

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

**Substantive Hearing
Monday 6 February 2023 – Friday 10 February 2023
Friday 7 July 2023**

Virtual Hearing

Name of registrant: Emma Louise Price

NMC PIN: 92J0068W

Part(s) of the register: Registered Nurse – Sub Part 1
Adult Nursing – 2 October 1995

Relevant location: Rhondda Cynon Taf

Type of case: Misconduct

Panel members: Adrian Smith (Chair, Lay member)
Esther Craddock (Registrant member)
Gill Mullen (Lay member)

Legal Assessor: Laura McGill

Hearing Coordinator: Megan Winter (6 – 10 February 2023)
Ruth Bass (7 July 2023)

Nursing and Midwifery Council: 6 – 10 February 2023 – represented by Daniel Mullin, Case Presenter
7 July 2023 – represented by Michael Smalley, Case Presenter

Mrs Price: 6 – 10 February 2023 present and unrepresented
7 July 2023 - present and represented by Colette Renton, Counsel instructed by Stephenson Solicitors

Facts proved by admission: Charge 3

Facts proved: Charges 1 and 2

Facts not proved: Charge 4

Fitness to practise: Impaired

Sanction:

Suspension order – 9 months (no review required)

Interim order:

Interim suspension order – 18 months

Details of charge

That you, a Registered Nurse;

- 1) On one or more dates set out in Schedule 1 claimed over-time for days you did not work. **[PROVED]**
- 2) Your actions in charge 1 were dishonest as you knew that you had not worked on those days and were not entitled to payment. **[PROVED]**
- 3) On one or more dates set out in Schedule 2 used Colleague A's login details to authorise your own overtime claim. **[PROVED BY WAY OF ADMISSION]**
- 4) Your actions in charge 3 were dishonest as you sought to represent that Colleague A had authorised your overtime payments when she had not. **[NOT PROVED]**

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

Schedule 1

12.11.16

07.01.17

28.01.17

04.02.17

11.02.17

18.02.17

26.02.17

04.03.17

25.03.17

01.04.17

08.04.17

30.04.17

07.05.17

13.05.17

Schedule 2

28.01.17

11.02.17

18.02.17

26.02.17

04.03.17

25.03.17

08.04.17

30.04.17

Background

The NMC received a referral from Cwm Taf University Health Board (CTUHB) on 3 January 2018. You were employed by CTUHB through Ysbyty Cwm Cynon Hospital (the Hospital), where you were a Ward Manager since September 2015.

The regulatory concerns identified in the referral were that you were dishonest in that you:

- a. Claimed and were paid for overtime at your place of employment, whilst not actually working overtime; and
- b. Used Colleague A's login to verify hours you did not work.

CTUHB pursued a disciplinary case against you and you were dismissed for gross misconduct. However, CTUHB was not able to establish whether the alleged amount claimed by you was accurate.

Decision and reasons on facts

At the outset of the hearing, you informed the panel that you admitted charge 3.

The panel therefore finds charge 3 proved, by way of your admission.

In reaching its decisions on the disputed facts, the panel took into account all the oral and documentary evidence in this case together with the submissions made by Mr Mullin on behalf of the NMC and submissions made by you.

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.

The panel heard live evidence from the following witnesses called on behalf of the NMC:

- Colleague A: Deputy Ward Manager at CTUHB
- Colleague B: Senior Nurse at CTUHB
- Colleague C: Payroll Services Team Manager at NHS Wales Shared Services Partnership
- Colleague D: Head of Mental Health Nursing at CTUHB

The panel also heard evidence from you under affirmation and from the following witness on your behalf:

- Colleague E: Registered Manager at Direct Nursing Services

Before making any findings on the facts, the panel heard and accepted the advice of the legal assessor. It considered the witness and documentary evidence provided by both Mr Mullin on behalf of the NMC and by you.

The panel then considered the disputed charges and made the following findings:

Charge 1

- 1) On one or more dates set out in Schedule 1 claimed over-time for days you did not work.

This charge is found proved.

In reaching this decision, the panel took into account all the documentary evidence, your evidence and the evidence of the live witnesses.

The panel noted that you accepted in these proceedings that you did not work on the dates outlined in Schedule 1. In any event, it had regard to the documentary evidence which shows that you had not worked those dates. The documentary evidence included allocation lists for a number of days, those allocation lists show that you were not expected to be working on the dates outlined in Schedule 1.

The panel also had regard to the Facebook posts, which further supports that you were not working on some of the dates identified. Facebook posts were made by you indicating that you were elsewhere on the following dates in Schedule 1: 4 February 2017, 11 February 2017, 18 February 2017, 1 April 2017 and 13 May 2017.

The panel considered it clear on the basis of your admissions and the evidence before it that you did not work on the dates included in Schedule 1.

In terms of whether you claimed for overtime for the dates you did not work, the panel took into account your evidence about the significant pressures the ward was facing at the time and the subsequent significant amounts of overtime that was being processed. You said in your evidence that you were responsible for 30 peoples' shifts, not just your own. You said that you may have ticked the wrong drop-down box on the computer system and inadvertently claimed for overtime for days you had not worked/were not owed and that this was an error on your part.

The panel had regard to the summaries of all of the payments made to you in relation to the dates outlined in Schedule 1. It also had regard to your evidence in which you accepted you had not worked the dates outlined in Schedule 1. On the balance of probabilities, the panel was satisfied that you claimed over-time for the days you did not work, as outlined in Schedule 1.

The panel found this charge proved.

Charge 2

2) Your actions in charge 1 were dishonest as you knew that you had not worked on those days and were not entitled to payment.

This charge is found proved.

In reaching this decision, the panel took into account all the documentary evidence, your evidence and the evidence of the live witnesses.

The panel took into account the frequency of the errors, and the nature of them. It noted that this was not a case of you making one or two errors, but that you clicked the wrong box on 14 occasions.

You maintained your position that your mistakes were due to the chaos of the ward and the pressures you were facing at the time. You made an admission that when completing your timesheets, you intended to mark the weekend dates as your annual leave. You said that you were marking the annual leave as you were sacrificing/forfeiting it as the ward was understaffed. You said you did not expect to be paid for this. You explained this by saying that you understood from your previous role that annual leave could not be carried over. Colleague D clarified that you were paid for these dates he also remarked that forfeiting your annual leave was unusual and something he had not come across.

The panel considered the time of year you chose to sacrifice your annual leave. Colleague D said that you began forfeiting your annual leave from the first day of 2017 – 2018 financial year. The panel also noted that you had used up your annual leave entitlement for the previous year, yet your contention was that you intended to sacrifice annual leave through the roster system. You justified this by explaining that you had expected to have seen a yellow warning message through the system which you said never materialised. The panel found it implausible that you chose to essentially dispose of your annual leave at the beginning of the year.

The panel also noted the account you provided in the investigation interview in respect of the steps you said you had taken to clarify your position with the roster team, in relation to annual leave. The panel noted that this contradicted your subsequent oral evidence. Ultimately the panel concluded that you did not ask for permission or clarification of your approach towards leave or overtime.

Whilst the panel had regard to your position and noted the difficulties you were facing in the ward at the time, it did not find your account of what happened to be plausible. The panel was of the view that, in light of the evidence before it which account for the various dates you claimed for payment despite not working, you knowingly acted the way you did in an attempt to mislead. The panel was therefore of the view that your actions in charge 1 were dishonest as you knew that you had not worked on those days and were not entitled to payment.

The panel found this charge proved.

Charge 4

- 4) Your actions in charge 3 were dishonest as you sought to represent that Colleague A had authorised your overtime payments when she had not.

This charge is found NOT proved.

In reaching this decision, the panel took into account all the documentary evidence, your evidence and the evidence of the live witnesses.

You accepted there was an exchange of passwords with Colleague A. Colleague B made it clear in her evidence that you and Colleague A would have the same access to the system, and therefore there was no legitimate reason for you both to share passwords. However, you said that the software on the rota had changed which resulted in the password swap as you could no longer verify your own shifts in readiness for Monday. You also told the panel the roster program would often freeze and this could sometimes be resolved by logging on with a different password.

The panel accepted your explanation, in that the system had changed and you sought to use Colleague A's password to ensure shifts were verified for Monday. You believed that there was an urgency to finalise the roster by Monday morning as you had received a directive to that effect. You also believed that if you failed to do so then there would be repercussions for your colleagues in that they may not receive payment on time.

The panel considered the pressurised environment in the ward at the time and did not consider your actions to be motivated by dishonesty. The panel therefore did not find your actions in charge 3 dishonest in that you sought to represent that Colleague A had authorised your overtime payments when she had not.

The panel therefore found this charge not 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 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; therefore, it has exercised its own professional judgement.

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.

Submissions on misconduct and impairment

In coming to its decision, the panel had regard 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.*’

Mr Mullin invited the panel to take the view that the facts found proved amount to misconduct. The panel had regard to the terms of ‘The Code: Professional standards of practice and behaviour for nurses and midwives (2018)’ (the Code) in making its decision.

Mr Mullin identified the specific, relevant standards where your actions amounted to misconduct. In terms of charges 1 and 2 which amount to dishonesty in that you claimed overtime over a period of several months, he submitted that you had breached part 20.2 of the code and part 10. In terms of charge 3, he submitted that you had breached part 10.4 of the code.

Mr Mullin submitted that, if the panel find that you have breached elements of the Code and the breaches amount to misconduct, then it must consider the issue of impairment. Mr Mullin invited the panel to consider that your fitness to practise is impaired on the

basis that you claimed overtime from your employer for days that you had not worked and, in doing so, you were dishonest.

Mr Mullin submitted that the NMC considers your behaviour to be inherently dishonest and therefore this raises questions about your trustworthiness. He further submitted that this situation went on for a relatively long period of time and resulted in financial gain for you.

Mr Mullin invited the panel to consider the motivation for your dishonesty, the period of which it took place and the affect your misconduct may have on the public trust and confidence in the nursing profession.

Mr Mullin submitted that the panel may consider your otherwise unblemished career as a nurse, which has been described as exemplary and the time which has elapsed since the concerns arose six years ago. Further, he invited the panel to consider the training you appear to have undertaken, your reflection on your actions and the submissions made by your colleague who attested to your good character under affirmation.

You provided written submissions at length, these are detailed in your reflective piece which was submitted to the panel. In summary, you submitted that you have fully cooperated with all agencies involved with this matter at every stage. You submitted that this has been a long and arduous process which has significantly affected your life as well as the life of your family, colleagues and others.

You expressed that you realised the seriousness of the allegations. You said you fully understand the concerns the NMC have regarding your fitness to practise and appreciate that the public must have confidence in individuals like you who play a vital role within the profession.

You told the panel that you entered the register in 1995 and that you have never been summoned to a sickness meeting or had a complaint made against you. You submitted that this '*investigation*' is totally out of character but that you had cooperated at every opportunity.

You submitted that you have and always will be a good nurse who provides excellent care to patients. You said you have built up a reputation of being hardworking, dynamic and very good clinically. You explained your current role to the panel and the training courses you have undertaken. Your experience makes you usually the most experienced clinical nurse on duty in your current work environment. You told the panel that you mentor and train newly qualified nurses. You told the panel that you have also undertaken additional training on the RCNi learning website to gain a deeper understanding of the allegations in question which has strengthened your practice.

You submitted that this referral has given you an opportunity to address the allegations, reflect on your actions and do your utmost to improve in areas of weakness. You submitted that you hope the panel will accept that you have demonstrated insight. You sincerely apologised for your conduct and fully accepted that your actions fell far short of expected standards.

You told the panel that you have worked for five and a half years since the allegations with no restrictions and without any evidence of misconduct. You submitted that you have spent hours reflecting on your behaviour and that you are not a risk at this present time.

In terms of charges 1 and 2, you said you have reflected on the allegations and regret not asking if you needed permission to claim overtime. Further reflecting on your time as ward manager, you said you can clearly see that there were many questions you should have asked regarding the role, given your inexperience combined with the lack of support and mentoring available. You said you accept that this does not excuse your actions.

In terms of charge 3, you explained how deeply you regret your actions and are ashamed of how foolish you were. You said you now fully understand the implications of giving someone else access to your account. You said, although you did so based on the intentions for the sole purpose of meeting the deadline for payroll, you unintentionally and without consideration gave free reign to all information and systems

available through your NHS account. You submitted that you now appreciate how foolish this was and it is something you would never do again.

The panel accepted the advice of the legal assessor which included reference to a number of relevant judgments. These included: *Roylance v General Medical Council* (No 2) [2000] 1 A.C. 311, *General Medical Council v Meadow* [2007] QB 462 (Admin) and *Grant*.

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:

‘10 Keep clear and accurate records relevant to your practice

[...] It includes but is not limited to patient records.

To achieve this, you must:

10.4 attribute any entries you make in any paper or electronic records to yourself, making sure they are clearly written, dated and timed, and do not include unnecessary abbreviations, jargon or speculation

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 found that your actions fell significantly short of the standards of conduct and performance expected of a registered nurse, and amounted to misconduct.

In respect of charges 1 and 2, which relate to dishonesty in that you claimed payment for days you had not worked, the panel considered your attempt to mislead your employer as very serious and amounted to misconduct. It therefore considered parts 20.1, 20.2 and 10 as relevant breaches of the Code in relation to these charges.

In respect of charge 3, whilst the panel considered your actions to be less serious, it determined they still amount to misconduct in this regard. It considered your seniority as a Ward Manager and took into account that this was not a one-off incident. The panel also noted that you used the login details to authorise your own overtime claims on eight occasions. It therefore determined that you were in breach of part 10.4 of the Code, in relation to this charge.

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 this regard, the panel considered the judgement of Mrs Justice Cox in the case of 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 found that the first limb was not engaged in this case. Patients were not caused harm or put at risk of harm as a result of your misconduct. However, the panel considered that limbs b, c and d of the above test were engaged by your actions. It considered that acting with honesty and integrity at all times is a fundamental tenet of the profession, which you breached through your behaviour.

The panel went on to consider whether you were liable to act in a way to bring the profession into disrepute, to breach fundamental tenets of the profession or to act dishonestly in the future. In doing so, the panel assessed your levels of insight, remorse and what you have undertaken to strengthen your practice.

In relation to insight, the panel recognised from your reflective piece and your live evidence that you have demonstrated some awareness of the impact a nurse acting dishonestly could have had on the reputation of and public confidence in the nursing profession. The panel did not consider that you had to accept your conduct as being dishonest as a prerequisite for demonstrating insight. Your evidence reflected that your insight into your own conduct is developing and you demonstrated genuine remorse. You gave evidence that you have taken steps to strengthen your training both through online courses and training. The panel was assisted by the highly positive character witness evidence provided on your behalf by your colleague. The panel noted that your current employer is aware of this investigation and has continued to support you throughout.

The panel took into consideration the context of your entire career and the fact that you have continued to work over the past five and a half years, without incident, in a trusted position during the course of the NMC investigation. The panel found you had also fully cooperated with this investigation and fully engaged with this week's hearing. The panel concluded that you are sincere with regard to your future good intentions and was satisfied that there is a low risk of repetition.

Having considered that your misconduct did not place patients at a real or potential risk of harm, the panel did not consider that your fitness to practise is impaired on public protection grounds.

The panel bore in mind the overarching objectives of the NMC; 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 your actions displayed a lack of integrity. The panel considered the NMC guidance that a finding of dishonesty does not automatically result in a finding of impairment. However, it concluded that your dishonesty was serious and involved the

deliberate misleading of your employer for financial gain. The panel considered that an informed member of the public and members of the nursing and midwifery profession would consider your behaviour to be serious and would expect it to be appropriately marked as unacceptable. The panel considered that public confidence in the nursing profession and the NMC as a regulator would be undermined if a finding of impairment were not made in the circumstances. The panel therefore determined that a finding of impairment is necessary on public interest grounds.

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 very carefully and has decided to make a suspension order for a period of 9 months. The effect of this order is that the NMC register will show that your registration has been suspended.

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.

Submissions on sanction

Mr Smalley submitted that the public interest should be the foremost consideration for the panel when making its decision on sanction and should be a sanction that would declare and uphold the standards of conduct and behaviour in the professions. He submitted that the appropriate sanction in this case would be that of a strike off order.

Mr Smalley identified what he submitted were the aggravating and mitigation features in this case and invited the panel to consider each sanction in ascending order.

Ms Renton, on your behalf, submitted that the main aggravating feature in this case was dishonesty, but that it was not the most serious type of dishonesty which occurs when something has gone wrong with a patient's care. She submitted that the financial gain in this case was modest, there were no criminal proceedings, and that there was no risk to patients as a result of the dishonesty.

Ms Renton referred the panel to your reflective piece and the bundle of documents provided for the resuming hearing which contained a number of references. She also referred the panel to its earlier finding that you had demonstrated genuine remorse. She submitted that you had continued to develop your insight by undertaking a number of courses to include *'Reflection in nursing practice'* and *'Understanding attitudes and their effect on nursing practice'*. You had also removed yourself from any managerial roles noting the strain placed on people in those roles. Ms Renton informed the panel that you are currently working on an agency basis and set the hours of work for yourself.

Ms Renton submitted that you had been following good practice, and that the district manager at Direct Nursing Services had confirmed she had no concerns with regard to your skills or professionalism, described you as an asset to the team, and had no concerns regarding submission of time sheets by you. She submitted that you are a highly qualified nurse, who had worked for the past six years without any restrictions on your practice, and without incident.

Ms Renton submitted that you wished to continue in nursing as this was your vocation which you are passionate about and believe your purpose is to serve in nursing.

Ms Renton submitted that a loss of employment in nursing would negatively impact your finances in light of your responsibilities.

She went through the options available to the panel in ascending order. With regard to a strike off order, Ms Renton submitted that a strike off order was not necessary. She submitted that you had engaged with the process and shown that you can be extremely professional and deserving of the confidence put in nurses. She further submitted that there have been no further concerns, specifically with regard to your probity and trustworthiness. She further submitted that the panel needed to be proportionate when

balancing the public interest with your rights as an experienced nurse who has had no issues within the past six years. She submitted that a strike off order in this case would not be proportionate.

The panel accepted the advice of the legal assessor.

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 judgement.

The panel took into account the following aggravating features:

- Dishonesty for personal financial gain over a period of time
- A breach of trust

The panel also took into account the following mitigating features:

- There was no harm or risk of harm to patients
- You demonstrated genuine remorse for your actions
- The misconduct took place over six years ago, and you have been practising as a nurse since without incident
- You have demonstrated principles of good practice in your clinical work by undertaking training relevant to the misconduct as well as maintaining your continuing professional development.

The panel first considered whether to take no action but concluded that this would be inappropriate in view of the seriousness of the case. The panel decided that it would be neither proportionate nor in the public interest to take no further action.

It then considered the imposition of a caution order but again determined that, due to the seriousness of the matter, namely the dishonesty found in this case, an order that does not restrict your practice would not be appropriate in the circumstances. The SG states that a caution order may be appropriate where *'the case is at the lower end of the spectrum of impaired fitness to practise and the panel wishes to mark that the behaviour was unacceptable and must not happen again.'* The panel considered that your misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the dishonesty identified. It was of the view that dishonest actions undermined trust and public confidence in the professions and as such a caution order was insufficient to address the public interest in this case.

The panel next considered whether placing conditions of practice on your registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable. The panel took into account that your clinical practice was not in question, and as such was of the view that there were no practical or workable conditions that could be formulated given the non-clinical nature of the charges in this case. Further, the panel was of the view that due to the dishonesty found in this case, a conditions of practice order would not adequately address the seriousness of this case in any event.

The panel then went on to consider whether a suspension order would be an appropriate sanction. The SG states that a suspension order may be appropriate where some of the following factors are apparent:

- *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;*
- *The Committee is satisfied that the nurse or midwife has insight and does not pose a significant risk of repeating behaviour;...'*

The panel acknowledged that this was not a single incident of misconduct. However, it found the risk of repetition to be low, noting that there had been no repetition of the misconduct or any other issues with your practice since the charges had come to light some six years ago. It was also of the view that it had not been presented with evidence of any deep seated attitudinal concerns, and did not accept that a finding of dishonesty automatically equated to there being deep seated attitudinal concerns. It had regard to the fact that you had demonstrated genuine remorse throughout these proceedings, and had continued to develop your insight by undertaking relevant courses such as *'Reflection in nursing practice'* and *'Understanding attitudes and their effect on nursing practice'*, and removing yourself from a managerial role so as to concentrate on your nursing duties.

The panel was satisfied that the misconduct in this case was not fundamentally incompatible with you remaining on the register. It considered the spectrum of dishonesty and was of the view that although the misconduct was repeated on several occasions for financial gain, there was no harm to patients. The panel was of the view that dishonesty in this case was not at the highest end of the spectrum involving a lack of candour relating to patient care. Further it had regard to the SAN-2 guidance which states:

'Nurses, midwives and nursing associates who behaved dishonestly can engage with the Fitness to Practise Committee to show that they feel remorse, that they realise they acted in a dishonest way, and tell the panel that it will not happen again. They can do this in person, through anyone representing them, or by sending information they want the Committee to consider. If they do this, they may be able to reduce the risk that they will be removed from the register.'

The panel was of the view that your positive engagement with these proceedings, together with your expressed remorse and lack of repetition in the past six years had reduced the need for you to be removed from the register as a result of your dishonest conduct.

The panel did go on to consider whether a strike-off order would be proportionate but, taking account of all the information before it, and of the mitigation provided, the panel concluded that it would be disproportionate. Whilst the panel acknowledges that a suspension may have a punitive effect, it would be unduly punitive in your case to impose a striking-off order. It considered your engagement with these proceedings and acknowledged that you are a good clinician, and that there is a public interest in retaining a good nurse on the register.

Balancing all of these factors the panel has concluded that a suspension order would be the appropriate and proportionate sanction.

The panel noted the hardship such an order will inevitably cause you. However, this is outweighed by the public interest in this case.

The panel considered that this order 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.

The panel determined that a suspension order for a period of 9 months was appropriate to mark the seriousness of the misconduct in this case.

Having found that your fitness to practise is currently impaired, the panel bore in mind that it determined there were no public protection concerns arising from its decision. In this respect it found your fitness to practise impaired on the grounds of public interest.

In accordance with Article 29 (8A) of the Order the panel may exercise its discretionary power and determine that a review of the substantive order is not necessary.

The panel determined that it made the substantive order having found your fitness to practise currently impaired in the public interest. The panel was satisfied that the substantive order will satisfy the public interest in this case and will maintain public confidence in the profession(s) as well as the NMC as the regulator. Further, the

substantive order will declare and uphold proper professional standards. Accordingly, the current substantive order will expire, without review.

This will be confirmed to you in writing.

Interim order

As the suspension 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 interests until the suspension 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 Mr Smalley. He submitted that an interim order is necessary to maintain confidence in the profession should an appeal be lodged within the 28-day period. He submitted that an interim suspension order would be consistent with the panel's substantive decision on sanction. He further submitted that a period of 18 months would be an appropriate term to cover any appeal period.

The panel also took into account the submissions of Ms Renton. She submitted that you had been working without restriction for the past six years and that not imposing an interim order would afford you an opportunity to put things in order with your place of work before the substantive order came into effect, whilst giving you time to consider whether you wished to lodge an appeal.

Decision and reasons on interim order

The panel was satisfied that an interim order is otherwise 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 to cover any appeal period.

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

That concludes this determination.