

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

**Substantive Meeting
Wednesday, 6 August 2025**

Virtual Meeting

Name of Registrant:	Ana Laura Perez Vargas
NMC PIN:	23I2621E
Part(s) of the register:	Registered Nurse Adult – RNA – 29 September 2023
Relevant Location:	London
Type of case:	Misconduct
Panel members:	Simon Banton (Chair, Lay member) Catherine McCarthy (Registrant member) Sophia Clarke (Lay member)
Legal Assessor:	Robin Hay
Hearings Coordinator:	Eleanor Wills
Consensual Panel Determination:	Accepted
Facts proved:	Charges 1a, 1b, 2a, 2b
Fitness to practise:	Impaired
Sanction:	Striking-off order
Interim order:	Interim suspension order (18 months)

Decision and reasons on service of Notice of Meeting

The panel was informed at the start of this meeting that the Notice of Meeting had been sent to Ms Vargas's registered email address by secure email on 31 July 2025.

Further, the panel took into account that the Notice of Meeting was also sent to Ms Vargas's representative at the Royal College of Nursing (RCN) on 31 July 2025.

The panel accepted the advice of the legal assessor.

The panel took into account that Ms Vargas and her representative at the Royal College of Nursing informed the NMC that they were happy to accept short notice of the meeting.

The panel took into account that the Notice of Meeting provided details of the allegation, the time, dates and venue of the meeting.

In the light of all the information available, the panel was satisfied that Ms Vargas 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).

Details of charge

That you, a registered nurse

1) On or around January 2024, in the course of an application as part of a Post Graduate training programme:

a) submitted a document purporting to be an NMC Statement of entry letter, which gave an incorrect date of registration as a nurse;

b) submitted a document purporting to be an employment reference, which gave an incorrect work history.

2) Your actions at all or any of charge 1 was dishonest in that:

a) you knew the document(s) were false.

b) you sought to give the impression that you had been a registered nurse for longer than you had.

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

Consensual Panel Determination

At the outset of this meeting, the panel was made aware that a provisional agreement of a Consensual Panel Determination (CPD) had been reached between the Nursing and Midwifery Council (NMC) and Ms Vargas.

The agreement, which was put before the panel, sets out Ms Vargas's full admissions to the facts alleged in the charges, that her actions amounted to misconduct, and that her fitness to practise is currently impaired by reason of that misconduct. It is further stated in the agreement that an appropriate sanction in this case would be a striking-off order.

The panel has considered the provisional CPD agreement reached by the parties.

That provisional CPD agreement reads as follows:

"The Nursing & Midwifery Council ("the NMC") and, Ana Perez Vargas, PIN: 2312621E ("the Parties") agree as follows:

1. Ms Vargas is content for her case to be dealt with by way of a CPD meeting.

The charge

2. Ms Vargas admits the following charges:

That you, a registered nurse

1) On or around January 2024, in the course of an application as part of a Post Graduate training programme:

- a) submitted a document purporting to be an NMC Statement of entry letter, which gave an incorrect date of registration as a nurse;*
- b) submitted a document purporting to be an employment reference, which gave an incorrect work history.*

2) Your actions at all or any of charge 1 was dishonest in that:

- a) you knew the document(s) were false.*
- b) you sought to give the impression that you had been a registered nurse for longer than you had.*

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

The facts

3. Ms Vargas appears on the register of nurses, midwives and nursing associates maintained by the NMC as a Registered Nurse, specialising in Adults Nursing and has been on the NMC register since 29 September 2023.

4. On 2 February 2024, the NMC received a referral regarding Ms Vargas' practice from Guys and St Thomas NHS Foundation Trust's ("the Trust's") Local Counter Fraud Team.

5. Ms Vargas applied as a Band 5 staff nurse to train as a midwife under a Post Graduate training programme ("the Programme") with the Trust. A requirement of the position was that the applicant had been registered with the NMC for at least 6 months.

6. Before her application to the Programme, Ms Vargas had worked as a healthcare assistant at the Trust however she tendered her resignation from this role on intending to commence her placement on the Programme.

7. A counter fraud specialist at the Trust investigated whether Ms Vargas had provided false information and documents to the Trust, as part of the recruitment process for the Programme.

8. To support her position on the Programme, Ms Vargas had submitted false documentation to the Trust, in an attempt to convey that she had been registered with the NMC for a longer period than she had been.

9. The false documents Ms Vargas submitted were

- i) A falsified "NMC statement of entry" document, which incorrectly stated that she had been registered as a nurse with the NMC since 29 March 2023 and
- ii) A falsified reference from her employer Vaccination UK, which purported that she'd been working with them as a nurse since 31 March 2023

10. The "NMC statement of entry" Ms Vargas submitted had the appearance of a genuine NMC statement of entry, including the NMC logo and confirmation that the statement had been 'Issued by the Nursing and Midwifery Council' however it stated

that Ms Vargas had registered with the NMC since 29 March 2023 when her effective registration date was in fact 29 September 2023.

11. The reference Ms Vargas submitted contained a forged signature of the HR and Recruitment Coordinator for Vaccination UK, as well as a version the company logo which was not current. The reference falsely reported that she'd been employed as a permanent staff nurse, when she had been employed as a bank nurse only and that employment had been since 31 March 2023, when the correct employment commencement date was 18 October 2023.

12. Ms Vargas admits to falsifying the records she submitted. She knew she had not been registered or worked as a nurse for the length of time the documents reported she had. She also knew that by changing the dates on these records it would present the false impression that she met the minimum criteria to enrol on to the course and give the impression she had more experience than she did.

13.[PRIVATE].

14. Ms Vargas admitted to the regulatory concerns at the Case Examiner stage of the fitness to practise referral. Further, she indicated at an early stage her intention to accept that her actions amount to misconduct and that her fitness to practise is currently impaired.

Misconduct

15. The parties agree that the facts as particularised in the charges amount to misconduct.

16. Although not defined in statute, the comments of Lord Clyde in Roylance v General Medical Council [1999] UKPC 16 provides some assistance when seeking to define misconduct:

'Misconduct is a word of general effect, involving some act or omission which falls short of what would be proper in the circumstances. The standard of propriety may often be found by reference to the rules and standards ordinarily required to be followed by a [nurse] practitioner in the particular circumstances'.

17. Further assistance may be found in the comments of Jackson J in *Calhaem v GMC* [2007] EWHC 2606 (Admin) and Collins J in *Nandi v General Medical Council* [2004] EWHC 2317 (Admin):

'[Misconduct] connotes a serious breach which indicates that the [nurse's] fitness to practise is impaired'

And

'The adjective 'serious' must be given its proper weight, and in other contexts there has been reference to conduct which would be regarded as deplorable by fellow practitioner.'

18. Where the acts or omissions of a registered nurse are in question, what would be proper in the circumstances (per Roylance) can be determined by having reference to the NMC's Code of Conduct.

19. The following provisions of the Code have been breached in this case:

10 Keep clear and accurate records relevant to your practice

This applies to the records that are relevant to your scope of practice. It includes but is not limited to patient records.

To achieve this, you must:

10.2 *identify any risks or problems that have arisen and the steps taken to deal with them, so that colleagues who use the records have all the information they need*

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*

13 Recognise and work within the limits of your competence

To achieve this, you must, as appropriate:

13.4 *take account of your own personal safety as well as the safety of people in your care*

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....*

21 Uphold your position as a registered nurse, midwife or nursing associate

To achieve this, you must:

21.3 *act with honesty and integrity in any financial dealings you have with everyone you have a professional relationship with, including people in your care*

20. The parties agree that the misconduct is serious as Ms Vargas was dishonest in matters that related directly to her professional practice. Her conduct had the potential to impact patient safety as she did not have the necessary experience the employer considered essential to be able to safely train and work as a midwife.

21. *Trust and integrity are fundamental tenets of the profession. Fellow practitioners would consider it deplorable that not only was Ms Vargas dishonest about information that was critical to the role she applied for, she impersonated an individual and her regulator in order to do so.*

22. *Employers rely on “NMC statements of entry” to verify that the professionals they hire are appropriately registered. It acts as a safeguard to protect the public from receiving care from those who do not meet the standards required to practise safely and effectively. When an individual falsifies NMC records, they jeopardise the trust employers and patients place in the NMC as a regulator and adversely affects their confidence to rely on records purported to be issued by the NMC, which creates a risk of harm to the public.*

Impairment

23. *The parties agree Ms Vargas’s fitness to practise is currently impaired by reason of her misconduct.*

24. *The NMC’s guidance (DMA-1) explains that impairment is not defined in legislation but is a matter for the Fitness to Practise Committee to decide. 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?”

25. *This involves a consideration of both the nature of the concern and the public interest.*

26. *The parties agree that consideration of the nature of the concern involves looking at the factors set out by Dame Janet Smith in her Fifth Report from Shipman, approved*

in the case of Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant [2011] EWHC 927 (Admin) by Cox J;

- 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*
- Has in the past brought and/or is liable in the future to bring the professions into disrepute; and/or*
- Has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the professions; and/or*
- Has in the past acted dishonestly and/or is liable to act dishonestly in the future?*

27. The parties agree all 4 limbs are engaged in this case.

28. When Ms Vargas fraudulently declared that she had the experience required for the role applied for, she put patients at risk of harm. [PRIVATE], dishonest behaviour is indicative of an attitudinal concern which is difficult to remediate. Such a harmful deep-seated attitudinal concern may lead patients being put at harm in the future [PRIVATE].

29. The public expect registered nurses and midwives to be honest and candid when things go wrong. In this case, when Ms Vargas realised that she did not meet the essential criteria for entry to the training course, rather than being transparent around that she planned and carried out a sophisticated dishonest plan to conceal her ineligibility. The parties agree that Ms Vargas conduct has brought the profession into disrepute and the public would be alarmed if a nurse with such dishonest conduct continued to practice.

30. The provisions of the Code are fundamental tenets of the profession, with honesty being considered a bedrock of the profession.

31. *Ms Vargas conduct was clearly dishonest. The parties agree that the gravity of the dishonesty, which included going as far as manipulation of official NMC records, suggests that Ms Vargas has propensity to take her dishonest conduct to extreme lengths if need be, further adding support to the contention that it is difficult for her to remediate such deep seated attitudinal problems and suggests that it is more likely that she will act dishonestly again in the future.*

32. *When considering Ms Vargas future practice, the parties have also considered the case of Cohen v General Medical Council [2008] EWHC 581 (Admin), there, the court set out three matters which it described as being ‘highly relevant’ to the determination of the question of current impairment;*

- *Whether the conduct that led to the charge(s) is easily remediable.*
- *Whether it has been remedied.*
- *Whether it is highly unlikely to be repeated.*

33. *The NMC’s guidance on Making Decisions on Dishonesty Charges and the Professional Duty of Candour (DMA-8) states that registrants should never allow organisational or personal interests to outweigh the duty to be honest, open and truthful. Further, NMC’s guidance on Sanctions for Particularly Serious Cases (SAN-2) states that personal financial gain from a breach of trust is a form of dishonesty which is more likely to call into question whether a nurse, midwife or nursing associate should be allowed to remain on the register. Whilst Ms Vargas ultimately did not receive any financial gain from her misconduct, as she did not work under the signed contract, her dishonesty was an attempt to maintain the contract.*

Remorse, reflection, insight, training and strengthening practice

34. *Ms Vargas regrets her conduct and has produced a reflective statement. In the statement submitted November 2024, Ms Vargas acknowledges that she should have acted ethically and transparently, seeking other solutions or consulting with someone*

[she] trusted. Ms Vargas reflective piece is attached to this provisional agreement in full at Appendix 1.

35. Ms Vargas has undertaken some relevant training by completing courses in ethics and communication and [PRIVATE].

36. Ms Vargas accepts the serious impact her conduct may have had on patient safety by noting:

...falsification is not only a dishonest act but can also have significant consequences for the healthcare system, as it compromises the integrity of the profession and patient safety.

And

Falsifying documents to access a position for which one does not yet meet all experience requirements can lead to situations of inadequate performance, which, in the worst-case scenario, could put patient safety at risk. Patient safety is the cornerstone of nursing, and compromising it in any way is unacceptable.

37. Nevertheless, the parties agree that whilst Ms Vargas has demonstrated developing insight, her insight is not complete. Ms Vargas' reflection referenced that she considers poor administration and communication about the Programme from the programme administrators was a contributing factor to her decision making. Ms Vargas does not take full accountability for the decisions she made to carry out a sophisticated and premeditated dishonest act, entirely motivated to serve her own personal interests.

38. It is agreed that, if presented with a similar situation in the future, there is a risk that Ms Vargas would be dishonest regarding her professional or clinical practice in the future, and this could put the safety of the public at risk.

Public protection impairment

39. *A finding of impairment is therefore necessary on public protection grounds given the dishonesty element and the remaining risk of harm to the public.*

Public interest impairment

40. *A finding of impairment is also necessary on public interest grounds.*

41. *In Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant [2011] EWHC 927 (Admin) at paragraph 74 Cox J commented that:*

“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.”

42. *Consideration of the public interest therefore requires the Fitness to Practise Committee to decide whether a finding of impairment is needed to uphold proper professional standards and conduct and/ or to maintain public confidence in the profession.*

43. *In upholding proper professional standards and conduct and maintaining public confidence in the profession, the Fitness to Practise Committee will need to consider whether the concern is easy to put right. For example, it might be possible to address clinical errors with suitable training. A concern which hasn't been put right is likely to require a finding of impairment to uphold professional standards and maintain public confidence.*

44. However, there are types of concerns that are so serious that, even if the professional addresses the behaviour, a finding of impairment is required either to uphold proper professional standards and conduct or to maintain public confidence in the profession.

45. Ms Vargas forged an NMC document and misrepresented her level of experience in order to obtain a role that would have involved caring for patients and resulting in her qualifying as a midwife. This level of premeditated dishonesty is too serious for there to be no current impairment.

46. The parties agree that Ms Vargas' conduct goes against the proper standards required of a registered nurse or midwife and it is necessary for such conduct to be properly marked by the regulator in order to maintain public confidence in the profession.

47. Ms Vargas' fitness to practice is therefore impaired on public protection and public interest grounds.

Sanction

48. The appropriate sanction in this case is a Striking-Off Order.

49. With regard to our sanctions guidance the following aspects have led us to this conclusion:

50. Aggravating factors

- Ms Vargas' conduct was motivated by a desire to further her own personal interests*
- Ms Vargas committed sophisticated and premeditated forgery of documents.*
- Ms Vargas forged more than one document.*

- *Ms Vargas was newly qualified and commenced her nursing career with serious fraudulent conduct.*
- *Ms Vargas exaggerated her experience of being a registered nurse, which could have put patients at risk of harm.*

51. Mitigating factors

- *[PRIVATE]*
- *Ms Vargas shows developing insight in to her misconduct*

52. No Action or a Caution Order

52.1 Taking into account our sanction guidance, the case is too serious for taking no action or a caution order. This is because the case involves dishonesty, which is a serious matter, particularly when it relates to clinical practice. There remains public interest/confidence concerns that cannot be address by resolving the case in this manner.

53. Conditions of Practice Order

53.1 NMC sanction guidance states that a conditions of practice order may be appropriate when there is no evidence of harmful deep-seated personality or attitudinal problems; there are identifiable areas of the registered professionals practice in need of assessment and/or retraining; and conditions can be created that can be monitored and assessed. It is a sanction that is more suited to cases where there are clinical concerns and identifiable areas where the nurse can be supported to return to safe practice.

53.2 Dishonesty is an attitudinal concern which is difficult to remediate. Conditions of practice is therefore unsuitable.

53.3 Further there are no workable conditions that can address the risks posed by dishonest conduct or settle the significant public interest concern.

54. Suspension

54.1 In determining whether a period of suspension would be sufficient to protect the public, the NMC's guidance indicates that the following would be suitable circumstances for temporary removal from the register:

- a single instance of misconduct but where a lesser sanction is not sufficient;*
- no evidence of harmful deep-seated personality or attitudinal problems;*
- where the Committee is satisfied that the nurse, midwife or nursing associate has insight and does not pose a significant risk of repeating behaviour.*

54.2 This is not a case where there is single incident of misconduct as Ms Vargas was submitted multiple dishonest documents. In so doing Ms Vargas has demonstrated a deep-seated attitudinal problem which meant that she turned to dishonesty as opposed to doing what was right in the name of patient safety and professional practice and the parties agree that there is a risk that Ms Vargas may repeat the behaviour. Ms Vargas insight is developing but not developed.

54.3 Ms Vargas' actions fell far short of the standards expected of her. Given the gravity of the dishonest conduct, which is difficult to remediate and has not been remediated, the parties agree that a period of suspension would not be sufficient to demonstrate the seriousness of the case and uphold the standards of the profession.

55. Striking Off Order

55.1 The parties have considered the NMC's guidance on Sanctions for Particularly Serious Cases (SAN-2). The guidance notes that allegations of dishonesty will always be serious as honesty is of central importance to a nurse's practice as it is her. Further,

it is more likely that the dishonesty will require removal from the register where there are, direct risk to people receiving care and/or premeditated, and/or systematic deception, as it is here.

55.2The parties have also considered NMC Guidance SAN-3e which outlines the considerations when considering imposing a striking off order. This asks;

- Do the regulatory concerns about the nurse, midwife or nursing associate raise fundamental questions about their professionalism?*
- Can public confidence in nurses, midwives and nursing associates be maintained if the nurse, midwife or nursing associate is not struck off from the register?*
- Is striking-off the only sanction which will be sufficient to protect patients, members of the public, or maintain professional standards?*

55.3The parties agree that the conduct does raise fundamental concerns about Ms Vargas' professionalism. Ms Vargas' actions were dishonest and an affront to the standards required of a registered nurse or midwife. The parties agree that Ms Vargas sought to by-pass the essential criteria in order to train as a midwife, which all other applicants would have been subject to, and did so by forging documents, including official NMC documents. This put patients at risk of harm as she did not have the necessary experience to safely train as a midwife, and as a result, may have performed poorly and/or obtained a qualification when not sufficiently fit to do so.

55.4The production of false statement of entry purporting to be from the NMC also had the potential to damage trust and confidence in the NMC as the regulator of the profession and call in to question the integrity of the register itself. These matters are therefore of the utmost seriousness and consequence to the public interest.

55.5Given the seriousness of the matters, as outlined above, the fact the application of the sanctions guidance points away from lesser sanctions adequately meeting the

public protection and public interest concerns raised and given that it is agreed that Ms Vargas is at risk of repeating her conduct, the parties agree a striking off order is the only sufficient sanction which will properly protect the public and maintain the public interest.

Maker of allegation comments

56. The referrer was asked if they had any comment to make in respect of the disposal of this matter via a striking off order. They provided no response in the time frame provided.

Interim order

57. An interim order is required in this case. The interim order is necessary for the protection of the public and otherwise in the public interest for the reasons given above. The interim order should be for a period of 18 months in the event that Ms Vargas seeks to appeal the panel's decision. The interim order should take the form of an interim suspension order.

58. An interim order is necessary to protect the public and also to preserve and protect the public interest. Where a Panel has directed that a person ought to be made the subject of a striking off order they ought not to be able to continue to practise as a nurse for any period of time whilst awaiting for that interim order to come in to effect in order to preserve safety and protect the integrity of the register.

The Parties understand that this provisional agreement cannot bind a panel, and that the final decision on findings impairment and sanction is a matter for the panel.

The Parties understand that, in the event that a panel does not agree with this provisional agreement, the admissions to the charges and the agreed statement of

facts set out above, may be placed before a differently constituted panel that is determining the allegation, provided that it would be relevant and fair to do so.”

Here ends the provisional CPD agreement between the NMC and Ms Vargas. The provisional CPD agreement was signed by Ms Vargas on 22 July 2025 and the NMC on 5 August 2025.

Decision and reasons on the CPD

The panel decided to accept the CPD.

The panel accepted the legal assessor’s advice. He referred the panel to the ‘NMC Sanctions Guidance’ (SG) and to the ‘NMC’s guidance on Consensual Panel Determinations’. He reminded the panel that they could accept, amend or reject the provisional CPD agreement reached between the NMC and Ms Vargas. Further, the panel should consider whether the provisional CPD agreement would be in the public interest. This means that the outcome must ensure an appropriate level of public protection, maintain public confidence in the profession and the regulatory body, and declare and uphold proper standards of conduct and behaviour.

The panel took into account that Ms Vargas admitted the facts of the charges. Accordingly, the panel was satisfied that the charges are found proved by way of Ms Vargas admissions as set out in the signed provisional CPD agreement at paragraph 2.

Decision and reasons on misconduct and impairment

The panel next considered whether Ms Vargas’s fitness to practise is currently impaired. Whilst acknowledging the agreement between the NMC and Ms Vargas, the panel has exercised its own independent judgement in reaching its decision on impairment.

The panel had regard to The Code: Professional standards of practice and behaviour for nurses and midwives (2015)' ("the Code") and endorsed the breaches of the provisions of the Code identified in the CPD at paragraph 19.

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

However, the panel had regard to the nature of the charges which involved submitting two fraudulent documents when applying for a post graduate training programme. The panel took into account that Ms Vargas's actions were dishonest in that she knew the documents were false and sought to give the false impression that she had been a Registered Nurse for longer than was the case.

The panel determined that Ms Vargas's actions were deliberate, premeditated and directly linked to her practice. Ms Vargas acted dishonestly so that she could obtain employment on the post graduate training programme, and she therefore benefitted personally and financially from her actions. Ms Vargas's dishonesty resulted in an unwarranted risk to people receiving care in that she did not have the necessary skills and knowledge that the employer considered essential to undertake the role. Furthermore, Ms Vargas impersonated an individual and her own regulator when she submitted the two fraudulent documents. The panel concluded that this undermines the public's trust and confidence in the NMC's ability to maintain accurate records and regulate safely and effectively.

The panel found that Ms Vargas's actions did fall seriously short of the conduct and standards expected of a Registered Nurse and amounted to misconduct.

In this respect, the panel endorsed paragraphs 20 to 22 of the provisional CPD agreement in respect of misconduct.

The panel then considered whether Ms Vargas's fitness to practise is currently impaired by reason of her misconduct. 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 and maintain professional boundaries. 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.

The panel determined that Ms Vargas's fitness to practise is currently impaired.

The panel determined that Ms Vargas's actions put patients at unwarranted risk of harm, as previously outlined. The panel concluded that Ms Vargas's misconduct breached the fundamental tenets of the nursing profession, in that she failed to promote professionalism and trust and therefore brought its reputation into disrepute. Furthermore, the panel determined that Ms Vargas who, by her own admission, has in the past acted dishonestly by the standards of ordinary decent people, deliberately submitted falsified documents for her own personal gain.

The panel took into account the explanation Ms Vargas provided in respect of her misconduct. [PRIVATE]. She stated she was initially unaware of the job specifications, and having progressed with the job application process, she subsequently became aware of them, [PRIVATE]. The panel determined that it was unlikely that Ms Vargas would not

have been aware of the job specifications in advance of applying for the position, and in any event, there were many alternative options she could have chosen at the time, having discovered that she did not meet the job criteria.

The panel had regard to case of *R (on the application of Cohen) v General Medical Council* [2008] EWHC 581 (Admin) which outlined the following considerations:

“Whether the conduct is easily remediable, whether it has been remedied, and whether it is highly unlikely to be repeated”

The panel concluded that the misconduct is not easily remediable. The panel took into account that Ms Vargas deliberately submitted two falsified documents for her own personal gain. Her actions were dishonest and were at the higher end of the spectrum of seriousness in that they were premeditated, resulted in direct personal and financial gain and put patients at risk of harm. The panel had regard to the fact that acting dishonestly is a serious breach of professional standards. Furthermore, dishonest conduct is indicative of attitudinal concerns which are inherently difficult to remediate.

When considering whether the conduct has been remedied the panel had regard to Ms Vargas’s detailed reflective piece. The panel took into account that she admitted to the charges and has demonstrated remorse for her actions. Ms Vargas has demonstrated a sufficient understanding of the seriousness of her misconduct and how it put patients at risk of harm and impacted negatively on the reputation of the nursing profession.

However, the panel took into account that Ms Vargas stated that had she known in advance that she did not fulfil the job criteria, she would have refrained from applying for the position. The panel determined that Ms Vargas sought to pass the blame for her poor decision making onto the programme administrators. The panel concluded that Ms Vargas has not taken full responsibility for her actions. Furthermore, she has not sufficiently demonstrated how she would handle a similar situation differently in the future. The panel therefore determined that Ms Vargas’s insight is limited, at this time.

The panel took into account that Ms Vargas has undertaken some relevant training and [PRIVATE].

However, the panel concluded, in the light of the serious nature of the charges involving premeditated dishonesty for personal and financial gain, and in the absence of sufficient insight and remediation, there is a risk of repetition and consequentially a real risk of harm to patients. Accordingly, the panel determined that a finding of impairment 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 required. The public's trust and confidence would be severely undermined if a finding of impairment were not made, in the light of the serious nature of the charges and in the absence of sufficient insight and remediation. Furthermore, the panel determined that a finding of impairment is required to declare and uphold the proper standards of conduct expected of a Registered Nurse.

In this respect the panel endorsed paragraphs 27 to 47 of the provisional CPD agreement.

Decision and reasons on sanction

Having found Ms Vargas's fitness to practise currently impaired, the panel next considered 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 regard to the SG. The decision on sanction is a matter for the panel independently exercising its own judgement.

The panel endorsed the following aggravating features that were specified in the CPD:

- *“Ms Vargas’ [sic] conduct was motivated by a desire to further her own personal interests*
- *Ms Vargas committed sophisticated and premeditated forgery of documents.*
- *Ms Vargas forged more than one document.*
- *Ms Vargas was newly qualified and commenced her nursing career with serious fraudulent conduct.*
- *Ms Vargas exaggerated her experience of being a registered nurse, which could have put patients at risk of harm.”*

The panel endorsed the following mitigating features that were specified in the CPD:

- “[PRIVATE]
- *Ms Vargas shows developing insight into her misconduct”*

The panel first considered whether to take no action but concluded that this would be neither proportionate nor appropriate in view of the seriousness of the case. The panel decided that to take no action would not protect the public nor address the public interest concerns previously identified.

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 Vargas’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 determined that Ms Vargas’s misconduct was not at the lower end of the spectrum. Her conduct was in fact dishonest and was at the higher end of the spectrum of seriousness in that it was premeditated, resulted in direct personal and financial gain and put patients at risk of harm. The panel decided that a caution order would be neither proportionate nor appropriate in view of the

issues identified. The panel determined that a caution order would not protect the public nor address the public interest concerns previously identified.

The panel next considered whether placing conditions of practice on Ms Vargas's registration would be a sufficient and appropriate response. The panel determined that there were no practical or workable conditions that could be formulated, given the serious nature of the charges involving attitudinal concerns. The misconduct identified was not something that can be addressed through retraining. Furthermore, the panel concluded that the placing of conditions on Ms Vargas's registration would not sufficiently protect the public nor adequately address the public interest concerns previously identified.

The panel next considered 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;*

The panel determined that this was a single instance of misconduct. However, it concluded that there was evidence of attitudinal concerns given that Ms Vargas acted dishonestly, and her actions were premeditated and resulted in direct personal and financial gain and put patients at risk of harm. The panel had regard to its previous findings that Ms Vargas has limited insight and there is a risk of repetition of the behaviour.

The conduct, as highlighted by the facts found proved, was a significant departure from the standards expected of a Registered Nurse. The panel determined that the serious

breach of the fundamental tenets of the profession evidenced by Ms Vargas's actions is fundamentally incompatible with Ms Vargas remaining on the register.

The panel determined that a suspension order would not be a sufficient, appropriate or proportionate sanction.

Finally, in looking at a striking-off order, the panel took note of the following paragraphs of the SG:

- *Do the regulatory concerns about the nurse or midwife raise fundamental questions about their professionalism?*
- *Can public confidence in nurses and midwives be maintained if the nurse or midwife is not removed from the register?*
- *Is striking-off the only sanction which will be sufficient to protect patients, members of the public, or maintain professional standards?*

The panel determined that Ms Vargas's actions raise fundamental questions about her professionalism. It concluded that to allow Ms Vargas's to continue practising would undermine public confidence in the profession and in the NMC as a regulatory body. The panel determined that a striking-off order was the only sanction which would sufficiently protect the public and adequately address the public interest concerns previously identified.

Balancing all these factors and after considering all the evidence, the panel agreed with both parties to the CPD that the appropriate and proportionate sanction is a striking-off order. Having regard to the matters it identified, in particular the effect of Ms Vargas's actions in bringing the profession into disrepute by adversely affecting the public's view of how a Registered Nurse should conduct herself, the panel has concluded that nothing short of this would be sufficient.

The panel determined that this order was 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.

Decision and reasons on interim order

The panel has considered whether an interim order is required. 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 Ms Vargas's own interest. The panel accepted the advice of the legal assessor.

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 agreed with the CPD that an interim conditions of practice order is not appropriate or proportionate, due to the reasons already identified in the panel's determination for imposing the substantive order. The panel therefore imposed an interim suspension order for a period of 18 months to protect the public and address the public interest concerns for the period of any appeal.

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

That concludes this determination.