective care; and
- d) Demonstrating the ability to work within the range of the nursing process (assessing, planning, implementing and evaluating care).

You must:

- d) Send your case officer a copy of your PDP before the next review hearing or meeting.
- e) Meet with your manager or nominated deputy at least every fortnightly to discuss your progress towards achieving the aims set out in your PDP.
- f) Send your case officer a report from your manager or nominated deputy before the next review hearing or meeting. This report must show your progress towards achieving the aims set out in your PDP.

6. You must keep a reflective practice profile. The profile will:

- e) Detail cases that you have been involved with which demonstrates your ability to address the issues identified in paragraph 3.
- f) Set out the nature of the care given.
- g) Be signed by another registered nurse each time.

- h) Contain feedback from your supervisor on how you gave the care.

You must send your case officer a copy of the profile before the next review hearing or meeting.

7. You must keep the NMC informed about anywhere you are working by:
  - a) Telling your case officer within seven days of accepting or leaving any employment.
  - b) Giving your case officer your employer's contact details.
  
8. You must keep the NMC informed about anywhere you are studying by:
  - a) Telling your case officer within seven days of accepting any course of study.
  - b) Giving your case officer the name and contact details of the organisation offering that course of study.
  
9. You must immediately give a copy of these conditions to:
  - a) Any organisation or person you work for.
  - b) Any employers you apply to for work (at the time of application).
  - c) Any establishment you apply to (at the time of application), or with which you are already enrolled, for a course of study.
  
10. 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.
  
11. 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.

A future reviewing panel would be assisted by:

- Documentary evidence of further steps you have taken to secure a place on a return to practice course, including attempts to identify any other providers and any responses received;
- Up to date references which state the role of the referee and that they are aware of NMC proceedings;
- Details of any courses or training you have undertaken in the areas of concern identified; and
- Up to date employment details.

This will be confirmed to you in writing.

That concludes this determination.