

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

**Substantive Order Review Hearing
03 December 2024**

Virtual Hearing

Name of Registrant: **Miriam Magdalene Charmaine Segarajasinghe**

NMC PIN: 09G1278E

Part(s) of the register: RNMH: Registered Nurse
Mental Health – Level 1
21 September 2009

Relevant Location: Knowsley

Type of case: Misconduct

Panel members: Shaun Donnellan (Chair, lay member)
Melanie Lynn Lumbers (Registrant member)
Jan Bilton (Lay member)

Legal Assessor: Michael Bell

Hearings Coordinator: Bartek Cichowlas

Nursing and Midwifery Council: Represented by Hena Patel, Case Presenter

Ms Segarajasinghe: Present and represented by Teri Howell, instructed by the Royal College of Nursing

Order being reviewed: Conditions of practice order (9 months)

Fitness to practise: Impaired

Outcome: **Conditions of practice order (9 months) to come into effect at the end of 9 January 2025 in accordance with Article 30 (1)**

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

At the outset of the hearing, Ms Patel made a request that this case be held in private on the basis that proper exploration of your case involves matters relating to your health and wellbeing. The application was made pursuant to Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

Ms Howell on your behalf indicated that she supported the application to the extent that any reference to health and wellbeing should be heard in 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 in connection with personal matters as and when such issues are raised in order.

Decision and reasons on review of the substantive order

The panel decided to impose a conditions of practice order for a period of nine months.

This order will come into effect at the end of 9 January 2025 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 nine months by a Fitness to Practise Committee panel on 12 March 2024

The current order is due to expire at the end of 9 January 2025.

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

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

1) On 12 July 2021:

a) Administered methadone to Patient A:

i) By giving them a bottle containing 15mls to drink from when they were prescribed 5mls.

ii) In the absence of a second checker.

b) Recorded in the controlled drug book that you had administered 5mg of methadone to Patient A when you did not know how much methadone Patient A had consumed.

c) Failed to record and/or report and/or escalate the medication error at charge 1a).

d) ...

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

The original panel determined the following with regard to impairment:

“The panel next went on to decide if as a result of the misconduct, your fitness to practise is currently impaired.

Nurses occupy a position of privilege and trust in society and are expected at all times to be professional. Patients and their families must be able to trust nurses with their lives and the lives of their loved ones. They must make sure that their conduct at all times justifies both their patients’ and the public’s trust in the profession.

In this regard the panel considered the judgment of Mrs Justice Cox in the case of CHRE v NMC and Grant in reaching its decision. In paragraph 74, she said:

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

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

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

- a) has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*
- b) has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*
- c) has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or*
- d) has in the past acted dishonestly and/or is liable to act dishonestly in the future.'*

The panel determined that limbs a, b and c were engaged by your misconduct.

The panel was of the view that your conduct placed Patient A at risk of unwarranted harm by not measuring out correct dose of methadone and not recording, reporting or escalating the error.

The panel determined that your misconduct had breached fundamental tenets of the nursing profession by not delivering fundamentals of care effectively, not raising or escalating any concerns about patient safety and therefore brought its reputation into disrepute.

The panel recognised that it must make an assessment of your fitness to practise as of today. This involves not only taking account of past misconduct but also what has happened since the misconduct came to light and whether you would pose a risk of repeating the misconduct in the future.

The panel had regard to the principles set out in the case of Ronald Jack Cohen v General Medical Council [2008] EWHC 581 (Admin) and considered whether the concerns identified in your nursing practice were capable of remediation, whether they have been remedied and whether there was a risk of repetition of a similar kind at some point in the future. In considering those issues the panel had regard to the nature and extent of the misconduct and considered whether you have provided evidence of insight and remorse.

Regarding insight, the panel took account of your oral evidence and your reflective pieces which addressed the incident on 12 July 2021.

The panel noted that in your reflective statements you stated:

“There were a lot of proceeding events that led to me being significantly below my normal performance level on the day. My stress level was adversely affecting my performance in work to a point that I was probably not capable of fulfilling my duties safely. I, at the time of the incident did not realise this. I will not allow myself to get to this point again.

In future, if the environment is too difficult and my performance is under par and I feel that I am not getting the appropriate support I need, I will be proactive in resolving the issues and getting support rather than carrying on....

In the worst case scenario, as with this incident, I will seek help, report [PRIVATE] or resign if necessary.”

The panel was of the view that you have demonstrated good insight and were able to recognise the impact of what happened, what went wrong and recognised the impact your misconduct had on patients, colleagues and the nursing profession. The panel noted that throughout your evidence you acknowledged what you should have done and what how you would act differently in the future. The panel also noted that you were very remorseful in your oral evidence.

The panel was satisfied that the misconduct in this case is capable of being addressed. Therefore, the panel carefully considered the evidence before it in determining whether or not you have taken steps to strengthen your practice.

The panel noted that you have not practiced as a registered nurse since the incident and therefore have not been able to provide evidence of ongoing safe practice in a practice environment. It also noted that it has no evidence before it of training courses undertaken since 20 September 2022. It noted that you have undertaken online reading and studying on some related topics.

The panel are encouraged that you have recognised the impact that multiple stressors impacted your practice as a nurse. It is also encouraged that you are currently seeking therapy to address this.

However, the panel bore in mind that you said that at the time you did not recognise the signs of this level of stress and did not take advice from others who raised it with you. You have not stated how you would recognise the triggers in future so you could take preventative steps to be able to continue practicing safely.

The panel is of the view that while the risk of repeating the same error may be low, it was of the view that a risk of repetition, albeit a low one, remains. It considered that if you found yourself in similar circumstances, under significant personal and professional stressors again, you may not recognise the triggers and this may

impact on your decision-making and clarity of thought and subsequent ability to keep patients safe.

The panel therefore decided that a risk of repetition remains and 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 was satisfied that, having regard to the nature of the misconduct in this case, “the need to uphold proper professional standards and public confidence in the profession would be undermined” if a finding of current impairment were not made. It was of the view that a reasonable, informed member of the public would be very concerned if your fitness to practise were not found to be impaired.

For all the above reasons the panel determined that a finding of impairment on public interest grounds is required.

Having regard to all of the above, the panel was satisfied that your fitness to practise is currently impaired.”

The original panel determined the following with regard to sanction:

Having found your fitness to practise currently impaired, the panel went on to consider what sanction, if any, it should impose in this case. The panel has borne in mind that any sanction imposed must be appropriate and proportionate and, although not intended to be punitive in its effect, it may have such consequences. The panel had careful regard to the SG. The decision on sanction is a matter for the panel independently exercising its own judgement.

The panel took into account the following aggravating features:

- *Your conduct placed Patient A at a direct risk of significant harm.*

The panel also took into account the following mitigating features:

- *Good evidence of insight;*
- *This was an isolated incident in the context of a long and otherwise unblemished career;*
- *Early and consistent admissions at local level and throughout the NMC proceedings;*
- *Challenging personal circumstances;*
- *General challenging working environment during Covid 19;*

The panel first considered whether to take no action but concluded that this would be inappropriate in view of the seriousness of the case and the fact that the panel identified that there is a risk to the public. 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 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 placing conditions of practice on your registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable. The panel took into account the SG and considered the following factors were relevant in your case:

- *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;*
- *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 determined that a conditions of practice would be the least restrictive sanction that it could impose that would protect the public and return you safely to unrestricted practice.

The panel was satisfied that there is an area of your practice, pertaining to patient protection that needs to be addressed. It determined that it would be possible to formulate appropriate and practical conditions which would address the failings highlighted in this case. The panel bore in mind that throughout these proceedings you have demonstrated a willingness to strengthen your practice and accepted that you would be willing to comply with conditions of practice.

The panel had regard to the fact that this was an isolated incident in an otherwise long career as a nurse. The panel was of the view that it was in the public interest that, with appropriate safeguards, you should be able to return to practise as a nurse.

Balancing all of these factors, the panel determined 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 wholly disproportionate and would not be a reasonable response in the circumstances of

your case. In addition the panel considered this was a single, albeit serious incident, the failings identified could be remediated and removal from the NMC register would not be in the public interest.

Having regard to the matters it had 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 determined that the following conditions are appropriate and proportionate in this case:

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

- 1. You must limit your practice to one substantive employer which may be an agency. If working via an agency or as bank staff, you must limit your nursing practice to contracts of a minimum of 3 months working in the same unit or on the same ward.*
- 2. When administering or managing controlled drugs, you must ensure that you are under the direct supervision of a registered nurse.*
- 3. You must send your case officer evidence that you have successfully completed training in the management and administration of controlled drugs, at least 7 days before the review hearing or meeting.*

4. *You must meet with your line manager, mentor or supervisor on a monthly basis to ensure you are making progress towards meeting these conditions.*
5. *You must keep monthly reflections. The reflections will:*
 - *Reflect on your progress in safe administration of controlled drugs*
 - *Reflect on your progress in recognising and managing stressors that have the potential to impact on your practice.*
6. *You must share your monthly reflections with your supervisor, line manager or mentor at your monthly meetings for discussion.*
7. *You must send copies of your monthly reflections to your case officer within 7 days of the next review hearing or meeting.*
8. *You must provide a report from your line manager, mentor or supervisor at least 7 days before the next review hearing or meeting regarding:*
 - *your ability to manage and administer controlled drugs safely;*
 - *your ability to manage stressors that may have the potential to impact on your ability to practice safely.*
9. *You must keep us informed about anywhere you are working by:*
 - a) *Telling your case officer within seven days of accepting or leaving any employment.*
 - b) *Giving your case officer your employer's contact details.*

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

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

11. *You must immediately give a copy of these conditions to:*

- a) *Any organisation or person you work for.*
- b) *Any agency you apply to or are registered with for work.*
- c) *Any employers you apply to for work (at the time of application).*
- d) *Any establishment you apply to (at the time of application), or with which you are already enrolled, for a course of study.*

12. *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.*

13. *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 9 months. The panel considered that this will be sufficient time for you to obtain employment, complete relevant training and provide evidence of kind, professional and safe practice.

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. The NMC guidance DMA-1 sets out the question that will help decide whether a professional's fitness to practise is impaired which is:

“Can the nurse, midwife or nursing associate practise kindly, safely and professionally?”

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, the records of the 19 online training courses you have completed, [PRIVATE] and the reflective piece you have provided.

The panel has taken account of the submissions made by case presenter on behalf of the NMC. Ms Patel summarised the background of the case. She laid out the details of the charges, namely that while working at [PRIVATE] Hospital in 2021 you administered a dose of methadone that could have been up to three times the required dosage in the absence of a second checker, incorrectly recorded this dose and did not report or escalate the incident.

Ms Patel submitted that you are still currently impaired. [PRIVATE]. Ms Patel invited the panel to conclude that it has insufficient evidence to find you are currently fit to practise unrestricted. Given the findings of serious misconduct in the original hearing, and the lack of remediation of these issues within a clinical setting, Ms Patel submitted that there is a continuing risk to the public, and therefore that you remain impaired on public interest and

public protection grounds. She submitted therefore that a conditions of practice order remains necessary and proportionate for a 9 month period, as this would give her time to obtain employment and to translate her learning to strengthening of practice.

The panel also considered the submissions of Ms Howell. Ms Howell provided an update on your circumstances. She described your difficulties in finding employment in the nursing profession due to the conditions of practice order currently in place. Specifically, you have applied to up to 35 roles, mostly in care homes and with nursing agencies, in all of which you have been unsuccessful. One rejected you, despite a good interview, because of a policy which stated that nurses with conditions of practice orders would not be accepted for employment. Ms Howell submitted that you have not been able to comply with the conditions of practice order because of this inability to secure employment.

Ms Howell submitted that you have engaged throughout the whole process with the NMC, and you have continued to do so until the present hearing. Specifically, Ms Howell pointed the panel to the online training courses and the reflective piece you provided. Ms Howell submitted that this piece shows clear insight into your actions.

Further, Ms Howell submitted that the incident, which was an isolated one, occurred under whilst you were under very stressful personal circumstances. Furthermore it was during the worst pandemic this generation has ever seen. You have addressed your personal challenges, and the pandemic pressures on the NHS and care in general have been reduced. She submitted that you are psychologically more stable and keen to practise without these additional pressures.

For these reasons, Ms Howell submitted that you are no longer impaired on public protection or public interest grounds and therefore invited the panel to make a decision of no further action and allow the conditions of practice order to lapse on 9 January 2025. In the event that the panel were not with her on this point, she invited the panel to consider a shorter conditions of practice of 6 months which she said would coincide with the probationary period of new employment. To assist in gaining this employment, she submitted that the current conditions of practice should be altered.

Regarding the first condition, she said a minimum period of three months is causing the registrant difficulty in obtaining employment with an agency or in a care home.

Employment was being offered in 6 week time period which the registrant could not accept due to the current minimum period in her conditions of practice. She invited the panel to vary this condition to reduce the minimum time period to a month.

She submitted that condition 2 should be varied to have direct supervision of a qualified drug administrator and not necessarily another registered nurse.

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.

At this hearing the panel began by noting the case of *Abrahaem v General Medical Council* [2008] EWHC 183 (Admin) which states that there is a persuasive burden on the practitioner to prove that they are fit to practise. The panel had regard to the seriousness of administering potentially almost three times the dose of a controlled drug, and not taking any immediate steps to remediate the mistake.

In considering whether you have discharged that burden, the panel considered the following:

Firstly, while it is clear that you have not been able to comply with the majority of the conditions due to your inability to find employment, you have provided insufficient evidence for compliance with those conditions which you were able to address. The panel regarded the mandatory training you completed does not address any of the concerns found proved. The only training regarding medication is a short course designed for social workers. These do not demonstrate your increased awareness and ability to safely and responsibly administer medication, including controlled drugs, and maintain proper and accurate record of doing so. There is, in particular, no evidence of any controlled drug training, or of

any steps to maintain knowledge and skill needed as a nursing professional. In light of the serious failings, even on one occasion, the panel deemed that there was insufficient evidence to show that you are no longer a risk to public safety.

Secondly, the panel noted that while there have been some documents before it in which attempted to demonstrate your insight, it determined that it was insufficient to show a clear understanding of your actions and the impact they may have had on the patient and the profession. The panel also noted the inadequacy of your reflective piece. The panel understood the piece to downplay the seriousness of the incident, noting the line "*whilst the overdose was small...*", and a reference to the overdose being "*2mg*". The panel determined that this showed you do not have insight into the potential consequences of the incorrect dosage and the repercussion from the failure to keep a proper record of this.

Finally, the panel noted that although there has been a reported improvement in your mental health, there is no evidence before it to suggest that you will be able to cope with any potential stressors within your clinical practice in the future. While the panel appreciates that you have not been able to practise as a nurse due to difficulties you reported associated with having a conditions of practice order, it deems it possible to work in the health sector and demonstrate resilience in a stressful environment even while having a conditions of practice order against your name.

The panel therefore decided that a finding of 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 impairment on public interest grounds is also necessary. Given the gravity of the original charges found proved, and the insufficient evidence to prove you are fit to practise, the panel was of the view that a well informed member of the public would not be satisfied without a finding of impairment.

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 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 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 accepted that you have been unable to comply with conditions of practice due to your current employment status but are engaging with the NMC and you are willing to comply with any conditions imposed.

The panel concluded that a conditions of practice order is sufficient to protect patients and satisfy the wider public interest. In this case, there are conditions could be formulated which would protect patients during the period they are in force.

The panel determined 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 case.

Accordingly, the panel determined, pursuant to Article 30(1)(c) to make a conditions of practice order for a period of 9 months, which will come into effect on the expiry of the current order, namely at the end of 9 January 2025.

The panel gave consideration to Ms Howell's submission to vary condition 1 to reduce the minimum period of employment to 1 month. However, given the lack of reflection, the panel deemed that you need stability and support for at least 3 months, anything less than that period will not allow you to address the concerns. Employment where you would start a new role more frequently than once per three months would create a risk to the public, especially given that the original incident occurred on the first day.

The panel also gave consideration to Ms Howell's suggestion that condition 2 should be varied to have direct supervision of a qualified drug administrator and not necessarily another nurse. The panel considered how they could formulate a workable condition of practice that would protect the public and act in the wider public interest. They were unable to do so. This reasoning applies to the further submission of Ms Howell to vary condition 6 to make enforcing the order more practicable for future employers. The panel, however, decided that this condition was an extra layer of protection and was necessary and proportionate.

The panel therefore decided to impose the following conditions.

1. You must limit your practice to one substantive employer which may be an agency. If working via an agency or as bank staff, you must limit your nursing practice to contracts of a minimum of 3 months working in the same unit or on the same ward.

2. When administering or managing controlled drugs, you must ensure that you are under the direct supervision of a registered nurse.
3. You must send your case officer evidence that you have successfully completed training in the management and administration of controlled drugs, at least 7 days before the review hearing or meeting.
4. You must meet with your line manager, mentor or supervisor on a monthly basis to ensure you are making progress towards meeting these conditions.
5. You must continue to develop your reflection. This reflection must cover the correct recording of the safe administration of controlled drugs, the correct recording of the administration of controlled drugs, how you will manage any need to escalate concerns and how you will manage triggers of stress in the workplace.
6. You must keep monthly reflections. The reflections will:
 - Reflect on your progress in safe administration of controlled drugs
 - Reflect on your progress in recognising and managing stressors that have the potential to impact on your practice.
 - The recording of the safe administration of controlled drugs.
7. You must share your monthly reflections with your supervisor, line manager or mentor at your monthly meetings for discussion.
8. You must send copies of your monthly reflections to your case officer within 7 days of the next review hearing or meeting.

9. You must provide a report from your line manager, mentor or supervisor at least 7 days before the next review hearing or meeting regarding:
- your ability to manage and administer controlled drugs safely;
 - your ability to manage stressors that may have the potential to impact on your ability to practice safely.
11. You must keep us informed about anywhere you are studying by:
- a) Telling your case officer within seven days of accepting any course of study.
 - b) Giving your case officer the name and contact details of the organisation offering that course of study.
12. You must immediately give a copy of these conditions to:
- a) Any organisation or person you work for.
 - b) Any agency you apply to or are registered with for work.
 - c) Any employers you apply to for work (at the time of application).
 - d) Any establishment you apply to (at the time of application), or with which you are already enrolled, for a course of study.
13. You must immediately give a copy of these conditions to:
- a) Any organisation or person you work for.
 - b) Any agency you apply to or are registered with for work.
 - c) Any employers you apply to for work (at the time of application).
 - d) Any establishment you apply to (at the time of application), or with which you are already enrolled, for a course of study.
14. 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.

The period of this order is for 9 months.

This conditions of practice order will take effect upon the expiry of the current conditions of practice order, namely the end of 9 January 2025 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.

Any future panel will be assisted by a clear and detailed continuing reflection and evidence of training in the best practice in the safe management of administration and recording of controlled drugs, even in the eventuality of being unable to gain employment.

This will be confirmed to you in writing.

That concludes this determination.