

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

**Substantive Order Review Meeting  
Monday, 11 September 2023**

Virtual Meeting

**Name of Registrant:** Glenys Carol Anne Johns

**NMC PIN** 05G0749E

**Part(s) of the register:** RNA, Registered Nurse - Adult - September 2005

**Relevant Location:** Cornwall

**Type of case:** Misconduct

**Panel members:** Anthony Mole (Chair, lay member)  
Jude Bayly (Registrant member)  
Gregory Hammond (Lay member)

**Legal Assessor:** Charles Apthorp

**Hearings Coordinator:** Yewande Oluwalana

**Order being reviewed:** Suspension order (12 months)

**Fitness to practise:** Impaired

**Outcome:** **Order to lapse upon expiry in accordance with Article 30 (1), namely 21 August 2024**

## **Decision and reasons on service of Notice of Meeting**

The panel noted at the start of this meeting that the Notice of Meeting had been sent to Ms Johns' registered email address by secure email on 11 August 2023.

The panel took into account that the Notice of Meeting provided details of the review, that the review meeting would be held no sooner than 11 September 2023, and inviting Ms Johns to provide any written evidence seven days before this date.

The panel accepted the advice of the legal assessor.

In the light of all of the information available, the panel was satisfied that Ms Johns has been served with notice of this meeting in accordance with the requirements of Rules 11A and 34 of the Nursing and Midwifery Council (Fitness to Practise) Rules 2004 (as amended) (the Rules).

## **Decision and reasons on parts of the meeting to be held in private**

At the outset of the meeting, 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 that parts of the written determination that pertain to Ms Johns' [PRIVATE] will be marked as private and will not be published in order to protect her privacy.

## **Decision and reasons on review of the current order**

The panel decided to allow the current order to lapse. This order will come into effect at the end of 21 August 2024 in accordance with Article 30(1) of the Nursing and Midwifery Order 2001 (as amended) (the Order).

This is an early review of the substantive order imposed on 21 July 2023. This review is being held because Ms Johns has provided new information to be considered in her case.

This is the first review of a substantive suspension order originally imposed for a period of 12 months by a Fitness to Practise Committee panel on 21 July 2023.

The current order is due to expire at the end of 21 August 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;*

1. *On 19 April 2019, in relation to Patient A;*
  - a. *...;*
  - b. *Left the clamp on the venous line open;*
  - c. *Reset the dialysis machine alarms without correcting the errors that caused the alarm to sound;*
2. *On 18 June 2019, in relation to Patient C, failed to input the correct data into the dialysis machine, entering “0.5 litres”, when you should have entered “2.5 litres”;*
3. *On 3 June 2019, failed to correctly administer 1 gram Vancomycin to Patient B by infusing it over 60 minutes, when the infusion should have been over 100 minutes;*
4. *Between ~~24 April 2017~~ **14 March 2017** and 18 June 2019, fell asleep whilst on duty on one or more of the following dates:*
  - a. *24 **25** April 2017;*

- b. 14 ~~June~~ **March** 2017;
- c. 15 June 2017;
- d. 6 September 2018;
- e. 15 June 2019;
- f. ...

*And, in light of your misconduct, your fitness to practise is impaired by reason of your misconduct.”*

The original panel determined the following with regard to impairment:

*‘The panel found that, based on the evidence before it, limbs (a) to (c) of the Grant test, as laid out above, were engaged, both in the past and in the future. The panel finds that, as a result of Ms Johns’ misconduct, patients were put at risk of harm and Ms Johns’ colleagues’ practice was compromised. Ms Johns’ misconduct had breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute.*

*Regarding insight, the panel considered that Ms Johns’ insight was very limited. It took into account that Ms Johns, in her written responses in the Form, apologised for her failures in relation to the regulatory concerns giving rise to charge 3. However, the panel noted that Ms Johns then disengaged from the NMC and the hearings process. The panel considered that in the explanations which Ms Johns set out in the Form, whilst she accepts some aspects of the regulatory concerns, she appeared to minimise her actions, make excuses and deflect blame. The panel noted that there is no evidence before it from Ms Johns to demonstrate sufficient insight into the consequences of her misconduct on patients, colleagues, or the nursing profession.*

*The panel considered that the misconduct in charges 1 to 3 of this case relates to clinical concerns which, with training and support, is capable of being addressed and is, in principle, remediable.*

*Therefore, the panel carefully considered the evidence before it in determining whether or not Ms Johns has taken steps to strengthen her practice. In relation to charge 3, the panel took into account the evidence regarding a similar incident on 4 April 2017, after which Ms Johns underwent supervised practice. However, she then made a similar error affecting patient safety in June 2019. The panel considered, in all the circumstances, that the risk of repetition was increased.*

*In relation to charge 4, namely sleeping on duty, the panel took into account that Ms Johns' indicated that she was dealing with [PRIVATE] at the time of the incidents giving rise to the charges and that this may have impacted on her sleep and attention levels. There is no independent, objective evidence before the panel to satisfy it that Ms Johns' [PRIVATE] was impacting on her ability to carry out her role.*

*There is no evidence before the panel to demonstrate that Ms Johns has attempted to strengthen her practice or undertaken training relating to any of her misconduct since 2019. Neither is there any evidence before the panel, that since she completed the Form, Ms Johns has reflected on her conduct and its impact on patient safety, her colleagues and the profession, and how she might improve her performance in the future. The panel determined that there is a significant risk of repetition. The panel therefore decided that a finding of impairment is necessary on the grounds of public protection.*

*The panel bore in mind that the overarching objectives of the NMC: 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.*

*The panel determined that a finding of impairment on public interest grounds is required. In light of the continuing risk of harm and risk of*

*standards being breached, the panel determined that a fully informed and reasonable member of the public would be concerned if Ms Johns' practice is not found to be impaired.*

*The panel concluded that public confidence in the profession would be undermined if a finding of impairment were not made in this case.*

*Having regard to all of the above, the panel determined that Ms Johns' fitness to practise is currently impaired on both public protection and public interest grounds.'*

The original panel determined the following with regard to sanction:

*'The panel noted that Ms Johns had demonstrated very limited insight and that the concerns in this case had arisen despite the fact that she had previously been supported through an extensive period of training and supervision. Furthermore, the panel noted Ms Johns' lack of meaningful engagement with the NMC and the hearings process. It noted that Ms Johns' current position is that she has retired from nursing and does not intend to return.*

*The panel therefore concluded that, at this stage, the placing of conditions on Ms Johns' registration would not adequately address the issues identified in this case and would not protect the public. It also considered that the evidence suggested that Ms Johns would be unable or unwilling to respond positively to conditions placed on her practice. It also considered that any conditions which might be formulated would of necessity have to be so restrictive that they would be tantamount to suspension, and unworkable.*

*The panel then went on to consider whether a suspension order would be an appropriate sanction. It had regard to the factors set out in the SG.*

*The panel took into account that Ms Johns' repeated misconduct is serious; whilst, in principle, the clinical failings appear to be remediable, the*

*misconduct appears to have continued and been repeated over a period of time despite prior local intervention and available ongoing support. The panel determined that the seriousness of the case requires temporary removal from the register. The panel had determined that Ms Johns' insight was very limited. It had also found that there is no evidence before it from Ms Johns to demonstrate sufficient insight into the consequences of her misconduct on patients, colleagues, or the nursing profession and the panel has already identified that that there is a significant risk of repetition.*

*The panel did go on to consider whether a striking-off order would be proportionate but, taking account of all the information before it, that the clinical misconduct may potentially be remediable and the personal mitigation provided, the panel concluded that to impose a suspension order is the least restrictive sanction which meets both the necessity to protect the public and the public interest considerations. It concluded that imposing a striking off order would be, at this stage, disproportionate.*

*The panel was satisfied that in this case and at this time, the misconduct was not fundamentally incompatible with remaining on the register. It noted that Ms Johns had a long nursing career without regulatory concern prior to [PRIVATE].*

*Balancing all of these factors the panel has concluded that a suspension order with a review would be the appropriate and proportionate sanction.'*

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

The panel has considered carefully whether Ms Johns' 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 Ms Johns' medical evidence.

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 Johns' fitness to practise remains impaired.

The panel noted that the original panel found that Ms Johns had insufficient insight into the consequences of her misconduct on patients, colleagues, or the nursing profession. At this meeting the panel determined that there is no new information from Ms Johns to suggest that she has gained insight or taken steps to strengthen her practice. In the absence of new material information, it concluded that the remarks of the last panel on impairment by reason of misconduct remain current.

The original panel determined that Ms Johns was liable to repeat matters of the kind found proved. Today's panel has received no information that would undermine the previous panel's finding and determined that there remains a high risk of repetition should Ms Johns return to practice. 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 Johns' fitness to practise remains impaired.

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



Having found Ms Johns 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 had regard to guidance published by the NMC entitled: *REV-3h Allowing nurses, midwives or nursing associates to be removed from the register when there is a substantive order in place*, updated in April 2023. This guidance states that, in certain circumstances, nurses, midwives or nursing associates who are subject to a substantive suspension or conditions of practice order but no longer wish to continue practising should be allowed to be removed from the register. Allowing professionals to leave the register can be achieved in two ways:

- a) the nurse, midwife or nursing associate can request an early review of their substantive order because they no longer wish to continue practising; the panel will then be invited to lift the substantive order in order to allow the professional to be removed from the Register;
- b) the nurse, midwife or nursing associate can indicate at a standard review that they no longer wish to continue practising; the panel will then be invited to let the substantive order expire in order to allow the professional to be removed from the Register.

The panel also considered whether or not Ms Johns' registration is only active because of the substantive order. The panel noted that Ms Johns' registration fee to the Nursing and Midwifery Council (NMC) expired on 30 September 2020, so her name only remains on the register as a result of the current order in place.

The panel noted the telephone log dated 31 July 2023 between Ms Johns and the NMC which stated as follows:

*'Registrant called as she had received the intro letter. [PRIVATE] I explained the reason for the letter regarding the case being moved to MAC and that we will try to keep contact as minimal as possible. I informed her that we could have an early review in order which could assist with a panel*

*allowing her order to lapse, so that her case could then be closed. She was happy for this to happen as she want's [sic] this to end as soon as possible. I also let her know that I would send her an email once I can inform her what the next actions will be in her case and she was fine with this contact'.*

The panel inferred from this telephone log that this meeting is an early review to facilitate Ms Johns' request to be removed from the NMC register as she no longer wishes to practise. The panel also had sight of Ms Johns' [PRIVATE].

The panel decided that allowing the current suspension order to lapse balances both Ms Johns' expressed wish to leave the profession as well as public protection. The panel noted that, if Ms John was to decide that she wanted to return to nursing, she would still have a finding of impairment against her. This would act as a barrier of entry if she applied for re-registration which adequately protects the public as well as maintaining public confidence in the NMC. The panel considered that the public interest would have been served when the current suspension order expires.

The panel considered all the other sanctions available to it in reaching this decision. The panel concluded that a caution order would not be appropriate for this matter, given the seriousness of the case. The panel further concluded that a conditions of practice order would not be workable in light of Ms Johns' non-engagement with the NMC and [PRIVATE].

The panel determined that the other two potential sanctions were a suspension order and a striking-off order. With regard to a continued suspension order, the panel noted Ms Johns' clear desire to leave the nursing profession, as well as her lack of engagement with the NMC. The panel concluded that a continued suspension order would serve no real purpose other than to delay the matter further, given Ms Johns' intention to not practice as a nurse. The panel also noted that a continued suspension order could potentially cause her further distress given her expression of leaving the nursing profession.

The panel further concluded that a striking-off order on the basis of her misconduct would be disproportionate in all the circumstances.

The current substantive suspension order will therefore be allowed to lapse upon its expiry, namely the end of 21 August 2024 in accordance with Article 30(1).

This will be confirmed to Ms Johns in writing.

That concludes this determination.