

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

**Substantive Order Review Hearing
Wednesday, 6 November 2024**

Virtual Hearing

Name of Registrant: Ellen Harper

NMC PIN 17G2803E

Part(s) of the register: Nurses part of the register Sub part 1
RNC: Registered Nurse – Children
(January, 2018)

Relevant Location: Birmingham

Type of case: Health and Lack of competence

Panel members: Ms Sue Heads (Chair, lay member)
Ms Deepa Leelamany (Registrant member)
Ms Jane McLeod (Lay member)

Legal Assessor: Charlotte Mitchell-Dunn

Hearings Coordinator: Ifeoma Okere

Nursing and Midwifery Council: Represented by Sahara Fergus-Simms, Case Presenter

Miss Harper: Not Present and unrepresented

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

Fitness to practise: Impaired

Outcome: **Conditions of practice order (18 months) to come into effect on 15 December 2024 in accordance with Article 30 (1)**

Decision and reasons on service of Notice of Hearing

The panel was informed at the start of this hearing that Miss Harper was not in attendance and that the Notice of Hearing had been sent to Miss Harper's registered email address by secure email on 26 September 2024.

Further, the panel noted that the Notice of Hearing was also sent to Miss Harper's representative at the Royal College of Nursing (RCN) on 26 September 2024.

Miss Fergus-Simms, on behalf of the Nursing and Midwifery Council (NMC), submitted that it had complied with the requirements of Rules 11 and 34 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Hearing provided details of the substantive order being reviewed, the time, dates and that the hearing was to be held virtually, including instructions on how to join and, amongst other things, information about Miss Harper's right to attend, be represented and call evidence, as well as the panel's power to proceed in her absence.

In the light of all of the information available, the panel was satisfied that Miss Harper has been served with notice of this hearing in accordance with the requirements of Rules 11 and 34.

Decision and reasons on proceeding in the absence of Miss Harper

The panel next considered whether it should proceed in the absence of Miss Harper. The panel had regard to Rule 21 and heard the submissions of Miss Fergus-Simms who invited the panel to continue in the absence of Miss Harper. She submitted that Miss Harper had voluntarily absented herself.

Miss Fergus-Simms referred the panel to the letter from the Royal College of Nursing (RCN) in which Miss Harper confirms she is content for the hearing to proceed in her absence.

Miss Fergus-Simms further submits that Miss Harper's absence today is voluntary. Her clear statement waiving her right to attend, coupled with the submissions provided, reflects an informed choice to be absent. Miss Fergus-Simms referred the panel to the authority of *R v Jones* [2002] UKHL 5.

Additionally, Miss Fergus-Simms highlighted the guidance from *General Medical Council v Adeogba* [2016] EWHC 162 (Admin), in which the Court of Appeal emphasised that fairness to the registrant must be balanced against fairness to the regulator and the importance of public protection.

Accordingly, Miss Fergus-Simms submitted that the panel should exercise its discretion under Rule 21 to proceed with the hearing. The decision to continue ensures fairness for all parties involved, protects the public, and aligns with both regulatory requirements and established case law.

The panel accepted the advice of the legal assessor.

The panel has decided to proceed in the absence of Miss Harper. In reaching this decision, the panel has considered the submissions of Miss Fergus-Simms, the representations made on Miss Harper's behalf and the advice of the legal assessor. It has had particular regard to any relevant case law and to the overall interests of justice and fairness to all parties. It noted that:

- No application for an adjournment has been made by Miss Harper;
- Miss Harper has informed the NMC that she has received the Notice of Hearing and confirmed she is content for the hearing to proceed in her absence;
- There is no reason to suppose that adjourning would secure her attendance at some future date; and

- There is a strong public interest in the expeditious review of the order which is due to expire on 15 December 2024.

In these circumstances, the panel has decided that it is fair to proceed in the absence of Miss Harper.

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

At the outset of the hearing, Miss Fergus-Simms made an application that this case be held in private on the basis that proper exploration of Miss Harper's case involves reference to her [PRIVATE]. The application was made pursuant to Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

Miss Fergus-Simms submitted that the entirety of Miss Harper's hearing should be held in private due to the sensitive [PRIVATE] issues involved, which are intrinsic to the case. Given the nature of the allegations, holding the hearing wholly in private will avoid repeating transitions between public and private settings, which would disrupt proceedings and compromise confidentiality.

In support of this application, Miss Fergus-Simms referred to the RCN's written submissions, which confirm Miss Harper's request for the hearing to be held in private.

The legal assessor reminded the panel that while Rule 19(1) provides, as a starting point, that hearings shall be conducted in public, Rule 19(3) states that the panel may hold hearings partly or wholly in private if it is satisfied that this is justified by the interests of any party or by the public interest.

Having heard that there will be reference to Miss Harper's [PRIVATE], the panel determined to hold the entirety of the hearing in private in order to ensure the confidentiality of sensitive [PRIVATE], which is central to the case. The panel also considered that conducting the hearing in private would ensure fairness to Miss Harper and protect her privacy.

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 15 December 2024 in accordance with Article 30(1) of the 'Nursing and Midwifery Order 2001' (the Order).

This is the second review of a substantive conditions of practice order originally imposed for a period of 18 months by a Fitness to Practise Committee panel on 17 November 2022. This was reviewed on 3 May 2024 when the reviewing panel extended the order.

The current order is due to expire at the end of 15 December 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:

*1. Have the [PRIVATE] condition in Schedule 1; **[Proved by admission]***

And, in light of the above, your fitness to practise is impaired by reason of your [PRIVATE];

*2. Failed to demonstrate the standards of knowledge, skill and judgement required to practice without supervision as a band 5 nurse, as specified in Schedule 2; **[Proved]***

And, in light of, but not limited to, the above, your fitness to practise is impaired by reason of your lack of competence;

Schedule 1 (Private):

*1. ICD10 F41.2 [PRIVATE]; **[Proved by admission]***

Schedule 2

1. On 12 March 2019, you;

a. Failed to flush off an unknown patient's enteral feed, leaving the patient attached to the feed to an extended period of time; **[Proved by admission]**

b. Failed to record on the Paediatric Early Warning System ('PEWS') an explanation of an increased heart rate for an unknown patient; **[Proved by admission]**

c. Failed to escalate a concern when you recorded that you had escalated said concern; **[Proved by admission]**

2. On 29 March 2019, in respect of Child A, who had a potential cow's milk intolerance you;

a. [...]

b. Failed to ensure the administration was second-checked; **[Proved by admission]**

3. On 18 April 2019, you;

a. Failed to attend to Child C on every occasion the emergency buzzer was pulled; **[Proved]**

b. In respect of Child D;

i. Left them unattended after they returned from a scan under general anaesthetic; **[Proved by admission]**

ii. Failed to carry out observations when observations were required on return and every 15 minutes after; **[Proved by admission]**

c. When reordering slow release morphine for Child E;

i. [...]

ii. Required the assistance of 2 colleagues when you should have completed this task independently; **[Proved by admission]**

d. Administered IV antibiotic medication to Child F approximately 2 hours later than prescribed; **[Proved by admission]**

4. On 30 April 2019, you were unable to say whether an emergency airway box belonged to Child F, a patient in your care; **[Proved]**

5. On an unknown date, you failed to inform a qualified colleague and/or escalate that you had been allocated a tracheostomy patient when this was beyond your competency; **[Proved by admission]**
6. On 18 July 2019, in respect of an unknown patient, you failed to escalate that the patient's oxygen observations were at 0.3L when their baseline was 0.5L; **[Proved by admission]**
7. On 7 August 2019, you administered Creon medication to an unknown patient approximately 2 hours and 20 minutes late; **[Proved by admission]**
8. On 21 August 2019, you;
- a. Recorded that a salbutamol inhaler had been given to an unknown patient by their parent when it had not; **[Proved by admission]**
 - b. [...]
9. On 9 September 2019, you recorded observations on Child B's record that you had not taken; **[Proved by admission]**
10. On 11 September 2019, you;
- a. Gave an unknown infant 20ml expressed breast milk, when their plan stated that they were to be given 10ml; **[Proved by admission]**
 - b. Administered 2 bottles of expressed breast milk to an unknown infant;
 - i. But only documented 1 on the checking sheet as having been administered; **[Proved by admission]**
 - ii. Failed to ensure the administration was countersigned on the checking sheet; **[Proved by admission]**
 - c. In respect of an unknown patient, switched off their oxygen saturations and heart rate observational equipment when had been agreed with the patient's family that it would remain on. **[Proved by admission]**

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

'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 Miss Harper's fitness to practise remains impaired.

The panel noted that the original panel found that Miss Harper had limited insight but acknowledged that she had admitted to most of the charges at the outset. At this meeting the panel determined that there has been no material change since the imposition of the conditions of practice order. The panel was of the view that Miss Harper is still suffering from her [PRIVATE] and there has been no report from her [PRIVATE] as to her current [PRIVATE] and no further details of the [PRIVATE] she mentioned she was engaging with. The panel also considered that there was a letter from [PRIVATE] dated 18 April 2024, detailing that Miss Harper has not engaged with their service regarding the offer of [PRIVATE].

The panel also considered that Miss Harper had provided a letter with information of her current employment status. It noted that Miss Harper has been undertaking an apprenticeship for 18 months in childcare and is currently working in a nursery full-time as an early year's practitioner. Miss Harper indicated that she has been looking for a nursing job but has been unsuccessful. Miss Harper stated that the feedback from an unsuccessful application for a nursing position in October 2023 was:

'they said I would need to do some research and freshen up on some of my nursing knowledge, as they had said my answers were not quite at the standard they wanted for a Newly Qualified Nurse. They were aware that I had been out of nursing for a number of years so suggested preparing more for the interview, so I was focused on the nursing role and medical terms'

From the information provided, the panel was not satisfied that Miss Harper has taken steps to strengthen her practice in the areas relating to her lack of competence in her nursing. She is not in a nursing role and is working in an alternative setting. Miss Harper has indicated that she would also like to consider a Health care assistant role, but the panel have had no further information regarding this.

The panel also noted that via the RCN, Miss Harper has admitted that she is still impaired. The panel concluded that the previous concerns relating to Miss Harper's [PRIVATE] and lack of competence are remediable, but these concerns have not been addressed.

In light of this the panel determined that Miss Harper is potentially liable to repeat the matters of the kind found proved. The panel therefore determined that a finding of continuing impairment is necessary on the grounds of public protection.

The panel has borne in mind that its primary function is to protect patients and the wider public interest which includes maintaining confidence in the nursing profession and upholding proper standards of conduct and performance. The panel determined that, in this case, a finding of continuing impairment on public interest grounds is also required.

For these reasons, the panel finds that Miss Harper's fitness to practise remains impaired by reason of her [PRIVATE] and lack of competence.'

The first 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. 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, in light of the seriousness of the charges it would be inappropriate as it would not restrict Miss Harper's practice, and therefore would not address the public protection issues identified, an order that does not restrict Miss Harper's practice would not be appropriate in the circumstances. Furthermore, a caution order would not uphold wider public confidence in the nursing profession and the NMC as a regulator.

The panel next considered whether imposing a further conditions of practice order on Miss Harper'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. The panel accepted that Miss Harper has been unable to comply with conditions of practice due to their current employment status but is engaging with the NMC and is willing to comply with any conditions imposed.

The panel was of the view that a further conditions of practice order is sufficient to protect patients and the wider public interest, noting as the original panel did that Miss Harper has shown some insight and accepts that she is currently impaired due to her [PRIVATE] and lack of competency in this case, there are conditions that could be formulated which would protect patients during the period they are in force.

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 Miss Harper's case.

The panel noted that given this was a case involving [PRIVATE] and lack of competence a striking-off order was not an available sanction at this stage.

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 15 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. *[PRIVATE]*
2. *You must restrict your practice to a single employer and this must not be an agency.*
3. *[PRIVATE]:*
 - a) *[PRIVATE].*
 - b) *[PRIVATE].*
 - c) *[PRIVATE].*
4. *You must ensure that you are supervised by a registered nurse any time you are working. Your supervision must consist of working at all times on the same shift as, but not always directly observed by a registered nurse.*
5. *You must not administer medication unless under direct supervision by another registered nurse or until certified competent to do so by your employer. Any such certification must be in writing, and you must send a copy of it to the NMC within 7 days of receiving it.*
6. *You must work with your supervisor or line manager to create a personal development plan (PDP). Your PDP must address the following concerns:*

- *Medication management and administration;*
 - *Safe and effective communication;*
 - *Record keeping;*
 - *Recognition and appropriate escalation of a deteriorating patient;*
- and*
- *A demonstration of how you will develop resilience in your clinical practice.*

You must:

- a) *Send your case officer a copy of your PDP within 7 days of it being put in place.*
- b) *Meet with your supervisor or line manager at least every month to discuss your progress towards achieving the aims set out in your PDP.*
- c) *Send your case officer a report from your supervisor or line manager prior to the next review hearing. This report must show your progress towards achieving the aims set out in your PDP.*

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

- a) *[PRIVATE];*
- b) *[PRIVATE];*
- c) *[PRIVATE]*

8. *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.*

9. *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.*

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

- a) *Any organisation or person you work for;*
- b) *Any employers you apply to for work (at the time of application);*
- c) *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) *Any current or future employer;*
- b) *Any educational establishment;*
- c) *Any other person(s) involved in your retraining and/or supervision required by these conditions*

The period of this order is for six months.

The panel noted that Miss Harper has been on a conditions of practice order for a protracted period of time, has not been working as nurse for a number of years and had not made any significant inroads to strengthening her practice. Notwithstanding the fact that the RCN made a submission for a conditions of practice order for two years, the panel therefore determined to impose a further conditions of practice order for no longer than six months so that Miss Harper can direct her focus on addressing the concerns in this matter.

This conditions of practice order will take effect upon the expiry of the current conditions of practice order, namely the end of 15 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 Miss Harper 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:

- *[PRIVATE]*
- *Evidence of what progress Miss Harper has made to enable her to return to practice as a nurse including any training undertaken.'*

Decision and reasons on current impairment

Submissions on behalf of the NMC

Miss Fergus-Simms submitted that while Miss Harper had made progress in addressing her [PRIVATE], including managing her [PRIVATE], her physical and [PRIVATE] continue to raise concerns. Miss Fergus-Simms noted Miss Harper had not been working in a nursing environment and has therefore not demonstrated that she has addressed the concerns relating to her competence.

Miss Fergus-Simms concluded by submitting that Miss Harper's fitness to practise remains impaired. She submitted that the panel should consider whether Miss Harper has adequately remediated concerns regarding her competence and whether she has taken the necessary steps to address these issues before determining her readiness to return to practice safely. She further submitted that the current order should be extended for a period of 2 years.

Submissions on behalf of Miss Harper

The RCN provided written representations on behalf of Miss Harper which included a reflective statement. Within the reflective statement, Miss Harper acknowledges some improvement in her [PRIVATE] but concedes that her fitness to practise is still impaired. She expresses a willingness to undertake a Return to Practice (RTP) course. Miss Harper

provided a letter from her [PRIVATE], which confirms that her [PRIVATE] is stable but does not indicate that her fitness to practise is restored.

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

Panel's Decision

The panel has considered carefully whether Miss Harper'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 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, the letter from the RCN, letters from Miss Harper's [PRIVATE] and her [PRIVATE], as well as her reflective piece. It has taken account of the submissions made by Miss Fergus-Simms on behalf of the NMC.

The panel also considered the submissions from the RCN, which accept that Miss Harper's [PRIVATE], while improving, is not yet sufficiently recovered to fully address the concerns regarding her ability to safely practise nursing.

The panel considered that there was insufficient evidence before it to conclude that Miss Harper had demonstrated full insight into the regulatory concerns and their impact on the reputation of the profession. The panel noted that Miss Harper has not worked in a clinical setting for the past five years. While she has engaged in [PRIVATE] and made some progress in her [PRIVATE], the panel found there was insufficient evidence to demonstrate that she has undertaken the necessary steps to address the concerns about her competence or to strengthen her clinical practice. Miss Harper's failure to address the concerns indicate that there remains a risk to patient safety and repetition if she were to practise without restriction.

The panel also acknowledged that Miss Harper has taken proactive steps to address her [PRIVATE]. The panel noted that in her reflective statement, Miss Harper shows her commitment to return to practise.

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 that members of the public would be extremely concerned if a Registrant was permitted to resume unrestricted practise in circumstances where the regulatory concern which led to an order had not been remediated.

Consequently, the panel found that Miss Harper's fitness to practise remains impaired and that public protection requires her to remain under restrictions until she can show meaningful progress in addressing the ongoing concerns regarding her competence and [PRIVATE].

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 required.

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

Decision and reasons on sanction

Having found Miss Harper'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 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 Miss Harper'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 Miss Harper's lack of competence 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 further conditions of practice order on Miss Harper'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. The panel accepted that Miss Harper has been unable to work within her conditions of practice due to her [PRIVATE] but is engaging with the NMC and is willing to comply with any conditions imposed.

The panel was of the view that a further conditions of practice order is sufficient to protect patients and the wider public interest, noting as the last reviewing panel did that Miss Harper has shown some insight and accepts that she is currently impaired due to her [PRIVATE] and lack of competence. The panel determined that the existing conditions should be extended to protect patients during this period. The panel considered that the conditions are workable once her [PRIVATE] issues are sufficiently under control.

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 Miss Harper's case. Given that she is beginning to take steps to address the concerns, it would be unfair to deny her the opportunity to remediate and return to nursing practice.

The panel extended the current conditions of practice order for a period of 18 months. It considered that this would give Miss Harper sufficient opportunity to get her [PRIVATE] sufficiently under control, obtain employment subject to the conditions, and to work towards remediating her clinical failings.

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 15 December 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 not practise as a nurse until deemed fit to do so by your [PRIVATE] or a [PRIVATE] involved in your care.
2. You must restrict your practice to a single employer and this must not be an agency.
3. When you return to nursing practice you must keep your work and [PRIVATE] under review. You must remain under the care of your [PRIVATE]. Once you return to work you must immediately limit or stop your practice if you are advised to by:
 - a) [PRIVATE]
 - b) [PRIVATE]
 - c) [PRIVATE]

4. You must ensure that you are supervised by a registered nurse any time you are working. Your supervision must consist of working at all times on the same shift as, but not always directly observed by a registered nurse.
5. You must not administer medication unless under direct supervision by another registered nurse or until certified competent to do so by your employer. Any such certification must be in writing, and you must send a copy of it to the NMC within 7 days of receiving it.
6. You must work with your supervisor or line manager to create a personal development plan (PDP). Your PDP must address the following concerns:
 - Medication management and administration;
 - Safe and effective communication;
 - Record keeping;
 - Recognition and appropriate escalation of a deteriorating patient; and
 - A demonstration of how you will develop resilience in your clinical practice.

You must:

- a) Send your case officer a copy of your PDP within 7 days of it being put in place.
- b) Meet with your supervisor or line manager at least every month to discuss your progress towards achieving the aims set out in your PDP.
- c) Send your case officer a report from your supervisor or line manager prior to the next review hearing. This report must show your progress towards achieving the aims set out in your PDP.

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

- a) [PRIVATE];
- b) [PRIVATE];
- c) [PRIVATE]

8. 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.

9. 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.
10. You must immediately give a copy of these conditions to:
- a) Any organisation or person you work for;
 - b) Any employers you apply to for work (at the time of application);
 - c) 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) Any current or future employer;
 - b) Any educational establishment;
 - c) Any other person(s) involved in your retraining and/or supervision required by these conditions

The period of this order is for 18 months.

This conditions of practice order will take effect upon the expiry of the current conditions of practice order, namely the end of 15 December 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 Miss Harper 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:

- [PRIVATE].
- Evidence of what progress Miss Harper has made to enable her to return to practice as a nurse including any training undertaken.
- Miss Harper's attendance at any hearing.
- Relevant testimonials.

This will be confirmed to Miss Harper in writing.

That concludes this determination.