

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

**Substantive Order Review Hearing
Thursday, 19 December – Friday, 20 December 2024**

Virtual Hearing

Name of Registrant:	Stephen Ward
NMC PIN	06I0195E
Part(s) of the register:	RNA: Adult Nursing – September 2006 V300: Extended or supplementary nurse prescriber – September 2015
Relevant Location:	Belfast
Type of case:	Misconduct and Conviction
Panel members:	Rachel Childs (Chair, Lay member) Anne Murray (Registrant member) Gill Mullen (Lay member)
Legal Assessor:	Andrew Reid
Hearings Coordinator:	John Kennedy
Nursing and Midwifery Council:	Represented by Uzma Khan, Case Presenter
Mr Ward:	Present and represented by Wafa Shah, instructed by Royal College of Nursing (RCN)
Order being reviewed:	Case 071686 Conditions of practice order (18 months) Case 072846 Suspension order (6 months)
Fitness to practise:	Case 072846 Not Impaired Case 071686 Impaired
Outcome:	Suspension Order revoked with immediate effect in accordance with Article 30 (2) and 30 (4) (e) Conditions of practice order (18 months) to continue until end of 10 March 2026 in accordance with Article

30 (2)

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

At the outset of the hearing, Ms Shah, on your behalf, made a request that this case be held partially in private on the basis that [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 Khan, on behalf of the Nursing and Midwifery Council (NMC), indicated that she supported the application.

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 those parts of the hearing [PRIVATE] be held in private.

Decision and reasons on review of the substantive order

The panel decided to confirm the current conditions of practice order and revoke the current suspension order with immediate effect.

This is an early first review of the substantive conditions of practice order imposed on 13 August 2024. This review is being held to address concerns with there being a pre-existing substantive suspension order also in place.

This is the third review of a substantive suspension order originally imposed for a period of 12 months by a Fitness to Practise Committee panel on 14 September 2022. The order was reviewed on 1 September 2023 and that reviewing panel decided to extend the suspension order for a period of nine months. The order was last reviewed on 3 June 2024 and the panel decided to extend the suspension order for a period of six months.

The current suspension order is due to expire at the end of 12 January 2025.

The current conditions of practice order is due to expire at the end of 10 March 2026.

The panel is reviewing the orders pursuant to Article 30(1) and 30(2) of the Order.

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

‘That you, a registered nurse:

- 1) *In relation to Patient 1, on 24 February 2019:*
 - a) *Failed to undertake a full set of observations in that you did not carry out and/or record:*
 - i) *Oxygen saturation measurements and/or;*
 - ii) *Pulse rate measurements and/or;*
 - iii) *Respiratory rate measurements and/or;*
 - iv) *Urine dip testing.*
 - b) *Prescribed Penicillin when it was not clinically necessary.*

- 2) *On or before 3 March 2019, in relation to an unknown patient:*
 - a) *Called an ambulance when there was no clinical need;*
 - b) *Failed to carry out an ECG.*

- 3) *In relation to Patient 2, between 3 and 8 March 2019:*
 - a) *Advised them to take 1mg of Colchicine in the first instance and then a further 500mcg one hour later contrary to British National Formulary’s dosing recommendations;*
 - b) *Issued an excess of tablets for Colchicine when there was no clinical need;*
 - c) *Prescribed Codeine without clinical justification;*
 - d) *Prescribed Allopurinol for maintenance at a dose of 200mg daily with advice that this could be increased if needed, without first checking their liver and/or renal function;*

- e) *Failed to escalate blood tests results in light of the clinical concerns displayed in the blood results and/or informed them that their “bloods were largely normal” or words to that effect.*
- 4) *In relation to Patient 3, between 4 and 5 March 2019, failed to write any notes on the system regarding a consultation and/or what was discussed.*
- 5) *In relation to Patient 4, on 4 March 2019, failed to undertake and/or record observations.*
- 6) *In relation to Patient 5, on 4 March 2019:*
- a) *Failed to undertake a full set of observations in that you did not carry out and/or record;*
 - i) *Oxygen saturation measurements and/or;*
 - ii) *Pulse rate measurements and/or;*
 - iii) *Urine dip testing.*
 - b) *Failed to record your rationale for prescribing Zithromax as opposed to using Penicillin when they had no known allergy;*
 - c) *Prescribed the incorrect dosage for their weight of 2.25ml of Zithromax once daily, when the correct dosage for their weight is 2.7ml once daily.*
- 7) *In relation to Patient 6, between 5 and 7 March 2019:*
- a) *Failed to undertake and/or record observations;*
 - b) *Failed to provide a record of history taking and/or examination;*
 - c) *Failed to provide a justification for the blood tests that had been ordered;*
 - d) *Failed to escalate blood tests results in light of the clinical concerns displayed in the blood results;*
 - e) *advised to book an appointment with Colleague A, knowing that Colleague A was unavailable from 8-16 March 2019.*
- 8) *In relation to Patient 7, on 5 March 2019:*
- a) *Failed to advise that a chest Xray and/or CT scan and/or blood tests may be necessary in the first instance;*
 - b) *Prescribed Codeine without clinical justification.*

9) *In relation to Patient 8, on 5 March 2019, failed to:*

- a) *Undertake and/or record observations;*
- b) *Undertake and/or record an abdominal check;*
- c) *Record any red flag checks.*

10) *In relation to Patient 9, on 5 March 2019:*

- a) *Failed to undertake and/or record a Ketone check;*
- b) *Failed to ensure an adequate medical assessment of Patient 9 was completed in that insufficient information was obtained from them about their symptoms to enable a comprehensive medical assessment to be undertaken.*
- c) *Failed to advise follow up by stool check;*
- d) *Failed to advise about taking MST Continus and Co-Codamol 30/500 together;*
- e) *Prescribed Nitrofurantoin when a safer alternative would have been Pivmecillinam;*
- f) *Advised them to stop taking blood pressure medication despite their blood pressure being high;*
- g) *Did not recommend any further investigation.*

11) *In relation to Patient 10, on 5 March 2019, failed to:*

- a) *Advise how to bring their temperature down;*
- b) *Further investigate symptoms;*
- c) *Undertake a pregnancy test and/or abdominal examination before prescribing antiemetic medication;*
- d) *Record any safety netting advice.*

12) *In relation to Patient 11, between 8 and 16 March 2019, failed to:*

- a) *Explain your rationale for taking bloods;*
- b) *Record any previous medical history and/or previous medications;*
- c) *Interpret their blood results correctly;*
- d) *Recommend any further investigations.*

13) *In relation to Patient 12, on 8 March 2019, failed to:*

- a) *Record information about consent;*
- b) *Give advice about side effects.*

14) *In relation to Patient 13, on 9 March 2019:*

- a) *Failed to record any safety netting advice;*
- b) *Prescribed Codeine without clinical justification;*
- c) *Failed to undertake and/or record observations.*

15) *In relation to Patient 14, on 9 March 2019:*

- a) *Sent them to Accident and Emergency when observations appeared normal;*
- b) *Prescribed Co-codamol without clinical justification.*

16) *In relation to Patient 15, on 10 March 2019:*

- a) *Failed to undertake and/or record observations;*
- b) *Failed to undertake and/or record an abdominal examination;*
- c) *Failed to undertake and/or record a pregnancy test;*
- d) *Failed to refer to a gynaecology department;*
- e) *Failed to record any safety netting advice;*
- f) *Prescribed Tranexamic Acid without clinical justification.*

17) *In relation to Patient 16, on 12 March 2019:*

- a) *Failed to undertake a full set of observations in that you did not carry out and/or record;*
 - i) *A temperature reading and/or;*
 - ii) *Urine dip testing.*
- b) *Prescribed Codeine without clinical justification.*

18) *In relation to Patient 17, on 12 March 2019:*

- a) *Failed to undertake a full set of observations in that you did not carry out and/or record;*
 - i) *Temperature reading and/or;*
 - ii) *Pulse rate measurements and/or;*

- iii) *Respiratory rate measurements and/or;*
- iv) *Urine dip testing.*
- b) *Failed to refer them for a CT scan of the chest and/or X-ray.*

19) *In relation to Patient 18, on 12 March 2019:*

- a) *Failed to undertake and/or record an abdominal and/or a rectal examination;*
- b) *Failed to arrange for a faecal occult blood test;*
- c) *Failed to record any safety netting advice.*

20) *In relation to Patient 20, on 12 March 2019, did not record observations of their throat.*

21) *In relation to patient 21, on 12 March 2019:*

- a) *Failed to record any safety netting advice;*
- b) *Prescribed Codeine without clinical justification;*
- c) *Did not make recommendations for a mild muscle relaxant and/or neck care exercises.*

22) *On 16 March 2019, shared over Skype messaging service confidential information relating to an unknown patient.*

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 also had regard to the test set out by Dame Janet Smith in her Fifth Report from Shipman, approved in the case of Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant [2011] EWHC 927 (Admin) by Cox J;

- 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 professions 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 professions; and/or*
- d. *...*

The panel found limbs a, b and c engaged in this case. The panel found that your failures in patient assessments, poor record keeping and a failure to follow guidelines for advanced prescribing practice placed 20 patients at unwarranted risk of harm.

The panel also found that your clinical failings and breach of confidentiality brought the profession into disrepute. The public expects high standards, and the panel was of the view that the seriousness of the misconduct is such that it calls into question the safety of any patient under your care. The panel considered that your actions had a negative impact on the reputation of the profession and, accordingly, has brought the profession into disrepute.

The panel noted that the provisions of the Code constitute fundamental tenets of the profession and your actions breached these in so far as they relate to prioritising people, practising effectively, preserving safety and promoting professionalism and trust. They also relate to basic nursing knowledge. The panel found that your actions demonstrate a departure from the standards expected of a registered nurse and independent/supplementary nurse prescriber and constitute a breach of the fundamental tenets of the professions.

The panel considered that the misconduct in this case relates to your clinical skills and is therefore capable of remediation. In considering whether you have remediated your practice, the panel had regard to your reflective statement, the training you have undertaken since the charges arose and considered whether you have strengthened your practice.

In respect of current impairment, the panel endorse paragraphs 52 to 59 of the provisional CPD agreement.

The panel found that you have demonstrated remorse for your actions and omissions and insight into your misconduct. Whilst you have demonstrated remorse and insight, the panel noted that you have not practised as a registered nurse and an independent/supplementary prescriber since 2019. As a consequence, you have been unable to put your learning and training into practice, and unable to demonstrate strengthened practice. The panel therefore determined that there is a risk of repetition of the misconduct and a consequent risk of harm to patients. Accordingly, the panel found that your fitness to practise is currently impaired on public protection grounds.

The panel determined that a finding of impairment was required on public interest grounds. It considered that given the public protection issues identified and the wide ranging, repeated and fundamental nature of the misconduct a member of the public would be shocked to hear that a registered nurse was entitled to practise without restriction in the circumstances. The panel determined that public confidence in the profession and the regulator would be undermined if a finding of impairment was not made in these circumstances and proper standards of professional conduct would not be upheld.

The panel determined that your fitness to practise is currently impaired on both public protection and public interest grounds.'

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, 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:

- *The misconduct was wide ranging, repeated and involved a high number of vulnerable patients.*
- *Your misconduct placed patients at a risk of harm.*

The panel also took into account the following mitigating features:

- *You have made full admissions to the charges.*
- *You have demonstrated remorse and have insight into your misconduct.*
- *Whilst the misconduct was repeated, this occurred during a short period of time.*

The panel first considered whether to take no action but concluded that this would be inappropriate in view of the wide ranging failures and the risk of repetition and consequent public protection issues identified. The panel determined that not imposing an order would not protect the public and 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, in particular:

- *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 there was no evidence of harmful deep-seated personality or attitudinal problems. The panel considered that there were identifiable areas of your practice in need of assessment and/or retraining, namely, patient assessment and management, record keeping, patient confidentiality and medication management and prescribing practices. The panel noted that you have made positive steps towards strengthening your practice, you have engaged with the NMC and indicated that you would comply with a conditions of practice order. Taking all of the above into consideration, the panel concluded that it would be possible to formulate appropriate and practical conditions which would address the failings highlighted in this case and protect patients.

The panel had regard to the fact that whilst the errors were repeated and wide ranging, they occurred over a relatively short period of time. 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 agreed with the CPD that the appropriate and proportionate sanction is that of a conditions of practice order.

The panel was of the view that to impose a suspension order or a striking-off order would be wholly disproportionate and would not be a reasonable response in the circumstances of your case given that you have demonstrated remorse for your actions and omissions, you have demonstrated insight into your misconduct and taken positive steps in an attempt to strengthen your practice.

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

The panel agreed with the CPD that the following conditions are appropriate and proportionate in this case:

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

- 1. You must limit your nursing practice to one substantive employer. If this is an agency, you must only work in one setting for one organisation.*

- 2. You must ensure you are directly observed by another registered health professional – either a doctor, or a nurse, (or a pharmacist, in relation to condition 2d only) anytime you are working when undertaking the following tasks until such a time you are signed off as competent by your line manager, mentor, or supervisor and confirmed in writing by your line manager, mentor or supervisor to your NMC case officer:*
 - a. Medication management;*
 - b. Patient management and assessment;*
 - c. Record keeping;*

- d. *Safe prescribing practices; and*
- e. *Patient confidentiality.*

3. *You must provide evidence of successfully completing the following competency assessments to your NMC case officer within 6 months of this order coming into effect:*

- a. *Medication management;*
- b. *Patient management and assessment;*
- c. *Record keeping;*
- d. *Safe prescribing practices; and*
- e. *Patient confidentiality.*

The courses referred to above must include theoretical and practical components.

4. *You must meet monthly with your line manager, mentor, or supervisor to discuss your general clinical performance and specifically:*

- a. *Medication management;*
- b. *Patient management and assessment;*
- c. *Record keeping;*
- d. *Safe prescribing practices; and*
- e. *Patient confidentiality.*

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

- a. *Medication management;*
- b. *Patient management and assessment;*
- c. *Record keeping;*
- d. *Safe prescribing practices; and*
- e. *Patient confidentiality.*

6. *You must send your NMC case officer a copy of your PDP within the first six weeks of employment as a nurse and/or an independent/supplementary prescriber.*

7. *You must send your NMC case officer a report from your line manager, mentor, or supervisor, prior to any review hearing commenting on your progress towards achieving the aims set out in your PDP and also commenting on your general clinical performance and specifically:*
 - a. *Medication management;*
 - b. *Patient management and assessment;*
 - c. *Record keeping;*
 - d. *Safe prescribing practices; and*
 - e. *Patient confidentiality.*

8. *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.*

9. *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 the course of study.*

10. *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.*

11. *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.*

12. 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. 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 18 months. The panel determined that 18 months would allow you sufficient time to secure employment, to put your learning and training into practice and to demonstrate strengthened practice.'

The charges found proved which resulted in the suspension order were:

'That you being a registered nurse were convicted on the 20th September 2021 at Newry Crown Court of the following offences, namely that you

1. *On the 5th March 2019 stole medicines to the value of £299.30 or thereabouts belonging to Gordons Chemists contrary to s. 1 of the Theft Act (Northern Ireland) 1969.*
2. *On the 5th day of March 2019, unlawfully had in your possession a controlled drug of Class B of Schedule 2 of the Misuse of Drugs Act 1971, namely codeine phosphate in contravention of section 5 (1) of the Misuse of Drugs Act 1971 contrary to section 5 (2) of the Misuse of Drugs Act 1971.*
3. *On the 5th day of March 2019, unlawfully had in your possession a controlled drug of Class C of Schedule 2 of the Misuse of Drugs Act 1971, namely diazepam in contravention of section 5 (1) of the Misuse of Drugs Act 1971 contrary to section 5 (2) of the Misuse of Drugs Act 1971.*
4. *On the 3rd May 2019, stole medicines of an unknown value belonging to McNally's Pharmacy contrary to s. 1 of the Theft Act (Northern Ireland) 1969.*

5. On the 3rd May 2019 unlawfully had in your possession, a controlled drug of Class B of Schedule 2 of the Misuse of Drugs Act 1971, namely codeine phosphate in contravention of section 5 (1) of the Misuse of Drugs Act 1971 contrary to section 5 (2) of the Misuse of Drugs Act 1971.

6. On the 9th day of May 2019, stole medicines to the value of £277.25 or thereabouts belonging to McNally's Pharmacy contrary to s. 1 of the Theft Act (Northern Ireland) 1969.

7. On the 9th May 2019, unlawfully had in your possession, a controlled drug of Class A of Schedule 2 of the Misuse of Drugs Act 1971, namely morphine sulphate in contravention of section 5 (1) of the Misuse of Drugs Act 1971 contrary to section 5 (2) of the Misuse of Drugs Act 1971.

8. On the 9th day of May 2019, unlawfully had in your possession, a controlled drug of Class C of Schedule 2 of the Misuse of Drugs Act 1971, namely diazepam in contravention of section 5 (1) of the Misuse of Drugs Act 1971 contrary to section 5 (2) of the Misuse of Drugs Act 1971.

9. On the 9th day of May 2019, unlawfully had in your possession, a controlled drug of Class C of Schedule 2 of the Misuse of Drugs Act 1971, namely tramadol in 16 contravention of section 5 (1) of the Misuse of Drugs Act 1971 contrary to section 5 (2) of the Misuse of Drugs Act 1971.

10. Between the 14th day of May 2019 and the 21st day of May 2019, , stole medicines to the value of £155.03 or thereabouts belonging to Meigh Pharmacy contrary to s. 1 of the Theft Act (Northern Ireland) 1969.

11. On the 17th day of May 2019 unlawfully had in your possession, a controlled drug of Class A of Schedule 2 of the Misuse of Drugs Act 1971, namely diamorphine in contravention of section 5 (1) of the Misuse of Drugs Act 1971 contrary to section 5 (2) of the Misuse of Drugs Act 1971.

12. *On the 17th day of May 2019, unlawfully had in your possession, a controlled drug of Class B of Schedule 2 of the Misuse of Drugs Act 1971, namely codeine in contravention of section 5 (1) of the Misuse of Drugs Act 1971 contrary to section 5 (2) of the Misuse of Drugs Act 1971.*

13. *On the 20th day of May 2019, unlawfully had in your possession, a controlled drug of Class C of Schedule 2 of the Misuse of Drugs Act 1971, namely diazepam in contravention of section 5 (1) of the Misuse of Drugs Act 1971 contrary to section 5 (2) of the Misuse of Drugs Act 1971.*

14. *On the 28th May 2019, stole medicines of an unknown value belonging to McNally's Pharmacy contrary to s. 1 of the Theft Act (Northern Ireland) 1969. And in the light of these convictions, your fitness to practise is impaired.'*

The last reviewing panel determined the following with regards to impairment:

'The panel considered whether Mr Ward's fitness to practise remains impaired.

The panel was of the view that Mr Ward has developed some insight into his conduct and has taken some steps to remediate the concerns. Further, he has continued to be compliant with the process and engaged with the NMC. However, the panel determined that there is insufficient evidence before it which demonstrates Mr Ward had progressed significantly since the findings of the previous panel, other than the updated reflective statement from him. The panel noted the Continuing Professional Development (CPD) training Mr Ward has undergone, however, in the panel's judgment this has not addressed the fundamental concerns that were found proved.

The panel has not seen any testimonials from Mr Ward's colleagues, [PRIVATE].

The panel also noted that Mr Ward has not reflected on the impact of his dishonesty on the reputation of the nursing profession, upon his colleagues and the public. The panel determined that as Mr Ward has not taken the advantage of the four recommendations provided by the previous panel to demonstrate that he is no

longer impaired, it concluded that in the absence of such evidence, there remains a risk of repetition and the panel was therefore satisfied that Mr Ward's fitness to practise remains impaired on the grounds of public protection.

The panel noted that there are two references that appear within the papers to an intention to have Mr Ward's Criminal Court order reduced. Nonetheless, it would appear that neither applications have ever been pursued or ever been granted. Therefore, the panel had no evidence that Mr Ward has satisfactorily completed the order imposed by the Criminal Court.

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 Mr Ward's fitness to practise remains impaired.'

The last reviewing panel determined the following with regards to sanction:

'Having found Mr Ward's fitness to practise remains 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 and in the absence of evidence to demonstrate Mr Ward has taken steps to address the concerns or to strengthen his practice. The panel decided that it would be neither proportionate nor in the public interest to take no further action.

The panel then considered the imposition of a caution order but again determined that, due to the seriousness of the case, and the public protection issues identified, an order that does not restrict Mr Ward's 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 Mr Ward's misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the issues identified. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether a conditions of practice order would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable, and workable. The panel bore in mind the seriousness of the facts found proved at the original hearing and concluded that a conditions of practice order would not adequately protect the public or satisfy the public interest. The panel noted that the misconduct did not involve clinical practice and therefore was not able to formulate conditions of practice that would adequately address the concerns relating to Mr Ward's criminal conviction.

The panel considered the imposition of a further period of suspension. It was of the view that a suspension order would allow Mr Ward further time to fully reflect on his previous dishonesty and conviction. It considered that Mr Ward needs to gain a full understanding of how the dishonesty of one nurse can impact upon the nursing profession as a whole and not just the organisation that the individual nurse is working for. The panel concluded that a further six months suspension order would be the appropriate and proportionate response and would afford Mr Ward adequate time to further develop his insight and take steps to strengthen his practice. It would also give Mr Ward an opportunity to approach past and current health professionals or colleagues to attest to his honesty and integrity in his workplace since the substantive hearing.

The panel determined therefore that a suspension order is the appropriate sanction which would continue to both protect the public and satisfy the wider public interest.

Accordingly, the panel determined to impose a suspension order for the period of six months which would provide Mr Ward with an opportunity to provide evidence of strengthened practice and steps taken to address his health issues.

This suspension order will take effect upon the expiry of the current suspension order, namely at the end of 12 July 2024 in accordance with Article 30(1).

Before the end of the period of suspension, another panel will review the order. At the review hearing the panel may revoke the order, or it may confirm the order, or it may replace the order with another order.

Any future panel reviewing this case would be assisted by:

- *[PRIVATE]*
- *Testimonials from either voluntary or paid employment*
- *Evidence of recent and relevant CPD completed in the last year*
- *An updated reflective statement indicating how Mr Ward would apply the learning from any CPD or [PRIVATE] into his future practice upon return to the NMC register.'*

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 decisions of the last panels, 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 your response bundle. It has taken account of the submissions made by Ms Khan. She submitted that with regard to the case of 072846 since the last review you have been discharged from the probation order and have submitted [PRIVATE] reflective piece; therefore the panel may be satisfied that a suspension order is no longer appropriate. She

invited the panel to consider imposing a conditions of practice order of the same terms as the one already in place.

Ms Khan submitted that with regard to the case of 071686 you have not currently been able to demonstrate any fulfilment of the conditions due to the other suspension order that has been in place. Therefore, she submitted that the same situation that the panel of 14 August 2024 considered remains the case and that the order should be confirmed.

The panel also had regard to Ms Shah's submissions. She submitted in regards to case 072846 that you have been discharged from the probation order, and submitted a testimony from the Probation Office, and that you have provided a full reflection on the incidents and have taken steps to strengthen your practice. [PRIVATE]. She therefore invited the panel to remove the suspension order.

Ms Shah submitted that with regard to the case of 071686 it is acknowledged that due to the suspension order you have not been able to comply with the conditions of practice order that was imposed in August 2024. Therefore she submitted that the conditions of practice order should be confirmed and allowed to take effect to allow you the time to demonstrate a full strengthening of practice while returning to work in a clinical setting.

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 adopted a two-stage process to first consider the case of 072846, with the suspension order, and then the case of 071686, with the conditions of practice order.

Case 072846

The panel decided that under the case of 072846 your fitness to practise is no longer impaired.

[PRIVATE]

The panel also noted that as you have now been discharged from the probation order the principle applied in the case of *Council for the Regulation of Health Care Professionals v General Dental Council & Alexander Fleischmann* [2005] EWHC 87 (Admin) which has been referred to by previous panels is therefore satisfied. The panel noted the positive report from your probation services officer, dated 22 October 2024, [PRIVATE]. The panel considered that this demonstrated that the risk of reoccurrence was very low.

The panel reviewed all the reflections on your conduct which led to your convictions that you have provided and is satisfied that your insight is full and comprehensive. It has further developed since the last review hearing and you have been able to analyse why you behaved as you did in 2019 and what you can do now to prevent such behaviour in the future. On the basis of these reflections, the panel was further satisfied that the risk of any repetition was minimal and that there is no ongoing public protection risk in relation to your previous conviction.

The panel also took into account the various positive testimonials provided by friends and colleagues [PRIVATE].

The panel concluded that in this matter you have shown a full and developed insight. In all the circumstances the panel considered that the public interest has now been met and that your fitness to practise under case 072846 is not impaired.

The panel noted that it has no power under Article 30.1 to revoke the suspension order. Even though the panel has found that your fitness to practise is no longer impaired, the order would therefore remain in place until its scheduled expiry at the end of 12 January 2025. As a consequence, you would not be able to work in accordance with your conditions of practice order until that time.

The panel has had regard to the NMC guidance: 'Exceptional cases: changing orders with immediate effect at a standard review'. This makes clear that panels conducting a standard review under Article 30.1 may in exceptional circumstances avail themselves of

the powers set out in Article 30.4 if it would be proportionate to do so in the interests of the registrant concerned.

Article 30.4e provides for the revocation of an order with immediate effect. In this case, revocation of the suspension order with immediate effect would result in your being able to work in accordance with your conditions of practice order without further delay.

The panel had no doubt that these are exceptional circumstances of the kind envisaged in the guidance and that it would be proportionate to revoke the suspension order in accordance with Article 30.4e. Accordingly, the current substantive suspension order is revoked with immediate effect.

This will be confirmed to you in writing.

Case 071686

The panel decided that under case 071686 your fitness to practice remains impaired.

The panel noted that this case was only considered in August 2024 and that the early review has been called to address the procedural anomaly of you being unable to comply with conditions due to being subject to a pre-existing suspension order. While the panel noted that you have provided further reflection since August which shows a good level of developing insight, you have not been able to work under the conditions of practice since they were imposed. The panel considered that there has not been any material change in circumstances that would suggest an increase or decrease in risk.

Therefore the panel decided that, for the same reasons set out by the panel on 13 August 2024, quoted above, your fitness to practice 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 due to the pre-existing suspension order you have been unable to comply with conditions of practice but are engaging with the NMC and are willing to comply with any conditions imposed.

The panel was of the view that confirmation of the current conditions of practice order is sufficient to protect patients and the wider public interest, noting as the original panel did that there are no deep seated attitudinal problems and that the misconduct related to specific remediable areas of practice.

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 given that you have demonstrated remorse for your actions and omissions, you have demonstrated insight into your misconduct and taken positive steps in an attempt to strengthen your practice.

The panel was satisfied that the current conditions are both necessary and proportionate. Accordingly, the panel determined, pursuant to Article 30(1)(c) to confirm the conditions of practice order which will continue until the end of 10 March 2026.

'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 nursing practice to one substantive employer. If this is an agency, you must only work in one setting for one organisation.*

2. *You must ensure you are directly observed by another registered health professional – either a doctor, or a nurse, (or a pharmacist, in relation to condition 2d only) anytime you are working when undertaking the following tasks until such a time you are signed off as competent by your line manager, mentor, or supervisor and confirmed in writing by your line manager, mentor or supervisor to your NMC case officer:*
 - a. *Medication management;*
 - b. *Patient management and assessment;*
 - c. *Record keeping;*
 - d. *Safe prescribing practices; and*
 - e. *Patient confidentiality.*

3. *You must provide evidence of successfully completing the following competency assessments to your NMC case officer within 6 months of this order coming into effect:*
 - a. *Medication management;*
 - b. *Patient management and assessment;*
 - c. *Record keeping;*

- d. *Safe prescribing practices; and*
- e. *Patient confidentiality.*

The courses referred to above must include theoretical and practical components.

4. *You must meet monthly with your line manager, mentor, or supervisor to discuss your general clinical performance and specifically:*
 - a. *Medication management;*
 - b. *Patient management and assessment;*
 - c. *Record keeping;*
 - d. *Safe prescribing practices; and*
 - e. *Patient confidentiality.*

5. *You must work with your line manager, mentor, or supervisor to create a personal development plan (PDP). Your PDP must address the following concerns:*
 - a. *Medication management;*
 - b. *Patient management and assessment;*
 - c. *Record keeping;*
 - d. *Safe prescribing practices; and*
 - e. *Patient confidentiality.*

6. *You must send your NMC case officer a copy of your PDP within the first six weeks of employment as a nurse and/or an independent/supplementary prescriber.*

7. *You must send your NMC case officer a report from your line manager, mentor, or supervisor, prior to any review hearing commenting on your progress towards achieving the aims set out in your PDP and also commenting on your general clinical performance and specifically:*
 - a. *Medication management;*
 - b. *Patient management and assessment;*
 - c. *Record keeping;*
 - d. *Safe prescribing practices; and*

- e. *Patient confidentiality.*
8. *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.*
9. *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 the course of study.*
10. *You must immediately give a copy of these conditions to:*
- e. *Any organisation or person you work for.*
 - f. *Any agency you apply to or are registered with for work.*
 - g. *Any employers you apply to for work (at the time of application).*
 - h. *Any establishment you apply to (at the time of application), or with which you are already enrolled, for a course of study.*
11. *You must tell your case officer, within seven days of your becoming aware of:*
- d. *Any clinical incident you are involved in.*
 - e. *Any investigation started against you.*
 - f. *Any disciplinary proceedings taken against you.*
12. *You must allow your case officer to share, as necessary, details about your performance, your compliance with and / or progress under these conditions with:*
- d. *current or future employer.*
 - e. *Any educational establishment.*
 - f. *Any other person(s) involved in your retraining and/or supervision required by these conditions.*

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.