

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

**Substantive Order Review Hearing
Friday 4 October 2024**

Virtual Hearing

Name of Registrant: Stefan Emil Popa

NMC PIN 12K0158C

Part(s) of the register: Registered Nurse, Sub Part 1
Adult Nursing, Level 1 (19 November 2012)

Relevant Location: Torbay and Cornwall

Type of case: Misconduct

Panel members: Adrian Ward (Chair, lay member)
Sharon Haggerty (Registrant member)
Dora Waitt (Lay member)

Legal Assessor: Sean Hammond

Hearings Coordinator: Emma Norbury-Perrott

Nursing and Midwifery Council: Represented by Grace Khaile, Case Presenter

Mr Popa: Not Present and unrepresented at the hearing

Order being reviewed: Conditions of practice order (12 months)

Fitness to practise: Impaired

Outcome: **Conditions of practice order (12 months) to come into effect immediately in accordance with Article 30 (2)**

Decision and reasons on service of Notice of Hearing

The panel was informed at the start of this hearing that Mr Popa was not in attendance and that the Notice of Hearing had been sent to Mr Popa's registered email address by secure email on 5 September 2024.

Further, the panel noted that the Notice of Hearing was also sent to Mr Popa's representative at the Royal College of Nursing (RCN) on 5 September 2024.

Grace Khaile, 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, date and that the hearing was to be held virtually, including instructions on how to join and, amongst other things, information about Mr Popa's right to attend, be represented and call evidence, as well as the panel's power to proceed in his absence.

In view of all of the information available, the panel was satisfied that Mr Popa 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 Mr Popa

The panel next considered whether it should proceed in the absence of Mr Popa. The panel had regard to Rule 21 and heard the submissions of Ms Khaile who invited the panel to continue in the absence of Mr Popa. She submitted that Mr Popa had voluntarily absented himself.

Ms Khaile referred the panel to the letter sent by the Royal College of Nursing (RCN) to the NMC dated 3 October 2024 in which the following was stated:

'Our member will not be attending the hearing, nor will they be represented. No disrespect is intended by their non-attendance and our member is keen to continue to engage with the proceedings. Our member has received the notice of hearing and is happy for the hearing to proceed in their absence.'

The panel accepted the advice of the legal assessor.

The panel has decided to proceed in the absence of Mr Popa. In reaching this decision, the panel has considered the submissions of Ms Khaile, the representations from Mr Popa, 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 Mr Popa.
- Mr Popa has confirmed he is content for the hearing to proceed in his absence;
- There is no reason to suppose that adjourning would secure his attendance at some future date; and
- There is a strong public interest in the expeditious review of the case.

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

Decision and reasons on review of the substantive order

The panel decided to extend the current conditions of practice order for 12 months.

This order will come into effect immediately in accordance with Article 30(2) 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 12 months by a Fitness to Practise Committee panel on 26 July 2024. Although a mandatory review was not yet due, Mr Popa has a second conditions of practice order against his PIN which was due for a mandatory review (case reference 069754/2018). It

was considered expedient by the NMC for a panel to review this matter early as there are features common to both cases.

The current order is due to expire at the end of 27 August 2025.

The panel is reviewing the order pursuant to Article 30(2) of the Order.

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

'That you, a registered nurse:

1) *On 9 September 2019:*

- a) *failed to administer Nitrofurantoin to Resident D at 22:00 as prescribed; **[proved by admission]***
- b) ...
- c) ...

2) *On 15 September 2019:*

- a) *failed to administer co-amoxiclav to Resident E at 22:00 as prescribed; **[proved by admission]***
- b) ...
- c) ...

3) *On 23 December 2019:*

- a) ...
- b) *failed to complete an incident report form; **[proved]***

4) *On 24 December 2019:*

- a) *failed to undertake regularly, or at all, observations and/or neuro observations, for Resident C following a fall, or alternatively, failed to document your observations; **[proved]***
- b) *failed to complete an incident report form; **[proved]***
- c) *failed to take photographs of the injury; **[proved by admission]***

- 5) *On 24 December 2019:*
- a) *failed to administer antibiotics to Resident B at 22:00 hours as prescribed; **[proved]***
 - b) *failed to record reasons why the medication had not been administered; **[proved]***
- 6) *On 24 December 2019:*
- a) *failed to dispose of medication correctly; **[proved by admission]***
 - b) *failed to record details in the disposed medication book as required; **[proved by admission]***
- 7) *Between April 2020 and July 2021, on one or more occasion:*
- a) *failed to dispose of sharps appropriately; **[proved]***
 - b) *...*
 - c) *delegated medication administration to health care assistants; **[proved by admission]***
 - d) *left medication unattended without clinical justification; **[proved by admission]***
 - e) *pre-potted medication for one or more Resident without clinical justification; **[proved by admission]***
 - f) *left the medication trolley unlocked and/or unattended; **[proved by admission]***
 - g) *left the clinical room unlocked and/or unattended; **[proved by admission]***
- 8) *On 24 March 2022:*
- a) *failed to carry out observations for Patient JD following a fall, or alternatively, failed to record your observations; **[proved]***
 - b) *provided an inadequate handover to colleagues in that you did not give details of the fall; **[proved]***
 - c) *failed to complete an incident form; **[proved]***

The original panel determined the following with regard to impairment:

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

In coming to its decision, the panel had regard to the Fitness to Practise Library, updated on 27 March 2023, which states:

'The question that will help decide whether a professional's fitness to practise is impaired is:

"Can the nurse, midwife or nursing associate practise kindly, safely and professionally?"

If the answer to this question is yes, then the likelihood is that the professional's fitness to practise is not 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 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/ fitness to practise is impaired in the sense that S/He:

- 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) [...]'*

The panel determined that limbs a), b) and c) are engaged in this case. The panel considered that your failures regarding medication management, undertaking and recording observations and incidents, placed vulnerable residents at an unwarranted risk of harm. The panel has determined that your misconduct breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute by your past actions.

The panel are aware that this is a forward-looking exercise, and accordingly it went on to consider whether your misconduct was remediable and whether it had been remediated.

The panel had regard to the case of Cohen and considered whether the misconduct identified is capable of remediation. It determined that the misconduct is such that it can be remediated through the demonstration of sufficient reflection on your behaviour, insight and evidence of strengthened practice.

The panel then went on to consider whether you remained liable to act in a way to put patients at risk of harm, to bring the profession into disrepute and to breach fundamental tenets of the profession in the future. In doing so, the panel considered whether there was any evidence of insight and remediation.

Regarding insight, the panel acknowledged that you had made some admissions to the charges at the outset of the hearing and that you have remained engaged with these proceedings. Notwithstanding this, the panel noted it was not provided with any reflective piece or further evidence to demonstrate your insight. The panel therefore found that you have limited insight at this stage.

The panel acknowledged that you are not currently working as a registered nurse and as a result, you have not yet been able to demonstrate kind, safe and professional practise. The panel then went on to consider what other steps you have taken to strengthen your practice. The panel noted the certificate of training provided; it also noted the positive references. However, in the absence of any further evidence of strengthened practice the panel concluded that you have not remediated your misconduct or considered the impact of your behaviour on patients, colleagues and the reputation of the nursing profession.

The panel was also concerned that the misconduct in this case is of a similar nature to the facts found proved in your previous substantive hearing in April 2023.

The panel was of the view that your misconduct in this case was not an isolated incident, rather a pattern of behaviour across three different employers from 2019-2022. The panel considered that your failings in this case relate to basic and fundamental nursing skills and despite similar failings being subject to NMC proceedings previously, you have shown very limited insight or improvement. The panel was of the view that your behaviour is demonstrative of attitudinal issues, given that these failures were highlighted on multiple occasions without any positive response from you.

In all the circumstances, the panel considered that there is a risk of repetition and that you remain liable to act in a way which could place patients at risk of harm, bring the profession into disrepute and breach fundamental tenets of the profession in the future. The panel therefore determined that a finding of impairment is necessary on the grounds of public protection.

The panel bore in mind that the overarching objective of the NMC is: to protect, promote and maintain the health, safety, and well-being of the public and patients, and to uphold and protect the wider public interest. This 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 concluded, given the seriousness of your misconduct, that public confidence in the profession and in the regulator would be undermined if a finding of impairment were not made in this case. Therefore, the panel also finds your fitness to practise impaired on the grounds of public interest.

In all the circumstances, the panel was satisfied that your fitness to practise is currently impaired on both public protection and public interest grounds.'

The original panel determined the following with regard to sanction:

'Having found your fitness to practise currently impaired, the panel went on to consider what sanction, if any, it should impose in this case. The panel has borne in mind that any sanction imposed must be appropriate and proportionate and, although not intended to be punitive in its effect, may have such consequences. The panel had careful regard to the NMC's published guidance on sanctions. The decision on sanction is a matter for the panel independently exercising its own judgement.

The panel accepted the advice of the legal assessor.

The panel considered the following to be aggravating features in this case:

- *Your actions put residents at a potential risk of harm;*
- *Residents at the home were all vulnerable with extensive needs, including Dementia and other health issues that impacted on their behaviour;*
- *Repeated misconduct over a period of time, across three homes; and*
- *You have shown a lack of insight and remorse.*

The panel considered the following to be a mitigating feature in this case:

- *Early admissions made to some charges.*

The panel then considered the sanctions in ascending order. It first considered whether to take no action but concluded that this would be inappropriate in view of the seriousness of the case.

It then considered the imposition of a caution order but again determined that, due to the seriousness of the case, and the public interest and 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 failings 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 next considered whether placing conditions of practice on your registration would be a sufficient and appropriate response. The panel was mindful that any conditions imposed must be relevant, proportionate, measurable and workable. The panel took into account the SG, which sets out when conditions may be appropriate, and it concluded that the following apply in this case:

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

The panel considered that it would be possible to formulate appropriate and practical conditions which would address the failings highlighted in this case. Whilst the panel did identify attitudinal issues, it did not find that these were harmful, or deep-seated. Rather, the panel found that you lacked insight and put little effort into addressing the concerns. The panel acknowledged the previous findings made against you noting that the concerns in that matter arose in 2018, six years ago and that you have since been subject to various interim orders, restricting your practice. The panel was of view that the misconduct identified could be addressed through retraining and supervision. Further, that a conditions of practice order would allow you to demonstrate your ability to practise kindly, safely and professionally.

Taking into account the respective timelines and the principle of proportionality, the panel was mindful that it must find a fair balance between your rights and the NMC's overarching objective; to protect, promote and maintain the health, safety, and well-being of the public and patients, and to uphold and protect the wider public interest. It also bore in mind that any sanction imposed must be proportionate and go no further than is necessary in order to protect the public and uphold the public interest.

Having regard to the matters it has identified, the panel 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. It also found that a conditions of practice order would adequately protect the public.

The panel determined that the appropriate and proportionate sanction is that of a conditions of practice order.

Accordingly, the panel imposed a conditions of practice order for the period of 12 months. The panel considered that such a period of time would afford you the opportunity to develop your insight and evidence a period of safe and effective practice, whilst working under the conditions of practice order.

The panel was of the view that to impose a suspension order would be disproportionate and unduly punitive in the circumstances of your case.

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

The panel decided that the public would be suitably protected as would the reputation of the profession by the implementation of the following conditions of practice:

'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 will send your case officer evidence that you have successfully completed training in:*
 - a) *record keeping*
 - b) *patient documentation*
 - c) *medication management*

2. *You must ensure that you are supervised by another 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.*
3. *You must be directly supervised during medication administration and signed off by a registered nurse until you are deemed competent.*
4. *You must work with your current employer to create a personal development plan (PDP). Your PDP must address the concerns about your record keeping and documentation. You must:*
 - a) *Send your case officer a copy of your PDP within a month of commencing employment.*
 - b) *Send your case officer a report seven days prior to any review. This report must show your progress towards achieving the aims set out in your PDP.*
5. *You must engage with your current employer on a frequent basis to ensure that you are making progress towards aims set in your personal development plan (PDP), which include:*
 - a) *Meeting at least monthly to discuss your progress towards achieving the aims set out in your PDP.*
6. *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.*
7. *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.*

8. *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*

9. *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.*

10. *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*

11. *You will send the NMC a report from your current employer, which can be an agency you work through or a place of substantive employment, seven days in advance of the next NMC hearing or meeting.*

26.

The period of this order is for 12 months. Before the order expires, a panel will hold a review hearing to see how well you 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 at a review hearing.*
- *A reflective account addressing the regulatory concerns.*
- *Evidence of you strengthening your practice. For example, evidence of training and professional development.*
- *Up to date testimonials from any paid and unpaid work.*

This will be confirmed to you in writing.'

Decision and reasons on current impairment

The panel has considered carefully whether Mr Popa's fitness to practise remains impaired. Whilst there is no statutory definition of fitness to practise, the NMC has defined fitness to practise as a registrant's suitability to remain on the register without restriction. In considering this case, the panel has carried out a comprehensive review of the order. 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, and written submissions provided by the RCN on behalf of Mr Popa. It has taken account of the submissions made by Ms Khaile on behalf of the NMC. Ms Khaile gave a background of Mr Popa's case, directing the panel to charges found proved at the substantive hearing which concluded on 26 July 2024.

Ms Khaile also reminded the panel that Mr Popa was subject to a second conditions of practise order (case 069754) which came into effect on 31 May 2024, and that the charges found proved were of a similar nature to those found proved in the current case under review. In light of this, Ms Khaile stated the risk of repetition of previous misconduct remains. She submitted that the NMC were seeking a conditions of practise order.

The panel also had regard to Mr Popa's written representations and submissions from his representative. Ms Khaile directed the Panel to a written testimonial provided by the RCN

which was undated, and unsigned, and which appears to be written by a former colleague. She also directed the panel to the training certificate provided by the RCN on Mr Popa's behalf, which appears to be evidence previously used at the last review hearing for the second case against Mr Popa (069754/2018).

Ms Khaile stated that there is no new evidence to show that the registrant has undertaken any steps to remediate the previous misconduct, and has failed to provide evidence such as a reflective statement demonstrating insight, written testimonials, or details of training undertaken that could provide an indication that Mr Popa has strengthened his practice.

It was noted by Ms Khaile that Mr Popa is not currently working within the nursing profession, so there is no way of assessing his capability to work safely within the bounds of the conditions of practise outlined by the previous panel. Ms Khaile noted that the charges proved relate to three separate work places, and this implies a pattern of behaviour which was repeated. She concluded, that without any new and substantial submissions, Mr Popa's practise remains impaired, on the grounds of public protection and public interest.

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 Mr Popa's fitness to practise remains impaired.

The panel noted that the last reviewing panel found that Mr Popa had insufficient insight.

At this hearing, the panel firstly acknowledged that as this is an early review, the conditions of practise order has been in place for a relatively short period of time. The panel has considered the documentation provided by the RCN on behalf of Mr Popa. This included a testimonial which is undated and unsigned, an RCN letter stating Mr Popa would not be present or represented at today's review hearing, and a certificate of completed training dated 5 February 2024 for 'Care of Medicines – Advanced Knowledge

Test'. This certificate was previously submitted for panel consideration at a review hearing on 31 May 2024 in relation to the second case involving Mr Popa (069754), so this cannot be considered by the current panel as new information. The panel considered that whilst the testimonial provided by Mr Popa was positive, it was undated and unsigned, and therefore, the panel was unable to attach significant weight to it when considering current impairment.

The panel noted that the substantive panel found that Mr Popa had not fully demonstrated evidence towards developing insight and strengthening of practise. They also noted that Mr Popa had not taken any steps to remedy past failings or express remorse. This panel considers the situation to be unchanged and noted there is no evidence of Mr Popa working safely within the bounds of the existing conditions of practice order.

Having regard to the above, the panel determined that it had no relevant new information upon which it could be satisfied that Mr Popa was unlikely to repeat the previous misconduct. Furthermore, when taking into account the second substantive order (case 069754), and the similarities in misconduct and charges found proved in that case, the panel determined that there remains a risk of repetition and a risk of harm to patients.

The panel therefore decided that a finding of current impairment is necessary on the grounds of public protection.

The panel has borne in mind that its primary function is to protect patients and the wider public interest which includes maintaining confidence in the nursing profession and upholding proper standards of conduct and performance. The panel considered that a reasonable, well informed member of the public would be concerned if Mr Popa was able to practise without restriction until he has demonstrated he can practise safely, kindly and effectively. Accordingly, the panel determined that, in this case for the reasons given above, a finding of current 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. 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 further conditions of practice order on Mr Popa'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 concluded that the conditions of practice order previously imposed on 26 July 2024, is sufficient to protect patients, the wider public interest and the reputation of the profession. The panel noted the panel at the substantive hearing had found that the misconduct identified is capable of remediation.

The panel did go on to consider a suspension order, however taking into consideration its findings above, it concluded that this was disproportionate in the circumstances of this case.

The panel decided that the public would be suitably protected as would the reputation of the profession by the implementation of the following conditions of practice:

'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 will send your case officer evidence that you have successfully completed training in:
 - a) record keeping
 - b) patient documentation
 - c) medication management

- 2 You must ensure that you are supervised by another registered nurse any time you are working. Your supervision must consist of:
 - a) Working at all times on the same shift as, but not always directly observed by, a registered nurse.

- 3 You must be directly supervised during medication administration and signed off by a registered nurse until you are deemed competent.

- 4 You must work with your current employer to create a personal development plan (PDP). Your PDP must address the concerns about your record keeping and documentation. You must:
 - a) Send your case officer a copy of your PDP within a month of commencing employment.
 - b) Send your case officer a report seven days prior to any review. This report must show your progress towards achieving the aims set out in your PDP.

- 5 You must engage with your current employer on a frequent basis to ensure that you are making progress towards aims set in your personal development plan (PDP), which include:
 - a) Meeting at least monthly to discuss your progress towards achieving the aims set out in your PDP.

- 6 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.

- 7 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.

- 8 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

- 9 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.

- 10 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

- 11 You will send the NMC a report from your current employer, which can be an agency you work through or a place of substantive employment, seven days in advance of the next NMC hearing or meeting

The period of this order is for 12 months. Before the order expires, a panel will hold a review hearing to see how well you complied with the order. At the review hearing the panel may revoke the order or any condition of it, it may confirm the order or vary any condition of it, or it may replace the order for another order.

Any future panel reviewing this case would be assisted by:

- Your continued engagement with the NMC

- Your attendance at any review hearing
- Evidence of further relevant training
- A reflective piece written by you following a recognised model which shows that you understand the effect that your misconduct has had upon patients work colleagues and the public perception of the nursing profession
- This reflective piece should also include reflection on your training and your practice going forward
- Evidence of you strengthening your practice. For example, evidence of training and professional development.
- Up-to-date testimonials or references, especially from other nursing professionals

This will be confirmed to you in writing.

That concludes this determination.