Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Order Review Hearing
Tuesday, 07 January 2025

Virtual Hearing

Name of Registrant:	**Louisa Janellan Mitchell**
NMC PIN	09I1720S
Part(s) of the register:	Registered Nurse – Sub Part 1 Adult Nursing – (06 October 2012)
Relevant Location:	Fife
Type of case:	Misconduct
Panel members:	Mary Idowu (Chair, lay member) Jane Colbourne (Registrant member) David Anderson (Lay member)
Legal Assessor:	Fiona Moore
Hearings Coordinator:	Abigail Addai
Nursing and Midwifery Council:	Represented by Uzma Khan, Case Presenter
Mrs Mitchell:	Not present and unrepresented
Order being reviewed:	Conditions of practice order (6 months)
Fitness to practise:	Impaired
Outcome:	**Order to lapse upon expiry in accordance with Article 30 (1), namely 9 February 2025**

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

At the outset of the hearing, Ms Khan made a request that this case be held partly in private on the basis that proper exploration of Mrs Mitchell's case involves references to [PRIVATE]. The application was made pursuant to Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

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 Mrs Mitchell's [PRIVATE], the panel determined to hold parts of the hearing relevant to [PRIVATE] in private in order to protect Mrs Mitchell's privacy.

Decision and reasons on service of Notice of Hearing

The panel was informed at the start of this hearing that Mrs Mitchell was not in attendance and that the Notice of Hearing had been sent to Mrs Mitchell's registered email address by secure email on 3 December 2024.

Ms Khan, 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 Mrs Mitchell'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 Mitchell 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 Mitchell

The panel next considered whether it should proceed in the absence of Mrs Mitchell. The panel had regard to Rule 21 and heard the submissions of Ms Khan who invited the panel to continue in the absence of Mrs Mitchell.

Ms Khan referred the panel to the email correspondence sent by Mrs Mitchell on 3 December 2024 which stated:

[PRIVATE]

Ms Khan submitted as this is a mandatory review of a substantive order therefore, it is fair and necessary to proceed in Mrs Mitchell's absence. Further, Mrs Mitchell's email's correspondence does not have reference to an application for an adjournment. Therefore, Ms Khan submitted there is no good reason to adjourn.

The panel accepted the advice of the legal assessor.

The panel has decided to proceed in the absence of Mrs Mitchell. In reaching this decision, the panel has considered the submissions of Ms Khan, 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:

- This is a mandatory review that requires to take place before expiry of the order on 9 February 2025;
- [PRIVATE]
- No application for an adjournment has been made by Mrs Mitchell;
- 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.

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

Decision and reasons on review of the substantive order

The panel decided to allow the order to lapse upon expiry, namely at the end of 9 February 2025.

This order will come into effect at the end of 9 February 2025 in accordance with Article 30(1) of the 'Nursing and Midwifery Order 2001' (the Order).

This is the third effective review of a substantive conditions of practice order, originally imposed for a period of nine months by a Fitness to Practise Committee panel on 6 April 2023. The first review took place on 3 January 2024, when the panel decided to vary and extend the conditions of practice order for a period of six months. A review hearing was scheduled to take place on 13 May 2024, but this was postponed. A review hearing was scheduled to take place on 18 July 2024, but this was adjourned. On 29-30 July 2024, the panel decided to vary and extend the current conditions of practice order for a period of six months.

The current order is due to expire at the end of 9 February 2025.

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

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

'That you a registered nurse:

1. *Having agreed undertakings with the NMC in respect of the regulatory concern set out in Schedule 1, breached your undertakings in that you failed to comply with undertaking 6 to complete a medication administration course within 3*

months of gaining employment. ***(No evidence offered in respect of the 2016 case)***

2. *On or around 7 February 2018 signed to record that you had administered both a 3mg dose and a 1mg dose of warfarin when you had administered a 3mg dose only.* ***(Facts not proved for charges 2b) and 2d) in respect of the 2019 case)***

3. *On 2 March 2018 administered twice the dose of Olanzapine to Resident A.* ***(No evidence offered in respect of the 2016 case)***

4. *On or around 25 October 2018, while working at Woodlands Nursing Home, left a medicine pot with 10mls of morphine sulphate in Room 33.*

And in light of the above your fitness to practice is impaired by reason of your misconduct.

Schedule 1

1. *Multiple errors in the administration and management of medication*

And

(075264/2019):

That you, a registered nurse, whilst working at the Harbour Care Home ('the Home') and subject to an interim conditions of practice order:

1. *On 09 September 2019, breached the terms of the interim conditions of practice order by administering medication to one, or more, residents including:*

   a) *Resident 1;*

   b) *Resident 2;*

   c) *Resident 3;*

d) *Resident 4;*

e) *On 10 September 2019, breached the terms of the interim conditions of practice order by administering medication to one, or more, residents including:*

a) *Resident 1;*

b) *Resident 2;*

c) *Resident 3;*

d) *Resident 4*

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

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

'The panel first considered the recent incident that took place in February 2024 involving medication administration errors. The panel took account of your manager's report dated 23 February 2024 confirming that you were the first nurse on shift who made this medication error, the report stated, "Louisa was on shift the first 2 nights of the cycle. I discussed with Louisa the importance of paying close attention to the medication rounds in case there are any discrepancies at the start of a new cycle". The panel took account of your explanations and the context as detailed in your oral evidence. However, it was concerned about your failure to accurately check records and take further steps of clarification from senior colleagues regarding the high dosage when you had concerns that it was a higher than usual dose.

The panel considered your reflections in the email to your NMC case officer dated 10 May 2024 regarding the medication administration errors. The panel also

considered reflections at the previous reviewing panel hearing on 3 January 2024 which stated:

'You explained that you have now reflected upon your failings and noted that you were 'probably putting too much trust into other registrants' and that you have now concluded that not everyone has the same standards of honesty as you do. You explained how you left one employment as you felt that they were putting your registration at risk by lax practices in relation to the administration of controlled drugs. You further explained how you are now more cautious when administrating medication and, when appropriate, able to ask for a senior member of staff or registered nurse to check your work. You said that you are now aware of the potentially catastrophic consequences of poor practice in medicine administration. You now take your time to dispense medication carefully, rather than rushing through the process.'

The panel was mindful that despite these reflections in January 2024 you repeated administration medication errors in February 2024. During your oral evidence today, you expressed similar pressures leading you to these medication administration errors, you said that you took a colleague's 'word for it' with regards to the resident's high dosage of medication. You also said, "I was doing too much, and I am a people pleaser I have learnt greatly, and I will make sure I check properly". The panel was mindful that the new incident demonstrates a repeated failure to put the previous reflection and stated knowledge of understanding into practise.

The panel noted the change in your personal circumstances. It took account of your oral evidence when you told the panel that you no longer have [PRIVATE] *that you were experiencing when you made the medication errors.*

In relation to your insight, the panel asked a number of questions to seek to explore your current level of insight. It noted that you struggled to articulate why the mistakes and omissions occurred and that your focus was on the impact of the conditions of practice order hindering the progression of your career. In relation to the recent incident in February 2024, the panel concluded that your insight is limited as you focused on the medication errors being a collective error across numerous departments demonstrating an apparent failure to take personal professional

accountability for this incident. The panel was of the view that at this time, you have not fully recognised the purpose and the importance of the conditions of practice order and that the burden of proof relies in your ability to demonstrate to a reviewing panel that you are capable of safe and effective practice. It was mindful that your insight remains limited regarding the wider implications of your misconduct, specifically upon colleagues, patients in your care, the reputation of the profession and the trust which the public place in registered nurses to be able to practice safely.

The panel went onto consider your compliance with the conditions of practice order.

In relation to condition 1: 'You must limit your practice to one substantive employer'. The panel noted that you have undertaken self-employment as an aesthetic practitioner in mid-May 2024 and that you did not consider it your responsibility to inform the NMC of this as you are self-employed and not working as a registered nurse, midwife or nursing associate. You advised that this work is not regulated by the NMC. Noting the wording of the current conditions of practice order, the panel accepted that there was no obligation to inform the NMC of this work.

In relation to conditions 2 and 4, the panel noted that a PDP was not produced until after you left your employment at Avondale Care on 16 May 2024. It was therefore neither created in conjunction with your line manager nor supplied within 28 days of the last substantive order review. It noted that you did not produce any specific relevant training in relation to 2a and 2b that had occurred since the last substantive order review hearing on 3 January 2024. It therefore concluded that you failed to comply with conditions 2, 4, 5 and 8.

In relation to condition 3, the panel noted that monthly meeting reports were only produced for January 2024, February 2024 and April 2024. It noted your explanations during your evidence that your manager was away on holiday in March 2024, and you had left Avondale Care in May 2024. The panel took the view that there had been some compliance with this condition however it would have expected you to be more proactive in ensuring that a report was produced by another manager in the absence of your direct line manager.

In relation to conditions 6 and 7, the panel did not receive a reflective statement that met the requirements of these conditions. It noted that you told the panel that you had previously sent a reflective statement to the NMC prior to today's hearing however when asked for it by the panel in the hearing you could not locate this and nor could the NMC. The panel was mindful that the same situation had arisen at the previous review hearing which took place on 3 January 2024, it took account of that reviewing panel's determination which stated:

'You informed the panel that you had previously provided the NMC with a typed version of your reflective statement which you had sent via email. However, Mr Khan informed the panel that, having checked on the day of the review hearing, the NMC could not find this document on its system.'

Having not received a reflective statement that meets the requirements of these conditions, the panel concluded that conditions 6 and 7 had not been met.

In relation to condition 9, it is unclear to the panel based on the documentary information before it whether you had informed the NMC about your terminated employment at Avondale Care.

In relation to condition 10, the panel noted that you accepted a place on a course on 27 January 2024 to train as an aesthetic practitioner and informed your NMC case officer on 13 February 2024. The panel noted that this course was not associated with nursing, midwifery or nursing associate.

In relation to condition 11, the panel noted that you had notified your NMC case officer that you told the course provider in connection to condition 10 that your registration was subject to a conditions of practice order and "they are fine with it".

In relation to condition 10 and 11, the panel noted that under the current conditions of practice order, these conditions only apply to employment, work or study in a nursing, midwifery or nursing associate role. The panel was therefore satisfied that you had complied with these conditions.

In relation to condition 12, the panel noted that you had notified your NMC case officer of an incident against you by telephone on 26 February 2024 which was

three days after you had been advised of the error. Further, you sent an email dated 28 February 2024 to your NMC case officer which stated:

> *'I was just wondering if you received the letter from Deputy manager 2 the deputy manager at my work regarding the medication issue?'*

The panel was therefore satisfied that you had met the requirements of condition 12.

Having heard your oral evidence, the panel was concerned that the medication administration errors occurred despite your previous reflections about the approach you would take to administer medication in the future and that you would refer to senior colleagues if you had any issues to raise. The panel was further concerned that you are yet to fully appreciate the purpose of the current conditions of practice order and concluded overall that your insight remains limited. The panel concluded that having not met all of the conditions on your practice and taking account of the incident in February 2024, you remain liable to put patients at risk of harm. In these circumstances, the panel considered that a risk of repetition was likely, and therefore determined that a finding of impairment remained 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 practise. The panel determined that, in this case, a finding of continuing impairment on public interest grounds is also required.

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

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

‘The panel first considered whether to take no action but concluded that this would not protect the public and 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, due to the public protection issues identified, an order that does not restrict your practice would not be appropriate in the circumstances. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether a 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 considered your compliance with the current conditions and, although there had been some compliance, it was mindful of the new incident that occurred in February 2024 involving administration medication errors.

The panel was mindful that you are now self-employed at your own aesthetic clinic administering prescription medications to customers. The panel accepted that being a registered nurse is not a requirement for this role. However, you confirmed to the panel during your oral evidence that you advertise your clinic as work conducted by a registered nurse, and you receive discounted public liability insurance consequently. In addition, you access the prescribed medication via a pharmacy ‘app’ and use your nursing PIN in order to do so. The panel was mindful that this was not a breach of your current conditions of practice order but considered that your decision to undertake this role when your conditions of practice order is in place due to concerns regarding medication administration is further evidence that you have not fully developed your insight into the errors that have brought you before your regulator and the overarching need to protect the public.

The panel considered that varying the conditions of practice order would provide you with the opportunity to address the identified concerns in your practice and a variation would reflect the changes in your employment status whilst ensuring the public remain protected. The panel noted your submissions regarding your difficulties progressing in your career due to the conditions of practice order. However, the panel considered that the conditions were not onerous and were the

minimum restriction required to protect the public from the risk of harm identified in this case. It considered that it was necessary to vary the current conditions of practice order.

The panel considered that varying and confirming the conditions of practice order would give you sufficient time to address the concerns identified in your practice and demonstrate insight and full compliance to a future reviewing panel.

The panel considered whether a suspension order or a striking off order would be an appropriate order in your case but concluded that it would be disproportionate at this time as the concerns are remediable and you have shown compliance with the majority of the conditions of practice order.

Accordingly, the panel determined, pursuant to Article 30(1), to vary and confirm the existing conditions of practice order. The varied conditions are as follows:

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

In respect of conditions 9, 11 and 12, these will apply in any paid or unpaid post where you are involved in administering medication whether or not you are 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 limit your practice to one substantive employer.*

2. *You must work with your line manager, mentor or supervisor (or their nominated deputy) to create a personal development plan designed to support your continued development in the following areas of your practice:*

    a. *Medicines management and administration*
    b. *Your continuing professional development and training*

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

4. *You must forward to the NMC a copy of your personal development plan within 28 days of the date on which these conditions become effective or the date on which you take up an appointment, whichever is sooner.*

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

6. *You must undertake further and deeper reflection, using a recognised reflective model, in relation to your practice and continue to reflect upon areas of your practice which require further development. The reflection should demonstrate your understanding of how your misconduct impacted upon patients, colleagues, the nursing profession and the wider public interest. You should also provide further reflection as to how you have changed your practice to eliminate any future risks to patients and to further strengthen your practice.*

7. *The reflective piece must be submitted to the NMC before any review hearing.*

8. *You must allow the NMC to exchange, as necessary, information about the standard of your performance and your progress towards achieving the aims set out in your personal development plan with your line manager, mentor or supervisor (or their nominated deputy) and any other person who is or will be involved in your retraining and supervision with any*

employer, prospective employer and at any educational establishment.

9. *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.*

10. *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.*

11. *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*

12. *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.*

13. *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.'*

Decision and reasons on current impairment

The panel has considered carefully whether Mrs Mitchell's fitness to practise remains impaired. Whilst there is no statutory definition of fitness to practise, the NMC has defined fitness to practise as a registrant's suitability to remain on the register without restriction. In considering this case, the panel has carried out a comprehensive review of the order in light of the current circumstances. Whilst it has noted the decision of the last panel, this panel has exercised its own judgement as to current impairment.

The panel has had regard to all of the documentation before it, including the NMC bundle and on table papers. It has taken account of the submissions made by Ms Khan on behalf of the NMC. Ms Khan gave a background of the case and reminded the panel the initial concerns of multiple medicine administration and management errors put patients at risk, breached fundamental tenets of nursing and brought the profession into disrepute. As a result, the current conditions of practice order were put in place to address the concerns and maintain public protection.

Ms Khan summarised the previous panel's assessments on Mrs Mitchell's impairment. She referenced the review in January 2024 where her manager signed her off as

competent, but that panel noted her reflective piece did not demonstrate sufficient insight. In July 2024, the reviewing panel were concerned as to whether Mrs Mitchell understood the gravity of her failings and conditions of practice order due to Mrs Mitchell starting her own aesthetic clinic. As a result, that panel provided a further six month conditions of practice order to help Mrs Mitchell address these concerns.

Ms Khan submitted Mrs Mitchell had made effort to comply with her conditions through undertaking training courses such as medical awareness and competency. Additionally, Ms Khan acknowledged Mrs Mitchell's nursing jobs, including the role she expressed she is going to start on 11 January 2025 on an email sent on 02 January 2025. However, Ms Khan further submitted Mrs Mitchell has faced challenges within her nursing roles, namely when she made drug errors when administering mirtazapine to a resident in her role in Avondale Care in February 2024. Further, Ms Khan made reference to Mrs Mitchell's previous employment with Middleton Hall Care Home where she experienced and acknowledged challenges in managing the unit and medication.

Ms Khan reminded the panel that the burden is on the registrant to comply with the conditions and satisfy the panel that their fitness to practice is no longer impaired. She submitted that since the last hearing, there has been nothing to suggest she is no longer impaired. Ms Khan acknowledged Mrs Mitchell's struggle to obtain employment since July 2024 and inability to practice in a nursing environment. However, she submitted a continuing finding of impairment and further conditions of practice order of six months is necessary under public protection and public interest grounds to enable her to demonstrate full remediation and compliance.

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 Mitchell's fitness to practise remains impaired.

The panel had regard to NMC guidance REV-3a: *Standard reviews of substantive orders before they expire*

The panel took into account the challenges which Mrs Mitchell explained she faced at her various places of employment which she has submitted made it difficult to fully comply with her conditions of practice. The panel also noted the various [PRIVATE] she made reference to on her email sent 3 December 2024, [PRIVATE]. However, this notwithstanding, the panel noted that Mrs Mitchell had failed to comply with a number of conditions, in particular conditions 6 and 7 which the panel thought she could have complied with despite her employment issues.

The panel noted that the last reviewing panel found that Mrs Mitchell had limited insight. At this hearing, this panel determined Mrs Mitchell's insight is still limited. In doing so, it made reference an email sent by Mrs Mitchell on 3 December 2024:

> *'…I've tried everything to comply with the NMC and the COPO but nothing I do seems to be good enough'*

The panel felt there was no improvement in insight since the last hearing

The panel noted Mrs Mitchell did not have a record of safe practice without further incident since the last hearing. This can be seen from the email from the Deputy Manager 1 of the Middleton Hall care home which states:

> *'…Louisa could not be signed off for her medication competency and this left us no choice but to end her employment with Middleton hall. Louisa requires a smaller unit with less residents so she can build up her skills again, Louisa found it hard with the timing of the medications and felt rushed due to the amount of residents she had to administer medication to. A smaller unit with less residents would give Louisa the time to work on her time management, prioritising care and the how to work in a dayshift routine. I could not confidently leave Louisa on the floor as a registered nurse with support it would not be ethically correct or fair to Louisa or the residents'*

This was acknowledged by Mrs Mitchell in her email of 17 November 2024 which stated:

> *'Just to let you know that the manager at Middleton hall doesn't think I'm suitable for the job, and to be honest the home is to busy for me, especially with my COPO in place, I really struggled to complete the mediation rounds in time and felt it was a rush to be done so the residents could go away with the activities team...' (sic)*

The panel had sight of Mrs Mitchell's submission in the previous hearing where she informed the panel she cannot promise another drug error will not occur. Therefore, the panel determined a finding of impairment on public protection grounds is necessary because there is a risk of repetition. Mrs Mitchell has not demonstrated that she can practice kindly, professionally, and safely.

The panel determined a finding of continuing impairment is also necessary on public interest grounds because a well-informed member of the public would be extremely concerned if a registrant was able to practise without restriction when such concerns have yet to be fully addressed.

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

For these reasons, the panel finds that Mrs Mitchell's fitness to practise remains impaired. The panel heard and accepted the advice of the legal assessor, who reminded the panel of the outcomes available on review, including allowing the order to lapse.

Decision and reasons on sanction

Having found Mrs Mitchell'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 also had regard to the NMC Guidance on ‘Removal from the register when there is a substantive order in place’, reference ‘REV-3h’, last updated 30 August 2024:

> *2.* ***‘Lapse with impairment***
> *Where the professional would no longer be on the register but for the order in place, a reviewing panel can allow the order to expire or, at an early review, revoke the order. Professionals in these circumstances will automatically be removed from the register, or lapse, upon expiry or revocation of the order. The panel will record that the professional remains impaired.*
>
> - *A panel will allow a professional to lapse with impairment where:*
> - *The professional would no longer be on the register but for the order in place;*
> - *the panel can no longer conclude that the professional is likely to return to safe unrestricted practice within a reasonable period of time;*
> - *a striking off order isn’t appropriate*
>
> ***Panel considerations***
> Panels and professionals should bear in mind that:
>
> - *It is not in the public interest or a professional’s interests to remain on the register indefinitely when they are not fit to practise;*
> - *public confidence in the professions is more important than the fortunes of any individual member;*
> - *there are advantages to all parties in setting time limits to conditions; those time limits are set for a reason and should be respected;*
> - *if a professional believes that the conditions they are subject to are or have become unworkable, they should consider applying for an early review to seek to vary the order, rather than waiting for the next substantive review;*
> - *sometimes a conditions of practice order will no longer be workable and there are no alternative conditions that will ensure the public is safe and maintain confidence in the professions we regulate; professionals who leave the register can apply for readmission if they feel they are no longer impaired – for example,*

their [PRIVATE] or language skills have demonstrably improved. A professional who has been struck off can only apply for restoration after five years.

- *In any application for readmission the decision maker will be aware of the concerns that led to the original substantive finding of impairment, and that the professional left the register while impaired.'*

The panel carefully considered whether the current conditions of practice order was still suitable. The panel was mindful that any conditions imposed must be proportionate, measurable and workable. The panel is mindful that a substantive conditions of practice order has been in place since April 2023, and that interim conditions of practice were in place sometime prior to that. This notwithstanding, Mrs Mitchell has to date been unable to demonstrate insight and strengthened practice sufficient to satisfy a panel that she is now able to practice without restriction in a kind, safe and professional manner.

The panel is particularly concerned that as recently as November 2024, her then employer indicated they were unable to sign off her induction period and medication competency. This was accepted by Mrs Mitchell in her email of 17 November 2024.

The panel finally had regard to Mrs Mitchell's email of 3 December 2024 which stated:

[PRIVATE]

For all the above reasons, the panel decided the most appropriate and proportionate outcome would be to allow the current order to lapse with impairment upon expiry on 9 February 2025. In the panel's view, this is appropriate on public protection and public interest grounds and the panel believe it is in Mrs Mitchell's best interest.

Mrs Mitchell is currently only on the register because of the substantive order in place. When the order lapses, her registration will no longer be active. Should she so wish, Mrs Mitchell can apply to the registrar for readmission to the register when she feels medically fit to do so and when she is able to demonstrate her ability to practice safely, kindly and professionally without restriction.

The panel decided that this is the most appropriate and proportionate outcome

The panel therefore decided to allow the current conditions of practice order to lapse upon expiry on 9 February 2025 in accordance with Article 30(1).

This will be confirmed to Mrs Mitchell in writing.

That concludes this determination