Nursing and Midwifery Council
Fitness to Practice Committee

Substantive Hearing
Wednesday, 4 December 2024 – Wednesday, 11 December 2024
Thursday, 21 August 2025 – Friday, 22 August 2025

Virtual Hearing

Name of Registrant:	Rohncy John Kachira
NMC PIN:	19G0012O
Part(s) of the register:	Nurses Part of the Register - Sub Part 1 RN1: Adult Nurse, level 1 (2 July 2019)
Relevant Location:	Lewisham and Greenwich
Type of case:	Misconduct
Panel members:	Wayne Miller (Chair, lay member) Rashmika Shah (Registrant member) David Newsham (Lay member)
Legal Assessor:	Richard Ferry-Swainson Alain Gogarty (21 August – 22 August 2025)
Hearings Coordinator:	Fabbiha Ahmed Samara Baboolal (21 August – 22 August 2025)
Nursing and Midwifery Council:	Represented by Alex Granville, Case Presenter Represented by Giedrius Kabasinskas (21 August – 22 August 2025)
Mrs Kachira:	Present and represented by Thampi Jose, lay Representative
Facts proved:	Charges 1a, 2, 3 and 5
Facts not proved:	Charges 4a, 4b, 4c, 6 and 7
Fitness to practice:	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 Granville, on behalf of the Nursing and Midwifery Council (NMC), made a request that this case be held partially 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).

Mr Granville made this application on behalf of you and your representative, Mr Jose, who indicated that he supported the application to the extent that any reference to [PRIVATE] should be heard in private.

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.

Having heard that there is reference to [PRIVATE], the panel determined to go into private session in connection with those matters as and when such issues are raised, in order to protect your privacy.

Detail of charges

That you, a registered nurse,

1. On one or more dates between July 2021 and November 2021,
   a. Administered intravenous medication knowing you were not qualified to do so.

2. In acting as alleged at charge 1 (a), you acted outside the scope of your competence.

3. Did not disclose to your colleagues that you were not qualified to administer IV medication.

4. On 5 January 2022, used colleague A's smartcard to sign for the administration of IV medication,

    a. Without her knowledge.
    b. Without her permission.
    c. Knowing the medication had not yet been administered.

5. Your actions at charge 1(a) were dishonest in that you represented to your colleagues that you were qualified to administer IV medication when you knew you had not yet passed the IV administration test.

6. Your actions at charge 4 were dishonest in that you signed to say Colleague A had administered IV medication when you knew she had not.

7. Your actions at charge 4 (c) were dishonest in that you represented IV medication had been administered when you knew it had not been.

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

Background

You qualified as a nurse from Manipal College of Nursing in Mumbai in May 2014. You worked for one and a half years in a hospital in Mumbai in the chemotherapy day care unit

where your duties involved intravenous (IV) administration on a routine basis. You started working at [PRIVATE] (the Trust) in May 2019.

The charges arose whilst you were employed as a band 5 registered nurse on a Trauma and Orthopedic ward at the Trust.

On 8 July 2022, the NMC received a referral from the Trust about you. You were employed at the Trust from 20 May 2019 until 6 April 2022.

The Trust raised concerns on the following incidents:

- Performing IV procedures without the required qualification from July – November 2021 when this was identified by the Practice Development nurse.

- On 5 January 2022 signing the electronic prescription chart confirming IV medication had been given when you knew this had not been administered.

Decision and reasons on facts

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

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

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

The panel was aware that the burden of proof rests on the NMC, and that the standard of proof is the civil standard, namely on the balance of probabilities. This means that a fact

will be proved if a panel is satisfied that it is more likely than not that the incident occurred as alleged.

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

- Witness 1: Practice and Development Nurse, [at the Trust] – Responsible for arranging your IV training
- Witness 2: Former colleague and Band 6 Nurse in charge at the Trust at the time of the alleged events
- Witness 3: Matron at Lewisham and Greenwich NHS Trust Hospital

The panel also heard evidence from you under oath.

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

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

Charge 4

4. On 5 January 2022, used colleague A's smartcard to sign for the administration of IV medication,

a. Without her knowledge.
b. Without her permission.
c. Knowing the medication had not yet been administered.

This charge is found NOT proved.

The NMC relied on the evidence of all three of its witnesses, in respect of this allegation. Witness 2 (Colleague A in the charge) said in her statement that on 5 January 2022:

> *"…an incident occurred when Rohncy used my smart card and signed out medication in my name. It was a busy day and Rohncy was at the nurses' station when I returned from the kitchen. She asked me to help by giving an IV medication to a patient. I asked her to give me a minute whilst I finished what I was doing. I knew that she had not been assessed to provide IV medication. When I finished what I was doing, I checked to see what medication the patient needed. I could not see any IV medication due. Rohncy admitted at this point that she had already signed for it and that is why it was not showing on the drug chart. I asked her how she had signed for it when she was not authorised to complete IV medication, and she told me she has signed using my card when I was in the kitchen."*

It was clear, therefore, that Witness 2 was in effect relying on what she had been told by you, when saying:

> *"Rohncy used my smart card."*

Witness 2 also said in her witness statement that a few days after this she received a phone call from you saying that you had not in fact used her smart card to sign for the IV medication and you had used your own card.

When Witness 2 provided her oral evidence at the hearing, she was taken to page 163 in the exhibits bundle, which was a printout from the medical records for Patient A, dated 5 January 2022. It showed that the action was 'performed' by Witness 2 and 'proxied' by you. You were also shown as the 'verifier'. On seeing that document, Witness 2 said that this was not an entry made using her smart card and that it was made using your smart

card. Witness 2 was emphatic about this, saying that you can tell because your name is by the word “Proxied” and this happens automatically when you alter the name of the performer.

This supports your account that you went to a different computer and used your own smart card to enter the medications due for Patient A and that you used the drop-down menu to change the name of the performer to Witness 2.

Your evidence and the evidence of Witness 2 was in direct conflict, however, with the evidence given by Witnesses 1 and 3. They were both taken to this document and said it showed Witness 2’s smart card had been used.

With two conflicting accounts, the panel had to decide which accounts were the more reliable. It noted that Witness 2 and you had been regular users of the smartcard system and could therefore have been expected to be very familiar with how it operates. By way of contrast, Witnesses 1 and 3 were less familiar with the smartcard system and were not using it on a daily basis to enter details about medication administration. By way of example, Witness 3 stated:

> *“I am not overly familiar, I say I haven’t administered an IV medication personally using the system, probably in about two years.”*

In such circumstances, the panel preferred the accounts given by those using the smartcard system on a regular basis, who would be expected to have a better idea of how it operated. In particular the evidence of the person whose smart card you are alleged to have used, Witness 2, who was adamant that it was not her card that was used.

The panel therefore found the stem of charge 4 not proved, since it could not be satisfied, on the balance of probabilities, that you had used Witness 2’s smart card.

The sub-charges a, b and c. are all predicated on your having used Witness 2's smart card and it followed, therefore, that these were not proved either.

The panel noted that had the stem of charge 4 been worded differently and not tied to the use of Witness 2's smart card, then the wrongdoing alleged in the sub-charges might have been proved, not least because you had admitted the facts of them in your oral evidence. The panel thus considered whether to raise this with the parties and to possibly consider amending the stem of charge 4. However, in light of its positive finding in relation to charge 5, the panel did not consider it necessary to delay proceedings by taking such a course. This is because it was satisfied that the overall gravamen of the matters charged was captured within the finding of dishonesty in charge 5 and that this would be sufficient when considering issues of public protection and the wider public interest. The panel also took into account that although you are represented, it is not legal representation and any late change to the matters alleged against you may result in unfairness.

Charge 5

> 5. Your actions at charge 1(a) were dishonest in that you represented to your colleagues that you were qualified to administer IV medication when you knew you had not yet passed the IV administration test.

This charge is found proved.

In reaching this decision, the panel took into account your admission to charges 1, 2 and 3. The panel also had regard to your oral evidence.

When questioned by Mr Granville, you accepted that it was wrong to administer IV if you had not passed the test. You told the panel that:

> *"I knew I shouldn't be doing it, but I do understand now that what I did was wrong…it was a moment of misjudgement."*

The panel found that you had an ample number of opportunities to be aware that you must not administer IV medication until you had passed the IV competency test. The undisputed evidence from the witnesses was that you would have been informed of this when attending your induction at the Trust and it was made clear during the study day which culminated in your sitting the competency test. The pass mark for the test is 100%. Your score was 80% and was therefore a failure. The pass mark is that high because of the risks associated with administering IV medication. Getting it wrong can lead to serious harm and even, in the worst-case scenario, death.

There followed a number of attempts to get you to re-sit the competency test, but for a variety of reasons this was not completed. You then went on maternity leave, returning to the Ward in July 2021. The Trust policy had not changed in that time, and you were reminded on your return that you were still not able to administer (or prepare) IV medication until you had passed your competency test.

You claimed in oral evidence that you had overheard other nurses talking about different Trusts, where the policy was different, and nurses were allowed to administer IV medication without passing a competency test. You said that having heard this you thought it might apply to you and therefore it might be acceptable for you to administer IV medication, notwithstanding the fact that you had yet to satisfy the competency test. You told the panel that you did not actually ask anyone to confirm if this was the case. The panel did not find this explanation to be plausible, but rather an attempt by you to try and explain your actions. Even if you had overheard such a conversation, the very least you could have been expected to do was to ask a colleague or a manager if that policy now applied at this Trust.

Charge 5 alleges that you represented to your colleagues that you were qualified to administer IV medication. There was no evidence to show that you had actually told your colleagues that this was the case. However, there was evidence to show that you had, by your actions, represented to your colleagues that you were so qualified. The most telling

piece of evidence was that given by Witness 1 who was the PDN responsible for ensuring you took and passed the competency test. Her evidence was that on 9 November 2021 she was late going home and she bumped into you at the nursing station. She said she was pleased that she had, because she wanted to make sure you had enough resources for the upcoming test in November and to see if you needed any practice papers. Your colleague then asked, *"What training is that?"* Witness 1 said she confirmed it was the IV test and the colleague asked why you were doing that *"when she was already doing IVs".* Witness 1 said she responded by saying *"I hope that's not true",* at which point you said *"shhh"* to your colleague in an attempt to get her to be quiet. You then tried to change the subject but then admitted you had been doing IV medication but only under supervision, at which point the colleague said, *"no you're not, you're doing it on your own."* Witness 1 said that as this was being said you continued shushing your colleague and nudging her in an attempt to try to stop her from talking. She added that two other nurses were there, and they were "*horrified"* to hear that you had not passed your competency test.

The panel was aware that this was in part hearsay, namely what the colleague was said to have said, but Witness 1 was able to give a first-hand account of what she saw and heard and did so convincingly. By contrast, your evidence on this exchange was weak. You claimed you were shushing your colleague for a completely different reason because she kept interrupting you as you were trying to do your handover, and you were keen to get home. You could not, however, remember what your colleague is supposed to have been saying that required you to shush her at the same time as Witness 1 was having this conversation with you about taking your competency test.

You then went further and claimed that Witness 1 had agreed you could do IV medication, an assertion that Witness 1 flatly refuted, saying there was no way she would have entertained such a situation. You did not stop there, but went on to claim your line manager knew about it and told you not to mention it to Witness 1. Witness 1 considered this most unlikely and checked with the line manager the following day, who denied your claim.

The panel was satisfied that you knew you had not passed your competency test, as this much was not in dispute. It was also satisfied that you represented to your colleagues that you were qualified to administer IV medication by doing just that. It is not known how many times you administered IV medication, and you said it was not very often, but it must have been often enough for your colleagues to have seen you doing it for them to have been shocked on learning that you were not qualified. By your own admission, you got carried away, were over-confident and had too much trust in yourself and this is what *"compelled"* you to administer the IV before you had passed your test.

The panel accepted that you were not motivated by any personal gain, but rather by a misguided belief that you knew what you were doing, were capable of doing it because of your past experience, and so went ahead when you should not have done. It is fortunate that no harm appears to have been done to any patients, but the potential for harm was ever present. You carried out IV medication when not qualified and you misled your colleagues into thinking you were qualified. Then, when you were discovered, you first attempted to keep your colleague quiet and then, when that failed, lied about being supervised. When that was shown not to be true you lied about being given permission by Witness 1 and when that too failed you lied about your line manager being aware that you were administering IV medication without having passed the test. All this behaviour demonstrated to the panel that not only did you know what you were doing was wrong, but that your conduct in leading your colleagues into believing you were qualified to administer IV medication was deliberate. Applying the test in the case of *Ivey v Genting Casinos (UK) Ltd t/a Crockfords* [2017] UKSC 67, the panel was satisfied that applying the objective standards of ordinary decent people, they would find such behaviour to be dishonest.

The panel therefore found charge 5 proved.

Charge 6

> 6. Your actions at charge 4 were dishonest in that you signed to say Colleague A had administered IV medication when you knew she had not.

This charge is found NOT proved.

Charge 6 is predicated on a positive finding in relation to charge 4. Since the panel found charge 4 not proved it followed that this charge is also not proved.

Charge 7

7. Your actions at charge 4 (c) were dishonest in that you represented IV medication had been administered when you knew it had not been.

This charge is found not proved.

Charge 7 is predicated on a positive finding in relation to charge 4. Since the panel found charge 4 not proved it followed that this charge is also not proved.

Fitness to Practise

Having reached its determination on the facts of this case, the panel then moved on to consider, whether the facts found proved amount to misconduct and, if so, whether your fitness to practise is currently impaired. There is no statutory definition of fitness to practise. However, the NMC has defined fitness to practise as a registrant's 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.

Submissions on misconduct

Mr Granville invited the panel to take the view that the facts found proved amount to misconduct. Mr Granville referred the panel to the terms of *'The Code: Professional standards of practice and behaviour for nurses and midwives (2015'* (the Code). Mr Granville identified the specific, relevant standards that he submitted had been breached by you and why, therefore, your actions amounted to misconduct and referred the panel to the following parts of the Code: 4,6.2,8.6,11,13,13.5,19 and 20. He submitted that your conduct in the admitted charges and the charge found proved by the panel fell far short of what was proper in the circumstances and therefore amounted to serious misconduct.

Mr Granville submitted that the panel must look at any deep-seated attitudinal matters with regards to the duration of the allegations. He further added that the panel should consider the potential risk of harm during this duration of nearly 4 months and the frequency of your administration of intravenous medication although, the frequency is unknown.

Mr Granville invited the panel to consider your relationship, position or any vulnerabilities of the individuals that may have been affected at the time of you administering IV medication. He submitted that the unsafe administration of medication when you were not competent to do so significantly increased the potential for serious harm to patients.

For all of those reasons, Mr Granville submitted that your conduct as set out in the charges, both admitted and found proved, amounted to misconduct in that you fell short of what was proper in the circumstances of a registered nurse.

Mr Jose, on your behalf, submitted that you have made early admissions to acting beyond your competence, engaged effectively with the investigations and invited the panel to consider your continuous remorse expressed throughout the proceedings.

Mr Jose submitted that there is no evidence to suggest that patients were at unwarranted risk of harm. He submitted that you have demonstrated awareness of the risks through your reflections. He submitted that, your conduct was not for your own material gain and that you have taken steps to strengthen your practice.

Submissions on impairment

Mr Granville 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)*, Roylance v General Medical Council (No. 2) [2000] 1 AC 311* And *Dr Malcolm Calhaem) v General Medical Council* [2007] EWHC 2606 Admin.

Mr Granville referred the panel to the NMC's guidance contained within a document titled FTP-3b and the four categories within seriousness. He outlined them as: prioritising people, practising effectively, preserving safety and promoting professionalism and trust. Mr Granville submitted that three of these four categories have been breached: practising effectively, preserving safety and promoting professionalism and trust.

Mr Granville submitted that there are two elements that the panel should consider. The first element is that there is a serious risk to those who were involved and those under your care. The second element is that there were dangerous attitudes towards the safety of those receiving the care where patients were unaware that you were not competent to administer IV medication.

Mr Granville referred the panel to the second heading of FTP-3b, practising effectively, where he submitted that you fall within the category that outlines maintaining knowledge and skills for safety and effective practice. He invited the panel to consider your lack of

communication with regards to your ability to carry out administration of IV medication, Mr Granville submitted that this falls within the same category. He further referred the panel to the third category, preserving safety, where there are seven sub-categories. Mr Granville submitted that the first sub-category is important to you in recognising that you must only work within the limit of your competence, which you have not done. He further submitted that, you were not open and candid with those under your care as these patients were unaware that you were not qualified to carry out these procedures. Mr Granville further submitted that, you did not act immediately to put right, to explain and to apologise when any mistakes or harm may have taken place.

Mr Granville referred the panel to NMC's guidance contained within a document titled DMA-1 and submitted that your fitness to practise is impaired. He submitted that the panel should consider the protection of the public and the wider public interest. He submitted that public confidence would be undermined if your misconduct is not dealt with in a proper manner.

Mr Jose submitted to the panel that you should be given a second chance and you accept it was wrong to have acted beyond your competence. He submitted to the panel that your [PRIVATE] should be considered.

Mr Jose further submitted to the panel that it should consider your cooperation throughout the proceedings and any mitigating factors that may have affected you at the time of the allegations. He further added that you were unable to get signed off for IV administration as your current role at a care home does not administer any IV medications to patients. However, you have been able to attend some IV training and you have provided some certificates by way of proof. He submitted to the panel to consider your reference from your current workplace that outlines that you are a good member of the team.

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 amount to misconduct, the panel had regard to the terms of the Code.

The panel was of the view that your actions did fall significantly short of the standards expected of a registered nurse, and that your actions amounted to a breach of the Code. Specifically:

*'**8 Work Cooperatively***

To achieve this, you must:

8.6 share information to identify and reduce risk

13 Recognise and work within the limits of your competence

To achieve this, you must, as appropriate:

13.3 Ask for help from a suitably qualified and experienced professional to carry out any action or procedure that is beyond the limits of your competence

13.5 Complete the necessary training before carrying out a new role

*20 **Uphold the reputation of your profession at all times***

To achieve this, you must:

20.1 keep to and uphold the standards and values set out in the Code

20.2 act with honesty and integrity at all times …'

The panel appreciated that breaches of the Code do not automatically result in a finding of misconduct.

Regarding charges 1a, 2 and 3, the panel determined that it was clear to you that you were not competent to administer IV medication because you had not passed the IV competency test and had been told on a number of occasions that you could not administer IV medications until you passed the test. The panel noted that your actions created a serious risk of harm – not only by introducing the potential for a medication administration error, but also by potentially putting patients at risk of fatality. The panel noted that whilst there was no evidence that your actions actually caused patient harm, there was no doubt they did put patients at risk of potential harm. The panel further determined that you took it upon yourself to administer IV medication instead of alerting a colleague or a supervisor who would be competent to administer the medication to carry out the task instead. It further noted, although you are qualified to administer IV in Mumbai you were aware that you were not qualified to do so in the UK.

The panel determined that you breached the fundamental tenet of professionalism, to put patient safety first.

The panel concluded that your actions in charges 1a, 2 and 3, fell seriously short of the conduct and the standards that would be proper in the circumstances and were serious to amount to a finding of misconduct.

In relation to charge 5, the panel gave careful consideration to the fact that you had the opportunity to disclose to your colleagues that you had not passed your IV competency test. It determined that you left your colleagues with the assumption that you were qualified to administer IV medication for a duration of nearly four months.

The panel determined that you had the opportunity to take Witness 1 aside when she spoke with you in November 2021 and disclose that you had been administering IV

medication but instead you diverted the conversation when asked if you had been administering IV.

The panel had regard to the Witness Statement Bundle where Witness 1 stated:

> *'I am very concerned that Rohncy seemed to think it was okay and didn't seem to understand how serious this was. The way she looked to cover up the conversation was a great concern to me.'*

The panel also had regard to the Witness Statement Bundle where Witness 3 stated:

> *'During the investigation, when I first met with her she was upset and acknowledged what the allegation was in relation to the first initial allegation. She was tearful but didn't appear to understand the seriousness of the allegation. She didn't understand that what she done was not in line with best practice. She didn't feel she had done anything wrong. She never said sorry.'* [sic]

Your actions, as detailed in charge 1a, were compounded by the fact that you acted dishonestly in representing to your colleagues that you were qualified to administer IV medication, when you knew you had not passed your IV administration test. You portrayed to your colleagues and to patients that they could trust you and that you were competent to administer IV medication when in fact you were acting beyond your competence. The panel concluded that other members of the profession and also members of the public would find your actions to be deplorable. The panel concluded that your actions fell seriously short of the conduct and standards that would be proper in the circumstances and were sufficiently serious to amount to a finding of misconduct. As a result, the panel found that charge 5 also 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 concluded that limbs a – d of the “test” are engaged in this case. The panel found that patients were put at a risk of physical harm as a result of your misconduct. You breached fundamental tenets of the nursing profession, namely, to act with honesty and integrity and to put patient safety first and by doing so, you brought the reputation of the profession into disrepute. It was satisfied that confidence in the nursing profession would be undermined if its regulator did not find charges relating to acting outside the scope of your competence and acting dishonestly to be extremely serious.

Regarding insight, the panel noted that you made admissions at the outset of the proceedings, and it observed that you demonstrated some understanding of how your actions put the patients at risk of harm. During your oral evidence you demonstrated remorse and apologised to the panel for your misconduct. The panel noted that you have shown some developing insight into the wrongfulness of your actions, particularly in terms of understanding how your conduct did not align with proper and safe procedures. However, you have yet to show any insight into your dishonesty and the impact this has on patients, colleagues and confidence in the nursing profession. The panel therefore concluded that your insight was limited.

The panel noted that you stated your mistakes were made whilst [PRIVATE]. However, the panel was unable to identify a causal link between what you have told the panel [PRIVATE] and your decision to act outside your scope of competency, to hide this fact from your colleagues and later to lie to Witness 1 about it.

The panel was satisfied that the misconduct in this case is capable of being addressed. In light of this, it considered the evidence before it and determined whether you have taken sufficient steps to strengthen your practice. The panel took into account:

- A certificate for an IV therapy workshop of a duration of 8 hours (19 June 2024)
- A CPD Certificate on How to perform drug calculations for safe administration of Intravenous (IV) infusions and medicines (8 April 2023)
- IV Therapy Passport certificate (31 October 2023)
- Reflective piece written by you on an unknown date addressing your remorse for what you have done
- Typed reflective piece written by you dated, 16 November 2021
- Reference letter from your current employer
- Your oral evidence

The panel also considered that within your written reflective piece you were aware that your actions put patients at risk of harm and '*trouble to the trust'* to go through these proceedings.

> *"It was my over confidence and too much trust in myself… I should have thought about the impact my actions on the others, especially the patients."*

The panel was not satisfied that the courses you have undertaken directly address the specific concerns raised in this case. Whilst the training you have completed is a good start to strengthen your practice in IV administration, it does not address the main concerns in this case that relate to knowingly practising outside the scope of your practice and acting dishonestly. Dishonesty is less easy to remedy and particularly so where a registrant has not acknowledged that their conduct was dishonest, demonstrated remorse for that dishonesty and assured the panel that it would not be repeated. Accordingly, the panel could not be satisfied at this time that you would not repeat such conduct and thereby once again put patients at risk of harm. It follows that a finding of impairment is therefore necessary on the grounds of public protection.

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

The panel determined that a finding of impairment on public interest grounds is required because public confidence in the profession would be undermined if a finding of impairment were not made in this case. This is because members of the public would be shocked if no finding of current impairment were made in a case where a nurse represents a proven risk to the public and has been knowingly carrying out procedures that she was not competent to do, whilst acting dishonestly by hiding that fact from her colleagues. The panel concluded therefore that it also finds your fitness to practise impaired on public

interest grounds namely upholding proper professional standards and conduct and maintaining public confidence in the profession.

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

Sanction

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

In reaching this decision, the panel has had regard to all the evidence that has been adduced in this case and had careful regard to the Sanctions Guidance (SG) published by the NMC.

The panel accepted the advice of the legal assessor.

Submissions on sanction

The panel took account of the submissions made by Mr Kabasinskas, on behalf of the NMC.

Mr Kabasinskas 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.

Mr Kabasinskas took the panel extensively through the relevant guidance on sanctions, namely NMC Guidance SAN-1 and SAN-2.

Mr Kabasinskas submitted that the following aggravating features are present in this case:

- Your conduct resulted in a direct risk to patients receiving care
- The misconduct took place over a period of time
- Lack of insight into failings
- Rejected defense of honesty

Mr Kabasinskas submitted that there is some mitigation in that you have demonstrated partial insight regarding the charges relating to acting outside of your competence and made admissions to some of the charges at the outset of the proceedings.

Mr Kabasinskas submitted that the appropriate and proportionate order in this case is a striking off order, as the conduct of the kind found proved is fundamentally incompatible with remaining on the NMC register.

Mr Jose submitted that there are questions regarding the reliability of witnesses called at the facts stage. While he acknowledged that the conduct found proved is serious, he submitted that this was not premeditated.

Mr Jose submitted that you had been undertaking IV administration of medicines within your practice in Mumbai. He stated that your personality style is overzealous, seeking to help, and without personal gain.

Mr Jose informed the panel that you were previously a good nurse with no prior concerns against you. Mr Jose submitted that you have engaged with these proceedings, no actual harm was caused, and you should be given an opportunity to continue practising.

The panel accepted the advice of the legal assessor.

Decision and reasons on sanction

Having found your fitness to practise currently impaired, the panel went on to consider what sanction, if any, it should impose in this case. The panel has borne in mind that any sanction imposed must be appropriate and proportionate and, although not intended to be punitive in its effect, may have such consequences. The panel had careful regard to the SG. The decision on sanction is a matter for the panel independently exercising its own judgement.

The panel took into account the following aggravating features:

- No insight in relation to the dishonesty component of charges
- Pattern of misconduct which took place over a period of time
- Conduct which put patients at risk of suffering harm.

The panel also took into account the following mitigating features:

- Shown some developing insight into the wrongfulness of your actions with respect to working beyond the scope of your practice
- Made early admissions to some of the charges
- The panel noted the testimonial from [PRIVATE] Nursing Home, regarding your working practices
- Apologised and showed remorse throughout the proceedings

The panel had regard for SAN-1 and SAN-2 of the NMC guidance.

In considering the dishonesty element of the conduct found proved, the panel took into account NMC Guidance SAN-2 “Cases involving dishonesty”, which outlines:

> *‘Honesty is of central importance to a nurse, midwife or nursing associate’s practice. Therefore allegations of dishonesty will always be serious and a nurse, midwife or nursing associate who has acted dishonestly will always be at some risk of being removed from the register. However, in every case, the Fitness to Practise Committee*

must carefully consider the kind of dishonest conduct that has taken place. Not all dishonesty is equally serious. Generally, the forms of dishonesty which are most likely to call into question whether a nurse, midwife or nursing associate should be allowed to remain on the register will involve:

- *deliberately breaching the professional duty of candour by covering up when things have gone wrong, especially if it could cause harm to people receiving care*
- *…*
- *…*
- *…*
- *direct risk to people receiving care*
- *… longstanding deception*

Dishonest conduct will generally be less serious in cases of:

- *…*
- *…*
- *no direct personal gain*
- *…'*

In its consideration of the appropriate and proportionate sanction in this case, the panel took into account the guidance above and determined that the conduct in the charges found proved was serious and inappropriate.

The panel first considered whether to take no action but concluded that this would be inappropriate in view of the seriousness of the case and the element of dishonesty. 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 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 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;*
- *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 conduct took place over a period of time, and while you did show some developing insight, there was no evidence of insight in relation to dishonesty.

The panel took into account that there is no evidence before it which reassures the panel that you can practice openly and honestly under conditions to practice, given the seriousness of your conduct and, in particular, due to the dishonesty element.

The panel considered that the clinical component of the conduct is capable of being addressed through conditions, but noted that you have not taken sufficient action to address the probity concerns.

In light of this, the panel is of the view that there are no practical or workable conditions that could be formulated, given the nature of the charges found proved in this case.

Furthermore, the panel concluded that the placing of conditions on your registration would not adequately address the seriousness of this case, the seriousness of the dishonesty, and would not meet the public interest.

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:

- *No evidence of harmful deep-seated personality or attitudinal problems;*
- *No evidence of repetition of behaviour since the incident;*

From your live evidence at this hearing and written reflections, it is clear that, based on your past experience, you held the misguided belief that you were capable of administering the IV medication, and in doing so, your motive was to be helpful in providing timely treatment to patients rather than for personal gain. Whilst your actions involved dishonesty, the panel considered that this did not constitute a deep-seated attitudinal problem. The panel noted that, apart from this discrete area, there are no concerns whatsoever in relation to your wider clinical practice.

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

The panel did go on to seriously consider whether a striking-off order would be proportionate. However, it noted that you have started demonstrating some insight into

acting beyond your scope of practice, apologised, and showed genuine remorse for your conduct. In light of this, along with the mitigation provided, the panel concluded that it would be disproportionate to impose a striking-off order. 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 determined that a period of suspension would allow you to develop your reflection and insight, especially in relation to the dishonesty and your duty of candour.

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

The panel noted the hardship such an order will inevitably cause you. However, this is outweighed by the need to protect the public and 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 one year was appropriate in this case to mark the seriousness of the misconduct, and allow you time to sufficiently develop your insight and reflection into the conduct found proved.

At 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 would be assisted by:

- Reflective account which addresses the issues of knowingly practising outside of your scope of practice and acting dishonestly

- Testimonials from current employers
- Your continued engagement with the NMC
- Your attendance at future review hearings

This will be confirmed to you in writing.

Interim order

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

Submissions on interim order

The panel took account of the submissions made by Mr Kabasinskas and Mr Jose.

Mr Kabasinskas submitted that an interim suspension order would adequately protect the public and meet the public interest during the 28-day appeal period. He submitted that an interim order is necessary to protect the public from the risk of harm, and to uphold and declare public confidence in the nursing profession.

Mr Kabasinskas submitted that an interim suspension order is appropriate and proportionate in this case, given the panel's decision to impose a substantive suspension order. He invited the panel to impose an interim suspension order for a period of 18 months.

Mr Jose opposed Mr Kabasinskas's proposed duration of the interim order of 18 months. He informed the panel that you are currently working in a nursing home. Mr Jose submitted that he did not oppose the type of interim order proposed.

The panel accepted the advice of the legal assessor.

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. The panel had regard to the seriousness of the facts found proved and the reasons set out in its decision for the substantive order in reaching the decision to impose an interim order.

The panel concluded that an interim conditions of practice order would not be appropriate or proportionate in this case, due to the reasons already identified in the panel's determination for imposing the substantive order. The panel therefore imposed an interim suspension order. Given the uncertainty in relation to the appeal period, the order shall be for a period of 18 months to protect the public and meet the public interest during the appeal period.

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

That concludes this determination.