

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

**Substantive Order Review Hearing
Friday 17 May 2024**

Virtual Hearing

Name of registrant: Morag Bethune

NMC PIN: 95A0007S

Part(s) of the register: Registered Nurse – Sub Part 1
Children’s Nursing – 2 February 2009

Relevant Location: Edinburgh

Type of case: Lack of competence

Panel members: Adrian Ward (Chair, Lay member)
Kate Jones (Registrant member)
Seamus Magee (Lay member)

Legal Assessor: Marion Gilmore KC

Hearings Coordinator: Jumu Ahmed

Nursing and Midwifery Council: Represented by Jemima Lovatt, Case Presenter

Mrs Bethune: Not present and represented by Lauren Doherty,
instructed by Anderson Strathern

Order being reviewed: Conditions of practice order (18 months)

Fitness to practise: Impaired

Outcome: **Conditions of practice order (18 months) to
come into effect on 29 June 2024 in
accordance with Article 30 (1)**

Decision and reasons on review of the substantive order

The panel decided to confirm the current conditions of practice order.

This order will come into effect at the end of 29 June 2024 in accordance with Article 30(1) of the 'Nursing and Midwifery Order 2001' (the Order).

This is the seventh review of an order imposed by a panel of the Conduct and Competence Committee. The original order was one of suspension for a period of 12 months on 27 November 2014, extended for a further 12 months on 17 November 2015. This order was replaced by a conditions of practice order on 29 November 2016 for a period of 12 months, extended for a further 12 months on 8 December 2017 and 20 December 2018. This order was reviewed on 15 November 2019 and was extended for a period of 3 years. This order was extended again for a period of 18 months on 17 November 2022.

The current order is due to expire at the end of 29 June 2024.

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:

'That you, a Registered Nurse, whilst employed by NHS Lothian at the Royal Hospital for Sick Children, Edinburgh ("the Hospital"), whilst working on the Acute Receiving Unit on Ward 6 ("the Ward") between 9 May 2011 and 4 January 2013, failed to demonstrate the standard of knowledge, skill and judgement required for practise without supervision as a Registered Nurse in that you:

- 1. Failed to demonstrate the required skills in the administration of medication on, but not restricted to one or more of the occasions set out in Schedule 1 – proved by your admission*

2. *Failed to demonstrate the required skills in documenting the care given to patients on, but not restricted to one or more of the occasions set out in Schedule 2 – proved by your admission*
3. *Failed to demonstrate the required skills in communication on, but not restricted to one or more of the occasions set out in Schedule 3 – proved by your admission*
4. *Failed to demonstrate the required skills in delegating effectively tasks to colleagues on, but not restricted to one or more of the occasions set out in Schedule 4 – proved by your admission*
5. *Failed to demonstrate the required knowledge of medication practice on, but not restricted to one or more of the occasions set out in Schedule 5 – proved by your admission*
6. *Failed to demonstrate the required skills in clinical practise on, but not restricted to one or more of the occasions set out in Schedule 6 – proved by your admission*

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

Schedule 1

It is alleged that between 9 May 2011 and 4 January 2013, you failed to demonstrate the required skills in the administration of medication on, but not restricted to, one or more of the following occasions:

1. *On 21 June 2011 you administered an inhaler to an unnamed patient although the prescription had not been signed by a doctor*

2. *On 12 September 2011 you failed to administer an oral dose of prednisolone to an unnamed patient*

3. *On 30 September 2012 you failed to calculate the correct dose of azithromycin*

Schedule 2

It is alleged that between 9 May 2011 and 4 January 2013, you failed to demonstrate the required skills in documenting the care given to patients on, but not restricted to one or more of the following occasions:

1. *On 20 June 2011 you failed to record on the corresponding fluid balance chart that you had given breakfast to an unnamed patient*

2. *On 22 June 2011 you failed to record the correct early warning score for an unnamed patient*

3. *On 26 June 2012 you failed to record a full set of observations for an unnamed patient*

4. *On 30 September 2012 you failed to complete a pressure ulcer chart of an unnamed patient*

Schedule 3

It is alleged that between 9 May 2011 and 4 January 2013, you failed to demonstrate the required skills in communication on, but not restricted to one or more of the following occasions:

1. *On 13 September 2011 you failed to advise a senior colleague that an unnamed patient had an oxygen saturation level of 90%*
2. *On 6 January 2012 you failed to advise a senior colleague that an unnamed patient had a temperature of 39.5 degrees*
3. *On 14 June 2012 you failed to advise colleagues that an unnamed patient required a prescription for Vitamin K*
4. *On 18 June 2012 you failed to ask medical staff to review an unnamed patient*
5. *On 25 June 2012 you failed to correctly transcribe a prescribed dose of intravenous tobramycin for an unnamed patient*

Schedule 4

It is alleged that between 9 May 2011 and 4 January 2013, you failed to demonstrate the required skills in delegating effectively tasks to colleagues on, but not restricted to one or more of the following occasions:

1. *On 31 January 2012 you failed to give direction to an unnamed student nurse to allow her to assist in the administration of medication*

Schedule 5

It is alleged that between 9 May 2011 and 4 January 2013, you failed to demonstrate the required knowledge of medication practice on, but not restricted to one or more of the following occasions:

1. *You failed to demonstrate basic knowledge of intravenously administered medication on*
 - a) *31 January 2012*
 - b) *26 June 2012*
 - c) *9 October 2012*

2. *On 30 July 2012 you failed to demonstrate knowledge of how to assist in the preparation of an intravenous bolus of fluids*

3. *On 17 January 2012 you failed to demonstrate knowledge of how to check and/or administer a suppository to a patient*

Schedule 6

It is alleged that between 9 May 2011 and 4 January 2013, you failed to demonstrate the required skills in clinical practise on, but not restricted to one or more of the following occasions:

1. *On 31 July 2012 you failed to realise a nasogastric tube had not passed into an unnamed patient's stomach.'*

The sixth panel determined the following with regard to impairment:

'The panel noted that at the substantive hearing of this case, you made admissions at the outset of the hearing. It further noted that you have remained engaged with the NMC and these proceedings and have provided a reflective statement which has demonstrated full insight and remorse regarding your lack of competence. Further, the panel was encouraged by the fact that you remain employed within the same role, by the same employer within a challenging caring environment and took into account the reflective testimonial provided by your manager which has

supported this. It has further noted that you have undertaken various mandatory training and have, as far as practicable, complied with the conditions of practice order.

The panel further noted that since the last review of this order, you have been unable to secure a role in the NHS or a place on the Course. It noted that you have not worked in a nursing capacity for a prolonged period of time, and that the Course is required to be undertaken so that you can make a safe return back to practice and keep your nursing knowledge and skills up to date. In fairness to you, the panel took account of the place you had secured which was later withdrawn, that you had unsuccessfully applied for further placements and have more recently been informed that the Course is no longer being offered in Scotland. However, the panel could not be satisfied that there would not be a repetition of the failings found proved at the substantive hearing as no remediation had taken place. The panel also had regard to your acceptance of impairment at the outset of this hearing through Ms Doherty. The panel therefore determined that a finding of current impairment is necessary on the grounds of public protection.

The panel has borne in mind that its primary function is to protect patients and the wider public interest which includes maintaining confidence in the nursing profession and upholding proper standards of conduct and performance. The panel determined that, in this case, a finding of current impairment on public interest grounds not required. It was of the view that a reasonable and well-informed member of the public, who was aware of the facts, would no longer be shocked if a finding of impairment were not found, given your subsequent insight and remorse.

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

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

'The panel first considered whether to take no action but considered this would be inappropriate. Taking no further action would not restrict your practice and would therefore not protect the public from the risk of harm identified.

It then considered the imposition of a caution order but again determined that this would be inappropriate for the same reasons. The panel was also of the view that the risks identified are not at the lower end of the spectrum of impaired fitness to practise.

The panel next considered whether imposing a further conditions of practice order on your registration would still be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be relevant, 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, which are yet to be remedied. The panel accepted that you have experienced difficulties in securing a role in the NHS and a place on the Course. However, the panel took into consideration your continued engagement with the NMC and your expressed willingness to comply with the conditions imposed. It was further of the view that the conditions of practice order is sufficient to protect patients.

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 as there has been no increase to the risks identified in this case since the date of your last review.

Accordingly, the panel determined, pursuant to Article 30(1)(c) to continue the current conditions of practice order for a period of 18 months, which will come into effect on the expiry of the current order, namely at the end of 29 December 2022. The panel was of the view that a further 18 months will allow you a further opportunity to successfully secure a place on the Course, commence employment in a NHS role and begin evidencing compliance with the conditions. It decided to impose the following conditions which it considered are appropriate and proportionate in this case:

- 1. At any time that you are employed or otherwise providing nursing services, you must place yourself and remain under the supervision of a workplace line*

manager, mentor or supervisor nominated by your employer, such supervision to consist of working at all times on the same shift as, but not necessarily under the direct observation of, a registered nurse who is physically present in or on the same ward, unit, floor, or home that you are working in or on.

- 2. You must not carry out medication administration unless directly supervised by another registered nurse until such time as you have been signed off as competent by your line manager who must also be a registered nurse. Any competency assessment must include the administration of medication and record keeping.*
- 3. You must meet with your line manager, mentor or supervisor (or their nominated deputy) every week to review the adequacy of your clinical record keeping generally until such time as you are signed off as being competent.*
- 4. You must work with your line manager, mentor or supervisor (or their nominated deputy) to create a personal development plan designed to address the concerns about the following areas of your practise*
 - 1. Medication administration*
 - 2. Record Keeping*
 - 3. Communication skills*
 - 4. Knowledge of clinical skills and procedures relevant to your role.*
- 5. You must meet with your line manager, mentor or supervisor (or their nominated deputy) at least every month to discuss the standard of your performance and your progress towards achieving the aims set out in your personal development plan.*
- 6. You must keep a personal log (at least weekly) about the development of your practice. This log is to be provided to the NMC before any NMC review hearing or meeting.*
- 7. You must send a report from your line manager mentor or supervisor (or their nominated deputy) setting out the standard of your performance and your*

progress towards achieving the aims set out in your personal development plan to the NMC before any NMC review hearing or meeting.

8. *You must tell the NMC within 7 days of any nursing appointment (whether paid or unpaid) you accept within the UK or elsewhere, and provide the NMC with contact details of your employer.*
9. *You must tell the NMC about any professional investigation started against you and/or any professional disciplinary proceedings taken against you within 7 days of you receiving notice of them.*
10. a) *You must within 7 days of accepting any post of employment requiring registration with the NMC, or any course of study connected with nursing or midwifery, provide the NMC with the name/contact details of the individual or organisation offering the post, employment or course of study.*

b) *You must within 7 days of entering into any arrangements required by these conditions of practise provide the NMC with the name and contact details of the individual/organisation with whom you have entered into the arrangement.*
11. *You must immediately tell the following parties that you are subject to a conditions of practice order under the NMC's fitness to practise procedures and disclose the conditions listed at (1) to (10) above, to them*
 1. *Any organisation or person employing, contracting with or using you to undertake nursing or midwifery work*
 2. *Any agency you are registered with or apply to be registered with (at the time of application) to provide nursing or midwifery services*
 3. *Any prospective employer (at the time of application) where you are applying for any nursing or midwifery appointment*

4. *Any educational establishment at which you are undertaking a course of study connected with nursing or midwifery, or any such establishment to which you apply to take a course (at the time of application).'*

The period of this order is for 18 months.

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 reviewing this case would be assisted by:

- Your continued engagement and attendance at a future review hearing;*
- Evidence of attempts made to gain experience in the NHS;*
- Evidence of attempts made to gain admission to the Course;*
- Updated reflective statement on your current skills and knowledge;*
- Any relevant updated testimonials and references from individuals or colleagues you are currently working with or on the Course; and*
- Documentary evidence of mandatory and any other training undertaken by you to keep your clinical knowledge up to date.'*

Decision and reasons on current impairment

The panel has considered carefully whether Mrs Bethune's 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, the e-courses undertaken by Mrs Bethune, a character reference, the reflective statement, and a history of the jobs she has applied for. It has taken account of the submissions made by Ms Lovatt on behalf of the Nursing and Midwifery Council (NMC) and by Ms Doherty on behalf of Mrs Bethune.

Ms Lovatt provided a background of the case and referred the panel to the relevant documentation. She reminded the panel that its role is to protect the public, to maintain confidence in the profession, and to uphold proper standards of conduct and performance.

Ms Lovatt submitted that whilst Mrs Bethune has provided the panel with various documents, she has not yet been able to demonstrate safe practise as a registered nurse. Therefore, the panel could not be satisfied that there is no risk of repetition of her misconduct. Ms Lovatt therefore invited the panel to make a finding of continued impairment on the grounds of public protection, as well as on public interest grounds.

In relation to sanctions, Ms Lovatt submitted that the panel taking no action or imposing a caution order would not be appropriate in view of the risk of repetition. She submitted that a conditions of practice order would be sufficient to protect the public whilst allowing Mrs Bethune a further opportunity to comply with the conditions and demonstrate that she can practise safely as a nurse and return back to the nursing profession.

Ms Lovatt further submitted that the current conditions remain appropriate and proportionate. She invited the panel to consider the following questions when making its decision:

- *'Has the nurse, midwife or nursing associate complied with any conditions imposed? What evidence has the nurse, midwife or nursing associate provided to demonstrate this? What is the quality of that evidence and where does it come from?*
- *Does the nurse, midwife or nursing associate show insight into their failings or the seriousness of any past misconduct? Has their level of insight improved, or got worse, since the last hearing?*

- *Has the nurse, midwife or nursing associate taken effective steps to maintain their skills and knowledge?*
- *Does the nurse, midwife or nursing associate have a record of safe practice without further incident since the last hearing?*
- *Does compliance with conditions or the completion of required steps demonstrate that the nurse, midwife or nursing associate is now safe to practise unrestricted, or does any risk to patient safety still remain?'*

Ms Doherty addressed the panel on each consideration in turn. She submitted that Mrs Bethune's position remains unchanged since the last review hearing. However, she told the panel that she is committed to returning to the nursing profession.

Concerning consideration one, Ms Doherty told the panel that Mrs Bethune has been employed as a support worker since 2013 and had worked in this position for her current employer via an agency until 2017 when she took up a permanent position. She told the panel that Mrs Bethune's role involves providing care to *'adults with complex needs and underlying health conditions'* whilst undertaking administrative and clinical tasks, daily personal care, recording and administration of medication. Ms Doherty told the panel that there have not been any incidents since she had started the role.

Ms Doherty submitted that as Mrs Bethune does not work in a clinical role as a registered nurse, and for this reason it was difficult for her to meet the conditions. However, she told the panel that this was not as a result of Mrs Bethune's lack of trying. She told the panel that Mrs Bethune has been applying for roles within the NHS and has explored return to practice courses. She told the panel that in 2019, Mrs Bethune had secured a place on a return to practice course at the Glasgow Caledonian University ("GCU"); however, 1 week prior to starting the course, the offer was withdrawn. She told the panel that Mrs Bethune recognises that a return to practice course would be beneficial and that was something that she was exploring.

Ms Doherty informed the panel that Mrs Bethune has been undertaking her mandatory training with her current employer, and has sought out a voluntary training course with the Royal College of Nursing (RCN). Ms Doherty told the panel that Mrs Bethune has been trying to get a role within the NHS but has been unsuccessful.

In terms of impairment, Ms Doherty submitted that there have been attempts to remedy this, but that Mrs Bethune was operating in a limited sphere in terms of her current role. However, she told the panel that Mrs Bethune is determined to return to nursing and do what she can to address her impairment.

Addressing the panel on the second consideration, Ms Doherty submitted that Mrs Bethune has shown insight into the failings and has recognised the seriousness of these failings. She further submitted that Mrs Bethune's level of insight has improved and drew the panel's attention to the previous panel's decisions and reasons, where this had been highlighted. Ms Doherty submitted that Mrs Bethune continued to be '*completely candid*' about her previous failings, which demonstrates a clear understanding and a further improvement in her insight and reflection.

Concerning the third consideration, Ms Doherty submitted Mrs Bethune continues to work in the same role as she has been in since 2013. She told the panel that Mrs Bethune's line manager is happy with her performance and that she is keeping up to date with all her mandatory e-learning modules and the voluntary courses she has chosen to undertake.

In regard to the fourth consideration, Ms Doherty submitted that Mrs Bethune has continued to demonstrate safe and effective practice in her current role. She noted that this was as a health care support worker rather than a registered nurse. However, she reiterated that there have been no complaints, concerns or disciplinary action since resigning as a registered nurse in 2013. She submitted that Mrs Bethune is doing everything in her power to demonstrate that she is safe to practise, but that she accepts that she is limited because she not working as a nurse. She told the panel that Mrs Bethune remains committed to returning to a nursing role.

Ms Doherty invited the panel to continue the current conditions of practice order as it would allow Mrs Bethune a further period to return to a nursing role, should the panel determine that she remains impaired.

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 Mrs Bethune's fitness to practice remains impaired.

The panel noted that at the substantive hearing of this case, Mrs Bethune had made admissions at the outset of the hearing and acknowledged that she has remained engaged with the NMC and these proceedings. It took into account her reflective statement and was of the view that she has demonstrated full insight and remorse regarding her lack of competence. Further, the panel noted that Mrs Bethune continues to be in the same role since 2013. The panel has also noted that Mrs Bethune has undertaken various mandatory training and voluntary training provided by the RCN. It noted that Mrs Bethune has, as far as practicable, complied with the conditions of practice order.

The panel further noted that since the last review of this order, there has been no material change as Mrs Bethune has been unable to secure a role as a registered nurse or undertake a return to practice course. It noted that Mrs Bethune has not worked in a nursing capacity since the imposition of the original substantive order. It was of the view that the failings in this case are remediable. However, the panel could not be satisfied that there would not be a repetition of the failings found proved at the substantive hearing as Mrs Bethune has not had the opportunity to address the concerns that were raised and there was no evidence that she has adequately strengthened her practice. The panel therefore determined that a finding of current impairment is necessary on the grounds of public protection.

The panel has borne in mind that its primary function is to protect patients and the wider public interest which includes maintaining confidence in the nursing profession and

upholding proper standards of conduct and performance. The panel determined that, in this case, a finding of continuing impairment on public interest grounds is also required.

For these reasons, the panel finds that Mrs Bethune's fitness to practise remains impaired.

Decision and reasons on sanction

Having found Mrs Bethune's 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 due to the seriousness of the case, and the public protection issues identified. 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 this would be inappropriate for the same reasons. The panel was also of the view that the risks identified are not at the lower end of the spectrum of impaired fitness to practise.

The panel next considered whether imposing a further conditions of practice order on Mrs Bethune's 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, which are yet to be remedied. The panel accepted that Mrs Bethune has experienced difficulties in securing a registered nursing role. However, the panel took into consideration her continued engagement with the NMC and her willingness to comply with the conditions imposed.

The panel confirmed that the current conditions of practice order was sufficient to address the concerns identified and to protect patients and satisfy the wider public interest.

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 Mrs Bethune's case as there has been no increase in the risks identified in this case since the date of her last review.

Accordingly, the panel determined, pursuant to Article 30(1)(c) to make a conditions of practice order for a period of 18 months, which will come into effect on the expiry of the current order, namely at the end of 29 June 2024. It decided to impose the following conditions which it considered are appropriate and proportionate in this case:

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

- 1. At any time that you are employed or otherwise providing nursing services, you must place yourself and remain under the supervision of a workplace line manager, mentor or supervisor nominated by your employer, such supervision to consist of working at all times on the same shift as, but not necessarily under the direct observation of, a registered nurse who is physically present in or on the same ward, unit, floor, or home that you are working in or on.*
- 2. You must not carry out medication administration unless directly supervised by another registered nurse until such time as you have been signed off as competent by your line manager who must also be a registered nurse. Any competency assessment must include the administration of medication and record keeping.*
- 3. You must meet with your line manager, mentor or supervisor (or their nominated deputy) every week to review the adequacy of your clinical record keeping generally until such time as you are signed off as being competent.*
- 4. You must work with your line manager, mentor or supervisor (or their nominated deputy) to create a personal development plan designed to address the concerns about the following areas of your practise*

1. *Medication administration*
2. *Record Keeping*
3. *Communication skills*
4. *Knowledge of clinical skills and procedures relevant to your role.*

5. *You must meet with your line manager, mentor or supervisor (or their nominated deputy) at least every month to discuss the standard of your performance and your progress towards achieving the aims set out in your personal development plan.*

6. *You must keep a personal log (at least weekly) about the development of your practice. This log is to be provided to the NMC before any NMC review hearing or meeting.*

7. *You must send a report from your line manager mentor or supervisor (or their nominated deputy) setting out the standard of your performance and your progress towards achieving the aims set out in your personal development plan to the NMC before any NMC review hearing or meeting.*

8. *You must tell the NMC within 7 days of any nursing appointment (whether paid or unpaid) you accept within the UK or elsewhere, and provide the NMC with contact details of your employer.*

9. *You must tell the NMC about any professional investigation started against you and/or any professional disciplinary proceedings taken against you within 7 days of you receiving notice of them.*

10. a) *You must within 7 days of accepting any post of employment requiring registration with the NMC, or any course of study connected with nursing or midwifery, provide the NMC with the name/contact details of the individual or organisation offering the post, employment or course of study.*

b) *You must within 7 days of entering into any arrangements required by these conditions of practise provide the NMC with the name and contact details of the individual/organisation with whom you have entered into the arrangement.*

11. *You must immediately tell the following parties that you are subject to a conditions of practice order under the NMC's fitness to practise procedures and disclose the conditions listed at (1) to (10) above, to them*

1. *Any organisation or person employing, contracting with or using you to undertake nursing or midwifery work*
2. *Any agency you are registered with or apply to be registered with (at the time of application) to provide nursing or midwifery services*
3. *Any prospective employer (at the time of application) where you are applying for any nursing or midwifery appointment*
4. *Any educational establishment at which you are undertaking a course of study connected with nursing or midwifery, or any such establishment to which you apply to take a course (at the time of application).*

The period of this order is for 18 months to allow Mrs Bethune a further opportunity to comply with the conditions by securing a place on a return to practice course and a substantive role as a registered nurse.

This conditions of practice order will take effect upon the expiry of the current conditions of practice order, namely the end of 29 June 2024 in accordance with Article 30(1).

Before the end of the period of the order, a panel will hold a review hearing to see how well Mrs Bethune has 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 reviewing this case would be assisted by:

- Your continued engagement and attendance at a future review hearing;
- Updated reflective statement;

- Any relevant updated testimonials and references from individuals or colleagues you are currently working with; and
- Documentary evidence of mandatory and any other training undertaken by you to keep your clinical knowledge up to date.

This will be confirmed to Mrs Bethune in writing.

That concludes this determination.