

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

**Substantive Hearing
Wednesday 25 – Friday 27 May 2022**

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

Name of registrant:	Thulile Maureen Bhebhe	
NMC PIN:	00C11290	
Part(s) of the register:	RN1-Registered Nurse, Level 1 Sub Part 1 (7 March 2000)	
Relevant Location:	London and Bristol	
Type of case:	Misconduct and Conviction	
Panel members:	Suzy Ashworth John McGrath Mark Gibson	(Chair, Lay member) (Registrant member) (Registrant member)
Legal Assessor:	Ben Stephenson	
Hearings Coordinator:	Sharmilla Nanan	
Nursing and Midwifery Council:	Represented by Sally Denholm, Case Presenter	
Thulile Bhebhe:	Present and represented by Tom Buxton (instructed by the Royal College of Nursing (RCN))	
Facts proved: (Group A)	Charges 1 and 2	
Facts proved - additional charges: (Group B)	Charges 1, 2 and 3	
Fitness to practise:	Impaired	
Sanction:	Striking-off order	

Interim order:

Interim Suspension Order (18 months)

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

Mr Buxton on your behalf made a request that parts of this case be held in private on the basis that proper exploration of your case involves reference to your health and personal circumstances. The application was made pursuant to Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

Ms Denholm on behalf of the Nursing and Midwifery Council (NMC) indicated that she supported the application.

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.

The panel determined to go into private session in connection with any reference to your personal circumstances or health as and when such issues are raised in order to protect your right to privacy.

Details of charge (Group A)

That you, a registered nurse:

- 1) Whilst subject to an interim suspension order ('ISO') imposed on your registration as a nurse worked in breach of / failed to comply with, the terms of the ISO on one, or more, occasions as set out in Schedule A; **(PROVED BY ADMISSION)**
- 2) Your conduct at any and / or all of charges 1 above was dishonest in that you:
 - a) Knew that you were subject to the ISO and / or not permitted to work as a nurse;
(PROVED BY ADMISSION)

b) Deliberately failed to comply with the terms of the ISO (**PROVED BY ADMISSION**)

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

SCHEDULE A	
	Date of shift
1	09/01/2019
2	10/01/2019
3	11/01/2019
4	14/01/2019
5	15/01/2019
6	16/01/2019
7	17/01/2019
8	21/01/2019
9	22/01/2019
10	24/01/2019
11	29/01/2019
12	30/01/2019
13	31/01/2019
14	04/02/2019
15	05/02/2019
16	06/02/2019
17	07/02/2019
18	11/02/2019
19	12/02/2019
20	13/02/2019
21	14/02/2019
22	18/02/2019
23	19/02/2019
24	20/02/2019
25	21/02/2019
26	25/02/2019
27	26/02/2019
28	27/02/2019
29	28/02/2019

30	04/03/2019
31	05/03/2019
32	06/03/2019
33	07/03/2019
34	11/03/2019
35	12/03/2019

Background

You were subject to an investigation by the NMC. An application for an interim order was made to an investigating committee panel on 8 January 2019 where an interim suspension order was imposed on your nursing practice. The interim order has subsequently been reviewed at the appropriate intervals by investigating committee panels and remains in place at the time of this hearing.

You applied to work as a nurse through an agency on 5 December 2018. It is alleged that you have worked 35 shifts through the Trust's contract with the agency at Bristol NHS Trust (the Trust), commencing on 9 January 2019, the day after your registration was suspended by a panel of the investigating committee. It is alleged that you continued to work on at the Trust for just over two months. You stopped working at the Trust when it conducted its own checks and discovered that you were subject to an interim suspension order. The Trust immediately stopped giving you shifts.

It is alleged that your conduct was dishonest, in that you knew that you were suspended but continued to work and failed to comply with the interim suspension order imposed by your regulator.

Decision and reasons on facts

At the outset of the hearing, the panel heard from Mr Buxton on your behalf, who informed the panel that you made full admissions to charges 1 and 2 (of Group A).

The panel therefore finds charges 1 and 2 (of Group A) proved in their entirety, by way of your admissions.

Decision and reasons on application to join additional charges

The panel heard an application made by Ms Denholm, on behalf of the NMC, to consider further charges. She made the application pursuant to Rule 29(2) of the Rules. She submitted that the additional charges were related to your criminal conviction which was the reason for your interim suspension order. She invited the panel to join the two matters.

Mr Buxton indicated that he had no submissions to make in relation to the application.

The panel accepted the advice of the legal assessor.

The panel was of the view that joining the two sets of charges was logical and pragmatic to advance matters expeditiously. It also considered that joining the additional charges to this hearing would be an appropriate use of resources. The panel bore in mind that you had written notice in a letter dated 25 April 2022 that these two matters would be heard together. The panel took into account that there was no objection from Mr Buxton. The panel concluded to hear the additional charges and decided to call the initial charges set out, "Group A" and the additional charges "Group B".

Details of additional charges (Group B)

That you, a registered nurse:

- 1) Were convicted at the Central London Magistrate's Court on 15 November 2018 of dishonestly make false representation to make gain for self / another or cause loss to other / expose other to risk; **(PROVED BY ADMISSION)**

2) Inaccurately completed an application form with McMillan Healthcare dated 05 December 2018 in which you declared that you had never been convicted of a criminal offence; **(PROVED BY ADMISSION)**

3) Your conduct at charge 2 above was dishonest in that:

a. You knew that you had been convicted of the offence referred to at charge 1 above; **(PROVED)**

b. Intended to conceal the existence of your conviction **(PROVED)**

AND in light of the above, your fitness to practise is impaired by reason of your conviction in relation to charge 1 above, and by reason of your misconduct in relation to charges 2 and 3 above.

Background of additional charges (Group B)

You faced criminal proceedings, where it was alleged that you made a dishonest claim through a life insurance policy on the basis that your husband had passed away. A number of documents were provided to support the claim. The claim was considered by the insurance company and the appropriate enquires were conducted. Relevant documents relating to your husband's reported death were later found to be forged. The company also contacted your husband's last known place of work. It transpired that your husband was still alive and still working at this workplace. The estimated pay out from the claim with insurance company would have been in excess of £300,000. You maintained the claim with the insurance company for over a year.

On 15 November 2018, you pleaded guilty at the Magistrates Court to the related criminal charges of dishonestly making a false representation to make a gain for yourself.

You were sentenced at the Crown Court on 15 March 2021. The sentence handed down was 24 months imprisonment suspended for 24 months with a requirement to carry out unpaid work. You were also required to complete 25 days of Rehabilitation Activity requirement and pay a victim surcharge of £140. You currently have just under a year left to serve on your suspended sentence.

Decision and reasons on additional facts

The panel heard from Mr Buxton on your behalf, who informed the panel that you made full admissions to the additional charges 1 and 2 (of Group B).

The panel noted that the additional charge 1 concerns your criminal conviction and, having been provided with a copy of the certificate of conviction, the panel finds that the facts are found proved in accordance with Rule 31 (2) and (3). The panel also finds charge 2 proved in its entirety, by way of your admission.

In reaching its decisions on the disputed facts of additional charge 3, the panel took into account your oral evidence, all the documentary evidence in this case and the submissions made by Ms Denholm on behalf of the NMC and by Mr Buxton on your behalf.

The panel was aware that the burden of proof rests on the NMC, and that the standard of proof is the civil standard, namely the balance of probabilities. This means that a fact will be proved if a panel is satisfied that it is more likely than not that the incident occurred as alleged.

Before making any findings on the facts, the panel heard and accepted the advice of the legal assessor.

The panel then considered each of the disputed charges and made the following findings.

Charge 3a

“3. Your conduct at charge 2 above was dishonest in that:

a. You knew that you had been convicted of the offence referred to at charge 1 above;”

This charge is found proved.

In reaching this decision, the panel took into account your oral evidence and the documentary evidence provided by the NMC.

The panel took into consideration your oral evidence in which you stated that did not know that you had been convicted of a criminal offence at the time of completing the application form for McMillan Healthcare on 5 December 2018. It noted that you said that you had not been handed your sentence and were not imprisoned following your guilty plea. The panel bore in mind that you were represented at your criminal proceedings by a lawyer and considered your oral evidence that the nature of those proceedings were not explained to you. The panel bore in mind that you pleaded guilty to the criminal charges and noted that this led to your conviction although your sentence was handed down at a later date. It considered that in your oral evidence you thought a conviction only applied once being handed a sentence or when imprisoned. The panel bore in mind that you were legally represented at the hearing on 15 November 2018 and that there has been no suggestion that you were ill advised by your legal representatives throughout the criminal proceedings. The panel was of the view that it was more likely than not that the criminal proceedings would have been explained to you by your legal representative and that you would have received legal advice both as to your conviction and consequent sentence.

The panel also took into consideration your employment history outlined in your Curriculum Vitae (CV) and noted that you have been employed in a number of NHS Trusts. It noted that you have studied and worked in the UK for at least 14 years prior to

your conviction. The panel was of the view that the question on the application form pertaining to the disclosure of any criminal convictions under the Rehabilitations of Offenders Act 1974 (exceptions) Order 1975 was a standard question that you would have been familiar with given your employment history.

The panel had regard to the case of *Ivey v Genting Casinos (UK) Ltd t/a Crockfords* [2017] UKSC 67.

The panel determined that had you had an honest state of mind at the time of completing the application, three weeks after entering a guilty plea at court, you would have provided further information in your answer on the application form rather than simply crossing the box that said “no”.

The panel considered whether an informed member of the public would consider your actions dishonest in relation to this charge. The panel took into consideration that the Certificate of Conviction states that you pleaded guilty on 15 November 2018 and were committed to Crown Court for sentence. It was only three weeks later that you declared on the McMillan Healthcare application form that you had no convictions. Consequently, the panel determined that your oral evidence was unreliable and further that your actions would be regarded by an informed member of the public as dishonest.

The panel therefore concluded that this charge is found proved.

Charge 3b

“3. Your conduct at charge 2 above was dishonest in that:

b. intended to conceal the existence of you conviction”

This charge is found proved.

In reaching this decision, the panel took into account its finding in relation to charge 3a above.

The panel was of the view that you purposely indicated on the application form that you had no conviction without any mention of the court proceedings. The panel rejected your evidence that you did not know that you had a criminal conviction following your attendance at court on 15 November 2018. The panel determined that you deliberately intended to conceal the existence of your conviction in your application form to McMillian Healthcare on 5 December 2018, following your guilty plea at the Magistrates Court only three weeks earlier.

The panel determined that this charge is found proved.

Fitness to practise

Having reached its determination on the facts of this case, the panel then moved on to consider, whether the facts found proved (charges 1 and 2 of Group A and charges 2 and 3 of Group B) amount to misconduct. The panel then considered, if so, whether your fitness to practise is currently impaired by your misconduct and by your conviction. 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 judgement.

Submissions on misconduct

Before hearing detailed submissions from the NMC and your representative, the panel heard evidence from you under oath. You told the panel about the personal circumstances

you faced that led up to your criminal conviction and your reflections on how your conviction has impacted the nursing profession.

Ms Denholm, on behalf of the NMC, referred the panel to the case of *Roylance v General Medical Council (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.*’

Ms Denholm invited the panel to take the view that the facts found proved (charges 1 and 2 of Group A and charges 2 and 3 of Group B) amount to misconduct. The panel had regard to the terms of ‘The Code: Professional standards of practice and behaviour for nurses and midwives (2015)’ (the Code) in making its decision.

Ms Denholm identified the specific, relevant standards where your actions amounted to misconduct. She submitted that following the imposition of your interim suspension order you continued to work in a nursing role and that this conduct was dishonest and falls short of what is expected of a registered nurse. Further, she submitted that you inaccurately and deliberately attempted to conceal your conviction on your application to McMillian Healthcare. She submitted that your behaviour demonstrated a pattern of dishonesty.

Mr Buxton submitted that you accept that your conduct outlined in the charges amounts to misconduct.

Submissions on impairment

Ms Denholm 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. She referred the panel to the cases of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant*

[2011] EWHC 927 (Admin), *Kimmance v GMC* [2016] EWHC 1808 (Admin) and *Yeong v General Medical Council* [2009] EWHC 1923 (Admin).

Ms Denholm invited the panel to find current impairment relating to both the misconduct matters and conviction. She submitted you were convicted of a serious, dishonest criminal offence which brings the nursing profession into disrepute and breaches a fundamental tenet of the profession. She submitted that the matters in this case are further aggravated by your decision to continue to work as a registered nurse whilst subject to an interim order of suspension. She submitted that this conduct along with your deliberate concealment of your conviction from an employer brings the profession into disrepute. She noted that you accept your actions and have reflected on how your actions may be viewed by other nursing professionals and members of the public.

Mr Buxton accepted that a finding of impairment should be found in respect of public policy and public interest. He reminded the panel of the facts admitted. He submitted that there has been no suggestion of any clinical concerns regarding your nursing practice and there should be no concerns regarding public protection. In all the circumstances, he accepted that there would be an adverse impact on public confidence if there was no finding of impairment on the ground of public interest.

The panel accepted the advice of the legal assessor who referred to the relevant legal principles and reminded the panel of the case of *CHRE v NMC and Grant*.

Decision and reasons on misconduct

When determining whether the facts found proved (charges 1 and 2 of Group A and charges 2 and 3 of Group B) amount to misconduct, the panel had regard to the terms of the Code.

The panel acknowledged that you accepted that your conduct amounted to misconduct. It 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:

'Promote professionalism and trust

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, treating people fairly and without discrimination, bullying or harassment

20.4 keep to the laws of the country in which you are practising

23 Cooperate with all investigations and audits

To achieve this, you must:

23.2 tell both us and any employers as soon as you can about any caution or charge against you, or if you have received a conditional discharge in relation to, or have been found guilty of, a criminal offence (other than a protected caution or conviction)

23.3 tell any employers you work for if you have had your practice restricted or had any other conditions imposed on you by us or any other relevant body.'

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 the conduct outlined in these charges found proved did fall seriously short of the conduct and standards expected of a registered nurse and amounted to misconduct. The panel was of the view that your conduct in relation to these charges was deliberate and premeditated.

Decision and reasons on impairment

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

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

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

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

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

'Do our findings of fact in respect of the doctor's misconduct, deficient professional performance, adverse health, conviction, caution or determination show that his/her 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.'*

The panel determined that the *Grant* test is engaged on limbs b), c) and d) both as to the past and future. It had heard no evidence that your conduct had put patients at unwarranted risk of harm or was liable to do so in the future. However, your misconduct and conviction have breached the fundamental tenets of the nursing profession and has brought its reputation into disrepute. It was satisfied that confidence in the nursing profession would be undermined if its regulator did not find charges relating to dishonesty extremely serious.

Regarding insight, the panel considered your written reflective statement, the training certificates from recent courses that you have completed and your oral evidence. The panel determined that you have some insight but that it is not fully developed.

The panel took into consideration your remorse and it was of the view that you understood that the behaviour which led to your criminal conviction was wrong. It noted from the

Judges' sentencing remarks of your criminal conviction that '*...it was an audacious fraud but 'sophisticated' is hardly the word one could apply to it.*'

The panel bore in mind that you attended the hearing at which an interim suspension order was imposed by the investigating committee and knowingly went to work as a registered nurse the day after. It noted that you continued this dishonest behaviour for each of the 35 shifts that you worked whilst subject to the interim suspension order. Further, the panel also considered your dishonest conduct in that you inaccurately and deliberately completed the application form for McMillan Healthcare to omit your criminal conviction. The panel was of the view that you have failed to consider and reflect on the pattern of dishonesty that you have demonstrated in the charges found proved and considered this to represent a deep seated attitudinal concern.

The panel considered the evidence before it in determining whether or not you have taken steps to strengthen your practice. The panel was of the view that while you have steps in place to manage and prevent the events which led to your criminal conviction, it did not have any information as to what strategies you would implement to prevent any future circumstances which could lead to dishonest actions.

The panel noted that your training certificate for '*Ethics and integrity, all about deception and dishonesty*' was obtained this week and the panel considered that this was not enough time for the principles of that course to be embedded in your nursing practice.

The panel next considered the testimonials provided on your behalf but it noted that these are not from people with whom you have recently worked.

The panel was of the view that the misconduct in this case, taking into account also your conviction, is very difficult to remediate and it determined that there is a risk of repetition based on your developing insight and failure to recognise the pattern of dishonest behaviour in the all the charges found proved. The panel was of the view that you have

taken insufficient action to strengthen your practice in the light of the very serious concerns found proved.

The panel acknowledges there has never been any criticism of your clinical capability as a nurse during your long career. The panel therefore decided that a finding of impairment is not necessary on the grounds of public protection.

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

The panel determined that a finding of impairment on public interest grounds is required because public confidence in the profession would be undermined if a finding of impairment were not made in this case and the panel therefore finds your fitness to practise impaired on the grounds of public interest.

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

Sanction

The panel has considered this case and has decided to make a striking-off order. It directs the registrar to strike you off the register. The effect of this order is that the NMC register will show that you have been struck-off the register.

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

Ms Denholm invited the panel to impose a striking off order given that it has found your fitness to practise currently impaired. She submitted that the panel must apply the principle of proportionality by weighing your interests against those of the public. She outlined aggravating and mitigating factors for the panel to take into consideration.

Ms Denholm informed the panel of the other sanctions available and referred the panel to the legal principles set out in the cases of *Council for the Regulation of Health Care Professionals v (1) General Dental Council and (2) Fleischmann* [2005] EWHC 87 (QB) and *Naheed v GMC* [2011] EWCH 2022 (Admin). She stated that the panel should consider the NMC guidance in its decision making. She submitted that there is a strong public interest element to this case and submitted that the only sufficient outcome is a striking off order to uphold trust and confidence in the nursing profession and the NMC as a regulator.

The panel also bore in mind Mr Buxton's submissions. It noted that he accepted that the facts in this case do point to a lack of probity and dishonesty. He also accepted that it requires the imposition of a sanction to uphold public confidence in the NMC as a regulator. He acknowledged that any sanction short of a suspension order would be inappropriate and accepted the principles of *Fleischmann* in relation to this case. He submitted that your remorse is a large part of your developing insight and you candidly accepted the personal circumstances led to your dishonest behaviour. He submitted that you are no longer in those circumstances and that this conduct was not going to happen again.

Mr Buxton invited the panel to impose a suspension order in accordance with the legal principles set out in *Fleischmann* as a real alternative to a striking off order and that a period of suspension would provide you with further time to develop full insight. He submitted that a period of suspension would be sufficient to protect public confidence in the profession and functions of the NMC as a regulator.

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 NMC guidance on '*Considering sanctions for serious cases - Cases involving dishonesty*' and '*Considering sanctions for serious cases - Cases involving criminal convictions*'. The decision on sanction is a matter for the panel independently exercising its own judgement.

The panel took into account the following aggravating features:

- Your lack of full insight into the pattern of dishonest and deceptive conduct you demonstrated.
- The significant length of time during which your dishonest conduct occurred, as there was a period of three years between commission of the criminal offence in 2016 and the misconduct found by this panel in 2018 and 2019 which took place after your conviction for the dishonesty offence.

The panel also took into account the following mitigating features:

- You have demonstrated remorse.
- The personal circumstances you faced which led to the behaviour in your conviction and misconduct.

The panel weighed the aggravating features of this case against the mitigating features and determined that the aggravating features outweighed the mitigating features.

The panel had regard to the legal principles outlined in *Fleischmann*. It noted that the NMC guidance states:

“In general, the rule is that a nurse, midwife or nursing associate should not be permitted to start practising again until they have completed a sentence for a serious offence.”

The panel considered taking no action, imposing a caution order or placing conditions of practice on your registration but it concluded that these sanctions would be inappropriate in view of your conviction, for which you are currently serving a suspended sentence, and the seriousness of the case. The panel decided that it would be neither proportionate, appropriate or in the public interest to impose any of these sanctions.

The panel then went on to consider whether a suspension order would be an appropriate sanction. The panel referred to the SG and identified that the following factors from the SG in favour of a suspension order are not apparent in this matter:

- *A single instance of misconduct but where a lesser sanction is not sufficient;*
- *No evidence of harmful deep-seated personality or attitudinal problems;*
- *No evidence of repetition of behaviour since the incident; and*
- *The Committee is satisfied that the nurse or midwife has insight and does not pose a significant risk of repeating behaviour.*

The conduct, as highlighted by the facts found proved, was a significant departure from the standards expected of a registered nurse. The panel was of the view that your reflection and insight does not adequately address the serious public interest and fundamental deep-rooted flaws in your honesty and integrity. The panel consider that the serious breach of the fundamental tenets of the profession evidenced by your actions is fundamentally incompatible with you remaining on the NMC register.

The panel was of the view that you made choices that you knew would require you to be dishonest and had the intention to deceive for your own gain. It considered that there were

other choices available to you, and that if every nurse enduring financial hardship resorted to obtaining funds or work by dishonest means with the outcome of a suspension order as the sanction, it could be viewed as a worthwhile risk to take. The panel noted that although you have assured it that dishonesty is not a path that you would choose now, it was only when you were caught by the checks of the Trust that you stopped working whilst subject to an interim suspension order. The panel determined that you showed a blatant disregard for the interim suspension order which had been imposed on your nursing practice and it was not satisfied that you would not breach any further suspension order imposed on your practice.

In this particular case, the panel determined that a suspension order would not be a sufficient, appropriate or proportionate sanction.

Finally, in looking at a striking-off order, the panel took note of the following paragraphs of the SG:

- *Do the regulatory concerns about the nurse or midwife raise fundamental questions about their professionalism?*
- *Can public confidence in nurses and midwives be maintained if the nurse or midwife is not removed from the register?*
- *Is striking-off the only sanction which will be sufficient to protect patients, members of the public, or maintain professional standards?*

Your actions were significant departures from the standards expected of a registered nurse and are fundamentally incompatible with remaining on the register. The panel was of the view that the findings in this particular case demonstrate that your actions did raise fundamental questions about your professionalism and that to allow you to continue practising would undermine public confidence in the profession and in the NMC as a regulatory body.

Balancing all of these factors and after taking into account all the evidence before it during this case, the panel determined that the appropriate and proportionate sanction is that of a striking-off order. Having regard to the effect of your actions in bringing the profession into disrepute by adversely affecting the public's view of how a registered nurse should conduct themselves, the panel has concluded that nothing short of this would be sufficient in this case.

The panel considered that your removal from the NMC register is necessary to mark the importance of maintaining public confidence in the profession, and to send to the public and the profession a clear message about the standard of behaviour required of a registered nurse.

This will be confirmed to you in writing.

Interim order

As the striking-off order cannot take effect until the end of the 28-day appeal period, the panel has considered whether an interim order is required in the specific circumstances of this case. It may only make an interim order if it is satisfied that it is necessary for the protection of the public, is otherwise in the public interest or in your own interest until the striking-off sanction takes effect. The panel heard and accepted the advice of the legal assessor.

Submissions on interim order

The panel took account of the submissions made by Ms Denholm. She submitted that an interim suspension order for 12 months was necessary on the grounds of public interest to cover the 28 day appeal period and any subsequent appeal and was consistent with the panel's earlier findings.

Mr Buxton made no submissions in relation to the imposition of an interim order.

Decision and reasons on interim order

The panel was satisfied that an interim order is necessary in the public interest. The panel had regard to the seriousness of the facts found proved and the reasons set out in its decision for the substantive order in reaching the decision to impose an interim order.

The panel concluded that an interim conditions of practice order would not be appropriate or proportionate in this case, due to the reasons already identified in the panel's determination for imposing the substantive order. The panel therefore imposed an interim suspension order for a period of 18 months due to the potential length of the appeal process.

If no appeal is made, then the interim suspension order will be replaced by the striking off order 28 days after you are sent the decision of this hearing in writing.

That concludes this determination.