

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

**Substantive Hearing
Monday, 19 February 2024 – Friday, 23 February 2024**

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

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| Name of Registrant: | Zeenat Maqsood |
| NMC PIN: | 06C0699E |
| Part(s) of the register: | Registered Nurse - Sub part 1 Adult nurse, level 1 (20 July 2007) |
| Relevant Location: | Lancashire |
| Type of case: | Misconduct |
| Panel members: | Clive Chalk (Chair, Lay member) Donna Green (Registrant member) Avril O'Meara (Lay member) |
| Legal Assessor: | Peter Jennings |
| Hearings Coordinator: | Eyram Anka |
| Nursing and Midwifery Council: | Represented by Brittany Buckell, Case Presenter |
| Miss Maqsood: | Present and represented by Ray Short of UNISON |
| Facts proved by way of admission: | Charges 1 and 2 |
| Fitness to practise: | Impaired |
| Sanction: | Suspension order (12 months) |
| Interim order: | Interim suspension order (18 months) |

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

At the outset of the hearing, Mr Short made an application on your behalf that this case be held entirely in private on the basis that proper exploration of your case involves reference to your health and private life. The application was made pursuant to Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

Ms Buckell 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 considered that it would be disproportionate to hold the entirety of the hearing in private at this stage. Therefore, it decided to go into private session as and when matters relating to your health and private life arise in order to protect your privacy. The panel was satisfied that this course was justified and that these considerations outweighed any prejudice to the public interest in open hearings.

Details of charge

That you, a Registered Nurse:

- 1) On one or more dates in Schedule 1 accessed Child A's records without clinical justification. **[PROVED BY WAY OF ADMISSION]**

- 2) On 5 January 2022 accessed Mother A's records without clinical justification. **[PROVED BY WAY OF ADMISSION]**

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

Schedule 1

4 January 2022

5 January 2022

13 January 2022

Background

On 30 June 2022, you were referred to the NMC by Salford Royal NHS Foundation Trust ('the Trust'). You were employed as a Band 5 School nurse.

It is alleged that on 4 January 2022, 5 January 2022 and 13 January 2022 you inappropriately accessed the patient records of Child A and their mother without clinical justification.

Decision and reasons on facts

The panel heard from Mr Short who informed the panel that you made full admissions to charges 1 and 2.

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

Fitness to practise

The panel heard evidence from you under oath.

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's guidance is that the question that will help decide whether someone's fitness to practise is impaired is whether she can practise kindly, safely and professionally.

The panel, in reaching its decision, 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.

The panel adopted a two-stage process in its consideration. First, the panel must determine whether the facts found proved amounted to misconduct. Secondly, only if the facts found proved amounted 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

Ms Buckell invited the panel to take the view that the facts found proved amount to misconduct. Ms Buckell identified the specific, relevant standards where your actions amounted to misconduct. She submitted that following parts of 'The Code: Professional standards of practice and behaviour for nurses and midwives (2015' (the Code) are engaged and have been breached:

'5 *Respect people's right to privacy and confidentiality.*

As a nurse, midwife, or nursing associate, you owe a duty of confidentiality to all those who are receiving care. This includes making sure that they are informed about their care and that information about them is shared appropriately.

To achieve this, you must:

5.1 respect a person's right to privacy in all aspects of their care.'

'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.

20.3 be aware at all times of how your behaviour can affect and influence the behaviour of other people.

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

20.8 act as a role model of professional behaviour for students and newly qualified nurses, midwives and nursing associates to aspire to.'

Mr Short submitted that it is clear from your oral and written evidence that you understand the mistakes you made as a nurse. He told the panel that you accept that your actions damaged the reputation of the nursing profession and your own standing with your colleagues. Mr Short told the panel that given the circumstances, it would be unsurprising if the panel found that your actions amount to misconduct.

Submissions on impairment

Ms Buckell 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 made reference to the case of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant* [2011] EWHC 927 (Admin).

Ms Buckell submitted the first three limbs of *Grant* are engaged in this case. It was her submission that you put Child A and their mother at risk of emotional harm by way of your misconduct. Ms Buckell told the panel that accessing medical records without proper authorisation puts patients at risk of emotional harm and may mean that they would be more cautious in accessing medical care.

Ms Buckell submitted that you breached the implicit trust between nurses and patients and your actions have brought the profession into disrepute. She said that the public should be able to have their medical records kept private and if they were aware of this breach, they may be less likely to trust medical professionals.

Ms Buckell submitted that this is not a single incident as the charges demonstrate that you accessed Child A's record on three separate occasions. She referred to the local investigation report dated 28 January 2022 and asked the panel to consider that the third time you accessed Child A's records you actively searched for Child A's records by their surname and accessed the records of another child with a similar name by mistake. Ms Buckell told the panel that this error may have given you a further moment to think about what you were doing but it appears as though you did not recognise at that point that it was wrong. Therefore, Ms Buckell submitted that this was not a momentary lapse of judgement.

Ms Buckell said that this is not your first time in front of a Fitness to Practise Committee for accessing medical records without clinical justification or consent. She submitted that from your history you should know that you cannot access medical records without clinical justification. Ms Buckell drew the panel's attention to your reflective statement dated 8 January 2024, in which you stated that *'it was a spur of the moment thing'*. It was Ms Buckell's submission that accessing the records could not have been a *'spur of the moment thing'*, because you accessed the records several times out of curiosity.

Ms Buckell submitted that your reflective statement dated 23 January 2024 focuses more on your own personal mitigation than the effects your actions had on patients and the public.

Ms Buckell drew the panel's attention to the previous Fitness to Practice hearing on 26 to 30 April 2021 in which you told the panel in your reflection that you completed further training about confidentiality and gained more understanding about the importance of keeping data confidential. She asked the panel to consider how much resemblance there

is between that case and the present, and also between the reflective pieces prepared for that hearing and for this. [PRIVATE]

Given the history of repetition, Ms Buckell submitted that similar incidents are likely to recur. In light of the above, Ms Buckell submitted that a finding of impairment is appropriate in this case on both public protection and public interest grounds.

Mr Short asked the panel to consider your honesty in the evidence you provided regarding your behaviour and that you accept that you let Child A and Mother A down. He told the panel that during your oral evidence you expressed sincere remorse for your actions, you would have apologised to Child A and mother A if you could, and you realise that you should not have accessed their records.

Mr Short asked the panel to take into consideration the difficult personal circumstances that you had experienced [PRIVATE]. He said that the panel could note from witness statements and the positive testimonials that you were always a good nurse [PRIVATE]

Further, Mr Short submitted that you have not hesitated to show remorse and full insight into what occurred. It was his submission that it is clear from the evidence you gave that your current domestic circumstances allow for a good foundation to return to practice as a registered nurse without personal stress and distractions.

Mr Short submitted that you accept that your actions fell short of the standards of a registered nurse. He further submitted that the panel is likely to find you impaired on the grounds of public interest and might also find you impaired on the grounds of public protection because you have been unable to work as a registered nurse for the past two years and therefore have not had the opportunity to demonstrate strengthened practice. However, Mr Short pointed out that you have made dramatic changes in your personal life, therefore, with the appropriate conditions there is every chance that you will be able to work well as a nurse in the future.

The panel accepted the advice of the legal assessor.

Decision and reasons on misconduct

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.'*

When determining whether the facts found proved amounted 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:

'5 Respect people's right to privacy and confidentiality.

As a nurse, midwife, or nursing associate, you owe a duty of confidentiality to all those who are receiving care. This includes making sure that they are informed about their care and that information about them is shared appropriately.

To achieve this, you must:

5.1 respect a person's right to privacy in all aspects of their care.

5.3 respect that a person's right to privacy and confidentiality continues after they have died.'

'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

20.8 act as a role model of professional behaviour for students and newly qualified nurses, midwives and nursing associates to aspire to.'

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 facts of this case are extremely serious.

The panel considered that maintaining the confidentiality of a patient's clinical records and accessing their data only when appropriate are important aspects of a registered nurse's role. The panel took into account the confidence the public has in nursing professionals that handle patients records and the expectation that those documents will be kept private and accessed appropriately. The panel noted that you repeatedly accessed Child A's medical records, and their mother's medical records once, without clinical justification, resulting in a serious breach of the Code. The panel determined that these were breaches of the Code and were particularly serious because of the high-profile nature of the case, involving [PRIVATE]. The panel was of the view that the public and patients would expect a registered nurse to behave professionally and in line with the Code in relation to this.

The panel found that your actions fell seriously short of the conduct and standards expected of a registered nurse and amounted to misconduct.

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.

In coming to its decision, the panel had regard to the NMC's Fitness to Practise Library, updated on 27 March 2023, which states:

'The question that will help decide whether a professional's fitness to practise is impaired is:

"Can the nurse, midwife or nursing associate practise kindly, safely and professionally?"

If the answer to this question is yes, then the likelihood is that the professional's fitness to practise is not impaired.'

Nurses occupy a position of privilege and trust in society and are expected at all times to be professional and to maintain professional boundaries. Patients and their families must be able to trust nurses with their confidential medical information. Nurses 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... 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) *...*

The panel found that the first three limbs of Grant are engaged in this case.

The panel took into consideration your previous Fitness to Practise (FTP) history as a registered nurse. This included a final warning dated August 2019 from your then employer. It also included, in 2021 a suspension from the register following an NMC FTP hearing in April 2021. These disciplinary outcomes were as a result of you also accessing patient records without clinical justification or consent. The present case is therefore the third episode of this kind.

The panel noted that whatever your purpose was for accessing the records, you accept that it was done without clinical justification. The panel also noted there is no evidence to suggest that you did anything inappropriate with the information accessed, such as sharing it with others. However, the panel considered that the simple fact of accessing the records in those circumstances had the potential to cause emotional harm to people involved. The panel was of the view that any insight and remediation would need to be extensive and comprehensive because the behaviour has been repeated despite your apparent previous insight, further training and extensive support from your employer following your previous misconduct.

The panel acknowledged that you showed remorse in accepting the allegations at an early stage and it also acknowledged that you said that if you could, you would apologise to Child A and their mother.

The panel noted that you said in your oral evidence when discussing insight that you are *“lacking a little bit”*. You told the panel that you have had a lot of time to reflect on your misconduct, particularly over the past 14 months. You stated that you had kept up to date

with your nursing practice by reading articles. However, you have not been able to attend training courses because you are not working as a registered nurse and [PRIVATE]. You told the panel that your personal circumstances have now improved and [PRIVATE]. You said that you are now living a better private life which is less stressful and enables you to concentrate better and reflect more. You stated you are now more courageous about speaking up when you need help. Now your private life is very different, you feel that you will make a better nurse with the right support.

The panel bore in mind that in your oral evidence you said that you have not worked as a registered nurse for two years. The panel heard that you were [PRIVATE].

The panel was not satisfied that you had sufficient insight into your misconduct. The panel had regard to the reflective piece you provided to it. The panel noted that this reflective piece and articles read are very similar to those provided to the NMC's Substantive Order Reviewing panel, in September 2021. However, it was of concern to the panel that despite apparent insight, previous training, an action plan and support from your employer following your previous misconduct, you then repeated similar behaviour and accessed patient records without clinical justification for a third time.

The panel was of the view that this type of misconduct is, in principle, remediable with extensive training and support. However, it considered that you are currently unable to work and therefore you have not undertaken any further training, created an action plan and/or demonstrated that you have strengthened your practice in a clinical setting. In the light of all those matters, the panel found that there is a high risk that your behaviour will be repeated and that this is potentially liable to cause unwarranted harm in the future.

Therefore, in the circumstances given your limited insight and inability to demonstrate strengthened practice, the panel decided that a finding of impairment on public protection grounds was necessary.

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 also, to uphold and protect the wider public interest. This includes promoting and maintaining public confidence in the nursing and midwifery professions and upholding proper professional standards for members of those professions.

The panel was of the view that your misconduct breached the fundamental professional tenet of respect for confidentiality and treating clinical records appropriately. It regarded your conduct as bringing the profession into disrepute.

The panel determined that a finding of impairment on public interest grounds is also required. Particularly bearing in mind the sensitive nature of the incident regarding Child A, the panel considered that the public would expect registered nurses to maintain the confidentiality of a patient's clinical records and access their data only when appropriate. If the public were aware that nurses were accessing confidential patient records without clinical justification, they would be extremely concerned. The panel concluded that public confidence in the profession would be undermined if a finding of impairment were not made in this case and therefore also 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 on both public interest and public protection grounds.

Sanction

The panel has considered this case very carefully and has decided to make a suspension order for a period of 12 months. As a result of this order, 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, including the testimonials and other evidence presented on your behalf, and to the submissions of Ms Buckell and Mr Short. It 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 Buckell informed the panel that in the Notice of Hearing, dated 21 December 2024, the NMC had advised you that it would seek the imposition of a striking-off order if the panel found your fitness to practise currently impaired.

Ms Buckell outlined the relevant mitigating and aggravating factors in this case.

Ms Buckell explained why the other sanctions would not be appropriate in this case. She submitted that no further action and a caution order are the least restrictive and therefore would be insufficient given the seriousness of the misconduct. It was her submission that there is evidence of a deep-seated attitudinal problem due to the repeated misconduct. Considering this, she submitted that there are no workable conditions that could address the concerns identified and protect the public.

Ms Buckell referred the panel to the SG where it provides a checklist for deciding whether a suspension order is appropriate. She told the panel that this was not a single instance of misconduct as you accessed Child A's medical records three times. She reminded the panel that this was not the first time an incident of this nature had arisen. Further, she reiterated that there is evidence of deep-seated personality or attitudinal problems because of the repeated nature of the misconduct.

Ms Buckell drew the panel's attention to the SG at SAN-1 under Previous Fitness to Practise history which states,

'The nurse, midwife or nursing associate's fitness to practise history with us can be relevant to a decision on sanction. It's most likely to be useful in cases about similar kinds of concerns. If problems seem to be repeating themselves, this may mean that previous orders were not effective to help the nurse, midwife or nursing associate address them. If the panel is considering making a similar order to those made by previous panels, it may need to take this factor into account and reconsider if necessary.'

Ms Buckell submitted that there is no evidence of repetition since the incident. However, she told the panel that you have been subject to an interim suspension order and there has also been a repetition of an incident of the same kind after your previous NMC substantive hearing in 2021, which could suggest that the previous sanctions were ineffective.

Ms Buckell took the panel through the checklist in the SG of key considerations when deciding if a strike-off is the most appropriate sanction. She submitted that on the present facts, the only sanction which would be sufficient is a striking-off order.

Mr Short submitted that you are an excellent nurse who exercised bad judgement regarding the access to Child A's and their mother's medical records. He said that in your evidence you expressed that at the time you did not feel as though the records were explicitly forbidden to you.

Mr Short said that the NMC describes your actions as '*personal curiosity*'. However, it was his submission that surely active curiosity is essential for a good nurse. He asked the panel to put the incident into the context of an excellent nurse who failed to judge correctly what should have been done in a particular instance.

Mr Short explained that at the time you were under immense stress from your [PRIVATE] circumstances. He referred the panel to a detailed account of the difficulties in your [PRIVATE], during this time, that you provided in your reflective statement dated 8

January 2024. [PRIVATE] He told the panel that as a result of the positive improvement in your private life, you feel more courageous. He said this is demonstrated through your acceptance of responsibility for your failings and your willingness to give oral evidence to allow the panel to understand your circumstances and to ask questions of their own.

Further, Mr Short asked the panel to consider that you have demonstrated genuine remorse, unequivocal acceptance of your wrongdoing and full insight into how your actions fell below the standards of a registered nurse. He reminded the panel that you are a good nurse and the public need good nurses. He said that you now have clear emotional and personal freedom which would enable you to contribute your skills to the nursing profession for the foreseeable future, if permitted. He submitted that it is in the public interest for a good nurse to be allowed to redeem herself.

Mr Short submitted that your misconduct is remediable with the right conditions because of the '*emotional freedom*' and clarity that you have gained as a result of the changes you made in your personal life. It was his submission that a conditions of practice order would be the most appropriate order which would give you the right support and guidance and will enable you to return to nursing practice when deemed fit. However, Mr Short also submitted that if the panel does not agree with him then a period of suspension would be the most appropriate sanction to allow you time to develop your insight and enable you to be the nurse you are capable of being.

Decision and reasons on sanction

In considering its decision, 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 decision on sanction is a matter for the panel independently exercising its own judgement.

The panel took into account the following aggravating features:

- Your misconduct was not a single incident as Child A's clinical records were accessed multiple times (although it was an episode of related events in a very short period of time).
- There have been previous regulatory and disciplinary findings against you.
- You have abused your position of trust as a nurse.
- Your insight, though developing, is incomplete.

The panel also took into account the following mitigating features:

- You made early admissions to the misconduct.
- There was significant personal mitigation at the time of the incident.

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 action.

It then considered the imposition of a caution order but again determined that, due to the seriousness of the case, and the public protection issues identified, 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. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

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 the SG, in particular:

- *No evidence of harmful deep-seated personality or attitudinal problems;*
- *Identifiable areas of the nurse or midwife's practice in need of assessment and/or retraining;*
- *No evidence of general incompetence;*
- *Potential and willingness to respond positively to retraining;*
- *The nurse or midwife has insight into any health problems and is prepared to agree to abide by conditions on medical condition, treatment and supervision;*
- *Patients will not be put in danger either directly or indirectly as a result of the conditions;*
- *The conditions will protect patients during the period they are in force; and*
- *Conditions can be created that can be monitored and assessed.*

In the panel's view, some of these considerations apply in your case. The panel does not regard you as showing harmful deep-seated personality or attitudinal problems and there is no evidence of general incompetence: the evidence suggests that in other respects you are an excellent nurse. However, the panel considered that there is currently a high risk of repetition if you are not under constant supervision. Conditions will therefore not be workable, especially if you were to return to work as a registered nurse in an autonomous role, for example in the community. The panel therefore determined that there are currently no practicable or workable conditions that could be formulated, given the nature of the findings in this case.

Furthermore, the panel concluded that the placing of conditions on your registration would not adequately address the seriousness of this case and would not sufficiently address the public interest concerns that have been identified.

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 was satisfied that in this case, the misconduct was not fundamentally incompatible with remaining on the register. While this was not a single instance of misconduct, it was an episode that took place over a short period. The panel considered that your actions were the result of poor judgement that occurred in the context of your [PRIVATE]. The panel accepted that your misconduct was not malicious, and there is no evidence that you shared the information you accessed or used it inappropriately. As the panel has already stated, it did not consider that there is evidence of deep-seated personality or attitudinal problems; there has been no repetition since the incident; and you have a degree of insight into your misconduct. However, the panel also bore in mind that you previously repeated misconduct of a similar nature in the past and you have not worked as a registered nurse for the past two years.

The panel carefully considered the positive testimonials of senior colleagues, who worked closely with you at the Trust and were aware of these proceedings. They describe you as a good nurse who is hard working and conscientious, a valued and supportive member of the team and a nurse who cared deeply for the children she was working with. The panel noted that the public interest is served by the retention of good nurses.

The panel considered whether a striking-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.

In making its decision, the panel carefully considered Ms Buckell's submissions in relation to the sanction that the NMC is seeking in this case. The panel bore in mind the need to consider whether a sanction is appropriate when it was tried in the past and there has been a repetition of the misconduct (SG SAN-1). The panel had regard to [PRIVATE]. The panel is aware your [PRIVATE] have now considerably improved.

Balancing all of these factors the panel has concluded that a suspension order would be the appropriate and proportionate sanction. The panel considered that this order is necessary, and adequate, to protect the public, to mark the importance of maintaining public confidence in the profession, and to declare to the public and the profession the standard of behaviour required of a registered nurse. The panel had regard to the hardship such an order will inevitably cause you. However, this is outweighed by the need to protect the public and to meet the public interest.

The panel determined that a suspension order for a period of 12 months was appropriate in this case to mark the seriousness of the misconduct. It is satisfied that this period is proportionate and will allow you time to develop your insight further and work towards remediating your misconduct.

Before the end of the period of suspension, another panel will review the order. At the review hearing the panel may extend the period of suspension or make another order to take effect on its expiry, it may revoke the order, or it may replace the order with another order.

Any future panel reviewing this case may be assisted by:

- Evidence of relevant training, including confidentiality, privacy and data protection
- Evidence of working in an environment dealing with confidential information either in a paid or an unpaid role
- An updated, comprehensive and extensive reflective piece

- A written action plan developed with the aid of a clinical supervisor, a mentor or a colleague may assist you in your reflection and remediation.

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 or the conclusion of any appeal, the panel has considered whether an interim order until the suspension sanction takes effect 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 is in your own interests. 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 Buckell. She submitted that the NMC's application is for an interim suspension order for 18 months. It was her submission that this interim order is necessary and proportionate and would adequately protect the public and meet the public interest. She added that this order is also consistent with the panel's decision.

Mr Short submitted that he did not oppose the NMC's application for an interim suspension order for 18 months.

Decision and reasons on interim order

The panel was satisfied that an interim order is necessary for the protection of the public and is otherwise in the public interest. In reaching the decision to impose an interim order, the panel had regard to the seriousness of the facts found proved and the reasons set out in its decision for the substantive 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 allow for the time that may be taken before an appeal can be heard. Not to do so would be inconsistent with the sanction imposed. In making this order, the panel took account of the impact the order will have on you and is satisfied that this order, for this period, is appropriate and proportionate.

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.