

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

**Substantive Hearing  
16 – 18 March 2020**

Nursing and Midwifery Council  
2 Stratford Place, Montfichet Road, London, E20 1EJ

<b>Name of registrant:</b>	Saiqa Ali
<b>NMC PIN:</b>	08A0476E
<b>Part(s) of the register:</b>	Registered Nurse – Sub Part 1 RNA: Adult Nursing – 1 October 2008
<b>Area of registered address:</b>	Buckinghamshire
<b>Type of case:</b>	Misconduct
<b>Panel members:</b>	Edward Lucas (Chair, Lay member) Claire Rashid (Registrant member) Rachel Ellis (Lay member)
<b>Legal Assessor:</b>	Andrew Young
<b>Panel Secretary:</b>	Max Buadi
<b>Nursing and Midwifery Council:</b>	Represented by Robert Rye, Case Presenter
<b>Ms Ali:</b>	Present and unrepresented
<b>Facts proved by admission:</b>	1, 2, 3a), 3b), 4, 5a), 5b) and 6
<b>Facts not proved:</b>	N/A
<b>Fitness to practise:</b>	Impaired
<b>Sanction:</b>	Caution order (5 years)
<b>Interim order:</b>	N/A

## Details of charge

That you a registered nurse:

1. On 14 January 2019 submitted a training certificate (“Certificate 1”) dated 4 October 2018 to Genepool Personnel Ltd to certify that you had attended ‘Basic Life Support Module (Theory and Practical) at Princess Grace Hospital when you had not. **Charge found proved by way of admission**
2. On 20 January 2019 submitted a training certificate (“Certificate 2”) dated 10 January 2019 to Genepool Personnel Ltd to certify that you had attended ‘Intermediate Life Support’ at Wycombe Hospital when you had not. **Charge found proved by way of admission**
3. Your conduct at charge 1 and/or charge 2 was dishonest in that you:
  - a) knew the certificate you submitted was false; and/or **Charge found proved by way of admission**
  - b) intended to mislead the agency that you had completed the certified training when you had not. **Charge found proved by way of admission**
4. On a date unknown, made, or caused to be made, Certificate 1 and/or Certificate 2 for the purpose of submission to Genepool Personnel Ltd. **Charge found proved by way of admission**
5. Your conduct at Charge 4 above was dishonest in that you:
  - a) Knew Certificate 1 and/or Certificate 2 misrepresented the training you had undertaken. **Charge found proved by way of admission**
  - b) Knew Certificate 1 and/or Certificate 2 contained false information. **Charge found proved by way of admission**

6. On or around 21 January 2019 did not give an honest account to Colleague A when confronted about the authenticity of Certificate 1. **Charge found proved by way of admission**

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

**Decision and reasons on application for hearing to be held in private (Heard on Day 2)**

During the course of the hearing, Mr Rye made a request that this case be held part way in private on the basis that proper exploration of your case involves your health. The application was made pursuant to Rule 19 of 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

You supported this application.

Rule 19 states:

- '19.—** (1) *Subject to paragraphs (2) and (3) below, hearings shall be conducted in public.*
- (2) *Subject to paragraph (2A), a hearing before the Fitness to Practise Committee which relates solely to an allegation concerning the registrant's physical or mental health must be conducted in private.*
- (2A) *All or part of the hearing referred to in paragraph (2) may be held in public where the Fitness to Practise Committee—*
- (a) *having given the parties, and any third party whom the Committee considers it appropriate to*

*hear, an opportunity to make representations;  
and*

*(b) having obtained the advice of the legal  
assessor, is satisfied that the public interest or  
the interests of any third party outweigh the  
need to protect the privacy or confidentiality of  
the registrant.*

*(3) Hearings other than those referred to in paragraph (2)  
above may be held, wholly or partly, in private if the  
Committee is satisfied—*

*(a) having given the parties, and any third party  
from whom the Committee considers it  
appropriate to hear, an opportunity to make  
representations; and*

*(b) having obtained the advice of the legal  
assessor, that this is justified (and outweighs  
any prejudice) by the interests of any party or of  
any third party (including a complainant,  
witness or patient) or by the public interest.*

*(4) In this rule, “in private” means conducted in the presence of  
every party and any person representing a party, but  
otherwise excluding the public.’*

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 your health, the panel determined to hold such parts of the hearing in private. The panel determined to rule on whether or not to go into private session in connection with your health as and when such issues are raised.

## **Facts**

At the outset of the hearing, the panel heard from you, and you informed the panel that you made full admissions to the charges.

The panel therefore finds charges 1, 2, 3a), 3b), 4, 5a), 5b) and 6 proved in their entirety, by way of your admissions.

## **Background**

On 6 February 2020, the NMC received a referral about your fitness to practise from Genepool Personnel Limited (Genepool). The charges arose whilst you were employed as a registered nurse through Genepool.

You first came onto the register on 1 October 2008. On October 2015 you registered with Genepool.

Genepool have a database that provides alerts which indicate when a candidate's training is due to expire or has expired. The compliance department remind candidates to enrol on particular courses and assist in providing suitable training courses for the particular candidate. If a candidate has not completed the required training then they become "non-compliant". At this point all work with the agency will cease automatically until the necessary training is complete and course certificates have been verified by their provider.

A compliance officer received an alert on 12 December 2018 because your training was due to expire on 22 January 2019 in relation to mandatory Basic Life Support training. The compliance officer emailed you to inform you of this. On 14 January 2019, you emailed your certificate 'Basic Life Support Module (Theory and Practical)' dated 4 October 2018 (certificate 1). This stated that you had completed the course at Princess Grace Hospital.

On 14 January 2019, the compliance officer emailed you stating that he was going to verify this certificate with Princess Grace Hospital and emailed them on the same day. On 18 January 2019, the compliance officer emailed you to inform you that Princess Grace Hospital had yet to verify the certificate.

On 20 January 2019, you emailed a further certificate for Intermediate Life Support completed at Wycombe Hospital through the Resuscitation Council (UK) on 10 January 2019 (certificate 2).

On 21 January 2019, the compliance officer emailed Buckingham Healthcare NHS Trust (the Trust) to verify this certificate.

An Interim Matron at the Hospital verified that certificate 1 was not genuine and confirmed that the training did not take place on 4 October 2018.

As a result of this, a probation review meeting took place on 21 January 2018. You were presented with certificate 1. You stated that you did not provide the certificate, your identity had been fraudulently appropriated and the agency had produced the certificate without your knowledge.

Your employment at Genepool was subsequently terminated.

On 22 January 2019 the Trust emailed to confirm that certificate 2 'is genuine but does not match our records and appears to have been altered'. They were able to ascertain

this from the code contained on the certificate, which showed that it had been issued for a different course on a different date.

On 24 January 2019, HCA Healthcare UK confirmed certificate 1 was not a HCA training certificate.

Accordingly, the evidence shows that you falsified two certificates which purported to show that you had completed a Basic Life Support training course at Princess Grace Hospital and an Intermediate Life Support training course at Wycombe Hospital when you had not in fact done so.

## **Submissions on misconduct and impairment**

Having reached its determination on the facts of this case, the panel then moved on to consider, whether the facts found proved amount to misconduct and, if so, whether your fitness to practise is currently impaired. There is no statutory definition of fitness to practise. However, the NMC has defined fitness to practise as a registrant's suitability to remain on the register unrestricted.

The panel, in reaching its decision, has recognised its statutory duty to protect the public and maintain public confidence in the profession. Further, it bore in mind that there is no burden or standard of proof at this stage and it has therefore exercised its own professional judgment.

You provided evidence to the panel under oath.

[PRIVATE]

You said that you recognise that the charges are serious as they tarnished your reputation as a nurse. You said that you love nursing and have done it for a long time and doing what you did ruins all the work you have done with patients and colleagues. Further, it shows you to be somebody you are not.

You said your actions also make you a dishonest person in the eyes of your colleagues. You said that of the five testimonials you provided from colleagues, only one of them, Mr 1, actually knew the full extent of what you had done. They have all provided you with support.

You said that your actions broke the standards of nursing. You said that the agency Genepool would be disappointed to find out that one of their candidates had submitted incorrect certificates. You acknowledged that, due to your actions, as an agency they

would be providing nurses to health services who do not have specific qualifications or training. Further, nobody would want nurses from that agency.

You said that the Code of Conduct guides nurses through the importance of their role. You said that you breached the majority of the provisions of this Code.

You said that your actions have a huge risk on patient care. This is because if a nurse is working without the qualifications, then it has a big impact on the life of the patients.

You accept that the 'Intermediate Life Support Course' is of a higher standard than the 'Basic Life Support Course' and accept that you did not complete this course. However, you said that you had done so in the past.

You accept that Genepool thought you had completed the course and continued to give you shifts with potential vulnerable patients. You said that patients would not be happy to know that a nurse is carrying out a task they are not trained for. You said that colleagues would not trust her but would place such trust in her if they thought she had undertaken training.

You said that nursing runs on trust and once this is broken it is hard to get back. You said that you would be disappointed with someone in the same position.

You said that Genepool were supportive when you started with them. However, by the end you felt let down by them and all they seemed to care about was getting you shifts. You said that they did try to get you to undertake courses. However, you said that at the time of the concerns and as you felt things got worse you felt that you had to do all you could to get out of the situation which is why you provided fraudulent certificates. You said you were not thinking straight.

You said that you made a conscious decision to falsify the certificates. You made the decision to send the certificates to Genepool and at that point, you knew what you were

doing. You said that mentally, you were looking for any reason to get out of your situation. You also considered that if you could not provide Genepool with the required certificates you would no longer be able to work through them. You accept that you could have stopped but your judgment was clouded.

You said that you are currently working at Mount Vernon Hospital as a band 7 nurse. You said that your role is mainly office based but you do manage other nurses.

You said that you told your current agency that you have a pending NMC investigation but they did not ask about the full extent. You said that you also informed your manager at Mount Vernon Hospital but she has since left.

You said that your family have been your biggest supporters. You have also kept up-to-date with nursing through online and face to face training courses. You said you have tried to remediate your misconduct through working with the homeless, voluntarily, in your local community. You said that doing this highlighted how dishonest you had been.

Mr Rye referred the panel to the case of *Roylance v GMC (No. 2) [2000] 1 AC 311* which defines misconduct as a *'word of general effect, involving some act or omission which falls short of what would be proper in the circumstances.'*

Mr Rye invited the panel to take the view that the facts found proved amount to misconduct as your actions fell below the standards expected of a registered nurse. He directed the panel to specific paragraphs within 'The Code: Professional standards of practice and behaviour for nurses and midwives 2015 (the Code) including paragraph 20 and identified where, in the NMC's view, your actions amounted to serious misconduct.

Mr Rye submitted that honesty and a duty of candour are at the heart of trust and integrity. Any breach of this must be seen as serious. He submitted that you have breached this fundamental tenet.

Mr Rye submitted that it does not matter if you have not directly or indirectly put patients at a risk of any harm. Your lack of honesty and candour amount to serious misconduct. This is reflected in the charges you have admitted.

Mr Rye submitted that your actions are a serious departure from the standards of a registered nurse. They were a departure not only from the Code but also from one of the fundamental tenets of the nursing profession, which could be seen as deplorable by fellow practitioners and members of the public.

Mr Rye submitted that the first certificate you put in may be considered to be a deliberate and calculated act. The panel may well consider that a single act of dishonesty when submitting this initial certificate may not be regarded as serious misconduct. However, he further submitted that this was not one single act of dishonesty. You submitted a further false certificate in the knowledge that Genepool could not verify the first certificate. You did this to mislead.

Mr Rye submitted that by admitting to charge 6, you indicated that it was Genepool that submitted the first certificate without your knowledge. This created the impression that they were the dishonest party in this case. This is the gravest act of dishonesty in this case.

Mr Rye submitted that your lack of integrity, honesty and candour fell far below the standards of a registered nurse and the nursing profession. He invited the panel to find that your actions amounted to serious misconduct.

Mr Rye moved on to the issue of impairment and addressed the panel on the need to have regard to protecting the public and the wider public interest. This included the need to declare and maintain proper standards and maintain public confidence in the profession and in the NMC as a regulatory body. Mr Rye referred the panel to the cases of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2)*

*Grant [2011] EWHC 927 (Admin) and Cohen v General Medical Council [2008] EWHC 581 (Admin)*. He reminded the panel of the Dame Janet Smith test from the Fifth Shipman report and submitted that limb b, c and d are engaged:

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) has in the past acted dishonestly and/or is liable to act dishonestly in the future.'*

Mr Rye submitted that your actions clearly brought the profession into disrepute, breached a fundamental tenet of the profession and your actions, by your own admissions, were dishonest.

Mr Rye submitted that there is some insight but not sufficient in this case. You still have a long way to go before you can show your actions have been fully remediated and subsequently reducing the risk of repetition.

Mr Rye submitted that there was no unwarranted risk of harm caused to patients when you submitted the certificates. However, due to the impression of the certificates, Genepool could have placed you in an environment with vulnerable patients without the specific knowledge. This would place them at a risk of harm.

Mr Rye submitted that your dishonesty goes to the ethical core of the profession. There are also attitudinal concerns when you tried to blame Genepool for the false certificates. These actions alone call into question the reputation of the profession. A finding of no impairment would undermine the regulatory process and the profession.

Mr Rye invited the panel to find that your fitness to practise is impaired on both public protection and, more importantly, public interest grounds.

You said that you hoped that the panel see the steps you have taken and the steps you are willing to take. You love the nursing profession and you have done everything you can to stay in the profession you have loved for so long.

The panel adopted a two-stage process in its consideration. First, the panel must determine whether the facts found proved amount to misconduct. Secondly, only if the facts found proved amount to misconduct, the panel must decide whether, in all the circumstances, your fitness to practise is currently impaired as a result of that misconduct.

The panel accepted the advice of the legal assessor which included reference to *Remedy UK Ltd, R (on the application of) v The General Medical Council [2010] EWHC 1245 (Admin) (28 May 2010)*.

## **Decision and reasons on misconduct**

When determining whether the facts found proved amount to misconduct, the panel had regard to the terms of the Code.

The panel was of the view that your actions did fall significantly short of the standards expected of a registered nurse, and that your actions amounted to a breach of the Code. Specifically:

*You uphold the reputation of your profession at all times. You should display a personal commitment to the standards of practice and behaviour set out in the Code. You should be a model of integrity and leadership for others to aspire to. This should lead to trust and confidence in the professions from patients, people receiving care, other health and care professionals and the public.*

### ***20 Uphold the reputation of your profession at all times***

*To achieve this, you must:*

*20.1 keep to and uphold the standards and values set out in the Code*

*20.2 act with honesty and integrity at all times...*

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct.

However, the panel was of the view that that charges found proved individually and cumulatively, amounted to serious misconduct.

The panel noted that this was a sustained act of dishonesty albeit relating to the same issue. This was aggravated when you blamed Genepool for submitting the certificates on your behalf in an attempt to conceal your actions.

The panel also noted that you had admitted the charges at the outset of this hearing and in your oral evidence.

The panel found that all of your actions fell seriously short of the conduct and standards expected of a registered nurse and amounted to misconduct. It determined that to characterise your actions as anything other than misconduct would fail to declare and uphold proper standards of conduct and behaviour on the part of a registered nurse.

### **Decision and reasons on impairment**

The panel next went on to decide if as a result of the 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 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:*

- e) *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*
- f) *has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*
- g) *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*
- h) *has in the past acted dishonestly and/or is liable to act dishonestly in the future.'*

The panel finds that limbs b, c and d are engaged in this case.

The panel concluded that you could not have caused any harm to patients because you were actually qualified in the area of basic life support through the 'Recognising Early Deterioration (RED)' training course. However, your misconduct involved sustained dishonesty albeit relating to a single episode. This indicated a breach of the fundamental tenets of the profession and will undoubtedly have brought the profession into disrepute. In the panel's judgment, the public do not expect a nurse to act as you did as they require nurses to adhere at all times to the appropriate professional standards and to behave with honesty and integrity.

The panel did acknowledge that you had admitted all of the charges including those alleging dishonesty.

The panel had regard to the case of *Cohen v General Medical Council [2008] EWHC 581 (Admin)*, and considered whether the concerns identified are capable of

remediation, whether they have been remediated, and whether there is a risk of repetition of similar concerns occurring at some point in the future.

Misconduct involving dishonesty is often said to be less easily remediable than other kinds of misconduct. However in the panel's judgment, evidence of insight, remorse and reflection together with evidence of subsequent and previous integrity are all highly relevant to any consideration of the risk of repetition, as is the nature and duration of the dishonesty itself.

Firstly, the panel considered the evidence you gave and the manner in which you both gave your evidence and responded to questions put to you. The panel noted that you said that, at the time of the concerns raised, you were under a lot of stress. However, you said that this was no excuse. You also showed some understanding of the seriousness of what you did, the impact it had on patients, colleagues and the profession. The panel considered that in your oral evidence, you answered questions and were very open and very remorseful.

The panel also considered that in your undated reflective statement you stated that upon reflection you were in a vulnerable place and not thinking straight. As a result you did something that "is out of my character."

The panel noted that you falsified certificates for 'Intermediate Life Support' training and 'Basic Life Support' training. The panel also noted that there was no request by Genepool for you to submit the 'Intermediate Life Support' certificate as they wanted only the 'Basic Life Support' certificate. However, due to the stress and panic you were under you submitted it anyway.

The panel considered that although you produced a false certificate for 'Intermediate Life Support' you actually had the skills to justify this qualifications since you had previously undertaken that course – you just could not produce the certificate from the provider to demonstrate this. You did not produce a certificate for skills you did not

have. The panel concluded that because the skills acquired from the 'Recognising Early Deterioration (RED)' training course qualification exceeded the skills acquired from a 'Basic Life Support qualification, patients were not at a risk of harm.

The panel therefore determined that a finding of impairment is not necessary on public protection grounds.

However, the panel had regard to 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.'*

The panel was satisfied that having regard to the nature of the misconduct in this case including the dishonesty, "the need to uphold proper professional standards and public confidence in the profession would be undermined" if a finding of current impairment were not made. If nurses falsify certificates for qualifications they are not entitled to then this causes reputational risk to the profession. Further, there is a potential for nurses to provide care which they are not qualified to undertake albeit that this did not happen in this case.

The panel was of the view that a fully informed member of the public would be seriously concerned by your professional conduct in being dishonest were you to be permitted to practice as a registered nurse in future without some form of restriction. For this reason the panel decided that your fitness to practise is currently impaired by reason of misconduct on public interest grounds.

## **Sanction**

The panel considered this case very carefully and decided to make a caution order for a period of five years. The effect of this order is that your name on the NMC register will show that you are subject to a caution order and anyone who enquires about your registration will be informed of this order.

In reaching this decision, the panel has had regard to all the evidence that has been adduced in this case and had careful regard to the Sanctions Guidance (SG) published by the NMC. The panel accepted the advice of the legal assessor.

## **Submissions on sanction**

Mr Rye informed the panel that in the Notice of Hearing, dated 12 February 2020, the NMC had advised you that it would seek the imposition of a 6 months suspension with a review if it found your fitness to practise currently impaired.

Mr Rye took the panel through the aggravating and mitigating factors he considered to be engaged in this case.

Mr Rye submitted that in this case it would be inappropriate to take no action as it would not mark the seriousness of your actions. With regards to a caution order, he submitted that this should only be used in exceptional cases at the lowest end of seriousness. He submitted that the panel may take the view that with significant reflection, insight and the mitigating factors together with the external factors that there are exceptional circumstances in this case. He submitted that the panel will have to ask themselves whether this is sufficient to protect the public.

Mr Rye submitted that a conditions of practice order would not be appropriate as this would not address the dishonesty concerns. He submitted that a suspension order for six months with a review is more appropriate as this would mark the seriousness of the

case. Further it would provide the profession and the public with confidence that nurses who act with dishonesty are sanctioned appropriately so that the profession is held in high esteem.

Mr Rye submitted that a striking off order would be disproportionate in this case. You continued to work during this time and there has been no repeat of this type of behaviour.

You told the panel that you love nursing which is why you have been doing it for so long. You said that if you were to be suspended for six months, this would have an adverse effect on your confidence and you may not be able to return to the nursing profession.

### **Decision and reasons on 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 SG. The decision on sanction is a matter for the panel independently exercising its own judgment.

The panel took into account the following aggravating features:

- Sustained dishonesty albeit with regard to a single issue;
- A degree of premeditation.

The panel also took into account the following mitigating features:

- You admitted to all the charges before and at the outset of the hearing;
- You developed insight over the course of this hearing and showed remorse;

- No patients could have come to any harm;
- You had the equivalent of the qualification required – albeit the certificates was falsified;
- You have support available now which you did not have at the time of the concerns which the panel deemed reduced the risk of repetition;
- You had no complaints about your conduct before the concerns were raised or since;
- [PRIVATE];
- A good personal testimonial provided by Mr 1 who gave live evidence over the telephone. He spoke highly of your professional abilities and said that your actions were completely out of character. [PRIVATE]

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.

Next, in considering whether a caution order would be appropriate in the circumstances, the panel took into account the SG, which 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 noted that you had shown insight into your conduct. The panel noted that you made admissions and apologised to this panel for your misconduct, showing evidence of genuine remorse. The panel also noted that you have engaged with these proceedings and bore in mind that there have been no adverse findings in relation to your practice either before or since this incident.

Further, the panel took into account the exceptional circumstances in this case and the external factors. It noted that your actions did not put any patients at risk.

The panel considered whether it would be proportionate to impose a more restrictive sanction and looked at a conditions of practice order. The panel was mindful that any conditions imposed must be proportionate, measurable and workable. However, it noted that the dishonesty identified in this case did not lend itself easily to be addressed through conditions. In fact, there are no practical or workable conditions that could be formulated in these circumstances.

The panel concluded that no useful purpose would be served by a conditions of practice order. The panel further considered that a suspension order would be wholly disproportionate in this case as it would punish you with no real effect.

The panel has decided that a caution order would adequately protect the public. For the next five years, your employer - or any prospective employer - will be on notice that your fitness to practise was found to be impaired and that you have been issued a caution. Having considered the general principles above and looking at the totality of the findings on the evidence, the panel has determined that to impose a caution order for a period of five years would be the appropriate and proportionate response. It would mark not only the importance of maintaining public confidence in the profession, but also send the public and the profession a clear message about the standards required of a registered nurse.

At the end of this period the note on your entry in the register will be removed. However, the NMC will keep a record of the panel's finding that your fitness to practise was found to be impaired. If the NMC receives a further allegation that your fitness to practise is impaired, the record of this panel's finding and decision will be made available to any practice committee that considers the further allegation.

This decision will be confirmed to you in writing.

That concludes this determination.