Nursing and Midwifery Council
Fitness to Practise Committee

Substantive Order Review Meeting
Tuesday, 05 August 2025

Virtual Meeting

Name of Registrant:	**Nimmy George**
NMC PIN:	22G0727O
Part(s) of the register:	Registered Nurse - Sub part 1 RNA: Adult nurse, level - 14 July 2022
Relevant Location:	Cumbria
Type of case:	Misconduct and Lack of competence
Panel members:	Anne Ng (Chair, Lay member) Alison Bielby (Registrant member) Farrah Pradhan (Lay member)
Legal Assessor:	Megan Ashworth
Hearings Coordinator:	Monowara Begum
Order being reviewed:	Suspension order (12 months)
Fitness to practise:	Impaired
Outcome:	**Suspension order (12 months) to come into effect on 26 September 2025 in accordance with Article 30 (1)**

Decision and reasons on service of Notice of Meeting

The panel noted at the start of this meeting that the Notice of Meeting had been sent to Ms George's registered email address by secure email on 30 June 2025.

The panel took into account that the Notice of Meeting provided details of the review, that the review meeting would be held no sooner than 4 August 2025 and inviting Ms George to provide any written evidence seven days before this date.

The panel accepted the advice of the legal assessor.

In the light of all of the information available, the panel was satisfied that Ms George has been served with notice of this meeting in accordance with the requirements of Rules 11A and 34 of the Nursing and Midwifery Council (Fitness to Practise) Rules 2004 (as amended) (the Rules).

Decision and reasons on review of the current order

The panel decided to extend the suspension order for a further 12 months. This order will come into effect at the end of 25 September 2025 in accordance with Article 30(1) of the Nursing and Midwifery Order 2001 (as amended) (the Order).

This is the first review of a substantive suspension order originally imposed for a period of 12 months by a Fitness to Practise Committee panel on 27 August 2024.

The current order is due to expire at the end of 25 September 2025.

The panel is reviewing the order pursuant to Article 30(1) of the Order.

The charges found proved which resulted in the imposition of the substantive order were as follows:

'That you, between 20 December 2021 and 12 September 2022, failed to demonstrate the standards of knowledge, skill and judgement required to practise without supervision as a Band 5 nurse in that;

1. *On one or more occasions demonstrated poor moving and handling practice by attempting to hoist a patient on your own on or around;*
   a. *…*
   b. *7 May 2022.*
   c. *…*

2. *On 8 May 2022 did not record a patient's oral intake in their food diary and/or recognise the importance of completing the patient's food diary.*

3. *On or before 16 June 2022;*

   a. *On one or more occasions had to be prompted to adjust your communication according to the patient that was in your care at that time.*
   b. *Did not undertake hourly neuro observations on a patient who had suffered a fall.*
   c. *Having been explained on one or more occasions, did not recognise why Enoxaparin had been stopped for the patient.*
   d. *Having been explained on one or more occasions did not recognise that Enoxaparin could be administered after the CT scan indicated that the patient had not suffered a bleed.*
   e. *Provided incorrect information at handover indicating that the patient's Enoxaparin was on hold pending the results of the CT scan.*
   f. *Did not appreciate your surroundings and/or a patient's privacy by shouting words to the effect of, 'he is having a stroke'.*

4. *On 18 June 2022 demonstrated poor hygiene and/or infection control by wearing your uniform outside of a hospital environment.*

5. *On 19 July 2022;*

a. *Failed to recognise the importance of following infection control by wearing your uniform outside of the hospital environment.*
b. *Failed to pay attention to a colleague when they were handing over to you.*
c. *Provided incorrect information to the Echo department relating to a patient's medication.*
d. *Failed to recognise why Alendronic Acid would not be the correct medication to use when a patient is suffering with nausea.*
e. *Stated to a patient that you were going to give laxido for 'urine clearing' which was the incorrect medication to give.*
f. *Failed to provide comfort to a patient when they stated 'I'm afraid' or words to that effect.*
g. *Failed to recognise the importance of checking a diabetic patient's blood sugar prior to administering medication.*
h. *Failed to escalate a patient who had a high temperature and low blood pressure.*
i. *Failed to recognise that a patient's high temperature and/or low blood pressure may have been as a result of;*
   i. The patient's bedding, and/or
   ii. The patient's clothing, and/or
   iii. There being a heatwave, and/or
   iv. The room temperature being 37C.

6. *On 23 July 2022;*

a. *When preparing medication for a patient;*
   i. *Failed to obtain the some of the required medication and/or*
   ii. *Obtained an incorrect dose.*
b. *When providing care to a patient who was diabetic, failed to check;*
   i. *Their past medical history and/or*
   ii. *Their blood sugar levels and/or*
   iii. *Whether they required insulin.*
c. *Having obtained medication to administer to a patient, had to be prompted to check a patient's Kardex because it was not the correct medication.*
d. *Failed to contact and/or place the patient on the pharmacy list to request Tramadol.*

e. *Failed to;*
    i. *Request the doctor to review whether a patient's Frusemide medication should be continued/discontinued, and/or.*
    ii. *Record in the patient's notes that the request had been made to the doctor.*
f. *Having been informed that a patient's blood sugar level was 13 did not recognise that you could;*
    i. *Check the patient's previous records to ascertain if the reading was normal for that patient and/or*
    ii. *Consider that if the reading was outside of the normal range that you should seek a further opinion from a senior nurse and/or doctor.*
g. *Failed to:*
    i. *Escalate a patient whose blood pressure reading was 199 systolic, and/or*
    ii. *Recognise when handing over the patient that they had a NEWS score when stating words to the effect of, 'he was not NEWSing'.*

7. *On 24 July 2022;*

    a. *On one or more occasions failed to recognise the importance of maintaining a clean environment by discarding medication onto the floor.*
    b. *Had to be prompted to;*
        i. *Complete patients notes in a timely manner and/or tailor the notes according to the patient rather than copying and pasting them.*
        ii. *Use the correct sharps bin when disposing of medication.*
        iii. *Check IV medication against that on Kardex.*
    c. *On one or more occasions failed to update the SBAR handover for the patients in your care.*

8. *On 25 July 2022;*

    a. *Had to be prompted to reduce a patient's Isosorbide Mononitrate medication from 60mg to 30mg as prescribed.*
    b. *Failed to respond with urgency to an unresponsive patient when requested to get the blood sugar machine.*

c. *Whilst in the patient's room, ignored and/or failed to respond to the patient's buzzer.*
d. *Failed to recognise that leaving a commode by a patient's bedside could be hazardous.*
e. *Failed to recognise and/or accept that Salbutamol was not the correct medication when a patient's oxygen levels were 94%.*
f. *Had to be prompted on how to administer Frusemide IV medication to a patient.*

9. *On 27 July 2022;*

a. *Failed to recognise why a patient who suffered a fall required neuro observations.*
b. *Failed to recognise why a patient was prescribed Labetalol and/or what the medication was used for.*
c. *Failed to recognise that a patient required a nebuliser when short of breath.*
d. *Failed to recognise and/or provide reasons why you wanted to escalate a patient who had a low heart rate of 58bpm.*
e. *Incorrectly entered information relating to one patient into another patient's notes.*

10. *On 20 April 2022, on one or more occasions, had to be prompted to and/or failed to:*

a. *Check the patients' name on the medication chart and/or their wristband.*
b. *Check the patients date of birth matched with that on the medication chart.*
c. *Check whether a patient had any allergies.*
d. *Check the expiry date of the medication before administering it.*
e. *Check the medication chart in order to ascertain whether patients required antibiotics.*
f. *Recognise that Codeine was not a controlled drug and/or what it is used for.*
g. *Recognise the difference between medication that was PRN and regular medication.*
h. *Check the fluid balance charts.*
i. *Check a patient's diabetic chart to ascertain if they were prescribed insulin and/or whether the patient required their medication.*

11. On 27 April 2022;

a. *Failed to recognise the importance of following infection control by wearing your uniform to work and/or by wearing your jacket over your uniform whilst working.*
b. *Failed to undertake observations on a patient who had a NEWS score of 4.*
c. *Incorrectly declared that you had undertaken a patient's observations when you had not and/or failed to document the patient's observations.*
d. *Did not assist colleagues with doing personal care and/or changing and/or washing patients.*

12. On 28 April 2022;

a. *Had to be prompted to undertake checks during the medication round.*
b. *Failed to recognise that 'Sandoz' was a brand name for medication and not Sando K the medication prescribed.*

13. On or around 25 May 2022;

a. *Failed to attend a patient who required assistance with personal care.*
b. *Failed to recognise that a patient who had an oxygen saturation level of 70% should have been administered oxygen using a non-rebreathe mask and not via nasal specs.*
c. *Attempted to escalate a patient with low blood pressure to a doctor without following the end of life care process.*
d. *Failed to recognise that a patient who had just died did not require further observations to be undertaken.*
e. *During a medication round took out the incorrect medication to administer to a patient in that you selected Ondansetron instead of Omeprazole.*
f. *Failed to recognise that potassium was required to be administered through a pump.*

14. On 7 May 2022, failed to communicate effectively with patient in that you:

a. *Stood at the foot of the bed, and/or*
b. *Waved your arms to get their attention.*

15. *On 7 May 2022 demonstrated poor infection control by taking off your mask when speaking to a patient.*

16. *On one or more occasions on 7 May 2022 did not check a patient's date of birth on their wristband.*

17. *On unknown dates in May 2022;*

a. *Failed to escalate a patient who was NEWS scoring 3, and/or*
b. *Failed to recognise why further observations were required.*
c. *…*
d. *Failed to act and/or assist with a patient who was attempting to stand up at the end of their bed.*
e. *On one or more occasions during medication round/s failed to undertake any identity checks and/or checks for allergies;*
   i. *Verbally and/or*
   ii. *By checking the patient's wristband.*
f. *On one or more occasions obtained the wrong medication instead of checking the patient chart.*
g. *Was not aware;*
   i. *Of the different clinical uses of Metoprolol and Lansoprazole*
   ii. *That Ramipril is used to lower blood pressure.*

18. *On 20 June 2022, behaved in an inappropriate manner, when discovering that a patient was deceased, stated in a loud voice words to the effect of, 'It's my observation that the patient in bed 5 is dead'.*

19. *On 20 June 2022, having discovered a patient was deceased, failed to;*

a. *Pull the emergency buzzer.*
b. *Lay the patient down.*

c. *Cover them from view with a bedsheet.*
d. *Pull the curtain around the bed.*

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

That you a registered nurse;

1. *Behaved in an unprofessional and/or inappropriate manner by stating to Colleague A words to the effect of;*

   a. *'I could kill someone here and I would still get a job at home'.*
   b. *'If I disposed of my passport that has my visa attached, and not declare, they would not know, I would have to stay in the Country because of no passport'.*

2. *Around January 2022 behaved inappropriately and/or unprofessionally by claiming that Colleague C and/or Colleague D had told you that they would clean the commode and/or bathroom when you knew that they had not.*

3. *Your actions in charge 2 lacked integrity in that you were attempting to blame Colleague C and/or Colleague D for not cleaning the commode and/or bathroom knowing that it was your responsibility.*

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

The original panel determined the following with regard to impairment in relation to lack of competence:

> *'The panel determined that limbs a-c of the 'test' are relevant in this case. The panel found that patients were put at risk of harm as a result of Ms George's lack of competence. Ms George's lack of competence had*

breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute.

The panel determined that there was a pattern of behaviour, including a very concerning and deep level of lack of competence that has been established. The panel has given careful thought to the future risk of allowing Ms George to practise unrestricted. It determined that although these are areas of clinical practice that could, in theory, be remediable, it is concerned that Ms George has been unable to satisfactorily remedy the areas of concern despite extensive support and considerable input by colleagues. The panel determined that there is evidence of attitudinal concerns and a lack of preparedness by Ms George to engage with support from her colleagues.

The panel determined that Ms George has not demonstrated any insight, remorse, or remediation, and that the only information she has provided for this case is her email dated 26 September 2022 which contained counter allegations of discrimination against her, which the panel has found no evidence to support.

The panel determined that even when Ms George was offered specific support, she was unable to retain information and repeated the same concerns. The panel is concerned that in the future, Ms George would repeat the same mistakes, therefore indicating a high risk of repetition. The panel decided that a finding of impairment in relation to Ms George's lack of competence is necessary on the grounds of public protection.

The panel bore in mind that the overarching objectives of the NMC are to protect, promote and maintain the health safety and well-being of the public and patients, and to uphold/protect the wider public interest, which 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, in this case, a finding of impairment on public interest grounds was also

required. The panel determined that the public would lose confidence in the nursing profession and the NMC as the regulator if a nurse with this level of incompetence was permitted to practise unrestricted. The panel noted Witness 2's contemporaneous statement when she explained that every day working with Ms George was like a first day and that she found herself 'repeating the same information over and over and over again.'

The panel drew the conclusion that even when support was put in place, including one-to-one supernumerary supervision, Ms George was unable to make use of it to improve her practice.

Having regard to all of the above, the panel was satisfied that Ms George's fitness to practise is currently impaired by reason of her lack of competence.'

The original panel determined the following with regard to impairment in relation to misconduct:

'The panel again determined that limbs a-c are relevant in this case. The panel found that patients were put at risk of harm as a result of Ms George's misconduct. Ms George's misconduct had breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute.

The panel determined that the comments Ms George made in charges 1a, and 1b indicates a dangerous attitude and a disregard to the laws of the United Kingdom. The panel determined that Ms George demonstrated deep-seated attitudinal concerns that are not easily remediable. The panel noted that Ms George has shown no remorse, and no evidence of empathy or insight.

The panel determined that the charges relating to Ms George's lack of integrity also amount to impairment. The panel determined that Ms George's colleagues would have found her conduct deplorable and took

into account the potential repercussions for her colleagues. The panel also noted that a lack of integrity impacts trust between colleagues, which directly impacts patient safety.

The panel again determined that Ms George has demonstrated no insight, remorse, or remediation into the concerns regarding her nursing practice. The panel determined that there are concerns regarding patient care due to Ms George's comments of being able to 'kill someone here and still get a job at home'. It determined that this shows a complete disregard for patient safety, lack of accountability, and unprofessionalism. The panel decided that a finding of impairment in relation to Ms George's misconduct is necessary on the grounds of public protection.

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 also required as a member of the public would be very concerned by Ms George's comments and her lack of integrity, given that she has shown a complete lack of insight and remorse.

The panel determined that patients should always be treated with dignity and respect, and that Ms George's misconduct falls far below the standards expected of a registered nurse and would be seen as deplorable.

Having regard to all of the above, the panel was satisfied that Ms George's fitness to practise is currently impaired by reason of her misconduct.'

The original panel determined the following with regard to sanction:

'The panel next considered whether placing conditions of practice on Ms George's 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;*
- *…*
- *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.*

The panel noted that the above factors are relevant in this case and determined that there are no practical or workable conditions that could be formulated, given the nature of the charges in this case. Ms George has not responded or made any attempt to engage with any support that has been offered. The panel determined that Ms George has already had a significant period of supervision including one-to-one supernumerary support and did not show any signs of improvement regarding her clinical practice. The panel has seen no evidence from Ms George of any intention to improve her practice and determined that her lack of competence is serious as it relates to the fundamentals of nursing care, is generic and does not relate to specific areas of her nursing practice which might be strengthened with continued supervision.

Furthermore, the panel concluded that the placing of conditions on Ms George's registration would not adequately address the seriousness of this case and would not protect the public as the panel was concerned that actual patient harm was only avoided in this case due to the stringent one-to-one supervision the Trust had put in place.

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;*
- *The Committee is satisfied that the nurse or midwife has insight and does not pose a significant risk of repeating behaviour;*
- *…*
- *In cases where the only issue relates to the nurse or midwife's lack of competence, there is a risk to patient safety if they were allowed to continue to practise even with conditions.*

The panel determined that the above factors are relevant in this case and was satisfied that the misconduct was not fundamentally incompatible with remaining on the register.

The panel determined that this was not a single incident of misconduct or lack of competence, but that Ms George showed a wide range of repeated lack of basic competence despite being provided with extensive support and supervision. The panel determined that there was evidence of deep-seated attitudinal concerns and that Ms George breached some of the fundamental tenets of the nursing profession, as well as the trust of her colleagues. The panel noted that it does not know if the behaviour has been repeated since Ms George's employment was terminated but noted that the lack of competence was repeated throughout her

employment at the Trust. The panel determined that Ms George has shown a complete lack of any insight and found a high risk of repetition of the facts found proved in this case.

As such, the panel determined that a suspension order is appropriate and proportionate in the circumstances of this case.

The panel did go on to consider whether a striking-off order would be proportionate but, taking account of all the information before it, and of the mitigation, the panel concluded that it would be disproportionate in relation to the misconduct charges. The panel noted that this is predominantly a lack of competence case, therefore a striking-off order is not available in those circumstances despite the panel's concerns that Ms George's attitude to the support provided, and her approach to the difficulties she faced might indicate that she is not suitable to remain on the register.'

Decision and reasons on current impairment in relation to lack of competence

The panel has considered carefully whether Ms George's fitness to practise remains impaired. Whilst there is no statutory definition of fitness to practise, the NMC has defined fitness to practise as a registrant's suitability to remain on the register without restriction. In considering this case, the panel has carried out a comprehensive review of the order in light of the current circumstances. Whilst it has noted the decision of the last panel, this panel has exercised its own judgement as to current impairment.

The panel had regard to all of the documentation before it, including the NMC bundle.

The panel heard and accepted the advice of the legal assessor.

In reaching its decision, the panel was mindful of the need to protect the public, maintain public confidence in the profession and to declare and uphold proper standards of conduct and performance.

The panel considered whether Ms George's fitness to practise remains impaired by reason of her lack of competence.

The panel noted that the original panel found that Ms George had not demonstrated any insight, remorse or remediation. At this meeting the panel noted that Ms George has not engaged with the NMC process at all in the last 12 months nor has she provided any reflective account to show what she has learnt and what she would do differently in the future, and therefore determined that Ms George has not shown any insight.

In its consideration of whether Ms George has taken steps to strengthen her practice, the panel noted that she has not provided any new evidence to demonstrate that she is mitigating the concerns to become a competent practitioner. It noted that Ms George has not provided any reflective account or given any indication of what steps she is taking in order to achieve competence.

The original panel determined that Ms George was liable to repeat matters of the kind found proved. Today's panel has received no new information. It noted that the charges found proved in relation to lack of competence were around medication and basic nursing care. It noted that Ms George was given a lot of support and was in a supernumerary role and was supervised on every shift but failed to become competent. It further noted that there was a potential for patient harm which was prevented due to Ms George being closely supervised. In light of this the panel determined that Ms George is still liable to repeat matters of the kind found proved. The panel therefore decided that a finding of continuing impairment by reason of lack of competence is necessary on the grounds of public protection.

The panel has borne in mind that its primary function is to protect patients and the wider public interest which includes maintaining confidence in the nursing profession and upholding proper standards of conduct and performance. The panel determined that, in this case, a finding of continuing impairment by reason of lack of competence on public interest grounds is also required.

Decision and reasons on current impairment in relation to misconduct

The panel has considered carefully whether Ms George's fitness to practise remains impaired. Whilst there is no statutory definition of fitness to practise, the NMC has defined fitness to practise as a registrant's suitability to remain on the register without restriction. In considering this case, the panel has carried out a comprehensive review of the order in light of the current circumstances. Whilst it has noted the decision of the last panel, this panel has exercised its own judgement as to current impairment.

The panel has had regard to all of the documentation before it, including the NMC bundle.

The panel heard and accepted the advice of the legal assessor.

In reaching its decision, the panel was mindful of the need to protect the public, maintain public confidence in the profession and to declare and uphold proper standards of conduct and performance.

The panel considered whether Ms George's fitness to practise remains impaired by reason of her misconduct.

The panel noted that the original panel found that Ms George had demonstrated no insight. At this meeting the panel had no new information before it and therefore determined that Ms George has shown no insight.

In its consideration of whether Ms George has taken steps to remediate her misconduct, the panel had no new further evidence from Ms George and therefore could not determine whether or not she has remediated her misconduct.

The original panel determined that Ms George demonstrated deep-seated attitudinal concerns that are not easily remediable. Today's panel has received no new information. It determined that the misconduct is serious and is attitudinal in nature which are not easily remediable. Due to a lack of further evidence, the panel determined that Ms George is still liable to repeat matters of the kind found proved. The panel therefore decided that a

finding of continuing impairment by reason of her misconduct is necessary on the grounds of public protection.

The panel has borne in mind that its primary function is to protect patients and the wider public interest which includes maintaining confidence in the nursing profession and upholding proper standards of conduct and performance. The panel determined that, in this case, a finding of continuing impairment by reason of her misconduct on public interest grounds is also required.

For these reasons, the panel finds that Ms George's fitness to practise remains impaired by reason of her misconduct.

Decision and reasons on sanction

Having found Ms George's fitness to practise currently impaired, the panel then considered what, if any, sanction it should impose in this case. The panel noted that its powers are set out in Article 30 of the Order. The panel has also taken into account the 'NMC's Sanctions Guidance' (SG) and has borne in mind that the purpose of a sanction is not to be punitive, though any sanction imposed may have a punitive effect.

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 case, and the public protection issues identified, an order that does not restrict Ms George's 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 Ms George's 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 a conditions of practice order on Ms George's registration would be a sufficient and appropriate response. The panel is mindful that any conditions imposed must be proportionate, measurable and workable. The panel bore in mind the seriousness of the facts found proved at the original hearing and concluded that a conditions of practice order would not adequately protect the public or satisfy the public interest. The panel was not able to formulate conditions of practice that would adequately address the concerns relating to Ms George's misconduct and lack of competence.

The panel noted that Ms George is not currently working as a registered nurse and has not engaged with the NMC process in the last 12 months. The panel considered that any conditions of practice order would not be workable and would serve no useful purpose.

The panel considered the imposition of a further period of suspension. The panel noted that nothing has changed since the order was imposed originally. It noted that Ms George had 12 months to engage with the NMC, show insight, remorse and provide any reflections, however she has not done so.

The panel was mindful that a striking off order was not available to it in relation to impairment by reason of lack of competence and could only be imposed if the impairment by reason of misconduct was so serious that it was fundamentally incompatible with Ms George remaining on the register. The panel did not consider that the non-engagement by Ms George since the suspension order was imposed elevated the misconduct to the level that it was now fundamentally incompatible with Ms George remaining on the register. Nevertheless, due to a lack of engagement and lack of evidence to demonstrate remediation, the panel concluded that a further 12 months suspension order would be the appropriate and proportionate response. This would protect the public for the period whilst it is enforced as well as address the public interest considerations. It would also afford Ms George adequate time to develop her insight and take steps to strengthen her practice, should she wish to do so.

The panel determined therefore that a suspension order is the appropriate sanction which would continue to both protect the public and satisfy the wider public interest. Accordingly, the panel determined to impose a suspension order for the period of 12 months would provide Ms George with an opportunity to engage with the NMC whilst protecting the

public and upholding the public confidence. It considered this to be the most appropriate and proportionate sanction available.

This suspension order will take effect upon the expiry of the current suspension order, namely the end of 25 September 2025 in accordance with Article 30(1).

Before the end of the period of suspension, another panel will review the order. At the review hearing the panel may revoke the order, or it may confirm the order, or it may replace the order with another order.

Any future panel reviewing this case may be assisted by:

- Ms George's attendance and engagement with the regulatory process
- References and/or testimonials from colleagues in nursing or any other work Ms George has undertaken in a healthcare setting
- Evidence of how Ms George has kept her nursing knowledge and skills up to date
- A comprehensive reflective piece demonstrating insight into both her misconduct and lack of competence

This will be confirmed to Ms George in writing.

That concludes this determination.