

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

**Substantive Order Review Hearing
Friday, 31 May 2024**

Virtual Hearing

Name of Registrant: Eva S. Casaul

NMC PIN 02C17710

Part(s) of the register: Registered Nurse – Sub Part 1
Adult Nursing (Level 1) – 18 March 2002

Relevant Location: Ipswich/Suffolk

Type of case: Lack of competence and misconduct

Panel members: Denford Chifamba (Chair, Registrant member)
Amanda Revill (Registrant member)
Gill Edelman (Lay member)

Legal Assessor: Tim Bradbury

Hearings Coordinator: Sabrina Khan

Nursing and Midwifery Council: Represented by Simran Ghotra, Case Presenter

Ms Casaul: Present and represented by Karl Shadenbury, instructed by Unison

Order being reviewed: Conditions of practice order (6 months)

Fitness to practise: Impaired

Outcome: **Conditions of practice order (9 months) to come into effect immediately in accordance with Article 30 (1)**

Decision and reasons on review of the substantive order

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

This order will come into effect immediately in accordance with Article 30(1) of the 'Nursing and Midwifery Order 2001' (the Order).

This is the third review of a substantive suspension order originally imposed for a period of six months by a Fitness to Practise Committee panel on 12 September 2022. This was reviewed on 2 March 2023, where the order was replaced by a conditions of practice order for nine months followed by another conditions of practice order imposed on 4 December 2023 for six months.

The current order is due to expire at the end of 4 July 2024.

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

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

'That you, a registered nurse, between April 2020 and April 2021, failed to demonstrate the standards of knowledge, skill and judgement required to practise without supervision as a Band 6 nurse in that you:

1. On 11 May 2020 and/or 18 May 2020:

- a) Required prompting to check the portable incubators settings.*
- b) Required prompting to relay full and/or accurate information during handover.*

2. On one or more occasions between 1 June 2020 and 23 December 2020 failed to respond appropriately to patient monitor alarms in that you failed to respond to the alarm at all and/or required prompting to respond to the alarm and/or silenced the alarm without checking the patient beforehand.

3. *On one or more occasions on 3 June 2020:*

- a) *Failed to check medicine protocols prior to calculating patients' medication doses.*
- b) *Failed to check the expiry date of oral medication bottles from the time of opening.*
- c) *Failed to prepare the correct dose of Konakion to administer and drew up in a syringe 0.9ml instead of the correct amount of 0.09ml mls*
- d) *Failed to consider the use of a filter needle to draw up Konakion from the glass vial.*
- e) *Documented a patient saturation level by copying a previous entry.*
- f) *Failed to understand that the entry made in charge 3e) required an escalation of care.*
- g) *Failed to use sanitising gel effectively in that the duration and method of rubbing was insufficient.*
- h) *Required prompting to complete patient observations.*
- i) *Required prompting to undertake patient feeds.*
- j) *Required prompting to check the naso-gastric tube's position before administering medication and/or feed.*
- k) *Opened the roller clamp of an infusion pump when it was giving instruction to keep it closed while it was priming the line.*
- l) *Did not understand what was meant by the duration of the infusion.*
- m) *Failed to warm milk for a patient's feed because the patient had not been allocated to your care.*

4. *On 23 or 25 June 2020 advised the medical team that a patient had not been receiving oxygen for a number of days instead of correctly reporting that the patient had not received oxygen for a number of hours.*

5. *On 24 June 2020, in relation to Patient B:*

- a) *Documented they had a confirmed syndrome related to hearing loss when no syndrome was confirmed.*
- b) *Documented they were breastfed when they were bottle fed.*

- c) Documented that the car seat challenge was 'not applicable' when such a test should have been undertaken.
- d) Documented 'not applicable' in the section of documentation regarding transport arrangements when this section is always applicable and requires completion.

6. On 26 June 2020:

- a) Failed to calculate the correct amount of feed to administer and documented 150 mls xkg instead of 165 mls xkg
- b) Failed to record saturations for several hours on the hourly recording chart
- c) Failed to wear gloves and/or an apron when inserting an oro-gastric tube.

7. On 30 June 2020:

- a) When calculating a calcium preparation, used the concentration for potassium rather than calcium.
- b) Incorrectly documented a patient's fluid intake.
- c) Failed to follow Aseptic Non Touch Technique ("ANTT") guidance when preparing IV medication.
- d) Documented the pressure of an infusion pump without checking the reading on the pump.
- e) Required prompting to take a patient's blood pressure.
- f) On one or more occasions failed to identify that there was an air bubble in the syringe prior to initiating a patient's blood gas.

8. On 3 July 2020:

- a) Failed to wear an apron when administering oral medication to a patient.
- b) Required prompting to clean a patient's bed space, incubator, unit and chair.
- c) On one or more occasions took a patient's respiration rate using the monitor rather than manually.
- d) Required prompting to take an axilla temperature when the probe temperature reading was low.
- e) Required prompting to reposition a patient in order to get an aspirate.
- f) Required prompting to record a patient's visual infusion phlebitis ("VIP") score and/or check their cannula site.

9. On 8 July 2020 advised nursing staff during patient handover of the wrong time that a patient's next feed was due.

10. On 9 July 2020:

- a) Advised the medical team that a patient's blood gas results were good when the carbon dioxide levels were raised.
- b) On one or more occasions took patient observations using the monitor rather than manually.

11. On 14 July 2020 incorrectly documented that a patient's benzylpenicillin should be administered at 09:00 when it was due at 21:00.

12. On 21 December 2020 were unable to calculate the correct dose of oral caffeine medication for a patient.

13. On 23 December 2020 required prompting to wear gloves and an apron for patient contact.

14. On one or more occasions between 28 December 2020 and 21 January 2021 failed to calculate the correct dose of Benzylpenicillin.

15. On 4 January 2021 required prompting to check the naso-gastric tube's position before administering medication.

16. On 6 January 2021, when a patient's oxygen appeared to be desaturating, increased their oxygen before checking that the saturation probe was on correctly.

AND in light of the above, your fitness to practice is impaired by reason of your lack of competence.

17. On 30 June 2020:

- a) Documented the pressure of an infusion pump without checking the reading on the pump.

- b) Documented a patient's VIP without checking the patient's cannula site.
(Offer of no evidence accepted)
- c) Signed off a patient's safety checks when the patient did not have an identification wrist band on.

18. On 3 July 2020:

- a) recorded a VIP score of "0" without first looking at the cannula site.

19. On 9 July 2020:

- a) Failed to take Patient C's observations at 10:00.
- b) Documented observation for Patient C when you had not carried them out.
(Offer of no evidence accepted)
- c) Documented a patient's VIP score without checking the patient's cannula site.

20. On 14 July 2020

- a) Signed a checklist that you had checked resuscitation equipment when you had not undertaken the checks. **(Offer of no evidence accepted)**
- b) Completed discharge documentation when you had not undertaken the observations and safety checks. **(Offer of no evidence accepted)**

21. On 21 January 2021 documented a VIP score when you had not undertaken a physical check on the patient.

22. Your actions at any or all of Charges 17-21 were dishonest in that you intended to create the misleading impression that you had carried out the checks and/or observations when you knew you had not.

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

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

'The panel considered whether your fitness to practise remains impaired.

The panel noted that the last reviewing panel found that you had developing insight. At this hearing, the panel had regard to your recent reflective statement and accepted that you demonstrated an understanding of your previous clinical failings and showed the learning you have been doing to address these concerns. You also explained how you would handle things differently in the future. However, this panel noted that your insight remains limited at this time as your reflections do not yet demonstrate an understanding of how your actions put patients at a risk of harm and how your actions impacted negatively on the reputation of the nursing profession.

In its consideration of whether you have taken steps to strengthen your practice, the panel took into account that you have completed your PDP and have been signed off by your line manager, that you have undertaken a Medication Competency Assessment and have been working hard on your competence and complying with your conditions of practice. It also took into account the additional training you have undertaken, which included relevant courses addressing the clinical concerns identified, as well as the positive references from your colleagues and line manager.

The panel noted that you have only been practising under conditions for a short period and are yet to demonstrate your ability to work kindly, safely and professionally without supervision. The panel had regard to the testimonial of your Registered Manager:

"I fully believe that with the right support from the management and peers she will be able to return to working as a fully competent and valuable Registered Nurse."

The last reviewing panel determined that you were liable to repeat matters of the kind found proved. Today's panel has received updated information regarding your progress. The panel acknowledged that you had been

working in compliance with your conditions and no further concerns have been raised. It was of the view that you have made significant efforts to strengthen your practice and taken steps to enhance your knowledge. However, although your written statement reflects a level of insight, the panel noted that the charges you previously admitted included aspects of dishonesty, but your written reflections do not explore in detail the harm that could occur nor the consequences that could result from this behaviour. In light of this, this panel determined that, at this time, you are liable to repeat matters of the kind found proved. The panel therefore decided that a finding of continuing impairment is necessary, at this time, 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 your fitness to practise remains impaired.'

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

'The panel first considered whether to take no action but concluded that this would be inappropriate 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 accepted that you have been complying with current substantive conditions of practice order and have been engaging with the NMC and continue to engage with its process. The panel was satisfied that it would be possible to formulate practicable and workable conditions that would serve to protect the public and the reputation of the profession. The panel was satisfied that you have shown significant progress since the last review and, therefore, varied the conditions of practice order to reflect your current situation and continue to support you in your return to practising safely without restriction.

The panel was of the view that to impose a suspension order or a striking-off order would be wholly disproportionate and would not be a reasonable response in the circumstances of your case because you have demonstrated that a conditions of practice order is workable, measurable and proportionate to address the failings highlighted in this case.

Accordingly, the panel determined, pursuant to Article 30(1)(c) to make a conditions of practice order for a period of six months, which will come into effect on the expiry of the current order, namely at the end of 10 January 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. 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.*

2. 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.*

3. 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.*
- e. Any current or prospective patients or clients you intend to see or care for on a private basis when you are working in a self-employed capacity.*

4. 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.*

5. 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.*

6. You must limit your nursing practice to your field of nursing, Adult Nursing, with a single employer and not undertake bank or agency work.

7. You must ensure that you are indirectly supervised when you are working. This indirect supervision must consist of:

- Having access to advice and support from a registered nurse, either remotely or in person.*
- Monthly meetings with your line manager, mentor or supervisor to discuss your clinical caseload.*

8. You must obtain a report from your line manager, mentor or supervisor and these are to be sent your case officer every two months. This report must detail your clinical performance and compliance with these conditions.

The period of this order is for six months to allow you time to demonstrate a period of sustained safe practice.

This conditions of practice order will take effect upon the expiry of the current conditions of practice order, namely the end of 10 January 2024 in accordance with Article 30(1).

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

Any future panel reviewing this case would be assisted by:

- Your attendance and continued engagement with the NMC and its process.*

- *You providing a more detailed reflection on how you have addressed the dishonesty element of the regulatory concerns and their impact on patients, public and the profession.
This will be confirmed to you in writing.
That concludes this determination.'*

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 current NMC guidance (DMA-1) has defined fitness to practise as a registrant's ability to practise kindly, safely and professionally. 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, your written reflective pieces, several training certificates, a Medication Competency Assessment and a positive reference from your previous employer. It has taken account of the submissions made by Ms Ghotra on behalf of the NMC and submissions from Mr Shadenbury on your behalf.

Ms Ghotra referred the panel to the decisions of the previous panels. She acknowledged that you continued to engage with the NMC and its processes and provided new information including detailed reflective pieces, information and reference from your employer and training certificates.

Ms Ghotra submitted that you informed the NMC about the two medication errors that you made this year. She submitted that you admitted administering night-time medication to the wrong resident, and morning medication instead of night medication to another resident, despite them being in separate colour coded trays with the resident's name on the medication. These errors were identified and reported to the manager at the nursing home by the next nurse on duty.

Ms Ghotra informed the panel that you have resigned from your post on 13 February 2024 and are currently working as a senior support worker in CareFirst Ltd. She submitted that you have not worked in the capacity of a registered nurse since the last incident in February 2024. She submitted that there have been two separate incidents that have involved two separate medication errors in a clinical setting which occurred on the same day, which put patients under your care at risk of harm.

Ms Ghotra submitted that there has not been sufficient time under supervision to satisfy the panel today that it is safe for you to return to practice without restriction. She submitted that the two latest incidents occurred only two months after the last reviewing panel decided that you were yet to demonstrate your ability to work kindly, safely and professionally without supervision. Therefore, Ms Ghotra submitted that there is a risk of repetition if you were allowed to practise unrestricted and there remains a risk to patient safety. In addition, Ms Ghotra submitted that public confidence in the profession and the NMC as a regulator would be diminished if you were allowed to practise unrestricted.

For this reason, Ms Ghotra submitted that there remains current impairment at this time.

Ms Ghotra acknowledged that the positive testimonials and the emails from your manager show that there has been some progress prior to the incidents that occurred this year. Therefore, she invited the panel to extend the conditions of practice order encompassing practicable and workable conditions that would serve to protect the public and the reputation of the profession, with an added personal development plan, that would assist you in transitioning back into working as a registered nurse.

In response, Mr Shadenbury submitted that prior to resigning on 13 February 2024, you had been working for 5 months under the conditions of practice order. He highlighted that you were signed off as competent to administer medication on 3 July 2023, and following the imposition of the first substantive conditions of practice order on 2 March 2023, these two medication errors were the only incidents that had occurred. Mr Shadenbury submitted that you had had to adjust to the adult nursing practice as you had worked for the neonatal ward for most of your career, but yet managed to successfully become an important member of the team.

Mr Shadenbury informed the panel that the two medication errors occurred not due to the lack of competence but due to poor concentration after news of a bereavement and were unable to take compassionate leave due to the fact that you believed that you would not get leave at short notice.

Mr Shadenbury referred the panel to your reflective piece, about the recent medication errors, where you have reflected that you had made mistake and have accepted that your conduct on the day was not to the standard required from a registered nurse, and whilst there was no harm to either of the patients, you accepted that both patients were placed at unnecessary risk of harm due to your errors.

Mr Shadenbury submitted that the panel should put weight on the circumstances in which you had made these medication errors and take notice of the progress you have made over the last year to resolve your competency issues, and that you have demonstrated sufficient insight into your dishonesty as well. He submitted that you have undertaken training and completed your PDP as per the conditions to address your competency concerns. He referred the panel to the reference from your former manager who spoke positively about you and stated that you were brilliant at your work. He also emphasised that you have taken steps to maintain the relevant skills and knowledge you require, particularly focused on the areas of medicine competency, patient observations, record keeping handovers and deteriorating patients.

Mr Shadenbury acknowledged that the latest medication errors did impose a risk to patient safety under your care, and so you will have to demonstrate your competency to administer medication properly. However, Mr Shadenbury sought the panel to consider your circumstances under which you have these errors and invited the panel to extend the conditions of practice order for a period of six months to allow you to obtain employment as a registered nurse and to demonstrate a period of safe and effective practise.

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

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

The panel considered whether your fitness to practise remains impaired.

The panel noted that the last reviewing panel found that you had developing insight. At this hearing, the panel had regard to your recent reflective statement and accepted that you demonstrated an understanding of your recent failure of medication administration. You have also shown remorse regarding the incidents and have explained how you will be abiding by the medication guidelines religiously. The panel noted that you have also reflected on your previous dishonesty and have a greater understanding of its impact, and that there have been no further instances of such dishonesty.

In its consideration of whether you have taken steps to strengthen your practice, the panel took into account that you had not worked in the role of a registered nurse since your resignation on 13 February 2024, and so you were unable to demonstrate safe and effective practise.

The panel noted that you have only been practising under conditions for a short period but are yet to demonstrate your ability to work kindly, safely and professionally without supervision, when you made the medication administration errors.

The last reviewing panel determined that you were liable to repeat matters of the kind found proved. Today's panel has received updated information regarding your latest medication errors and the personal circumstances to which you attribute these errors. The panel acknowledged that you had undertaken trainings in order to strengthen your practice. It was of the view that you have made significant efforts to strengthen your practice and taken steps to enhance your knowledge. However, the panel noted that both the original concerns and the recent errors are attributed to stresses in your personal life and it has impacted your emotional and mental wellbeing. As a registered nurse you will need to be able to monitor and identify any stresses that may impact on your professional practice and take steps to address them to ensure you remain safe to practice. The panel considered that although your written statement reflects a level of insight, the latest

medication errors pose a risk of repetition and therefore a potential risk of significant harm to the patients under your care. The panel therefore decided that a finding of continuing impairment is necessary, at this time, 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 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 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, 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 prior to the latest incidents you have been complying with current substantive conditions of practice order. However, at present you are unable to comply with conditions of practice due to the fact that you are not currently employed in a nursing role. However you are engaging with the NMC, you are keen to secure an employment in the nursing role and are willing to comply with any conditions imposed.

The panel was of the view that a varied conditions of practice order is sufficient to protect patients and the wider public interest, noting as the original panel did that there were no deep-seated attitudinal problems. In this case, there are conditions could be formulated which would protect patients during the period they are in force and would also allow you to demonstrate safe and effective practice. However, in view of the repeated errors in medication administration despite further training and support, and the fact that you have not practiced as a registered nurse for the past four months, the panel has decided to vary the conditions of practice order to include further supervision and assessment in this area.

The panel was of the view that to impose a suspension order or a striking-off order would be wholly disproportionate and would not be a reasonable response in the circumstances of your case because it has been demonstrated that a conditions of practice order is workable, measurable and proportionate to address the failings highlighted in this case.

Accordingly, the panel determined, pursuant to Article 30(1)(c) to make a conditions of practice order for a period of nine months, which will come into effect immediately. It decided to impose the following conditions which it considered are appropriate and proportionate in this case:

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

'course of study' and 'course' mean any course of educational study connected to nursing, midwifery or nursing associates.

1. You must 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.

2. You must keep the NMC informed about anywhere you are studying by:
 - a) Telling your case officer within seven days of accepting any course of study.
 - b) Giving your case officer the name and contact details of the organisation offering that course of study.

3. 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.
 - e) Any current or prospective patients or clients you intend to see or care for on a private basis when you are working in a self-employed capacity

4. 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.
5. 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.
6. You must limit your nursing practice to your field of nursing. Adult Nursing, with a single employer and not undertake bank or agency work.
7. You must ensure that you are supervised at all times you are working. Your supervision must consist of:
- Working at all times on the same shift, but not always directly observed by a registered nurse of Band 6 or above.
8. Until you are signed off by your supervisor as competent to do so, you must not prepare or administer medication unless supervised by your supervisor (except in life threatening emergencies). This supervision must consist of:
- Direct observation.
9. You must work with your supervisor to create a personal development plan (PDP). Your PDP must address the concerns about administration of medications. You must:
- a. Send your case officer a copy of your PDP within a month of commencing employment.
 - b. Meet with your supervisor at least every two weeks to discuss your progress towards achieving the aims set out in your PDP.

- c. Send your case officer a report from your supervisor every two months. This report must show your progress towards achieving the aims set out in your PDP.'

The period of this order is for nine months to allow you time to secure an employment as a nurse and to demonstrate a period of sustained safe practice.

These conditions of practice order will replace the current conditions of practice order with immediate effect 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 with another order.

Any future panel reviewing this case would be assisted by:

- Your attendance and continued engagement with the NMC and its process.
- You providing a detailed reflection piece specifically addressing how you are managing your stress level, so that it does not impact your professional work.
- Testimonials

This will be confirmed to you in writing.

That concludes this determination.