

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

**Substantive Order Review Hearing
Friday, 25 October 2024**

Virtual Hearing

Name of Registrant: Maria Demetriou

NMC PIN: 87Y1667E

Part(s) of the register: Registered Nurse – Sub Part 1
Adult Nursing – (December 1990)

Nurse Independent/Supplementary Prescriber
Nurse Prescribing – (June 2016)

Relevant Location: Derby, Derbyshire and Nottinghamshire

Type of case: Lack of competence and Misconduct

Panel members: James Lee (Chair, Registrant member)
Catherine McCarthy (Registrant member)
Clare Taggart (Lay member)

Legal Assessor: Alain Gogarty

Hearings Coordinator: Amira Ahmed

Nursing and Midwifery Council: Represented by Alastair Kennedy, Case Presenter

Mrs Demetriou: Not present and not represented

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

Fitness to practise: Impaired

Outcome: **Suspension order (12 months) to come into effect at the end of 12 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 Mrs Demetriou was not in attendance and that the Notice of Hearing had been sent to Mrs Demetriou's registered email address by secure email on 25 September 2024.

Further, the panel noted that the Notice of Hearing was also sent to Mrs Demetriou's former representative at the Royal College of Nursing (RCN) on 25 September 2024.

Mr Kennedy, 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).

Mr Kennedy referred the panel to an email from the RCN to the NMC dated 21 October which stated:

"Please note that we are no longer acting for Maria Mavromatis. Please ensure that our name is removed from the record and that all future correspondence is sent direct to the registrant."

Mr Kennedy submitted that the letter states Mrs Demetriou's maiden name which is 'Mavromatis'. He explained that the letter does contain the correct case reference and date of birth for Mrs Demetriou.

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, date and that the hearing was to be held virtually, including instructions on how to join and, amongst other things, information about Mrs Demetriou'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 Mrs Demetriou 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 Mrs Demetriou

The panel next considered whether it should proceed in the absence of Mrs Demetriou. The panel had regard to Rule 21 and heard the submissions of Mr Kennedy who invited the panel to continue in the absence of Mrs Demetriou. He submitted that she had voluntarily absented herself.

Mr Kennedy submitted that there had been no engagement at all by Mrs Demetriou with the NMC in relation to this hearing and, as a consequence, there was no reason to believe that an adjournment would secure her attendance on some future occasion. He submitted that an NMC case officer on 24 October 2024 sent an email to Mrs Demetriou asking her whether she will be attending and has documents she would like before the panel. Mr Kennedy submitted that no response from Mrs Demetriou was received to this email.

The panel accepted the advice of the legal assessor.

The panel has decided to proceed in the absence of Mrs Demetriou. In reaching this decision, the panel has considered the submissions of Mr Kennedy and the advice of the legal assessor. It has had particular regard to 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 Mrs Demetriou;
- Mrs Demetriou has not engaged with the NMC since the substantive hearing and has not responded to any of the letters/emails sent to her about this hearing;
- 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 case as the order is due to expire at the end of 12 December 2024.

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

Decision and reasons on review of the substantive order

The panel decided to replace the current conditions of practice order with a suspension order for a period 12 months.

This order will come into effect at the end of 12 December 2024 in accordance with Article 30(1) of the 'Nursing and Midwifery Order 2001' (the Order).

This is the first review of a substantive conditions of practice order originally imposed for a period of 18 months by a Fitness to Practise Committee panel on 12 May 2023.

The current order is due to expire at the end of 12 December 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,

1. *during your employment with [PRIVATE] between December 2017 – May 2018 failed to demonstrate the standards of knowledge, skill, and judgement required to practise without supervision as a practice nurse as follows*
 - a. *you did not make accurate records in that you:*
 - i. *did not label smear samples correctly or at all in respect of:*
 - a) **Patient 1 [PROVED BY ADMISSION]**
 - b) **Patient 2 [PROVED BY ADMISSION]**
 - c) **Patient 3 [PROVED BY ADMISSION]**
 - d) **Patient 7 [PROVED BY ADMISSION]**

- ii. ...
 - iii. On or around 30 January 2018 in respect of Patient 8 did not complete the template following a spirometry test. **[PROVED BY ADMISSION]**
 - iv. On or around 7 February 2018, in relation to Patient 9, commenced nutilis powder without:
 - a) Recording your rationale for doing so; **[PROVED BY ADMISSION]**
 - b) Discussing and/or recording a discussion with a prescribing clinician. **[PROVED BY ADMISSION]**
 - v. On or around 3 April 2018 in respect of Patient 16 did not:
 - a) asses and/or record your assessment of the risk of heart attack or stroke **[PROVED]**
 - b) discuss and/or record a discussion with the patient about statins **[PROVED]**
 - vi. On or around 21 April 2018 having administered a Typhoid vaccine to Patient 19, incorrectly recorded that you had administered a hepatitis A vaccine; **[PROVED BY ADMISSION]**
- b. failed to follow safe prescribing practice in that you:
- i. on or around 5 January 2018 in relation to Patient 4, increased metformin medication and/or added alogliptin without
 - a) Assessing the response to an increase in metformin from 4 December 2017 **[PROVED BY ADMISSION]**
 - b) recording the response to an increase in metformin from 4 December 2017 **[PROVED BY ADMISSION]**
 - c) ...
 - d) Ensuring a new blood test had been taken after 4 December 2017 **[PROVED BY ADMISSION]**

- e) *Warning Patient 4 of potential side effects of alogliptin* **[PROVED]**

- ii. *on or around 22 December 2017, in relation to Patient 5 started a new medication without:*
 - a) *Following the plan already in place;* **[PROVED BY ADMISSION]**
 - b) *Assessing and/or recording an assessment of the patient's blood sugar diary;* **[PROVED BY ADMISSION – RECORDING ONLY, PROVED ON ASSESSING]**
 - c) *Assessing and/or recording an assessment of the patient's response to gliclazide.* **[PROVED BY ADMISSION – RECORDING ONLY, PROVED ON ASSESSING]**
 - d) *Warning Patient 5 of potential side effects of alogliptin;* **[PROVED]**
 - e) *Discussing and/or recording a discussion with a prescribing clinician.* **[PROVED BY ADMISSION]**

- iii. *On or around 12 January 2018 in relation to patient 5, increased the dose of alogliptin without:*
 - a) *Assessing and/or recording an assessment of whether the patient had any hypoglycaemia;* **[PROVED]**
 - b) *Assessing and/or recording an assessment of the patient's response to gliclazide* **[PROVED]**
 - c) *Warning Patient 5 of potential side effects of alogliptin;* **[PROVED]**
 - d) *Discussing and/or recording a discussion with a prescribing clinician.* **[PROVED BY ADMISSION]**

- iv. *On or around 16 November 2017, in respect of Patient 10, added a prescription for Relvar Inhaler, without:*
 - a) *Recognising that the Revlar Inhaler was a specialist initiation drug;* **[PROVED BY ADMISSION]**
 - b) *Removing Symbicort from their prescription;* **[PROVED BY ADMISSION]**
 - c) *Providing a dosage instruction;* **[PROVED]**
 - d) *Discussing and/or recording a discussion with a prescribing clinician.* **[PARTIALLY PROVED – ON RECORDING ONLY]**

- v. *on or around 16 March 2018 added a prescription for metformin for Patient 11 without discussing and/or recording a discussion with a prescribing clinician. **[PROVED BY ADMISSION]***

- vi. *on or around 22 March 2018 added a prescription for statins for Patient 13 without discussing and/or recording a discussion with a prescribing clinician. **[PROVED BY ADMISSION]***

- vii. *on or around 22 March 2018 increased the prescribed dose of sulphonylureas for Patient 14 without discussing and/or recording a discussion with a prescribing clinician. **[PROVED BY ADMISSION]***

- viii. *On or around 22 March 2018, in respect of Patient 12:*
 - a) *added a prescription for metformin for without discussing and/or recording a discussion with a prescribing clinician; **[PROVED]***
 - b) *restarted Losartan without:*
 - i) *ensuring the patient had a kidney function test; **[PROVED BY ADMISSION]***
 - ii) *giving advice and/or recording that advice had been given that Losartan can affect kidney function; **[PROVED BY ADMISSION]***
 - iii) *considering, or recording consideration of the patient's liver function test; **[PROVED BY ADMISSION]***
 - iv) *advising the patient to see his GP about the liver function test. **[PROVED BY ADMISSION]***

- ix. *On or around 29 March 2018 in relation to Patient 15, reauthorized warfarin:*
 - a) *without discussing and/or recording a discussion with a prescribing clinician; **[PROVED – DID NOT RECORD BUT DID HAVE DISCUSSION]***
 - b) *...*

- x. *On or around 4 April 2018 in relation to Patient 17*
 - a) *Added an overdose of prednisolone to the patient's prescription*
[PROVED BY ADMISSION]
 - b) *Added a duplicate prescription of doxycycline* **[PROVED BY ADMISSION]**
 - c) *Did not discuss and/or record discussion with a prescribing clinician in relation to the above* **[PROVED BY ADMISSION]**

- xi. *On or around 19 April 2018 recorded a consultation with Patient 18 regarding a depo provera injection and did not discuss and/or record a discussion with the patient about:*
 - a) *The importance of the timing of the injection* **[PROVED]**
 - b) *Risk of pregnancy* **[PROVED]**
 - c) *current contraception* **[PROVED]**

- xii. ...
 - a) ...
 - b) ...

- c. ...
 - i. ...
 - ii. ...
 - iii. ...

2. ...

- a. ...
 - i. ...
 - ii. ...

b. ...

c. ...

- i. ...

ii. ...

3. *during your employment with [PRIVATE] 1 October 2018-27 January 2020 failed to demonstrate the standards of knowledge, skill, and judgement required to practise without supervision as a practice nurse as follows*

a. *did not keep accurate records when you:*

- i. *Mixed up two patients when sending a cervical smear sample on or around 9 May 2019; **[PROVED BY ADMISSION]***
- ii. *Did not include a valid sample taker code on a cervical smear sample for Patient 27 on or around 18 April 2019 **[PROVED BY ADMISSION]***
- iii. *Did not include the patient DOB and/or NHS number on a cervical smear sample for Patient 28 on or around 16 May 2019 **[PROVED BY ADMISSION]***
- iv. *On or around 4 June 2019 having taken a sample from Patient 25*
 - a. *incorrectly labelled the vial to say the sample was taken on 3 June 2019; **[PROVED BY ADMISSION]***
 - b. *incorrectly labelled the sample from Patient 26, as being from Patient 25. **[PROVED BY ADMISSION]***
- v. *In respect of cervical samples you took on 15 August 2019:*
 - a. *did not include a valid sample taker code for Patient 32; **[PROVED BY ADMISSION]***
 - b. *entered an incorrect post code for Patient 31; **[PROVED BY ADMISSION]***
 - c. *entered an incorrect address for Patient 32; **[PROVED BY ADMISSION]***
- vi. *In respect of cervical samples you took on or around 15, 19 August*

and 22 August 2019 used the incorrect request form for Patients 30, 31, 32, 33, 34, 35, 36, 37 and 38. **[PROVED BY ADMISSION]**

vii. Recorded the incorrect manufacturer on influenza vaccination records for Patients 39, 40 and 41. **[PROVED]**

b. Did not follow safe medicines administration protocol in that, on 10 June 2019, you administered an out of date Hepatitis B vaccine to Patient 29. **[PROVED BY ADMISSION]**

c. ...

i. ...

ii. ...

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

That you, a registered nurse:

4. ...

a. ...

b. Documented that you had given the patient an asthma action plan when you had not; **[PROVED]**

5. Your actions as set out in charges 4a and/or 4b above were dishonest in that you sought to conceal the fact that you had not carried out those actions **[PROVED IN RELATION TO 4B]**

6. Breached patient confidentiality in that:

a. On 5 October 2018, you disclosed Patient 21's appointment to their

mother without Patient 21's consent [PROVED BY ADMISSION]

b. ...

c. ...

7. ...

8. ...

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

The substantive hearing panel determined the following with regard to impairment:

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

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

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

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

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

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

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

The panel found that patients were put at risk of harm as a result of your lack of competence and misconduct. Your lack of competence and misconduct had breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute. It was satisfied that confidence in the nursing profession would be undermined if its regulator did not find charges relating to dishonesty seriously.

The panel also had regard to the NMC updated guidance on impairment DMA-1, last updated 27 March 2023.

Regarding insight, the panel considered that you have shown a good level of insight by demonstrating an understanding of how your actions put patients at a risk of harm and how this impacted negatively on your colleagues and the reputation of the nursing profession.

In its consideration of whether you have taken steps to strengthen your practice, the panel took into account the relevant training you have undertaken and your detailed reflective piece. The panel determined that the concerns raised are remediable, but you have not demonstrated full remediation in that the training was somewhat limited in scope and duration. Furthermore, the panel would have been assisted by references from colleagues or your current employer to attest to your character and your performance at work.

The panel is of the view that there is a risk of repetition based on insufficient evidence to suggest that the risk has reduced. The panel therefore decided that a finding of impairment is necessary on the grounds of public protection.

The panel bore in mind that the overarching objectives of the NMC are to protect, promote and maintain the health safety and well-being of the public and patients, and to uphold/protect the wider public interest, which includes promoting and maintaining public confidence in the nursing and midwifery professions and upholding the proper professional standards for members of those professions.

The panel determined that, in this case, a finding of impairment on public interest grounds was required, particularly in view of the finding of dishonesty.

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

The substantive hearing 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 actions were not at the lower end of the spectrum and that a caution order would be inappropriate in view of the issues identified. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether placing conditions of practice on your registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable. The panel took into account the SG, in particular:

- No evidence of harmful deep-seated personality or attitudinal problems;*
- Identifiable areas of the nurse or midwife’s practice in need of assessment and/or retraining;*
- Potential and willingness to respond positively to retraining;*
- Patients will not be put in danger either directly or indirectly as a result of the conditions;*
- The conditions will protect patients during the period they are in force; and*
- Conditions can be created that can be monitored and assessed.*

The panel was satisfied that your case fell within all of the above categories.

The panel therefore determined that it would be possible to formulate appropriate and practical conditions which would address the failings highlighted in this case. The panel inferred that you would be willing to comply with conditions of practice, as

you have previously completed training and identified the skills you needed to work on, such as time management, assertiveness and record keeping.

The panel had regard to the fact that you have been subject to an interim suspension order for three years and wanted to put in place appropriate and proportionate conditions to facilitate your return to safe practice given your experience and long-standing career before the issues arose. The panel was of the view that it was in the public interest that, with appropriate safeguards, you should be able to return to practise as a nurse. In regard to the finding of dishonesty, the panel accepted that this was at the lower end of the spectrum and that it was highly unlikely to be repeated.

Balancing all of these factors, the panel determined that that the appropriate and proportionate sanction is that of a conditions of practice order.

The panel was of the view that to impose a suspension order or a striking-off order would be disproportionate given the circumstances of your case.

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

In making this decision, the panel carefully considered the submissions of Mr James in relation to the sanction that the NMC was seeking in this case. However, the panel considered that imposing a suspension order would be disproportionate and that a conditions of practice order strikes a fair balance between the overarching objective to protect the public and uphold the public interest and your own interests.

The panel determined that the following conditions are appropriate and proportionate in this case:

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

- 1. You must ensure that you are supervised at any time that you are working. Your supervision must consist of working at all times on the same shift as, but not always directly observed by another registered nurse.*
- 2. You must meet with your supervisor, who must be another registered nurse, once a week for the first month of this order and then at such frequency as your supervisor deems appropriate but not less than once a month thereafter to discuss your conduct and performance in the in the workplace with specific focus on record keeping, time management and communication skills.*
- 3. You must send your case officer the reports from your supervisor no less than seven days prior to any review of this order which provide details of your performance and conduct in the workplace with specific focus on record keeping, time management and communication skills.*
- 4. 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.**
- 5. 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.*
6. *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.*
7. *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.*
8. *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.

Before the order expires, 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:

- *Evidence of up-to-date testimonials from your current employer and/or colleagues*
- *Your attendance at any subsequent review*
- *Notes of the supervision meetings'*

Decision and reasons on current impairment

The panel has considered carefully whether Mrs Demetriou'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. The panel took account of the NMC guidance on impairment (DMA-1, 27 March 2023), including the following question as detailed in the guidance:

'Can the nurse, midwife or nursing associate 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. It has taken account of the submissions made by Mr Kennedy on behalf of the NMC.

Mr Kennedy outlined the background to the case. He submitted that the previous panel determined that Mrs Demetriou had a good level of insight. He submitted that this panel has nothing in front of it to show that Mrs Demetriou's level of insight is better or that the level of risk to patient safety has increased or decreased.

Mr Kennedy submitted that an order remains necessary on the grounds of both public protection and in the wider public interest. He submitted that there is nothing before this panel to demonstrate that Mrs Demetriou has strengthened her practice. He submitted that Mrs Demetriou's fitness to practise is still currently impaired. He explained that as this is both a misconduct and lack of competence case all sanction options are available to the panel.

Mr Kennedy submitted that the panel could take the option to confirm the current conditions of practice order but as there has been no engagement by Mrs Demetriou the conditions are no longer workable. He submitted that it is therefore open to the panel to impose a suspension order. He submitted that it is not the NMC position that this panel imposes a striking off order however, it is a matter for the panel to impose which sanction it determines is appropriate.

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 Demetriou's fitness to practise remains impaired.

The panel noted that there has been no engagement made with the NMC by Mrs Demetriou since the substantive hearing. It also noted that she is no longer represented by the RCN. The panel also took account of the fact that there has been no evidence provided by Mrs Demetriou regarding compliance with the conditions of practice order and whether she has been able to demonstrate strengthening of practice in a nursing role.

This panel noted that the substantive hearing panel stated in its determination:

"The panel determined that the concerns raised are remediable, but you have not demonstrated full remediation in that the training was somewhat limited in scope and duration. Furthermore, the panel would have been assisted by references from

colleagues or your current employer to attest to your character and your performance at work.

The panel is of the view that there is a risk of repetition based on insufficient evidence to suggest that the risk has reduced. The panel therefore decided that a finding of impairment is necessary on the grounds of public protection.”

The panel determined that Mrs Demetriou has not shown any evidence to demonstrate any strengthening of practice or insight into the charges that were found proved. It also noted that she has not demonstrated evidence of maintaining her skills and knowledge and therefore there is of risk of harm to patients and the public. The panel decided that there remains a risk of repetition and therefore 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 had not been provided with any evidence to indicate that Mrs Demetriou had made any progress since the substantive hearing. The panel determined that a well-informed member of the public would be concerned about the lack of progress towards safe and effective practice during this time. It therefore considered that, in this case, a finding of continuing impairment on public interest grounds is also required.

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

Decision and reasons on sanction

Having found Mrs Demetriou’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 and public interest issues identified, an order that does not restrict Mrs Demetriou's practice would not be appropriate in the circumstances.

The panel next considered whether imposing a conditions of practice order on Mrs Demetriou'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 noted that Mrs Demetriou has not engaged with the NMC since the imposition of the conditions of practice order on 12 May 2023. It considered that there was no information before it to offer reassurance that Mrs Demetriou is willing to comply with any conditions imposed upon her practice.

On this basis, the panel concluded that a conditions of practice order is no longer practicable in this case. The panel determined that a conditions of practice order would no longer protect the public or satisfy the wider public interest.

The panel carefully considered the NMC guidance on a suspension order (SAN-3d). It noted that the charges found proved include multiple medication and labelling errors by Mrs Demetriou and were serious. It noted that she was given the areas she should address by the previous panel in the conditions of practice. The panel noted that it had no information to support the view that Mrs Demetriou had actively engaged with the requirements of the order. It also noted that she did not engage with her NMC case officer to explain whether she had found employment in nursing which would allow her to comply with the conditions of practice order.

The panel determined that, although the regulatory concerns raise questions about Mrs Demetriou's professionalism and undermines the public confidence in the nursing

profession, a suspension order would be sufficient at this stage to address the concerns. It concluded that a striking off order at this time would be wholly disproportionate.

The panel determined therefore that a suspension order is the appropriate sanction which would both protect the public and satisfy the wider public interest. Accordingly, the panel determined to impose a suspension order for the period of 12 months which would provide Mrs Demetriou with an opportunity to engage with the NMC. It considered this to be the most appropriate and proportionate sanction available.

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

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

Any future panel reviewing this case would be assisted by:

- Evidence of up-to-date testimonials from Mrs Demetriou's current employer and/or colleagues
- Mrs Demetriou's attendance at any subsequent review
- Evidence of a reflective statement detailing Mrs Demetriou's insight into the impact of her lack of competence and misconduct on patient safety and professional standards
- Any evidence of Continued Professional Development (CPD) undertaken by Mrs Demetriou to address the areas of concern including record keeping, time management and communication skills.
- Any other relevant information for a reviewing panel to understand how Mrs Demetriou has strengthened her practice.

This will be confirmed to Mrs Demetriou in writing.

That concludes this determination.