

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

**Substantive Hearing
Monday, 4 August 2025 – Thursday, 7 August 2025**

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

Name of Registrant:	Chukwedebe Arinze Michael Abomeli
NMC PIN:	09F2044E
Part(s) of the register:	Nurses – Sub part 1 RNMH – Mental Health Nurse, Level 1 (20 October 2009)
Relevant Location:	Norwich
Type of case:	Misconduct
Panel members:	Janine Ellul (Chair, registrant member) Olan Jenkins (Lay member) Anne Considine (Registrant member)
Legal Assessor:	Simon Walsh
Hearings Coordinator:	Samara Baboolal
Nursing and Midwifery Council:	Represented by Vida Simpeh, Case Presenter
Mr Abomeli:	Present and represented by Tope Adeyemi, instructed by the Royal College of Nursing (RCN)
Facts proved:	Charges 1, 2, 3
Facts not proved:	N/A
Fitness to practise:	Impaired
Sanction:	Suspension order (12 months)
Interim order:	N/A

Details of charge

That you, a registered nurse:

- 1) On 28 June 2020 struck Patient A with your fist connecting with his face or neck area.
- 2) On 29 June 2020 recorded in Patient A's clinical record that he tripped and fell and hit his head on the bed board or words to that effect.
- 3) Your conduct at charge 2 was dishonest in that you recorded false information in Patient A's clinical records in an attempt to conceal your actions.

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

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

At the outset of the hearing, Ms Adeyemi, on your behalf, made a request that this case be held partly in private on the basis that [PRIVATE]. The application was made pursuant to Rule 19 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

Ms Simpeh 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 [PRIVATE].

Background

On 28 June 2020, while you were working as an agency nurse at a Psychiatric Intensive care ward, an incident occurred where Patient A had fallen and sustained an injury to the back of his head. He was taken to hospital and received eight stitches to his head. You recorded the incident, and the entry made regarding the incident on the clinical record on the 29 June 2020 states:

'Alarms pulled and followed through to his bedroom. He turned around and saw staff in room tried to react to the presence of staff then tripped fell over backwards and hit his head on bed board sustaining laceration at the back of the head.'

Patient A told staff members that you had pushed him. CCTV footage from the day of the event showed you entering Patient A's bedroom, tackling Patient A and falling to the floor.

Patient A was known to attack staff and other service users; however, he was also known as able to isolate himself and de-escalate the situation. Staff members working on the ward were aware of this.

Decision and reasons on facts

At the outset of the hearing, the panel heard from Ms Adeyemi, who informed the panel that you made full admissions to charges 1, 2 and 3.

The panel therefore finds charges 1, 2 and 3 proved in their entirety, by way of your admissions.

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 ability to practise kindly, safely and professionally.

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.

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

The panel heard live evidence from you.

Submissions on misconduct

Ms Simpeh submitted that the facts found proved amount to misconduct.

Ms Simpeh identified the specific, relevant standards where she submitted your actions amounted to misconduct. She submitted that the conduct in the charges found proved is very serious, as it resulted in serious harm to a patient, namely a laceration to the back of the head requiring eight stitches.

Ms Simpeh submitted that your conduct in one of the charges found proved relates to dishonesty, which is difficult to remediate. She submitted that your conduct fell significantly short of the standards expected of a registered nurse and amounted to a serious breach of the fundamental tenets of the nursing profession and NMC Code of Conduct.

Ms Simpeh submitted that, in light of the this, the charges found proved amounted to misconduct.

Ms Adeyemi submitted that you accept that the charges found proved are serious, and that you accept that they amount to misconduct.

Submissions on impairment

Ms Simpeh 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. This included reference to the cases of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) and Grant* [2011] EWHC 927 (Admin).

Ms Simpeh submitted that your fitness to practise is currently impaired.

Ms Simpeh submitted that it is a matter for the panel to consider whether there is a risk of repetition in light of your admission to dishonesty.

Ms Simpeh submitted that, although you have provided some evidence of your strengthened practice and positive testimonials, the panel may have been assisted by more up to date references, as the most recent appears to be from 2022. She invited the panel to consider whether there has been sufficient remediation and steps taken to mitigate the risk of repetition in this case.

Ms Simpeh submitted that it is in the public interest that a finding of impairment be made on your practice, given the serious nature of the charges found proved and the dishonesty in this case.

Ms Adeyemi submitted that you are not currently impaired.

Ms Adeyemi submitted that you do not pose a risk to the public, and that there is no risk of repetition in this case. She submitted that insight has been demonstrated through your full admissions to the charges in this case. She submitted that you have taken full responsibility for your actions and that you have not attempted to minimise your conduct.

In your live evidence, you explained your short-comings and outlined ways in which you have remediated and strengthened your practice.

Ms Adeyemi submitted that, throughout this process and your evidence, you have been candid and demonstrated a recognition of the lack of trust your conduct caused in the nursing profession. She submitted that you specified what you would do differently, namely, that you would de-escalate the situation.

Ms Adeyemi submitted that you have demonstrated full insight. In your reflections, you have identified instances where your behaviour has fallen short of the standards of the nursing profession and the NMC Code of Conduct. You have expressed sincere remorse and undertaken several training courses.

Ms Adeyemi highlighted that witness statements and testimonials outline that you are otherwise a trustworthy member of staff and described you as hard working and conscientious.

Ms Adeyemi submitted that this was a single incident which occurred on one occasion.

In relation to the public interest, Ms Adeyemi submitted that while members of the public would be concerned regarding the incident that occurred, there is no expectation that impairment is found. She submitted that you have expressed consistent remorse, taken steps to strengthen your practice with no repetition, and taken responsibility for actions. She submitted that the public interest has been satisfied by the rigorous regulatory process that you have been subjected to.

The panel accepted the advice of the legal assessor who referred it to relevant judgments, including: *Nandi v GMC* [2004] EWHC 2317 (Admin), *Mallon v GMC* [2007] CSIH 17, *Meadow v GMC* [2007] QB 462, *Cohen v GMC* [2008] EWHC 581 (Admin), *CHRE v (1) NMC (2) Grant* [2011] EWHC 927 (Admin), *SRA v Sharma* [2010] EWHC 2022 (Admin), *Parkinson v NMC* [2010] EWHC 1898 (Admin), and *Ibrahim v NMC* [2024] EWHC 2991.

Decision and reasons on misconduct

When determining whether the facts found proved amount to misconduct, the panel had regard to the terms of 'The NMC code of professional conduct: standards for conduct, performance and ethics' (the Code) in making its decision.

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:

- 1.1 Treat people with kindness, respect and compassion*
- 1.2 Make sure you deliver the fundamentals of care effectively*

- 2.6 Recognise when people are anxious or in distress and respond compassionately and politely*

- 10.3 Complete records accurately and without any falsification, taking immediate and appropriate action if you become aware that someone has not kept to these requirements*

- 19.4 Take all reasonable personal precautions necessary to avoid any potential health risks to colleagues, people receiving care and the public*

- 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

20.5 *Treat people in a way that does not take advantage of their vulnerability or cause them upset or distress'*

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct. However, the panel took into account the nature of the conduct found proved. Your conduct was very serious and related to an assault of a vulnerable patient, resulting in actual harm. This assault is compounded by your dishonesty which followed the incident, in that you falsely recorded the incident to conceal your actions. The panel noted that both the conduct itself and the resulting act are very serious.

The panel found that your actions did fall seriously short of the conduct and standards expected of a 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 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. 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 all four limbs identified in the Dame Janet Smith test are satisfied. A patient was put at risk and was caused physical harm as a result of your misconduct. Your misconduct had breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute.

It considering the risk of repetition in this case, the panel took into account that it has been five years since the incident relating to the charges occurred, and that it was a single, isolated incident. You have been working in a healthcare setting without any further incidents, and provided numerous positive testimonials. The panel had regard to the witness statement of Mr 1, who spoke to your character:

'Michael is regarded as someone who is hardworking and conscientious. His conduct with Patient A wasn't something I expected to see from him. In my experience, this was completely out of character.'

The panel considered the evidence of further training that you have completed. In relation to your insight, the panel noted that your live evidence was credible and forthcoming. You expressed genuine remorse for the incident and highlighted how you would prevent such an incident from reoccurring in the future. You took responsibility for your actions and did not minimise them. The panel took into account your written reflection, dated 18 June 2025, which states:

'I write this reflection with a deep sense of responsibility and sorrow regarding the incident, my responses or lack of it and overall unprofessional conduct that has not only had a significant impact on [PRIVATE] but has directly led to harm and injury to a patient and, in so doing, brought the nursing profession into disrepute. I acknowledge that during a time [PRIVATE] made decisions that compromised both

my professional practice and the safe care of others. This account explores the incident in detail, reflects upon my feelings and actions at the time, acknowledges the errors in judgement, including the dishonest documentation in patient care notes and outlines the improvements I have implemented in my practice.'

The panel took into account that five years have passed with no further incidents. You were candid in reflecting on [PRIVATE] during the Covid-19 Pandemic. The panel took into account the written statement of Mr 1, who observed the impact that [PRIVATE] at the time:

'At the time of the incident [the ward] was a very challenging environment for staff to work in. A number of the service users had been in there for some considerable time and several staff had experienced a number of incidents on the ward where they had been assaulted by service users. Michael was considered to be a very resilient individual, having worked on the ward for a while, [PRIVATE].'

In your live evidence, you made clear that you can recognise [PRIVATE], to ensure that an incident like this does not happen again. The panel also considered the unique context surrounding the incident, namely that [PRIVATE] and received a blow to the head from Patient A earlier that day, [PRIVATE]:

'On that fateful day, I experienced a severe assault, to the head by a service user (Patient A) on the ward. Though not captured on camera, I was caught with a clean hit (had medication in both hands so was not able to defend my face) single, unexpected blow to the head, [PRIVATE].'

The panel also considered the impact of these proceedings on you, namely that you have been subject to lengthy disciplinary proceedings with your regulator, and concluded that it is very unlikely that you would repeat conduct of the kind found proved.

The panel determined, in light of the above, that there is no risk of repetition based on the evidence before it and therefore decided that a finding of impairment is not necessary on the grounds of public protection.

The panel bore in mind the over-arching objective of the Council in exercising its functions is the protection of the public.

(4A) The pursuit by the Council of its over-arching objective involves the pursuit of the following objectives—

- (a) to protect, promote and maintain the health, safety and well-being of the public;
- (b) to promote and maintain public confidence in the professions regulated under this Order; and
- (c) to promote and maintain proper professional standards and conduct for members of those professions.

However, the panel determined that a finding of impairment on public interest grounds is required to mark the seriousness of the conduct in the charges found proved. This was a very serious incident which involved the assault of a vulnerable patient. The patient required eight stitches as a result of this assault. The panel considered that the seriousness of this incident is exacerbated by the dishonesty in your conduct, namely that you recorded false information in Patient A's clinical records in an attempt to conceal your actions.

The panel concluded that the public interest in this case can only be met by marking this behaviour as unacceptable for a registered nurse. It determined that public confidence in the profession would be seriously undermined if a finding of impairment were not made in this case in order to allow a sanction to be imposed, and therefore finds your fitness to practise impaired on the grounds of public interest.

Having regard to all of the above, the panel was satisfied, following the guidance of Mrs Cox J in the case of Grant, 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 12 months. The effect of this order is that the NMC register will show that your registration has been suspended.

Submissions on sanction

Ms Simpeh informed the panel that in the Notice of Hearing, the NMC had advised you that it would seek the imposition of a striking off order if it found your fitness to practise currently impaired.

Ms Simpeh submitted that your conduct in the charges found proved was a serious assault on a vulnerable patient, who sustained serious injury. She submitted that, following this incident, you were not open and honest, and you deliberately breached your duty of candour.

Ms Simpeh submitted that your conduct in recording false information in Patient A's clinical records in an attempt to conceal your actions was an instance of premeditated deception, as the clinical recording was completed the following day.

Ms Simpeh submitted that your actions were a breach of a position of trust and raise concerns of your professionalism.

Ms Simpeh submitted that the public confidence in the nursing profession would not be maintained unless you were struck off from the NMC register.

Ms Simpeh acknowledged that you have demonstrated insight and there is no risk of repetition. She submitted that, nonetheless, the serious nature of the case is such that the

only appropriate sanction to maintain the public confidence in the nursing profession is a strike off.

Ms Adeyemi submitted that you are remorseful, and fully accepting of the charges. She submitted that you accept the aggravating factors, namely that harm was caused to a vulnerable patient in a position of trust, and that the conduct was disreputable.

Ms Adeyemi submitted that your action of recording false information in Patient A's clinical records was not premeditated. She submitted that this was a night shift, and your recording of the information the next day was a part of a sequence of events.

Ms Adeyemi submitted that, in terms of mitigation, you have admitted to the allegations in their entirety and engaged with these proceedings. She submitted that you have complied with interim conditions of practice orders and with an interim suspension order.

Ms Adeyemi submitted that you have demonstrated insight and reflection. She submitted that while this incident was serious and comprised two events, they were one-off, isolated incidents. She submitted that [PRIVATE], and that you have had no previous regulatory proceedings against you since being registered in 2009.

Ms Adeyemi submitted that the seriousness in this case has been marked and does not necessitate your permanent removal from the register.

Ms Adeyemi invited the panel, if it found removal appropriate, to consider imposing any removal for a maximum of three months with no need for review.

Ms Adeyemi invited the panel to take into account [PRIVATE].

Ms Adeyemi submitted that you are happy to abide by any conditions the panel may impose and you are willing to comply with further periods of supervision to mark the conduct and meet the public interest.

Ms Adeyemi submitted that the most appropriate and proportionate order in these circumstances is a caution order, which would mark the seriousness of the conduct.

The panel accepted the advice of the legal assessor, who referred to the following case law: *CHRE v NMC and Leeper*, [2004] EWHC 1850 (Admin), *Professional Standards Authority for Health and Social Care v (1) NMC and (2) Shah* [2025] EWHC 1215, *Parkinson v NMC* [2010] EWHC 1898 (Admin), and *Mojjueh v NMC* [2015] EWHC 1999 (Admin).

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:

- Conduct that resulted in serious harm caused to a vulnerable patient
- Conscious decision to cover up actions
- Abuse of a position of trust

The panel also took into account the following mitigating features:

- Full insight shown in a series of significant reflective pieces dating from 25 May 2021 to June 2025
- Although there are two different instances of misconduct, the second flowed inextricably from the first and can be considered a single incident. Such conduct

was considered out of character by numerous members of staff working with you at the time

- You were physically assaulted by Patient A very shortly before the incident
[PRIVATE]
- [PRIVATE]
- Challenging work environment exacerbated by the Covid-19 lockdown
- Made full admissions to all charges
- [PRIVATE]
- Positive testimonials from ten individuals dating from July 2020 onwards

You provided three detailed and lengthy reflective statements, dating from May 2021 to June 2025. These reflective statements contain detailed insight into the impact of this incident on the patient, your colleagues, and the nursing profession. The statements addressed the impact that such an incident could have on a patient's trust in the nursing profession. This demonstrated an understanding of the need to uphold professional standards and your part in maintaining this.

The panel took into account numerous testimonials from colleagues who worked with you at the time, who described the incidents as out of character for you.

[PRIVATE]

The ward was very challenging, and this was exacerbated by lockdown. This was supported by Mr 1's written statement, who described the environment of the ward as such.

The panel took into account that the positive testimonials provided by you were not generic and that the authors of the testimonials were aware of the NMC allegations.

The panel first considered whether to take no action, or to refer the case to mediation, 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 do this.

It then considered the imposition of a caution order but again determined that, due to the seriousness of the 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 issues identified. 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 guidance, in particular:

- *No evidence of harmful deep-seated personality or attitudinal problems;*
- *No evidence of general incompetence;*
- *Potential and willingness to respond positively to retraining; and*
- *Patients will not be put in danger either directly or indirectly as a result of the conditions;*

The panel is of the view that there are no practical or workable conditions that could be formulated given the nature of the charges in this case, and the charges found proved do not relate to your clinical practice. The panel considered that the misconduct identified in this case, namely the dishonesty, was not something that can be addressed through conditions.

Furthermore, the panel concluded that the placing of conditions on your registration would not adequately mark the seriousness of this case.

The panel then went on to consider whether a suspension order would be an appropriate sanction. The SG states that 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; and*
- *The Committee is satisfied that the nurse or midwife has insight and does not pose a significant risk of repeating behaviour;*

The panel recognises that this is a very serious case, and that without powerful mitigation, the likely outcome would be a striking off order. Members of the public would not expect a registered nurse in a position of trust to assault a vulnerable patient and conceal this shortly after.

However, the panel carefully considered the mitigating factors in this case, in particular, your full insight, remorse, and reflection on how your behaviour impacted the public perception of nurses.

The panel took into account the unique circumstances of the Covid-19 pandemic, in particular during the lockdown, and how this may have impacted an already challenging psychiatric intensive care unit. The panel took into account Mr 1's written statement, who describes the environment of the ward at the time:

'At the time of the incident [the ward] was a very challenging environment for staff to work in.'

[PRIVATE]

The panel was particularly impressed by the number, length and quality of the positive testimonials provided by you. The testimonials indicated that those who wrote them were aware of the concerns, that this event was out of character, and that you are a valuable nurse.

The panel took into account the written statement of Mr 1, who states:

'His conduct with Patient A wasn't something I expected to see from him. In my experience, this was completely out of character.'

The panel took into account the testimonial of Ms 2, dated 15 January 2022, stating:

'He is a very supportive colleague and brilliant role model. Displays a very calm and laid-back persona. This calmness appears to have a positive effect on the team in general especially extremely difficult situations. His nursing practice in the periods I have worked with him comes across as professional, passionate, and genuinely empathetically caring. I have observed him to be resourceful with clients and colleagues alike. Appears to adopt a professional approach evidently brings very rare combination of knowledge and experience to the table. He is very well liked by staff and patients. He tends to adopt a holistic view when it comes to dealing with service users. He is certainly very popular with staff, patients and all disciplines in the including patient's family members. [...] I believe the nursing profession would be at a loss if he was to be taken off the Nursing register.'

It took into account testimonial of Mr 2, dated 12 September 2021, which states:

'I am currently aware of the NMC allegations and Michael has been upfront and honest in all areas. I have overseen Michael's role as a nurse manager and have done now for approximately 6 months. I observe his practice on most of his shifts. Since I have known Michael, I have always known him to be professional in all areas of his work, he shows dedication and empathy in supporting his patients and is a very easy-going gentleman who gets on with all his colleagues and patients. He shows leadership when required and is able to manage a shift with ease and confidence. In my professional opinion I believe Michael is fit to practice as a registered nurse without restriction I do believe the profession would be at a loss without Michael, this is due to his kind natured character, his empathy towards his patient and his ability to lead shifts effectively taking into account least restrictive practices and patient centred care.'

It took into account the testimonial of Mr 3, undated, which states:

'I am aware of the details in the NMC fitness to practice allegations made against him. Character wise, I have encountered Michael to be a very calm & composed nurse, who seems to positively influence the team with this aura of tranquillity even when faced with extreme challenging behaviour and emergencies alike. He is a very dedicated team player, with great leadership qualities. Michael is seen to always focus on safe practice and tends to carry everyone along in relation personally extending his dedication and accountability to every individual involved in his work environment, from the service users, their relatives, staff, and all members of the multidisciplinary team.'

Furthermore, I believe that the Nursing profession would be at a loss of an exceptionally brilliant and dedicated nurse (which is a rare asset these days in the increasingly challenging environment in healthcare) if Michael is taken off the register.'

The panel considered that this is a public interest case, and that these individuals are aware of the NMC charges against you and believe that it would be a loss to the profession if you were to be struck off.

Your admissions to the charges recognised the impact on patients, the profession, members of the public and demonstrated a great deal of remorse. In your written statement, dated 18 June 2025, you addressed this, taking full responsibility for your actions:

'[PRIVATE]. The sense of guilt and regret was profound: I recognize that I had failed to provide the level of care and documentation that the patient and the public rightfully expect. According to the Gibbs Model of Reflection, the feelings stage is essential to understand the interplay between the experience and its long-term impact. In my case, these emotions have since evolved into a sober understanding of how critical self-awareness and immediate appropriate action are in crisis situations.

[...]

Looking back, I must acknowledge that my actions in the wake of the assault were deeply flawed. Rather than immediately removing myself from the situation to seek [PRIVATE], I remained in the environment and subsequently in attempt to what I felt at the time was to fulfil duty of care by assessing the patient, I ended up in a further incident of assault and disgraceful conduct of dishonest documentation This decision resulted in unsystematic and, frankly, dishonest record keeping. This was not only a breach of professional conduct but also a direct violation of the trust placed in me as a registered nurse. The failure to depart from the scene immediately for self-care and to promptly secure an objective, accurate record illustrates a lapse in both clinical judgement and professional ethics.

[...]

To Patient A: I am truly sorry for not listening to you as fully as you deserved. My actions caused you distress, and I regret any harm I have caused.

To my Colleagues: I apologize for the additional pressure my actions created on the ward and for callous documentation thus diverting your time from patient care.

To the NMC: I offer my sincere apologies for falling short of the NMC Code's standards of respectful communication and safety. I take full responsibility and am committed to learning from this experience.'

In your live evidence, the panel observed that your reaction to the evidence and questioning suggested deep shame and genuine remorse for your conduct, especially in relation to the dishonesty aspect.

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

The panel was satisfied that in this case, the misconduct was not fundamentally incompatible with remaining on the register. 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.

The panel carefully considered the hardship such an order will inevitably cause you. However, it determined that, on balance, 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 12 months was appropriate in this case to mark the seriousness of the misconduct.

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 to make this substantive suspension order having found your fitness to practise currently impaired in the public interest. The panel was satisfied that the substantive suspension order will satisfy the public interest in this case and will maintain public confidence in the profession as well as the NMC as the regulator. Further, the substantive suspension order will declare and uphold proper professional standards. Accordingly, the current substantive suspension order will expire, without review, at the end of 12 months from the date that this order takes effect.

This will be confirmed to you in writing.