

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

**Substantive Order Review Hearing
Monday, 8 January 2024**

Virtual Hearing

Name of Registrant: **Parminder Kaur Purewal**

NMC PIN: 91Y0889E

Part(s) of the register: Registered Nurse – Sub Part 1
Adult Nursing – December 1994

Specialist Practitioner District Nurse – November 2002

V300: Nurse Independent / Supplementary Prescriber –
May 2008

Relevant Location: Birmingham

Type of case: Misconduct

Panel members: Clive Chalk (Chair, Lay member)
Michael Duque (Registrant member)
Michael Glickman (Lay member)

Legal Assessor: Douglas Hogg KC

Hearings Coordinator: Eyrarn Anka

Nursing and Midwifery Council: Represented by Holly Girven, Case Presenter

Mrs Purewal: Present and represented by Laura Bayley, instructed by
Royal College of Nursing (RCN)

Order being reviewed: Conditions of practice order (3 months)

Fitness to practise: Impaired

Outcome: **Conditions of practice order (12 months)**

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

At the outset of the hearing, Ms Bayley made a request that this case be held partially in private on the basis that proper exploration of your case involves the [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 Girven indicated that she had no objection to the application.

The legal assessor said that this would be appropriate.

The panel decided to go into private session as and when there are references to your [PRIVATE] 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 7 February 2024 in accordance with Article 30(1) of the 'Nursing and Midwifery Order 2001' (the Order).

This is the third review of a substantive suspension order originally imposed for a period of 9 months by a Fitness to Practise Committee panel on 7 January 2022. The order was reviewed on 26 September 2022 by a panel of the Fitness to Practice Committee, which replaced the suspension order with a conditions of practice order for 12 months. The order was reviewed again on 2 November 2023 and extended for a period of 3 months.

The current order is due to expire at the end of 7 February 2024.

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, whilst employed as an Advanced Nurse Practitioner and/or Independent Nurse Prescriber at the Bloomsbury Health Centre ("Bloomsbury"), on 16 and/or 17 April 2019;

1) Did not practice within your clinical scope of competence, in that you;

a) In relation to Patient A;

*ii) Incorrectly prescribed Patient A with Amoxicillin 500mg tablets three times a day for a week. **[proved by admission]***

b) In relation to Patient B, a paediatric patient;

*i) Did not record sufficient details of Patient B's symptoms. **[proved by admission]***

*ii) Did not escalate the risk of sepsis following Patient B's examination. **[proved by admission]***

*iii) Did not record any other features associated with the possible diagnosis of sepsis. **[proved by admission]***

*vi) Prescribed an incorrect dose of Paracetamol at 7.5ml spoonful every 4-6 hours to Patient B. **[proved by admission]***

e) In relation to Patient E;

*i) Did not record Patient E's symptoms relating to the exacerbation of their Chronic Obstructive Pulmonary Disease. **[proved by admission]***

*vi) Did not adequately record a history of neurological symptoms for Patient E's left arm. **[proved by admission]***

f) In relation to Patient F, a pregnancy related patient;

ii) Did not perform an abdominal examination. **[proved by admission]**

iii) Did not perform a pelvic examination. **[proved by admission]**

g) In relation to Patient G, a pre-diabetic patient;

i) Incorrectly diagnosed Patient G with Diabetes Mellitus. **[proved by admission]**

ii) Did not record any discussion with Patient G regarding the new diagnosis. **[proved by admission]**

iii) Did not refer Patient G for appropriate screening tests. **[proved by admission]**

iv) Did not advise Patient G of appropriate lifestyle advice and monitoring. **[proved by admission]**

v) Incorrectly prescribed Patient G with 500mg Metformin. **[proved by admission]**

vi) Performed a clinical consultation of Patient G, without the necessary training/competencies. **[proved by admission]**

h) In relation to Patient H;

i) Did not record Patient H's temperature. **[proved by admission]**

ii) Did not conduct a neurological examination of Patient H. **[proved by admission]**

iii) Incorrectly prescribed 28 tablets of Metoclopramide 10mg to be taken 3 time a day. **[proved by admission]**

v) Did not record the purpose of prescribing sodium cromoglycate eye drops to Patient H. **[proved by admission]**

i) In relation to Patient I;

i) Did not document any examination findings relating to the history of sciatic nerve involvement. **[proved by admission]**

ii) Did not perform an examination of Patient I's condition. **[proved by admission]**

iv) Issued Patient I with a Fit Note/Sick Note. **[proved by admission]**

v) Did not prescribe gastroprotection medicine after prescribing Naproxen tablets to Patient I. **[proved by admission]**

j) In relation to Patient J;

i) Did not document evidence of a thorough abdominal examination. **[proved by admission]**

l) In relation to Patient L;

i) Incorrectly prescribed Patient L with Colchicine 500mcg four times a day. **[proved by admission]**

m) In relation to Patient M;

iii) Did not conduct an adequate assessment of Patient M. **[proved by admission]**

n) In relation to Patient N;

i) Did not adequately record Patient N's patient history. **[proved by admission]**

ii) Did not record Patient N's examination findings. **[proved by admission]**

o) In relation to Patient O;

i) Incorrectly prescribed Patient O Solgar vitamin D3 1000iu on tablet weekly for 6 weeks. **[proved by admission]**

p) In relation to Patient P;

i) Incorrectly prescribed Patient P InVita capsules 25,000iu per week for 6 weeks. **[proved by admission]**

ii) Did not adequately record Patient P's patient history. **[proved by admission]**

v) Incorrectly prescribed Patient P with Metoclopramide 10mg 28 tablets 3 time a day. **[proved by admission]**

q) In relation to Patient Q;

i) Did not check a peak flow reading to assess Patient Q's respiratory function. **[proved by admission]**

r) In relation to Patient R;

i) Did not record/escalate a mental health referral. **[proved in part by admission]**

ii) Did not record/provide safety netting advice. **[proved in part by admission]**

iii) Did not record/escalate further assessment. **[proved in part by admission]**

iv) Did not record/consider safeguarding factors for Patient R's daughter. **[proved in part by admission and in part following disputed evidence]**

v) Issued Patient R with a Fit Note without legal authority. **[proved by admission]**

That you, a Registered Nurse, whilst working at Netherton Health Centre ("the Centre");

2) On 29 July 2019 breached condition 1 of the interim conditions of practice order imposed on 20 May 2019, in that you;

a) Undertook a shift at the Centre as an Independent Nurse Prescriber. **[proved by admission]**

b) Prescribed medication to 15 patients as set out in schedule 1. **[proved by admission]**

3) On 30 July 2019 breached condition 1 of the interim conditions of practice order imposed on 20 May 2019, in that you;

a) Undertook a shift at the Centre as an Independent Nurse Prescriber. **[proved by admission]**

b) Prescribed medication to 6 patients as set out in schedule 2. **[proved by admission]**

4) On or around 29/30 July 2019 breached condition 10 a) of the interim conditions of practice order, in that you;

a) Did not immediately inform the Centre that you were subject to an interim conditions of practice order.

b) Did not immediately inform the Centre that you were restricted from working as an Independent Nurse Prescriber.

c) Did not immediately disclose conditions 1 to 9 of your interim conditions of practice order to the Centre **[proved by admission]**

5) On or around 29 July 2019 when completing exhibit JJ/3, inaccurately circled/answered “No” to the question “Has there been any specific circumstances impacting on your prescribing practice over the last year.”
[proved by admission]

6) Your actions at one or more of charges 2, 3, 4 & 5 above were dishonest, in that you deliberately sought to conceal the restrictions/conditions of practice order, from the Centre. **[proved in part by admission and in part following disputed evidence]**

7) Your actions at one or more of charges 2 & 3 were dishonest, in that you prescribed medication for one or more patients, despite knowing that you were restricted from doing so. **[proved by admission]**

8) Between July 2019 & August 2019 you breached condition 7 of the interim conditions of practice order, in that you;

a) Did not inform your regulator that you had accepted a nursing appointment as an Independent Nurse Prescriber with the Centre. **[proved by admission]**

b) Did not provide your regulator with the contact details of your employers at the Centre. **[proved by admission]**

9) *Between July 2019 & August 2019 you breached condition 9 a) & 9 b) of the interim conditions of practice order, in that you, did not provide your regulator with the name/contact details of the Centre. [proved by admission]*

Schedule 1

- 1) *Patient 1 – Chlorphenamine 4mg – 21 tablets.*

- 2) *Patient 2 - Flucloxacillin 500mg – 28 capsules
Chlorphenamine 4mg – 28 tablets*

- 3) *Patient 3 – Olive Oil Drops 20ml*

- 4) *Patient 4 – Omeprazole 20mg – 28 capsules*

- 5) *Patient 6 – Dermol 500 Lotion – 500ml
Hydrocortisone 1% Cream – 30 gram*

- 6) *Patient 7 – Aveeno Intense Relief Hand Cream – 75ml
Dermovate 0.05% Cream – 30 gram*

- 7) *Patient 8 – Trimethoprim 50mg/5ml – 140ml*

- 8) *Patient 9 – Amoxicillin 250mg 250mg/5ml – 150ml*

- 9) *Patient 10 – Nitrofurantoin 100mg – 6 capsules*

- 10) *Patient 11 – Ciprofloxacin 0.3% eye drops – 5ml*

- 11) *Patient 12 – Co-codamol 8mg/500mg – 32 Tablets
Otomize Ear Sprat – 5ml*

12) Patient 13 – Co-codamol 15mg/500mg – 56 tablets

13) Patient 14 – Movelat Cream – 125 gram

14) Patient 15 – Atorvastatin 20mg – 28 tablets

15) Patient 17 – Nitrofurantoin 100mg – 14 capsules

Schedule 2

1) Patient 18 – Dioralyte Oral Power Sachets 200ml – 4 sachet

2) Patient 19 – Chlorhexidine Gluconate 0.2% Mouthwash 10ml – 300ml
Phenoxymethylpenicillin 250mg – 80 tablets

3) Patient 20 – Doxycycline 100mg capsules – 7 capsules

4) Patient 21 – Doxycycline 100mg capsules – 7 capsules
Mirabegon 50mg – 30 tablets

5) Patient 22 – Dermole 500 Lotion – 500ml
Eumotove 0.05% - 30gram

6) Patient 23 – Co-codamol 15mg/500mg – 56 tablets'

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

'The panel noted that the last reviewing panel found that you had developing insight. At this hearing the panel considered that you have demonstrated full insight into your practice and previous failings. It noted the positive testimonials from colleagues and patients, as well as the letter from your manager attesting to your professionalism and good practice.'

The panel was also encouraged by the steps taken to strengthen your practice, and the additional relevant training you have undertaken to remediate regulatory concerns. The panel was particularly impressed by your reflective pieces, especially your reflection on the training and how it will be implemented into practice. The panel was of the view that you have demonstrated detailed and nuanced insight into the theory to practice gap, and that your ongoing reflections are having a positive impact on your practice. It noted that where previously you could only manage two patients, you are now signed off on managing up to six. It is the opinion of today's panel that there is nothing more you could do to reassure it of your willingness to learn and develop your practice further.

The last reviewing panel determined that you were liable to repeat matters of the kind found proved. Today's panel noted that no concerns have been raised since you were signed off as competent and working independently until 13 October 2023 regarding drug administration, and that such an error in isolation would not normally become a regulatory concern. Considering that you are still in the process of returning to unrestricted practice, the panel was not confident that such an error is highly unlikely to be repeated. As such, the panel required assurance that this incident was a one-off, pending the outcome of the meeting with HR. The panel therefore determined that a finding of current 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, having mind to your extensive and nuanced reflection and strengthening of practice, a finding of current impairment on public interest grounds is not required.

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

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

'The panel first considered whether to take no action but concluded that this would be inappropriate.

It then considered the imposition of a caution order but again determined that, due to the public protection issues identified, an order that does not restrict your practice would not be appropriate in the circumstances. The SG states that a caution order may be appropriate where 'the case is at the lower end of the spectrum of impaired fitness to practise and the panel wishes to mark that the behaviour was unacceptable and must not happen again.' The panel considered that your misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the issues identified. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether confirming 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 accepted that you have been complying with current substantive conditions of practice and determined that a variation is not necessary.

The panel was of the view that a further conditions of practice order is sufficient to protect patients, noting as the original panel did that there are no deep-seated attitudinal problems. In addition, today's panel is extremely impressed by the extent of your reflection into your nursing practice, and commitment to the nursing profession. The panel did consider the submissions made by the NMC Ms Girven with regards to varying the current conditions of practice order to remove conditions 4 and 5. The panel concluded that these conditions remain necessary in order to safeguard the public and ensure that you are receiving an appropriate level of support. There is no evidence to suggest that the existing conditions are unworkable or disproportionate.

Considering your efforts, the panel was of the view that to impose a suspension order would be wholly disproportionate and would not be a reasonable response in the circumstances of your case.

Accordingly, the panel determined, pursuant to Article 30(1)(c) to make a conditions of practice order for a period of three months in order to allow the meeting with HR to take place, and any outcomes to be implemented. This order will come into effect on the expiry of the current order, namely at the end of 7 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 only work for a single employer in a substantive post which must not be through an agency.*
- 2. You must not practise as an independent nurse prescriber or an advanced nurse practitioner.*
- 3. At any time that you are employed or otherwise providing nursing services, you must not take charge of a shift. You must place yourself and remain under the supervision of a workplace line manager, mentor or supervisor nominated by your employer, such supervision to consist of working at all times on the same shift as, but not necessarily under the direct observation of, a registered nurse who is physically present in or on the same ward, unit, floor or home that you are working in or on.*
- 4. You must meet with your clinical supervisor (a registered nurse of at least one grade higher than yourself) at least fortnightly to review your clinical records and discuss the standard of your performance and clinical practice.*
- 5. You should develop and complete a personal development plan (PDP) with your workplace line manager, mentor or supervisor. This PDP should*

be in a recognised format. You must send a copy of your PDP to the NMC before any review hearing or meeting.

6. *You must send a report from your clinical supervisor (a registered nurse of at least one grade higher than yourself) setting out the standards of your performance and your clinical practice to the NMC before any NMC 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 NMC 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 NMC 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 three months.

This conditions of practice order will take effect upon the expiry of the current conditions of practice order, namely the end of 7 November 2023 in accordance with Article 30(1).'

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 the documents provided on your behalf. It has taken account of the submissions made by Ms Girven on behalf of the NMC and Ms Bayley, on your behalf.

Ms Girven submitted that you remain impaired as of today's date and the current conditions of practice order should be extended for a further period to allow you more time to strengthen your practice.

Ms Girven drew the panel's attention to the previous panel's finding of full insight and informed the panel that there is nothing to suggest that there that your insight has diminished. However, she submitted that there are continuing concerns about your level of practice. She referred the panel to a letter from a senior sister on your ward dated 13 December 2023 which highlights that there were concerns raised about your '*ability to manage a group of patients*', specifically between 27 November 2023 and 5 December

2023. Regarding continuing concerns, she referred the panel to another letter from the senior sister dated 22 November 2023 informing you of the decision to restart supervised medication rounds as opposed to carrying them out independently and that there would be a need for three of those to be completed satisfactorily before you were signed off as capable of carrying them out independently. In addition, Ms Girven referred the panel to a letter dated 5 December 2023 which indicated that there would be a meeting with the HR department of the Trust on 15 December 2023. However, that meeting was postponed and has not yet taken place.

Ms Girven submitted that the NMC acknowledges your positive testimonials and training certificates. However, she submitted that the NMC's position is that you remain impaired. With reference to the factors to be considered as outlined in the NMC guidance on standard reviews of substantive orders before they expire, Ms Girven informed the panel that you have been complying with the conditions of practice order and there is nothing to suggest that there has not been compliance. She told the panel that you continue to demonstrate full insight and to take steps to maintain your skills and knowledge. However, she submitted that the fourth factor of whether a nurse has a record of safe practice has not yet been met due to the concerns regarding your clinical practice raised by your employer. She submitted that there is a clear risk of repetition at this current stage were you permitted to practise without restriction. Looking at the fifth factor currently, she submitted that there should be a finding of impairment on the grounds of public protection due to the risk of repetition and the continuing concerns.

Regarding sanction, Ms Girven submitted that the current conditions of practice seem to be workable, proportionate and measurable. She submitted that the current conditions of practice should be extended for 12 months to allow you to demonstrate a prolonged period of safe practice.

The panel also had regard to submissions from Ms Bayley on your behalf. She also invited the panel to extend the current conditions of practice order for 12 months to allow you time to demonstrate a period of safe practice under the conditions.

Ms Bayley submitted that you have complied with the conditions of practice order, you have been having regular meetings with your supervisor and you are still under supervised

practice. She informed the panel that you made a medication error on 13 October 2023 and as a result you were taken off unsupervised rounds and you are currently required to complete three clear rounds before being allowed to administer medication unsupervised. Ms Bayley told the panel that you have had three supervised rounds but only one was deemed safe, therefore there are still some ongoing concerns.

[PRIVATE]

Ms Bayley informed the panel that the meeting with HR that was supposed to take place on the 15 December 2023 was postponed to 4 January 2024 but unfortunately it had to be postponed again. She further submitted that your employment position remains uncertain and extension of conditions of practice order would allow time for that to be resolved.

Ms Bayley told the panel that since you have working for the Trust you have been on a preceptorship programme that completed on 20 December 2023 and as part of the programme you were invited to present on a quality improvement project, which you provided for the panel. Ms Bayley also referred the panel to the competency sheets within the documents provided and informed the panel that you have completed all of your competencies except nurse led discharge and medication rounds. She also referred the panel to the reflection on the simulation training dated 6 October 2023 which you attended voluntarily to study about escalation of care and near misses. Ms Bayley also referred the panel to your positive testimonials, further training certificates and evidence of thoughtful reflection. She told the panel that you are a caring practitioner who is trying your best in personal circumstances that are not easy at the moment, but you remain dedicated to nursing and dedicated to providing safe and effective care to patients.

Ms Bayley submitted that the current conditions of practice order should be extended because it is working and the conditions identify areas of practice that require further development. She submitted that the conditions ensure patient safety and since they were imposed there has been no evidence or any suggestion of patient harm. She told the panel that the current order works in an employment context because your employer has indicated previously that they are happy to continue with these conditions and provide the level of support required for them to be workable. Therefore, she concluded that the current conditions remain workable, practical and proportionate.

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

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

The panel considered whether your fitness to practise remains impaired.

The panel noted that the last reviewing panel found that you had demonstrated full insight. At this hearing the panel determined that you have complied with the conditions of practice order. It determined that there is no evidence to oppose the previous panel's finding that you have developed significant insight and you have started to strengthen your practice.

However, the panel had regard to the medication error on 13 October 2023 and the letter from the senior sister dated 13 December 2023 stating that '*several concerns were raised by different members of the team regarding [your] ability to manage a group of patient's.* [sic] In light of this, the panel determined that you have not yet demonstrated you are fit to practise safely without restriction. It also had regard to the fact that you have not yet demonstrated the ability to practise safely for a significant period of time. Therefore, it was of the view that there remains a risk of repetition. 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. However, it noted that the previous panel had determined that a finding of impairment was no longer necessary on public interest grounds. Considering the full history of this case, the panel agrees that a finding of impairment on public interest grounds is not required.

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

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 nor would it protect patients and the public.

It then considered the imposition of a caution order but again determined that, due to the public protection issues identified, an order that does not restrict your practice would not be appropriate in the circumstances. The NMC Sanctions Guidance (SG) states that a caution order may be appropriate where *'the case is at the lower end of the spectrum of impaired fitness to practise and the panel wishes to mark that the behaviour was unacceptable and must not happen again.'* The panel considered that your misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the issues identified. The panel decided that it would be neither proportionate nor appropriate to impose a caution order.

The panel next considered whether imposing a further conditions of practice order on your registration would still be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable. The panel accepted that you have been complying with current substantive conditions of practice.

The panel was of the view that the existing conditions of practice order is sufficient to protect patients, noting as the original panel did that there were no deep-seated attitudinal problems. In this case, there are conditions already formulated that would adequately 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 has been no material change in the risk. The panel concluded that the existing conditions are workable, your employer is happy to provide the support needed to comply with the order and you and the NMC agree this sanction is appropriate at this stage.

Accordingly, the panel determined, pursuant to Article 30(1)(c) to make a conditions of practice order for a period of 12 months, which will come into effect on the expiry of the current order, namely at the end of 7 February 2024. Extending the order for 12 months gives you time to resolve your personal circumstances and demonstrate safe practice for a

meaningful length of time. The panel decided to confirm the current conditions. It decided that the following conditions remain 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 only work for single employer in a substantive post which must not be through an agency.*
- 2. You must not practise as an independent nurse prescriber or an advanced nurse practitioner.*
- 3. At any time that you are employed or otherwise providing nursing services, you must not take charge of a shift. You must place yourself and remain under the supervision of a workplace line manager, mentor or supervisor nominated by your employer, such supervision to consist of working at all times on the same shift as, but not necessarily under the direct observation of, a registered nurse who is physically present in or on the same ward, unit, floor or home that you are working in or on.*
- 4. You must meet with your clinical supervisor (a registered nurse of at least one grade higher than yourself) at least fortnightly to review your clinical records and discuss the standard of your performance and clinical practice.*
- 5. You should develop and complete a personal development plan (PDP) with your workplace line manager, mentor or supervisor. This PDP should be in a recognised format. You must send a copy of your PDP to the NMC before any review hearing or meeting.*

6. *You must send a report from your clinical supervisor (a registered nurse of at least one grade higher than yourself) setting out the standards of your performance and your clinical practice to the NMC before any NMC 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 NMC 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 NMC 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 12 months.

This conditions of practice order will take effect upon the expiry of the current conditions of practice order, namely the end of 7 February 2024 in accordance with Article 30(1).

Before the end of the period of the order, a panel will hold a review hearing to see how well you have complied with the order. At the review hearing the panel may revoke the order or any condition of it, it may confirm the order or vary any condition of it, or it may replace the order for another order.

This will be confirmed to you in writing.

That concludes this determination.