

Nursing and Midwifery Council

Fitness to Practise Committee

Restoration Hearing

18 September 2020

Nursing and Midwifery Council, Virtual Hearing

Name of Applicant: Mrs Tracy Kneller-Phipp

NMC PIN: 07H1660E

Part(s) of the register: Registered Nurse – sub part 1
Adult Nursing (24 September 2007)

Area of Registered Address: Staffordshire

Panel Members: Tim Skelton (Chair, Lay member)
Jodie Jones (Registrant member)
Anne Asher (Registrant member)

Legal Assessor: Laura McGill

Panel Secretary: Anjeli Shah

Mrs Kneller-Phipp: Present and not represented

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

Outcome: Application granted subject to completing a
Return to Practice course

Decision and reasons on Rule 19 application

At the outset of the hearing, Mr Kennedy, on behalf of the Nursing and Midwifery Council (“NMC”), made an application for parts of this hearing to be heard in private. He submitted that there was likely to be reference to your health and personal circumstances during your oral evidence. Mr Kennedy submitted that those matters should be heard in private, and there was no need for them to be dealt with in public. This application was made pursuant to Rule 19 of the Nursing and Midwifery Council (Fitness to Practise) Rules Order of Council 2004 (as amended) (“the Rules”).

You supported this application.

The panel accepted the advice of the legal assessor. 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 and personal circumstances, the panel determined to hold those matters in private, when they are raised, in order to protect your right to privacy and confidentiality.

Determination of application for Restoration to the Register:

This is a hearing of your first application for restoration to the Nursing and Midwifery Council (“NMC”) register. A panel of the Conduct and Competence Committee directed on 25 February 2015 that your name be removed from the register based on its findings with regard to the facts of your case and your impairment. This application is made by you in accordance with Article 33 of the Nursing and Midwifery Order 2001 (“the Order”), as at least five years have now elapsed since the date of your striking-off order.

At this hearing the panel may reject your application or it may grant your application unconditionally. It may grant your application subject to you satisfying the requirements of Article 19(3) and it may make a conditions of practice order.

The panel has considered your application for restoration to the NMC register.

Background

You self-referred to the NMC on 29 August 2013, in relation to matters which occurred at The Poplars Nursing Home (“the Home”).

You were employed as a registered nurse at Monarch Healthcare, since November 2011. You worked at the Home between May 2012 and August 2013. On 21 August 2013 it was discovered that a number of blood glucose readings recorded by you in Service User A and Service User B’s records could not be found on their respective blood glucose monitoring machines. When this was first raised with you by your employer, you said that you always deleted your entries from the blood glucose monitoring machines. The manufactures of the machines were contacted and they confirmed that it was not possible for entries to be manually deleted from blood glucose monitoring machines. At an investigation meeting held on 27 August 2013, you admitted to not checking Service User A and Service User B’s blood glucose levels prior to administering their insulin, and making up the blood glucose levels that you recorded in their records. The matter was referred to a disciplinary hearing, however you then resigned from Monarch Healthcare.

You worked for Mediline from September 2013. You were alleged to have allowed this employer to rely on an incorrect reference, purporting to be from a HR Manager at Monarch Healthcare. The details provided were actually for a carer employed at the Home, who had refused to provide you with a reference, as she did not line manage you. You were alleged to have then completed a reference purporting to be from this individual, stating that she was a HR Manager at Monarch Healthcare, and you provided this to Mediline. Monarch Healthcare confirmed that they did not have a HR Manager, that they were not aware of the reference and the handwriting did not resemble that of the name provided.

A substantive hearing was held before a panel of the Conduct and Competence Committee on 23-25 February 2015. You did not attend the hearing.

The panel at the substantive hearing considered the following charges:

That you, a registered nurse:

1. *Whilst employed at The Poplars Nursing Home (the Home) in July and August 2013:*
 - 1.1. *On one or more of the dates in Schedule 1 recorded blood sugar levels in Service User A's record book which had not been taken;*
 - 1.2. *On one or more of the dates in Schedule 2 recorded blood sugar levels in Service User B's record book which had not been taken;*
 - 1.3. *Your actions in charges 1.1 and 1.2 were dishonest in that you knew it would create a false impression of readings having been taken;*
2. *On application and during your subsequent employment with Mediline Nurses and Carers Limited (Mediline), caused or allowed Mediline to rely upon a reference which incorrectly purported to be completed by Ms 2, HR Manager;*
3. *Your conduct at point 2 was dishonest, in that you:*
 - 3.1. *intended to conceal the disciplinary proceedings you would have faced in relation to your conduct at charge 1;*

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

Schedule 1

- 14 August 2013
- 15 August 2013
- 16 August 2013
- 19 August 2013
- 20 August 2013

Schedule 2

- 23 July 2013
- 24 July 2013
- 25 July 2013
- 27 July 2013
- 28 July 2013
- 29 July 2013
- 30 July 2013
- 31 July 2013
- 1 August 2013

You admitted charges 1.1, 1.2 and 1.3. The panel also found charges 2 and 3.1 proved.

The substantive hearing panel found that these charges amounted to misconduct and that they breached a number of paragraphs of the NMC Code of Conduct.

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

“Service User A and Service User B were put at unwarranted risk of harm as a result of Miss Phipp’s actions. Notwithstanding Miss Phipp’s admission to Charge 1, she has failed to demonstrate any insight into her shortcomings or any understanding of the potential consequences for the wellbeing of the service users or the reputation of the profession. While she expressed her shame and

regret for the false recordings of service users' blood sugar levels, she has offered no evidence of any steps that she has taken to remedy her shortcomings.

The panel is satisfied that Miss Phipp has acted in a manner that is inconsistent with her suitability to remain on the register without restriction. Miss Phipp put particularly vulnerable patients at unwarranted risk of harm by fabricating their blood sugar readings. Although the panel considers that such shortcomings may be capable of remedy, it has been presented with no evidence that Miss Phipp has taken any steps to remedy her deficiencies.

In relation to Miss Phipp's dishonesty, the panel is of the view that such attitudinal behaviour can be very difficult to remedy and, similarly, there is an absence of any evidence of insight or remedial steps taken. The charges found proved relate to Miss Phipp's dishonest attempt to conceal her omissions in taking blood sugar readings and latterly her attempt to conceal her previous misconduct when applying for another job. Honesty, integrity and trustworthiness are the bedrock of any nurse's practice. Patients must be able to trust their registered nurses. The panel was in no doubt that Miss Phipp's misconduct generally, and in particular her dishonesty, breached fundamental tenets of the profession and brought the profession into disrepute.

The panel has been presented with no evidence to demonstrate that Miss Phipp will behave any differently in future. It has concluded that there is a real and high risk of repetition of the behavior complained of and that she is liable in the future to put patients at unwarranted risk of harm, bring the profession into disrepute, breach fundamental tenets of the profession and act dishonestly.

The panel further had regard to the question of whether the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of impairment of fitness to practise were not made. The panel is satisfied that a finding of impairment is required on public interest grounds in the circumstances of Miss Phipp's case.

For all the reasons outlined above, the panel determined that Miss Phipp's fitness to practise is currently impaired by reason of her misconduct."

The substantive hearing panel went on to say with regard to sanction:

“The panel first considered taking no action but concluded that, given the serious nature of the misconduct and impairment found, this would be wholly inappropriate.

The panel next considered whether to impose a caution order. Given the serious nature of the misconduct and the risk of repetition, the panel was not satisfied that a caution order would adequately protect patients or the wider public interest.

The panel next considered the imposition of a conditions of practice order. The panel was of the view that a conditions of practice order is not appropriate in the circumstances of this case. Miss Phipp’s competence as a registered nurse is not in question. The panel therefore is not satisfied that practical conditions can be formulated which would adequately address the risk of repeated dishonesty.

The panel next considered the imposition of a suspension order. Miss Phipp’s dishonest behaviour, described earlier in this determination, was a serious departure from the standards to be expected of a registered nurse. Honesty, integrity and trustworthiness are considered to be the bedrock of any nurse’s practice.

The panel considered the guidance provided by the case of Parkinson v NMC in which it was stated that a nurse found to have acted dishonestly is always going to be at severe risk of having his or her name erased from the Register. There is no evidence that Miss Phipp has any insight into her misconduct. She has not acknowledged the seriousness of her misconduct or undertaken before the panel not to repeat it. She presents an ongoing and significant risk of repeating her behaviour. In these circumstances the panel concluded that a suspension order would be insufficient to protect the wider public interest.

The panel considers that a striking-off order is the only sanction sufficient to protect patients and to declare and uphold proper professional standards and maintain public confidence in the profession and the NMC as a regulator. It is dealing with a pattern of dishonest behaviour. The panel finds that Miss Phipp

has demonstrated no insight into the seriousness of her misconduct and she has failed to recognise the potential impact on Service Users A and Service User B. Miss Phipp has not appeared before the panel to avail herself of an opportunity to demonstrate remorse, a realisation that her conduct was dishonest and undertake that there will be no repetition.

From all the available documentary evidence that it has considered the panel is satisfied that Miss Phipp has acted in such a way that could have caused harm to others, particularly service users in her care. Her actions constituted an abuse of the privileged position that she enjoyed as a registered nurse and were characterized by a persistent lack of insight into the seriousness of her actions and the consequences that these had the potential to have for service users in her care and the reputation of the profession. In these circumstances the panel considers that Miss Phipp's behaviour is fundamentally incompatible with her continued registration.

The panel has taken into account that this order will impact negatively upon Miss Phipp's ability to earn a living as a nurse, and impact on her reputation. Nevertheless, it concluded that the public interest, the need to protect patients from her misconduct and the good reputation of the profession outweigh Miss Phipp's interests in this matter. In all of the circumstances of this case, the panel concludes that a striking-off order is the appropriate and proportionate sanction.

Accordingly, the panel will direct the Registrar to strike Miss Phipp's name from the Register. Miss Phipp may not apply for restoration until five years after the date that this decision takes effect."

Submissions and evidence

The panel considered the documentary evidence before it, including the contents of your application for restoration which you submitted to the NMC, these included three written references and a reflective piece written by you. The panel had regard to the submissions made by Mr Kennedy, on behalf of the NMC, and those made by you. You also gave oral evidence under affirmation.

Mr Kennedy, on behalf of the NMC, outlined the background of the case and the facts that led to the striking-off order. He referred this panel to the original substantive hearing panel's decision which resulted in your removal from the NMC's register. Mr Kennedy referred the panel to Article 33(2)(a) of the Order, which states that at least five years must have lapsed since the date of a striking-off order before a restoration application can be made. He submitted that this had been satisfied in this case. Mr Kennedy also referred the panel to the test set out in Article 33(5) of the Order, for you to satisfy in order for the panel to grant your application.

Mr Kennedy submitted that the substantive hearing panel in 2015 had difficulty as you did not take part in the hearing, and therefore it had no information in terms of mitigation, or any evidence of remedial action or insight on your part. He submitted that within your application for restoration, you had provided information and context as to why you behaved in the manner in which you did. This included work stress, due to staff shortages, as well as personal stresses, and being overwhelmed by the NMC's proceedings.

Mr Kennedy submitted that you have provided three references in support of your application, however these were from former colleagues, and were more personal references. These referees were unable to attest to your current working practices and your probity.

You gave oral evidence. You told the panel that the time of the incidents, there was a lot going on within the Home. You said that the Home was short staffed, and often you would be the only nurse on shift. You said you were often working 12-15 hour shifts, when you were supposed to be part-time. You said that staff were leaving, and you

were often left in charge of the whole home, which could include up to 60 residents as well as other staff. You said that time constraints were tight and that you did not manage things very well.

You informed the panel that you had a lot going on in your personal life at the time. [PRIVATE].

...

You said that in the last five years you had been “counting down the days” until you could apply for restoration. You said that over the last year, your life has been put into perspective in terms of what you want for your life and for your future. You said that you are a good nurse, and that you never had any issues prior to this one. You said you were a highly thought of nurse, with no criminal record. You said that when you were struck off, and whilst going through the NMC’s proceedings, you did not have any representation. You said you did not understand the paperwork and you had no one to guide you through this. You said you did not realise the importance of having someone to help you with the proceedings, you “buried your head in the sand” and you were willing to take any punishment which was given to you.

You said you realised there could have been other consequences as a result of your actions. For example, you could have been sent to prison if anything had happened to the service users.

You said that you just wanted to be given a second chance. You said you had lost family and friends, had brought the profession into disrepute and you have struggled financially. However, you said you had now regained these things. The only thing which was missing in your life is nursing. You said you wanted to be given the opportunity to put things right and to help patients.

You said you were sorry for not attending the original hearing, and looking back, you wish you had, so that that panel could have seen you for who you were. You said you were not the same person you were whilst working at the Home. You said you had spent years trying to build up your confidence, working hard to make up to your family

for what you had done. You said you were ashamed and embarrassed but you now wanted to do what was right, and you wanted to come back to nursing. You said you should not have “buried your head in the sand” like you did.

You said you have continued learning, completing approximately 350 hours of continuing professional development (“CPD”), over the last two years. You said you had re-sat GCSE’s in English, Mathematics and IT, and had passed. You had also undertake a Level 3 NVQ in Health and Social Care. You said you had undertaken self-assessments and completed reading on The Nursing Times and Royal College of Nursing websites. You said you had also undertaken online training, in your current role, in first aid, safeguarding and manual handling. You said you had not undertaken any training relating more directly to nursing.

You explained to the panel that you currently work in a children’s home as a Senior Support Worker. This home provides care to children ages 5-18, who have attachment difficulties, trauma, neglect, autism, ADHD and learning disabilities. You said that in the absence of a manager, you have been responsible for the daily running of the home, organising staff and the diary, safeguarding children and your colleagues, doing medication and you are in charge of the budget. You said that you have also been asked if you would like to run the home as a Deputy Manager. You said you love your current job, but it is not nursing, and you miss the interactions with patients. However, you said that working as the Deputy Manager in the children’s home would help you in terms of building up your confidence.

You said your current employer is aware of you being struck-off the NMC register for misconduct. You said some of your colleagues had read about the circumstances of your case, whilst others have said they do not wish to and have thanked you for your honesty. You said the employers you have worked with have been very supportive, and they know deep down that you want to work as a nurse. You said they have trusted you in terms of running the home, looking after children and mentoring your junior colleagues. You said this has all shown that you have grown in confidence and you have matured.

You said you were in a good place at the moment, but want to be given a second chance to do something which you love. You said you were “really sorry” and reiterated that you should not have “buried your head in the sand”.

You said that you had no excuses and were not going to make any for not taking the blood glucose readings of Service User A and Service User B. You said you were facing a lot of time constraints, being the only nurse on the unit at the home, and being pulled in different directions by support staff. You said that at the time there were approximately 45-50 residents in the Home. On occasions you were the only nurse on duty.

You said there were many demands on your time, with only limited time to conduct all of your responsibilities for all of the residents. In terms of Service User A and Service User B, they were the only service users in the Home who required you to take their blood glucose levels. You said taking their blood glucose levels was not a process which took a great length of time, although they were dementia residents, and sometimes this process could be difficult.

You said that in the future when facing competing demands on your time, you would never make the same mistakes, and you would always go back before going on to the next task. You said that if you were the only nurse on shift carrying out a medication round, and an emergency arose, you would ask for help from a HCA or whoever was supporting you, and then deal with the emergency. You said you now felt you would be able to prioritise your work properly and this is how you manage in your current role.

You said that when you were first interviewed about whether or not you had taken the blood glucose readings by your employer, you gave a dishonest answer as you “panicked”. You said you were called into the Home by the manager and into her office, not knowing the purpose of the visit. In terms of submitting a false reference, you explained you originally applied for a role as a Care Coordinator at Medline, but then a position became available for a nursing role. You said you had a lot of personal matters going on at the time, and you were the only breadwinner in your immediate family, and therefore it was important for you to continue working.

You said you understood it is not appropriate to be dishonest about your previous employment history, recognising that this could affect a prospective employer, and that as a result they may not have an accurate view of you as a person. You also said you understood that giving dishonest information could give you an unfair advantage over someone else.

You said that you understood that the route of the nursing profession lies in trust, and that patients and families have to be able to trust you to act appropriately. As well as this, your employers would have to trust you work to the appropriate standard and administer the correct treatment. You said you agreed that you had breached these areas of trust, and acknowledged that it is a difficult bond of trust to rebuild, something which had been a constant struggle for you over the last five years. However, you said you now felt you were in a position where people could place their trust in you again.

In terms of why references had not been provided from your current employment, you explained that the previous children's home you were working in was shut down for not passing Ofsted regulations, and the manager of that home was going through an investigation. You said that you and other staff were made redundant from that home, and since July 2020, you had been working in another children's home (where you are currently employed). You explained to the panel that the manager of your current home, who is also your line manager, has only been in post for three weeks, as whilst you had been employed since July 2020, the home had been empty since then, with you and your colleagues only recently getting permission to furnish the home. You explained that with your line manager being in post for three weeks, he does not know you and the other staff very well.

You said that since being struck off the register, you wanted to do more research into diabetes, as this was a subject which you never really understood. You therefore gave yourself the task of completing research and preparing a PowerPoint presentation, in order to understand the subject more, and to prove to yourself you were capable of researching and preparing a presentation. You said you also undertook this research to understand the importance of taking patients' blood glucose readings, [PRIVATE]. You

said that when doing this research and learning about the importance of accuracy in blood glucose readings, and thinking about your falsification of records, you felt you could have potentially caused serious harm to the service users.

You said that you have been doing this research into diabetes since being struck off the register [PRIVATE]. You said you often return to the subject to see if anything has changed with regards to research. You said you have become quite interested in the subject, and with regards to the mistakes you made, you never want to make them again. You said you put it upon yourself to research subjects that you do not understand.

You said that you have also done research into end of life and palliative care, as that is the area of nursing you wish to work in. Therefore, you undertake research into subjects you are interested in to help you move forward.

You said you had tried to seek voluntary or HCA work in your local hospice, however they were not taking anyone on due to the COVID-19 restrictions. You explained to the panel that you had made enquiries with four universities about undertaking a Return to Practice (“RTP”) course. You said you had received responses from two of the universities, indicating that this would depend upon the outcome of today’s hearing in terms of being restored to the register. You said these enquiries had also identified that people on placements would need to be informed of your circumstances and the reasons for being struck off the register for indemnity insurance purposes, as well as to ensure you have the right mentoring and supervision requirements in place.

In terms of this process and people knowing about what happened, you said you still felt very embarrassed but you are also very open about what happened. You said you felt that by being open you would be able to obtain the support, mentoring, help and teaching you require.

You said that if you found yourself in a stressful situation and you did not feel supported by your employer, you would speak about it and not hide away from it. You felt if you

required support, you would do everything you could to get that support and go higher if need be if you did not feel you were getting the right support from your line manager.

In terms of recognising when you may need support, you told the panel that you have become much more self-aware. You said you know yourself, whereas you did not before. You said you have matured, grown up and you have learnt from this process. You said you would ask for help even if it seemed like it was for the “silliest thing”.

Mr Kennedy, on behalf of the NMC, provided closing submissions to the panel. He reminded the panel of the test as set out in Article 33(5) of the Order. Mr Kennedy submitted that the panel can be satisfied that you are properly qualified. In terms of demonstrating that you are capable of effective practice, he submitted that the panel had an advantage, compared to the original substantive hearing panel, in that you have taken part in today’s hearing and provided an explanation as to why things went wrong five years ago. Mr Kennedy submitted that this panel had been provided with context which the original substantive hearing panel did not have.

Mr Kennedy submitted that the panel had heard that you were under considerable personal and professional stress at the time of these incidents. He submitted that you were responsible for the care of a larger number of residents, you were frequently the only nurse on shift and many demands were being made on your time. Mr Kennedy submitted that you have been quite open about what went wrong and why. He submitted that you have given information about how you would cope with competing demands on your time in the future, if you were allowed back on to the register.

Mr Kennedy submitted that you have told the panel that you have undertaken research into diabetes including producing a PowerPoint and you now fully understand why taking blood glucose levels is so important. However, he submitted that it was unfortunate that the panel did not have documentation to that effect. Mr Kennedy however acknowledged that you are not represented at today’s hearing, and therefore had not received professional guidance as to what may have been expected of you today. He also submitted that there were no professional references which could attest

to your working life over the past five years, but that this must be viewed in the same light, in terms of not having had representation to assist you.

Mr Kennedy submitted that the panel will need to assess whether it can be confident that you are capable of safe and effective practice, based on the way you have presented yourself and the contents of your oral evidence today. He also submitted that the serious dishonesty in this case must be a cause for concern. Mr Kennedy submitted that you accepted the position that dishonesty affects the bonds of trust which must exist between a nurse and their patient, a nurse and their colleagues and a nurse and their employer. He also submitted that you have produced a reflective piece, in which you discuss the effects your behaviour must have had in some detail.

Mr Kennedy invited the panel to consider whether you have shown sufficient insight into your dishonesty and the effect this dishonesty had, as well as whether it could be satisfied that you are now able to cope with stress which led to the misconduct in this case. He submitted that you have evidenced a commitment to the caring profession, having chosen to look after vulnerable children in your current employment.

Mr Kennedy submitted that the panel must carry out a risk assessment as to whether you have satisfied the burden upon you to demonstrate that you have met the criteria within Article 33(5). He informed the panel that the NMC remains neutral, and that any decision as to your application remains a matter for the panel. However, Mr Kennedy submitted that unless the panel is satisfied that you have met the requirements of Article 33(5), it must refuse the application.

You submitted that you have all of the documentation with you to evidence the CPD you have undertaken over the last few years, which also included essays on values and behaviours. You said that had you been represented, you would have sent these to be placed before the panel, but you did not know this was required of you.

You said that five years ago you made a huge mistake, but that this would never be repeated. You said that the only way to move forward was to tell your employers about what had happened and to accept responsibility for your actions. You said you have

been honest. You explained that with previous colleagues at the Home, you were unable to get a reference one way or another, and therefore the only references you were able to obtain were those which were before the panel today.

You said you wanted to be given an opportunity to do something which you are passionate about. You said that you are a good nurse. You said you made a mistake, and that you have been punished and you have been punishing yourself for seven years. You said the only thing which would make your life complete was to be able to do nursing and get back to the job which you love. You pleaded with the panel to give you this opportunity if it could and thanked the panel for coming together to hear your case today.

The panel accepted the advice of the legal assessor, who advised the panel of its powers in relation to this application. The panel may reject your application or it may grant your application unconditionally. It may grant your application subject to your satisfying the requirements of Article 19(3) and it may make a conditions of practice order.

The legal assessor referred the panel to the test set out in Article 33(5) of the Order. Firstly you must satisfy the panel that you satisfy the requirements of Article 9(2)(a) (approved qualification and prescribed education, training and experience) and Article 9(2)(b) (capable of safe practice). Secondly, you must satisfy the panel whether, having regard in particular to the circumstances which led to the making of the striking-off order in 2009, you are a “fit and proper person to practise as a registered nurse”. The legal assessor advised the panel that it is for you to satisfy the panel of these matters and it is for the panel to use its own independent judgment as to whether it is so satisfied.

The legal assessor also referred the panel to the case of *GMC v Chandra* [2018] EWCA. The legal assessor advised the panel to consider the following factors: the extent to which there has been insight and remediation into the concerns, including dishonesty, and invited it to have regard to the NMC’s guidance on remediation and insight. The panel must also consider: the period of time since you were struck off the register and your employment history since then; your efforts to keep up to date with

professional practice; whether you are be able to practise safely as a nurse in the future; and whether in the context of the decision to make a striking-off order previously, public confidence in the profession would be undermined if you were restored to the register.

Decision on the application for restoration

The panel has considered your application for restoration to the NMC register carefully. It has decided to allow the application subject to your successful completion of a return to practice course.

In reaching its decision the panel recognised its statutory duty to protect the public as well as to maintain public confidence in the reputation of the profession, which includes the declaring and upholding of proper professional standards. The panel bore in mind that the burden was upon you to satisfy it that you are a fit and proper person who is able to practise safely and effectively as a nurse.

Having regard to the test set out in Article 33(5), the panel considered a number of matters in assessing whether you are a fit and proper person, who is capable of safe and effective practice. The panel assessed your level of reflection, remorse and insight into the matters which led to the striking-off order, the extent to which those concerns have been remediated, the training, learning and CPD you have undertaken since the striking-off order and your employment history since that date.

With regard to reflection, remorse and insight, the panel considered that over the last five years you had reflected significantly on the matters which arose, why they had arisen and how you would prevent them recurring in the future. The panel considered that you had sought to provide background and context for these matters arising, both within your reflective piece and within your application for restoration, and during your oral evidence at today's hearing. You gave the panel detailed explanations as to the stress you were facing at work and in your personal life at the time. The panel noted that whilst you spoke of the difficulties you had faced as a result of going through these sorts of proceedings, and the impact of being struck off the register, you never sought to excuse your actions or to deflect blame for your misconduct. The panel considered that you demonstrated personal responsibility and accountability for your actions. Furthermore, whilst you indicated that you had at times felt punished, you recognised that the process of being struck off was ultimately the right outcome as a result of your actions.

The panel considered that you recognised how your actions at the time were wrong, and accepted the decision which was made in respect of remaining on the register. The panel considered that you recognised the impact of your actions, both upon the service users at the Home, and on the reputation of the nursing profession. In this respect, the panel noted your research into the subject of diabetes, seeking to understand the importance of taking patients' blood glucose readings. It was through this process, you further recognised that you placed Service User A and Service User B at serious risk of harm. Through undertaking this research, the panel considered that you demonstrated the importance of undertaking blood glucose readings and for these to be recorded accurately. The panel considered that this process of research demonstrated insight into the matters which arose.

The panel also noted that you told it you had brought the profession into disrepute, and that the public interest was undermined by your actions. The panel considered that you recognised the importance of the position of trust between nurses and patients, and that your actions breached this position of trust. The panel recognised that you have been open about the circumstances leading to the striking-off order, including the dishonesty, with your colleagues and employers, and you have stated that you will continue to be open, despite any shame or embarrassment you have previously felt. You acknowledged that it was difficult to rebuild the trust which you had breached, but you also now felt that you were in a position for people to trust you again. The panel considered that you had demonstrated considerable insight into your dishonest behaviour.

The panel acknowledged the context in which these matters arose, noting that you were subject to considerable stress, both at work and in your personal life. The panel accepted that you faced significant challenges in the workplace, often being the only nurse on shift, and having competing demands on your time. The panel considered that you had clearly articulated how you would manage things differently in the future when managing personal and professional stress. In terms of work, you were able to detail how you would prioritise your different responsibilities, seek help and support from your employer including going higher up if you were not receiving adequate support from your line manager and seeking help from colleagues. In terms of your personal life, you

told the panel that you had built a stronger support network, and that you were more open in terms of talking about how you feel and sharing your problems with others. You were also able to share with the panel how you had developed greater self-awareness, thereby you would be more capable of recognising when you felt you were not coping with stress, and thereby being able to implement strategies to respond to this in the future.

The panel considered that you had reflected since being struck off the register, going on a journey and that this process had served as a salutary lesson for you. It considered that you had grown and matured during this process, and you had gone to great lengths to develop insight, in order to remediate your dishonest behaviour.

The panel was disappointed that it had no up to date professional references which could speak to your honesty, integrity and trustworthiness. However, the panel also accepted the circumstances in your current employment which had made it difficult to seek these references, as well as Mr Kennedy's submissions regarding your lack of representation at this hearing.

Overall, the panel was satisfied that you had demonstrated significant insight into the matters which led to the striking-off order being made. You had also demonstrated deep remorse, apologising for your actions before this panel. The panel considered that you had demonstrated a passion and commitment to return to nursing, a job which it was clear you loved. This commitment was also demonstrated by you remaining working within the healthcare profession, as well as working with vulnerable children, alongside the considerable efforts you have made to keep your knowledge and skills up to date over the last few years.

The panel next considered the extent to which the concerns leading to the striking-off order had been remediated, steps you had undertaken to keep up to date with clinical practice and your employment history over the last few years.

The panel considered that you had made significant efforts to undertake CPD. This included online training in your current employment in safeguarding, manual handling

and first aid, which whilst mandatory areas of training, all involved skills transferable to nursing. The panel noted that you had re-taken GCSE qualifications and had obtained a Level 3 NVQ in Health and Social Care. You had also undertaken research into diabetes and palliative care. The panel noted your research into diabetes deepened your understanding of the importance of taking accurate blood glucose readings. It considered that this demonstrated specific clinical remediation into the misconduct which involved you recording blood glucose readings which had not been undertaken. You also informed the panel that you had written essays about values and behaviours, and that you had been reading articles on The Nursing Times and the Royal College of Nursing websites.

It was unfortunate that there was no documentary evidence to support these substantial efforts in keeping your skills and knowledge up to date. However, the panel noted your explanation that you had such written documentary evidence available, but due to not being represented, you were not aware of the requirement to produce this evidence before the panel. The panel did accept this explanation, and having heard your oral evidence, it was satisfied that you had undertaken a considerable amount of education and training over the last few years.

The panel recognised that dishonesty is always difficult to remediate. It was unfortunate that the panel did not have up to date professional references to attest to your honesty, integrity and trustworthiness. However, as previously indicated, the panel accepted the limitations in you providing references from your current employment. Overall, the panel was satisfied that you had demonstrated insight into your dishonesty, in terms of accepting it and why it was wrong, and having shared this with your employers and colleagues and your indication of an intention to continue to be open with people about these matters in the future. The panel considered that you had worked hard to learn from this process and to ensure something like this did not occur again. The panel therefore considered that the risk of you repeating such dishonest behaviour was very low.

In light of these circumstances, the panel considered that you are a fit and proper person who is capable of practising as a registered nurse, and that you would be capable of safe and effective practice.

The panel recognised its function in protecting the public, maintaining confidence in the nursing profession and in the NMC as a regulator, and declaring and upholding proper standards of conduct and performance. The panel asked itself whether, having regard to the nature and circumstances of your case, public confidence in the profession could be maintained if you were restored to the register. The panel considered that members of the public would be concerned to hear about the circumstances which led to the striking-off order. However, having regard to the full circumstances of your case today, including your remorse, insight, your commitment to nursing, your continuation of working in the caring professions, your CPD and the many steps you have taken to put your mistakes right, the panel considered that members of the public would support you being restored to the register. The panel determined that confidence in the nursing profession and in the NMC as a regulator would not be undermined if you were restored to the register. Indeed the panel considered that the steps you had undertaken to restore trust in you and your practice would uphold confidence amongst members of the public.

For all of the reasons above, the panel has determined to grant your application for restoration.

In determining to grant your application for restoration the panel bore in mind that you have not practised as a registered nurse since 2013 and therefore you no longer meet the requirements for registration with the NMC on this basis. In order for you to be fully capable of safe and effective practice, and to demonstrate that you have the approved qualification and prescribed education, training and experience, the panel determined to allow your application for restoration subject to your completion of a Return to Practice course and paying the prescribed fee which satisfies the requirements of Article 19(3) and Article 33(7)(a). This article states:

“The Council may by rules require persons who have not practised or who have not practised for or during a prescribed period, to undertake such education or training or to gain such experience as it shall specify in standards.”

“(7) On granting an application for restoration, the Committee—

(a) shall direct the Registrar to register the applicant in the relevant part of the register on his satisfying any requirements imposed under paragraph (6) and on payment of the prescribed fee; and”

The panel determined that it was not necessary to impose a conditions of practice order, noting that the original misconduct in this case did not involve concerns with your clinical competencies and practice as a nurse. The panel was satisfied that a Return to Practice course would cover the requirements for you to be able to practise safely and effectively as a nurse, given your length of time out of practice.

That concludes this determination.

This decision will be confirmed to you in writing.